

Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Amendment Determination 2021

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

Dated 14 September 2021

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

Contents

1 Name	1
2 Commencement	1
3 Authority	1
4 Schedules	1
Schedule 1— Amendments	2
Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020	2

Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Amendment Determination 2021

i

1 Name

This instrument is the Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Amendment 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. The whole of this instrument	15 September 2021		

Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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— Amendments

Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020

1 Schedule 1, Part 3 (cell at item 93518, column 2)

Repeal the cell, substitute:

Additional exercise physiology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible exercise physiologist if all of the following apply:

- (a) the person's chronic or complex care needs are assessed as requiring additional exercise physiology therapy services in a calendar year;
- (b) the service is provided to a person whose chronic or complex care needs are being managed under:
 - a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or
 - (ii) a shared care plan; or
 - (iii) GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;
- (c) the person is referred to the eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department;
- (d) the service is provided to the person individually and in person;
- (e) the service is at least 20 minutes in duration;
- (f) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner
 - (i) if the service is the only service under the referral in relation to that service; or
 - (ii) if the service is the first or last service under the referral in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of – in relation to those matters

Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Amendment Determination 2021

2

2 Schedule 1, Part 3 (cell at item 93519, column 2)

Repeal the cell, substitute:

Additional occupational therapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible occupational therapist if all of the following apply:

- (a) the person's chronic or complex care needs are assessed as requiring additional occupational therapy services in a calendar year;
- (b) the service is provided to a person whose chronic or complex care needs are being managed under:
 - (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or
 - (ii) a shared care plan; or
 - a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;
- (c) the person is referred to the eligible occupational therapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department;
- (d) the service is provided to the person individually and in person;
- (e) the service is at least 20 minutes in duration;
- (f) after the service, the eligible occupational therapist gives a written report to the referring medical practitioner:
 - (i) if the service is the only service under the referral in relation to that service; or
 - (ii) if the service is the first or last service under the referral in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of – in relation to those matters

3 Schedule 1, Part 3 (cell at item 93520, column 2)

Repeal the cell: substitute:

Additional physiotherapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible physiotherapist if all of the following apply:

- (a) the person's chronic or complex care needs are assessed as requiring additional physiotherapy services in a calendar year;
- (b) the service is provided to a person whose chronic or complex care needs are being managed under:

Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Amendment Determination 2021

- (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or
- (ii) a shared care plan; or
- a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;
- (c) the person is referred to the eligible physiotherapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department;
- (d) the service is provided to the person individually and in person;
- (e) the service is at least 20 minutes in duration;
- (f) after the service, the eligible physiotherapist gives a written report to the referring medical practitioner:
 - (i) if the service is the only service under the referral in relation to that service; or
 - (ii) if the service is the first or last service under the referral in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of – in relation to those matters

4 Schedule 1, Part 4 (cell at item 93571, column 2)

Repeal the cell, substitute:

Additional exercise physiology health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible exercise physiologist if all of the following apply:

- (a) the person's health care needs are assessed as requiring additional exercise physiology therapy services in a calendar year;
- (b) the service is provided to a person:
 - (i) whose need for allied health treatment services has been identified by:
 - A. a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or
 - B. a shared care plan; or
 - (ii) who is referred to the eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department;
- (c) the service is provided to the person individually and in person;
- (d) the service is at least 20 minutes in duration;

4

Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Amendment Determination 2021

- (e) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner:
 - (i) if the service is the only service under the referral in relation to that service; or
 - (ii) if the service is the first or last service under the referral in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of – in relation to those matters

5 Schedule 1, Part 4 (cell at item 93572, column 2)

Repeal the cell, substitute:

Additional occupational therapy health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible occupational therapist if all of the following apply:

- (a) the person's health care needs are assessed as requiring additional occupational therapy services in a calendar year;
- (b) the service is provided to a person:
 - (i) whose need for allied health treatment services has been identified by:
 - A. a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or
 - B. a shared care plan; or
 - (ii) who is referred to the eligible occupational therapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department;
- (c) the service is provided to the person individually and in person;
- (d) the service is at least 20 minutes in duration;
- (e) after the service, the eligible occupational therapist gives a written report to the referring medical practitioner:
 - (i) if the service is the only service under the referral in relation to that service; or
 - (ii) if the service is the first or last service under the referral in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of – in relation to those matters

6 Schedule 1, Part 4 (cell at item 93573, column 2)

Repeal the cell, substitute:

Additional physiotherapy health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible physiotherapist if all of the following apply:

- (a) the person's health care needs are assessed as requiring additional physiotherapy health services in a calendar year;
- (b) the service is provided to a person:
 - (i) whose need for allied health treatment services has been identified by:
 - A. a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or
 - B. a shared care plan; or
 - (ii) who is referred to the eligible physiotherapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department;
- (c) the service is provided to the person individually and in person;
- (d) the service is at least 20 minutes in duration;
- (e) after the service, the eligible physiotherapist gives a written report to the referring medical practitioner:
 - (i) if the service is the only service under the referral in relation to that service; or
 - (ii) if the service is the first or last service under the referral in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of – in relation to those matters