



Health Insurance Legislation Amendment (2022 Measures No. 3) Regulations 2022

I, General the Honourable David Hurley AC DSC (Retd), Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following regulations.

Dated 18 August 2022

David Hurley
Governor-General

By His Excellency's Command

Mark Butler
Minister for Health and Aged Care

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1 Name

This instrument is the *Health Insurance Legislation Amendment (2022 Measures No. 3) Regulations 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		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. Sections 1 to 4 and anything in this instrument not elsewhere covered by this table	1 November 2022.	1 November 2022
2 Schedules 1 to 4	1 November 2022.	1 November 2022
3 Schedule 5	1 July 2022.	1 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Note: This table relates only to the provisions of this instrument as originally made.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 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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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—General medical services

Part 1—Cardiothoracic items

Health Insurance (General Medical Services Table) Regulations 2021

1 Schedule 1 (item 38510, column 2, paragraph (b))

Omit “a service to which item 38502 applies”, substitute “coronary artery bypass surgery performed by any medical practitioner”.

2 Schedule 1 (cell at item 38513, column 2)

Repeal the cell, substitute:

Creation of Y-graft, T-graft and graft-to-graft extensions, with micro-arterial or micro-venous anastomosis using microsurgical techniques, if:

- (a) the service is for one or more anastomoses; and
- (b) the service is performed in conjunction with a service to which item 38502 applies (H) (Anaes.) (Assist.)

3 Schedule 1 (cell at item 38516, column 3)

Repeal the cell, substitute:

2,641.60

4 Schedule 1 (cell at item 38517, column 3)

Repeal the cell, substitute:

3,251.20

5 Schedule 1 (cell at item 38555, column 3)

Repeal the cell, substitute:

2,641.60

6 Schedule 1 (item 38556, column 2)

Omit “38603,”.

7 Schedule 1 (cell at item 38556, column 3)

Repeal the cell, substitute:

3,282.20

8 Schedule 1 (cell at item 38557, column 3)

Repeal the cell, substitute:

4,572.00

9 Schedule 1 (item 38572, column 2, paragraph (b))

After “38418,”, insert “38603,”.

Part 2—Deep brain stimulation

Health Insurance (General Medical Services Table) Regulations 2021

10 Schedule 1 (after item 40862)

Insert:

40863	Deep brain stimulation (unilateral), remote electronic analysis and programming of neurostimulator pulse generator for the treatment of: (a) Parkinson’s disease, if the patient’s response to medical therapy is not sustained and is accompanied by unacceptable motor fluctuations; or (b) essential tremor or dystonia, if the patient’s symptoms cause severe disability Applicable not more than 8 times in any 12 month period	200.55
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Part 3—Varicose veins

Health Insurance (General Medical Services Table) Regulations 2021

11 Schedule 1 (item 32520, column 2, subparagraphs (d)(iii) to (v))

Repeal the subparagraphs, substitute:

- (iii) 59970 to 60021;
- (iv) 60036 to 60045;
- (v) 60060 to 60078;
- (vi) 60500 to 60509;
- (vii) 61109

12 Schedule 1 (item 32522, column 2, subparagraphs (d)(iii) to (v))

Repeal the subparagraphs, substitute:

- (iii) 59970 to 60021;
- (iv) 60036 to 60045;
- (v) 60060 to 60078;
- (vi) 60500 to 60509;
- (vii) 61109

13 Schedule 1 (item 32523, column 2, subparagraphs (d)(iii) to (v))

Repeal the subparagraphs, substitute:

- (iii) 59970 to 60021;
- (iv) 60036 to 60045;
- (v) 60060 to 60078;
- (vi) 60500 to 60509;
- (vii) 61109

14 Schedule 1 (item 32526, column 2, subparagraphs (d)(iii) to (v))

Repeal the subparagraphs, substitute:

- (iii) 59970 to 60021;
- (iv) 60036 to 60045;
- (v) 60060 to 60078;
- (vi) 60500 to 60509;
- (vii) 61109

15 Schedule 1 (item 32528, column 2, subparagraphs (d)(iii) to (v))

Repeal the subparagraphs, substitute:

- (iii) 59970 to 60021;
- (iv) 60036 to 60045;
- (v) 60060 to 60078;
- (vi) 60500 to 60509;
- (vii) 61109

16 Schedule 1 (item 32529, column 2, subparagraphs (d)(iii) to (v))

Repeal the subparagraphs, substitute:

