



Health Insurance Legislation Amendment (Section 3C General Medical Services – Eating Disorder and HCH Consequential Changes) Determination 2021

I, Travis Haslam, delegate of the Minister for Health and Aged Care, make the following Determination.

Dated 18 June 2021

Travis Haslam
Acting First Assistant Secretary
Medical Benefits Division
Health Resourcing Group
Department of Health

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1 Name

This instrument is the *Health Insurance Legislation Amendment (Section 3C General Medical Services – Eating Disorder and HCH Consequential Changes) Determination 2021*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

| Commencement information | | |
|--------------------------|---|--------------|
| Column 1 | Column 2 | Column 3 |
| Provisions | Commencement | Date/Details |
| 1. Sections 1 to 4 | Immediately after registration of this instrument | |
| 2. Schedule 1 | 1 March 2021 | |
| 3. Schedule 2 | 30 June 2021 | |
| 4. Schedule 3 | 30 June 2022 | |

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under subsection 3C(1) of the *Health Insurance Act 1973*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1— Eating disorder consequential amendments

Health Insurance (Allied Health Services) Determination 2014

1. Subsection 4(1) (definition of *eating disorder psychological treatment service*)

Repeal the definition.

2. Subsection 4(1) (definition of *eating disorder treatment and management plan*)

Omit “*Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019*”, substitute “general medical services table”.

3. Subsection 4(1) (definition of *eligible patient*)

Repeal the definition.

4. Subsection 6AA(1)

Omit “an *eating disorder psychological treatment service*”, substitute “the service”.

5. Subsection 6AA(2)

Repeal the subsection, substitute:

- (2) An item in Subgroup 2 of Part 8 of Schedule 2 does not apply to a service providing a treatment to a patient under an eating disorder treatment and management plan if:
- (a) the service is provided more than 12 months after the plan is prepared; or
 - (b) the patient has already been provided with 40 services under the plan; or
 - (c) the service is provided after the patient has already been provided with 10 services under the plan but before a recommendation by a reviewing practitioner is given that additional services should be provided under the plan; or
 - (d) the service is provided after the patient has already been provided with 20 services under the plan but before recommendations that additional services should be provided under the plan are given by each of the following:
 - (i) a medical practitioner (other than a specialist or consultant physician);
 - (ii) a consultant physician practising in the specialty of psychiatry or paediatrics; or
 - (e) the service is provided after the patient has already been provided with 30 services under the plan but before a recommendation is given by a reviewing practitioner that additional services should be provided.

6. Subsection 6AA(3)

Repeal the subsection, substitute:

- (3) A reviewing practitioner may recommend that additional services be provided under a plan only if:
- (a) the recommendation is made as part of a service to which an item in Subgroup 3 of Group A36 of the general medical services table or Subgroup 25 or 26 of Group A40 of the COVID-19 Determination applies; and
 - (b) the service is provided:
 - (i) for the purposes of paragraph (2)(c)—after the patient has been provided with 10 services under the plan; and
 - (ii) for the purposes of paragraph (2)(d)—after the patient has been provided with 20 services under the plan; and
 - (iii) for the purposes of paragraph (2)(e)—after the patient has been provided with 30 services under the plan; and
 - (c) the practitioner records the recommendation in the patient’s records.
- (3C) For the purposes of this clause, in counting the services providing treatments under a plan, only count the services to which any of the following apply:
- (a) items 283, 285, 286, 287, 371 and 372;
 - (b) items 2721, 2723, 2725 and 2727;
 - (c) items in Groups M6, M7 and M16 other than items 82350 and 82351;
 - (d) items 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281 and 90282;
 - (e) items 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181 to 91188, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 92182, 92184, 92186, 92188, 92194, 92196, 92198, 92200, 93076, 93079, 93084, 93087, 93092, 93095, 93100, 93103, 93110, 93113, 93118, 93121, 93126, 93129, 93134 and 93137.

7. Subsection 6AA(5)

Repeal the subsection, substitute:

- (5) For an item in Subgroup 2 of Part 8 of Schedule 2, a patient is an **eligible patient** if the patient meets the requirements for a patient specified in clause 2.31.2 of the general medical services table.

8. Subsection 6AA(6)

Repeal the subsection.

9. Subsection 8B(2) (paragraphs (a) to (c))

Omit “the *Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019*” (wherever occurring), substitute “Group A36 of the general medical services table”.

10. Part 8 of Schedule 2 (items 82352 to 82381)

Omit “Eating disorder psychological treatment service” (wherever occurring), substitute “Eating disorder psychological treatment service”.

Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 2020

11. Subsection 5(1) (definition of *eating disorder examination questionnaire*)

Repeal the definition.

12. Subsection 5(1) (definition of *eating disorder psychological treatment service*)

Repeal the definition.

13. Subsection 5(1) (definition of *Eating Disorders Services Determination*)

Repeal the definition.

