

Health Insurance (General Practice COVID-19 Treatment) Determination 2022

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

Dated 18 July 2022

Travis Haslam

Acting First Assistant Secretary

Medical Benefits Division

Health Resourcing Group

Department of Health and Aged Care

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1. Name

 This instrument is the *Health Insurance (General Practice COVID-19 Treatment) Determination 2022*.

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** |
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| **Column 1** | **Column 2** | **Column 3** |
| **Provisions** | **Commencement** | **Date/Details** |
| 1. The whole of this instrument | 19 July 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 Note: This table relates only to the provisions of this instrument as originally made.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.  Cessation

Unless earlier revoked, this instrument ceases as if revoked on 31 October 2022 at 11.59pm.

5.  Definitions

(1)     In this instrument:

***Act***means the *Health Insurance Act 1973*.

***admitted patient*** means a patient who is receiving a service that is provided:

(a)  as part of an episode of hospital treatment; or

(b) as part of an episode of hospital‑substitute treatment in respect of which the person to whom the treatment is provided chooses to receive a benefit from a private health insurer.

***COVID-19 oral antiviral treatment*** means an oral antiviral treatment for the treatment of COVID-19 infection which has been approved for supply in Australia by the Therapeutic Goods Administration.

***general medical services table***means the table prescribed under section 4 of the Act as in force from time to time.

***phone attendance*** means a professional attendance by telephone where the health practitioner:

(a)  has the capacity to provide the full service through this means safely and in accordance with professional standards; and

(b) is satisfied that it is clinically appropriate to provide the service to the patient; and

(c)  maintains an audio link with the patient.

***relevant provisions*** means all provisions, of the Act and regulations made under the Act, and the *National Health Act 1953*and regulations made under the*National Health Act 1953*, relating to medical services, professional services or items.

***relevant service***means a health service, as defined in subsection 3C(8) of the Act, that is specified in a Schedule.

***Schedule***means a Schedule to this instrument.

Note:  The following terms are defined in subsection 3(1) of the Act:

* clinically relevant service;
* general medical services table;
* hospital‑substitute treatment;
* hospital treatment;
* item;
* medical practitioner;

· professional service.

(2)    Unless the contrary intention appears, a reference in this instrument to a provision of the Act or the *National Health Act 1953* or regulations made under the Act or under the *National Health Act 1953* as applied, adopted or incorporated in relation to specifying a matter is a reference to those provisions as in force from time to time and any other reference to provisions of an Act or regulations is a reference to those provisions as in force from time to time.

(3)    In this instrument, a ***general practitioner*** includes a kind of medical practitioner specified in clause 1.1.3 of the general medical services table.

6.  Treatment of relevant service

For subsection 3C(1) of the Act, a relevant service, provided in accordance with this instrument and as a clinically relevant service, is to be treated, for the relevant provisions, as if:

(a)          it were both a professional service and a medical service; and

(b)          there were an item in the general medical services table that:

i.     related to the service; and

ii.   specified for the service a fee in relation to each State, being the fee specified in the Schedule in relation to the service.

7.  Application of COVID‑19 Treatment Items

(1)     An item in a Schedule of this Determination only applies to a service mentioned in the item if the patient’s COVID-19 infection has been confirmed by either:

(a) laboratory testing; or

(b) a COVID-19 rapid antigen self test which has been approved for supply in Australia by the Therapeutic Goods Administration, where:

(i) the treating practitioner makes a record in the patient’s notes that the relevant state and territory reporting requirements have been met, if applicable, and either:

A. confirms the patient has reported the positive test result to the relevant state or territory public health unit where reporting requirements are in place from time to time; or

B. assists the patient to report the positive result to the relevant state or territory public health unit where reporting requirements are in place from time to time.

(2)     An item in a Schedule of this Determination only applies to a service performed by a medical practitioner (other than a specialist or consultant physician) who:

               (a) is located at a medical practice with capacity for in person assessment
 where appropriate; or

 (b)  has a formal agreement with a medical practice to provide personal attendance services.

8.  Limitation of COVID‑19 Treatment

(1)     An item in a Schedule of this Determination does not apply to a service mentioned in the item if the person is an admitted patient.

(2)     An item in a Schedule of this Determination does not apply to a service if it is performed in association with any other attendance service on the same occasion by the same medical practitioner.

Schedule – relevant services

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| **Group A46—** **COVID‑19 management support service** |
| **Item** | **Description** | **Fee ($)** |
| 93716 | Phone attendance by a general practitioner lasting at least 20 minutes for the assessment and management of a person with COVID‑19 infection of recent onset, for the purposes of determining the patient’s eligibility for receiving a COVID-19 oral antiviral treatment, where the service includes any of the following that are clinically relevant:1. taking a detailed patient history;
2. arranging any necessary investigation;
3. implementing a management plan, including follow up arrangements;
4. providing any necessary treatment, including prescribing a COVID-19 oral antiviral treatment;
5. providing appropriate preventive health care for one or more related issues;

with appropriate documentation | 90.50 |
| 93717 | Phone attendance by a medical practitioner (other than a general practitioner) lasting at least 25 minutes for the assessment and management of a person with COVID‑19 infection of recent onset, for the purposes of determining the patient’s eligibility for receiving a COVID-19 oral antiviral treatment, where the service includes any of the following that are clinically relevant:1. taking a detailed patient history;
2. arranging any necessary investigation;
3. implementing a management plan, including follow up arrangements;
4. providing any necessary treatment, including prescribing a COVID-19 oral antiviral treatment;
5. providing appropriate preventive health care for one or more related issues;

with appropriate documentation | 44.70 |