- (iii) 59970 to 60021;
- (iv) 60036 to 60045;
- (v) 60060 to 60078;
- (vi) 60500 to 60509;
- (vii) 61109

Part 4—Cardiac implantable loop recorder devices

Health Insurance (General Medical Services Table) Regulations 2021

17 Schedule 1 (at the end of Subgroup 6 of Group D1)

Add:

11736	Implanted loop recording via remote monitoring (including reprogramming (if required), retrieval of stored data, analysis, interpretation and report), for the investigation of atrial fibrillation, if the service: (a) is provided to a patient who has been diagnosed as having had an embolic stroke of undetermined source; and (b) is not a service to which item 38288 applies Applicable not more than 4 times in any 12 month period	36.75
11737	Implanted electrocardiogram loop recording via remote monitoring (including reprogramming (if required), retrieval of stored data, analysis, interpretation and report), by a medical practitioner, if the service is: (a) an investigation for a patient with: (i) cryptogenic stroke; or (ii) recurrent unexplained syncope; and (b) not a service to which item 38285 applies Applicable only once in any 4 week period	36.75

Part 5—Paediatric surgery services

Health Insurance (General Medical Services Table) Regulations 2021

18 Schedule 1 (after item 30658)

Insert:

30661	Minor surgical repair following a complication from the circumcision of a penis, when performed in conjunction with a service to which an item in Group T7 or Group T10 applies, other than a service associated with a service to which item 45206 applies (H) (Anaes.)	405.50
30662	Complex surgical repair following a complication from the circumcision of a penis, including single stage local flap, if indicated, to repair one defect, on genitals (other than a service associated with a service to which item 37819, 37822, 45200, 45201, 45202, 45203 or 45206 applies) (H) (Anaes.)	810.90

19 Schedule 1 (item 43882, column 2)

After “operation for”, insert “(H)”.

20 Schedule 1 (item 44108, column 2)

Omit “repair”, substitute “, laparoscopic or open repair of”.

21 Schedule 1 (cell at item 44108, column 3)

Repeal the cell, substitute:

638.35

22 Schedule 1 (item 44111, column 2)

Omit “repair of”, substitute “laparoscopic or open repair of”.

23 Schedule 1 (item 44111, column 2)

After “performed”, insert “(H)”.

24 Schedule 1 (cell at item 44111, column 3)

Repeal the cell, substitute:

716.45

25 Schedule 1 (item 44114, column 2)

Omit “repair”, substitute “, laparoscopic or open repair of”.

26 Schedule 1 (cell at item 44114, column 3)

Repeal the cell, substitute:

716.45

Part 6—Chronic neuropathic pain

Health Insurance (General Medical Services Table) Regulations 2021

27 Schedule 1 (after item 39140)

Insert:

39141	Epidural or peripheral nerve electrodes (management, adjustment, or reprogramming of neurostimulator), with a medical practitioner attending remotely by video conference, for the management of chronic neuropathic pain or pain from refractory angina pectoris—each day	135.15
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Part 7—Oculoplastic surgery

Health Insurance (General Medical Services Table) Regulations 2021

28 Schedule 1 (item 45617, column 2, subparagraphs (a)(i) to (v))

Repeal the subparagraphs, substitute:

- (i) history of a demonstrated visual impairment;
- (ii) intertriginous inflammation of the eyelid;
- (iii) herniation of orbital fat in exophthalmos;
- (iv) facial nerve palsy;
- (v) post-traumatic scarring;
- (vi) the restoration of symmetry of contralateral upper eyelid in respect of one of the conditions mentioned in subparagraphs (i) to (v); and

Part 8—Melanoma services

Health Insurance (General Medical Services Table) Regulations 2021

29 Schedule 1 (item 31371, column 2)

After “repair of,” insert “including excision of the primary tumour bed.”

30 Schedule 1 (item 31372, column 2)

After “repair of,” insert “including excision of the primary tumour bed.”

31 Schedule 1 (item 31372, column 2)

Omit “item 45201”, substitute “a service to which item 45201 applies”.

32 Schedule 1 (item 31373, column 2)

After “repair of,” insert “including excision of the primary tumour bed.”

33 Schedule 1 (item 31374, column 2)

After “repair of,” insert “including excision of the primary tumour bed.”

34 Schedule 1 (item 31374, column 2)

Omit “item 45201”, substitute “a service to which item 45201 applies”.