14. Subsection 5(1) (definition of *eating disorder treatment and management plan*)

Omit “Eating Disorders Services Determination”, substitute “the general medical services table”.

15. Subsection 5(1) (definition of *eligibility criteria*)

Repeal the definition.

16. Subsection 5(1) (definition of *eligible patient*)

Repeal the subsection

17. Subsection 5(1) (definition of *patient review*)

Repeal the definition.

18. After clause 1.1.16

Insert:

1.1.16A Eligible patients for eating disorders items

- (1) For an item in Subgroup 27 or 28 of Group A40, a patient is an **eligible patient** if the patient meets the requirements for a patient specified in clause 2.31.2 of the general medical services table.

19. Subclause 1.1.17(1)

Omit “an *eating disorder psychological treatment service*”, substitute “the service”.

20. Subclause 1.1.17(3)

Repeal the subclause, substitute:

- (3) An item in Subgroup 27 or 28 of Group A40 does not apply to a service providing a treatment to a patient under an eating disorder treatment and management plan if:
 - (a) the service is provided more than 12 months after the plan is prepared; or
 - (b) the patient has already been provided with 40 services under the plan; or
 - (c) the service is provided after the patient has already been provided with 10 services under the plan but before a recommendation by a reviewing practitioner is given that additional services should be provided under the plan; or
 - (d) the service is provided after the patient has already been provided with 20 services under the plan but before recommendations that additional services should be provided under the plan are given by each of the following:
 - (i) a medical practitioner (other than a specialist or consultant physician);
 - (ii) a consultant physician practising in the specialty of psychiatry or paediatrics; or
 - (e) the service is provided after the patient has already been provided with 30 services under the plan but before a recommendation is given by a reviewing practitioner that additional services should be provided.

21. Subclause 1.1.17(4)

Repeal the subclause, substitute:

- (4) A reviewing practitioner may recommend that additional services be provided under a plan only if:
 - (a) the recommendation is made as part of a service to which an item in Subgroup 3 of Group A36 of the general medical services table or Subgroup 25 or 26 of Group A40 of the COVID-19 Determination applies; and
 - (b) the service is provided:
 - (i) for the purposes of paragraph (3)(c)—after the patient has been provided with 10 services under the plan; and
 - (ii) for the purposes of paragraph (3)(d)—after the patient has been provided with 20 services under the plan; and
 - (iii) for the purposes of paragraph (3)(e)—after the patient has been provided with 30 services under the plan; and
 - (c) the practitioner records the recommendation in the patient's records.

22. Subclause 1.1.17(5)

Repeal the subclause, substitute:

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- (5) For the purposes of this clause, in counting the services providing treatments under a plan, only count the services to which any of the following apply:
- (a) items 283, 285, 286, 287, 371 and 372;
 - (b) items 2721, 2723, 2725 and 2727;
 - (c) items in Groups M6, M7 and M16 other than items 82350 and 82351;
 - (d) items 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281 and 90282;
 - (e) items 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181 to 91188, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 92182, 92184, 92186, 92188, 92194, 92196, 92198, 92200, 93076, 93079, 93084, 93087, 93092, 93095, 93100, 93103, 93110, 93113, 93118, 93121, 93126, 93129, 93134 and 93137.

23. After clause 3.1.5

Insert:

3.1.5A Eligible patient for eating disorders items

- (1) For an item in Subgroup 20 or 22 of Group M18, a patient is an **eligible patient** if the patient meets the requirements for a patient specified in clause 2.31.2 of the general medical services table.

24. Subclause 3.1.6(1)

Omit “an *eating disorder psychological treatment service*”, substitute “the service”.

25. Subclause 3.1.6(2)

Repeal the subclause, substitute:

- (2) An item in Subgroup 20 or 22 of Group M18 does not apply to a service providing a treatment to a patient under an eating disorder treatment and management plan if:
- (a) the service is provided more than 12 months after the plan is prepared; or
 - (b) the patient has already been provided with 40 services under the plan; or
 - (c) the service is provided after the patient has already been provided with 10 services under the plan but before a recommendation by a reviewing practitioner is given that additional services should be provided under the plan; or
 - (d) the service is provided after the patient has already been provided with 20 services under the plan but before recommendations that additional services should be provided under the plan are given by each of the following:
 - (i) a medical practitioner (other than a specialist or consultant physician);

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- (ii) a consultant physician practising in the specialty of psychiatry or paediatrics; or
 - (e) the service is provided after the patient has already been provided with 30 services under the plan but before a recommendation is given by a reviewing practitioner that additional services should be provided.

26. Subclause 3.1.6(3)

Repeal the subclause, substitute:

- (3) A reviewing practitioner may recommend that additional services be provided under a plan only if:
 - (a) the recommendation is made as part of a service to which an item in Subgroup 3 of Group A36 of the general medical services table or Subgroup 25 or 26 of Group A40 of the COVID-19 Determination applies; and
 - (b) the service is provided:
 - (i) for the purposes of paragraph (2)(c)—after the patient has been provided with 10 services under the plan; and
 - (ii) for the purposes of paragraph (2)(d)—after the patient has been provided with 20 services under the plan; and
 - (iii) for the purposes of paragraph (2)(e)—after the patient has been provided with 30 services under the plan; and
 - (c) the practitioner records the recommendation in the patient’s records.

27. Subclause 3.1.6(5)

Repeal the subclause, substitute:

- (5) For the purposes of this clause, in counting the services providing treatments under a plan, only count the services to which any of the following apply:
 - (a) items 283, 285, 286, 287, 371 and 372;
 - (b) items 2721, 2723, 2725 and 2727;
 - (c) items in Groups M6, M7 and M16 other than items 82350 and 82351;
 - (d) items 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281 and 90282;
 - (e) items 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181 to 91188, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 92182, 92184, 92186, 92188, 92194, 92196, 92198, 92200, 93076, 93079, 93084, 93087, 93092, 93095, 93100, 93103, 93110, 93113, 93118, 93121, 93126, 93129, 93134 and 93137.

28. Subclause 3.1.6(6) (paragraphs (a) to (c))

Omit “the Eating Disorders Services Determination” (wherever occurring), substitute “Group 36 of the general medical services table”.

Schedule 2— Health Care Homes transitional provisions

Health Insurance (Allied Health Services) Determination 2014

1. After Section 12

Insert:

13 Referrals by medical practitioners under a shared care plan

- (1) This Section applies to items 10950 to 10970, 80000, 80001, 80005, 80010, 80011, 80015, 80020, 80021, 80100, 80101, 80105, 80110, 80111, 80115, 80120, 80121, 80125, 80126, 80130, 80135, 80136, 80140, 80145, 80146, 80150, 80151, 80155, 80160, 80161, 80165, 80170, 80171, 81100, 81110, 81120 and 81300 to 81360 in Schedule 2.
- (2) For an item mentioned in subsection (1), where the referral is by a medical practitioner as part of a shared care plan, the shared care plan must have been prepared on or before 30 June 2021.

Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 2020

2. After Section 8

Insert:

9 Referrals by medical practitioners under a shared care plan

- (1) This Section applies to items 91166 to 93013, 93048, 93061, 93284 and 93286 in Schedule 3.
- (2) For an item mentioned in subsection (1), where the referral is by a medical practitioner as part of a shared care plan, the shared care plan must have been prepared on or before 30 June 2021.

Schedule 3— Health Care Homes consequential amendments

Health Insurance (Allied Health Services) Determination 2014

1. Subsection 4(1) (definition of *shared care plan*)

Repeal the definition.

2. Subsection 7(5)

Repeal the subsection.

3. Section 9B

Repeal the Section.

4. Part 1 of Schedule 2 (items 10950 to 10970, subparagraph (a)(ii))

Omit “under a shared care plan or”.

5. Part 1 of Schedule 2 (items 10950 to 10970, paragraph (b))

Omit “or shared care plan”.

6. Part 2 of Schedule 2 (items 80000, 80001, 80010, 80011, 80020, 80021, 80100, 80101, 80110, 80111, 80120, 80121, 80125, 80126, 80135, 80136, 80145, 80146, 80150, 80151, 80160, 80161, 80170 and 80171, subparagraph (a)(ii))

Omit “as part of a shared care plan or”.

7. Part 4 of Schedule 2 (items 81100, 81110 and 81120, paragraph (b))

Omit “a shared care plan or”.

8. Part 6 of Schedule 2 (items 81300 to 81360, paragraph (a))

Repeal the paragraph, substitute:

- (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and

Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 2020

9. Subsection 5(1) (definition of *shared care plan*)

Repeal the definition.

10. Paragraphs 3.1.5(1)(c) to (d)

Repeal the paragraphs, substitute:

- (c) the referral by a specialist in the practice of their field of psychiatry or paediatrics must be a referral for a service to which any of items 104 to 109 of the general medical services table or items 91822, 91823, 91832 or 91833 applies.

11. Schedule 3 (items 91166 to 91188, subparagraph (a)(ii))

Omit “, or as part of a shared care plan”.

12. Schedule 3 (items 93000 and 93013, paragraphs (a) to (b))

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
 - (i) a chronic condition; and
 - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person’s medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person’s Team Care Arrangements or multidisciplinary care plan as part of the management of the person’s chronic condition and complex care needs; and

13. Schedule 3 (items 93048 and 93061, paragraph (a))

Repeal the paragraph, substitute:

- (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; and

14. Schedule 3 (items 93284 and 93286, paragraph (b))

Omit “a shared care plan or”.

Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services) Determination 2020

15. Subsection 5(1) (definition of *shared care plan*)

Repeal the definition.