35 Schedule 1 (item 31375, column 2)

After “repair of,” insert “including excision of the primary tumour bed.”

36 Schedule 1 (item 31375, column 2)

Omit “item 45201”, substitute “a service to which item 45201 applies”.

37 Schedule 1 (item 31376, column 2)

After “repair of,” insert “including excision of the primary tumour bed.”

38 Schedule 1 (after item 31376)

Insert:

31377	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is less than 6 mm; and (c) the excised specimen is sent for histological examination; not in association with a service to which item 45201 applies (Anaes.)	114.10
31378	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and (b) the necessary excision diameter is 6 mm or more; and	174.85

Schedule 1 General medical services
Part 8 Melanoma services

	(c) the excised specimen is sent for histological examination (Anaes.)	
31379	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is less than 14 mm; and (c) the excised specimen is sent for histological examination; not in association with a service to which item 45201 applies (Anaes.)	139.35
31380	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and (b) the necessary excision diameter is 14 mm or more; and (c) the excised specimen is sent for histological examination (Anaes.)	174.85
31381	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and (b) the necessary excision diameter is less than 15 mm; and (c) the excised specimen is sent for histological examination; not in association with a service to which item 45201 applies (Anaes.)	99.35
31382	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and (b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and (c) the excised specimen is sent for histological examination; not in association with a service to which item 45201 applies (Anaes.)	130.60
31383	Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and (b) the necessary excision diameter is more than 30 mm; and (c) the excised specimen is sent for histological examination (Anaes.)	149.40

Part 9—Orthopaedic services

Health Insurance (General Medical Services Table) Regulations 2021

39 Schedule 1 (after item 47789)

Insert:

47790	Tendon, large, lengthening of, as an independent procedure (Anaes.) (Assist.)	298.45
47791	Tenosynovectomy, not being a service associated with a service to which another item in this Group applies (Anaes.) (Assist.)	278.65
47792	Joint stabilisation procedure of acromio-clavicular joint or scapulo-thoracic joint, including any of the following (if performed): (a) arthrotomy; (b) osteotomy, with or without fixation; (c) local tendon transfer; (d) local tendon lengthening or release; (e) ligament repair; (f) joint debridement; not being a service associated with a service to which another item in this Group applies (Anaes.) (Assist.)	497.60

40 Schedule 1 (item 47967, column 2)

After “shoulder”, insert “or elbow”.

41 Schedule 1 (item 49212, column 2)

Omit “for infection,”.

42 Schedule 1 (items 49215 and 49236, column 2)

Omit “by open procedure,”.

43 Schedule 1 (item 49734, column 2)

Omit “for infection,”.

Part 10—Miscellaneous amendments

Health Insurance (General Medical Services Table) Regulations 2021

44 Subclause 1.2.6(1) of Schedule 1

Omit “173 to 338,”, substitute “177, 179, 181, 185, 187, 189, 191, 193 to 338.”

45 Subclauses 1.2.6(1) and 1.2.7(1) of Schedule 1

After “14203 to 14212,”, insert “14216, 14219.”

46 Clause 2.10.1 of Schedule 1

Repeal the clause, substitute:

2.10.1 Restriction on treatment time

For the purposes of items 193 to 199, treatment time for a medical practitioner does not include the period:

- (a) commencing immediately after the practitioner has completed applying all acupuncture stimuli on or through a patient’s skin; and
- (b) ending immediately before the practitioner begins to remove the acupuncture stimuli from the patient;

unless the practitioner personally attends the patient during that period for a consultation related to the condition for which the acupuncture was performed or another consultation.

47 Schedule 1 (item 173)

Repeal the item.

48 Schedule 1 (item 193, column 2)

Omit “Professional attendance by a general practitioner who is a qualified medical acupuncturist, at a place other than a hospital,”, substitute “Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, at a place other than a hospital, for treatment”.

49 Schedule 1 (item 193, column 2)

Omit “the qualified medical acupuncturist”, substitute “the medical practitioner”.

50 Schedule 1 (item 195, column 2)

Omit “Professional attendance by a general practitioner who is a qualified medical acupuncturist, on one or more patients at a hospital,”, substitute “Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, on one or more patients at a hospital, for treatment”.

51 Schedule 1 (item 195, column 2)

Omit “the qualified medical acupuncturist”, substitute “the medical practitioner”.

52 Schedule 1 (item 197, column 2)

Omit “Professional attendance by a general practitioner who is a qualified medical acupuncturist, at a place other than a hospital,” substitute “Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, at a place other than a hospital, for treatment”.

53 Schedule 1 (item 197, column 2)

Omit “the qualified medical acupuncturist”, substitute “the medical practitioner”.

54 Schedule 1 (item 199, column 2)

Omit “Professional attendance by a general practitioner who is a qualified medical acupuncturist, at a place other than a hospital,” substitute “Professional attendance by a medical practitioner who holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, at a place other than a hospital, for treatment”.

55 Schedule 1 (item 199, column 2)

Omit “the qualified medical acupuncturist”, substitute “the medical practitioner”.

56 Schedule 1 (item 11614, column 2)

Omit “55229 or”.

57 Division 2.19 of Part 2 of Schedule 1

Repeal the Division.

58 Schedule 1 (after item 36529)

Insert:

36530	Renal cell carcinoma, not more than 4 cm in diameter, destruction of, by percutaneous, laparoscopic or open cryoablation (including any associated imaging services), if: (a) malignancy has previously been confirmed by histopathological examination; and (b) a multi-disciplinary team has reviewed treatment options for the patient and assessed that partial nephrectomy is not suitable; and (c) the service is not a service associated with a service to which item 36522 or 36525 applies (H) (Anaes.)	856.10
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59 Schedule 1 (item 38417, column 2)

Omit “I5”, substitute “15”.

60 Subclause 5.10.7(2) of Schedule 1

Omit “60010, 60072, 60073, 60075, 60076, 60078 or 60079”, substitute “60072, 60075 or 60078”.

61 Schedule 1 (item 35412, column 2)

Omit “60010, 60072, 60073, 60075, 60076, 60078 or 60079”, substitute “60072, 60075 or 60078”.

62 Schedule 1 (items 35657, 35673 and 35726, column 2)

After “service”, insert “associated with a service”.

63 Clause 7.1.1 of Schedule 1 (definition of *cervical screening service*)

Omit “73073,”.

64 Clause 7.1.1 of Schedule 1 (definition of *qualified medical acupuncturist*)

Repeal the definition.

Schedule 2—Diagnostic imaging services

Part 1—Pelvic MRI

Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020

1 Clause 2.5.7 of Schedule 1

Omit “63560”, substitute “63563”.

2 Schedule 1 (item 63454, column 2, paragraph (b))

Omit “central nervous system”.

3 Schedule 1 (item 63454, column 2, paragraph (d))

After “diagnosis”, insert “of fetal abnormality as a result of the ultrasound”.

4 Schedule 1 (item 63454, column 2, paragraph (e))

Before “service”, insert “MRI”.

5 Schedule 1 (after item 63476)

Insert:

63549	MRI—scan of the pelvis or abdomen, for a patient with a multiple pregnancy, if: (a) the multiple pregnancy is at, or after, 18 weeks gestation; and (b) fetal abnormality is suspected; and (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the specialty of obstetrics; and (d) the diagnosis of fetal abnormality as a result of the ultrasound is indeterminate or requires further examination; and (e) the MRI service is requested by a specialist practising in the specialty of obstetrics (R) (Anaes.) (Contrast)	1,828.80
63563	MRI—scan of the pelvis or abdomen, if the request for the scan identifies that the investigation is for: (a) sub-fertility that requires one or more of the following: (i) an investigation of suspected Mullerian duct anomaly seen in pelvic ultrasound or hysterosalpingogram; (ii) an assessment of uterine mass identified on pelvic ultrasound before consideration of surgery; (iii) an investigation of recurrent implantation failure in IVF (2 or more embryo transfer cycles without viable pregnancy); or (b) surgical planning of a patient with known or suspected deep endometriosis involving the bowel, bladder or ureter (or any combination of the bowel, bladder or ureter), where the results of pelvic ultrasound are inconclusive Applicable not more than once in a 2 year period (R) (Anaes.) (Contrast)	409.65

6 Clause 3.1 of Schedule 1 (definition of scan)

Omit “63560”, substitute “63563”.

Part 2—Obstetric and gynaecological services

Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020

7 Subclause 2.1.4(1) of Schedule 1

After “Subdivision”, insert “(other than item 55758)”.

8 Subclause 2.1.4(2) of Schedule 1

After “55723,”, insert “55742, 55743,”.

9 Subclause 2.1.5(1) of Schedule 1

After “55721,”, insert “55740, 55742, 55757,”.

10 Subclause 2.1.5(3) of Schedule 1

After “55725,”, insert “55741, 55743, 55758,”.

11 Schedule 1 (cell at item 55700, column 2)

Repeal the cell, substitute:

Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound (the *current ultrasound*) scan of, by any or all approaches, for determining the gestation, location, viability or number of fetuses, if:

- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is less than 12 weeks of gestation; and
- (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743 (R)

12 Schedule 1 (cell at item 55703, column 2)

Repeal the cell, substitute:

Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound (the *current ultrasound*) scan of, by any or all approaches, for determining the gestation, location, viability or number of fetuses, if:

- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is less than 12 weeks of gestation; and
- (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743 (NR)

13 Schedule 1 (cell at item 55704, column 2)

Repeal the cell, substitute:

Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the *current ultrasound*) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if:

- (a) the dating of the pregnancy (as confirmed by the current ultrasound)

is 12 to 16 weeks of gestation; and

- (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)

14 Schedule 1 (cell at item 55705, column 2)

Repeal the cell, substitute:

Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the *current ultrasound*) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if:

- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and
(b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)

15 Schedule 1 (item 55706, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

16 Schedule 1 (item 55706, column 2, paragraphs (a) and (b))

Repeal the paragraphs, substitute:

- (a) the dating for the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and
(b) the current ultrasound:
(i) is not performed in the same pregnancy as item 55709; and
(ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

17 Schedule 1 (item 55707, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

18 Schedule 1 (item 55707, column 2, paragraph (a))

Omit “ultrasound”, substitute “the current ultrasound”.

19 Schedule 1 (item 55707, column 2, paragraph (c))

Repeal the paragraph, substitute:

- (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)

20 Schedule 1 (item 55708, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

21 Schedule 1 (item 55708, column 2, paragraph (a))

Omit “ultrasound”, substitute “the current ultrasound”.

22 Schedule 1 (item 55708, column 2, paragraph (c))

Repeal the paragraph, substitute:

- (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)

23 Schedule 1 (item 55709, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

24 Schedule 1 (item 55709, column 2, paragraph (a))

Omit “ultrasound”, substitute “the current ultrasound”.

25 Schedule 1 (item 55709, column 2, paragraph (b))

Repeal the paragraph, substitute:

(b) the current ultrasound:

- (i) is not performed in the same pregnancy as item 55706; and
- (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

26 Schedule 1 (item 55712, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

27 Schedule 1 (item 55712, column 2, paragraph (a))

Omit “service”, substitute “the current ultrasound”.

28 Schedule 1 (item 55712, column 2, paragraph (b))

Omit “ultrasound”, substitute “the current ultrasound”.

29 Schedule 1 (item 55712, column 2, paragraph (c))

Repeal the paragraph, substitute:

- (c) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709; and
- (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

30 Schedule 1 (item 55715, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

31 Schedule 1 (item 55715, column 2, paragraph (a))

Omit “ultrasound”, substitute “the current ultrasound”.

32 Schedule 1 (item 55715, column 2, paragraph (b))

Repeal the paragraph, substitute:

- (b) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709; and
- (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

33 Schedule 1 (item 55718, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

34 Schedule 1 (item 55718, column 2, paragraph (a))

Omit “ultrasound”, substitute “the current ultrasound”.

35 Schedule 1 (item 55718, column 2, paragraph (b))

Repeal the paragraph, substitute:

- (b) the current ultrasound:
(i) is not performed in the same pregnancy as item 55723; and
(ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

36 Schedule 1 (item 55721, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

37 Schedule 1 (item 55721, column 2, paragraph (a))

Omit “service”, substitute “current ultrasound”.

38 Schedule 1 (item 55721, column 2, paragraph (b))

Omit “ultrasound”, substitute “current ultrasound”.

39 Schedule 1 (item 55721, column 2, paragraph (c))

Repeal the paragraph, substitute:

- (c) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies; and
(d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

40 Schedule 1 (item 55723, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

41 Schedule 1 (item 55723, column 2, paragraph (a))

Omit “ultrasound”, substitute “the current ultrasound”.

42 Schedule 1 (item 55723, column 2, paragraph (b))

Repeal the paragraph, substitute:

- (b) the current ultrasound:
(i) is not performed in the same pregnancy as item 55718; and
(ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

43 Schedule 1 (item 55725, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

44 Schedule 1 (item 55725, column 2, paragraph (a))

Omit “ultrasound”, substitute “the current ultrasound”.

45 Schedule 1 (item 55725, column 2, paragraph (b))

Repeal the paragraph, substitute:

- (b) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies; and
(c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

46 Schedule 1 (after item 55739)

Insert:

Schedule 2 Diagnostic imaging services
Part 2 Obstetric and gynaecological services

55740	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	108.30
55741	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	54.10
55742	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and (c) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	108.30
55743	Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the current ultrasound) scan of, by any or all approaches, if: (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and (b) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and (c) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	54.10
55757	Pelvis or abdomen, ultrasound (the current ultrasound) scan of, for cervical length assessment for risk of preterm labour, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is between 14 and 30 weeks of gestation; and (b) any of the following apply: (i) the patient has a history indicating high risk of preterm labour or birth or second trimester fetal loss; (ii) the patient has symptoms suggestive of threatened preterm labour or second trimester fetal loss;	51.55

	(iii) the patient's cervical length is less than 25 mm on an ultrasound before 28 weeks gestation; and	
	(c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)	
55758	Pelvis or abdomen, ultrasound (the <i>current ultrasound</i>) scan of, for cervical length assessment for risk of preterm labour, by any or all approaches, if: (a) the dating of the pregnancy (as confirmed by the current ultrasound) is between 14 and 30 weeks of gestation; and (b) any of the following apply: (i) the patient has a history indicating high risk of preterm labour or birth or second trimester fetal loss; (ii) the patient has symptoms suggestive of threatened preterm labour or second trimester fetal loss; (iii) the patient's cervical length is less than 25 mm on an ultrasound before 28 weeks gestation; and (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)	19.60

47 Schedule 1 (item 55759, column 2)

Omit "ultrasound scan", substitute "ultrasound (the *current ultrasound*) scan".

48 Schedule 1 (item 55759, column 2, paragraph (a))

Before "ultrasound", insert "an".

49 Schedule 1 (item 55759, column 2, paragraph (b))

Omit "ultrasound", substitute "the current ultrasound".

50 Schedule 1 (item 55759, column 2, paragraph (c))

Repeal the paragraph, substitute:

- (c) the service mentioned in item 55706, 55709, 55712, 55715 or 55762 is not performed in conjunction with the current ultrasound during the same pregnancy; and
- (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

51 Schedule 1 (item 55762, column 2)

Omit "ultrasound scan", substitute "ultrasound (the *current ultrasound*) scan".

52 Schedule 1 (item 55762, column 2, paragraph (a))

Before "ultrasound", insert "an".

53 Schedule 1 (item 55762, column 2, paragraph (b))

Omit "ultrasound", substitute "the current ultrasound".

54 Schedule 1 (item 55762, column 2, paragraph (c))

Repeal the paragraph, substitute:

- (c) the service mentioned in item 55706, 55709, 55712, 55715 or 55759 is not performed in conjunction with the current ultrasound during the same pregnancy; and
- (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

55 Schedule 1 (item 55764, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

56 Schedule 1 (item 55764, column 2, paragraph (b))

Before “ultrasound”, insert “an”.

57 Schedule 1 (item 55764, column 2, paragraph (c))

Omit “ultrasound”, substitute “the current ultrasound”.

58 Schedule 1 (item 55764, column 2, paragraph (e))

Repeal the paragraph, substitute:

- (e) the service mentioned in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the current ultrasound during the same pregnancy; and
- (f) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

59 Schedule 1 (item 55766, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

60 Schedule 1 (item 55766, column 2, paragraph (a))

Before “ultrasound”, insert “an”.

61 Schedule 1 (item 55766, column 2, paragraph (b))

Omit “ultrasound”, substitute “the current ultrasound”.

62 Schedule 1 (item 55766, column 2, paragraph (d))

Repeal the paragraph, substitute:

- (d) the service mentioned in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the current ultrasound during the same pregnancy; and
- (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

63 Schedule 1 (item 55768, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

64 Schedule 1 (item 55768, column 2, paragraph (a))

Omit “ultrasound”, substitute “the current ultrasound”.

65 Schedule 1 (item 55768, column 2, paragraph (b))

Omit “the ultrasound”, substitute “an ultrasound”.

66 Schedule 1 (item 55768, column 2, paragraph (d))

Repeal the paragraph, substitute:

- (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and
- (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

67 Schedule 1 (item 55770, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

68 Schedule 1 (item 55770, column 2, paragraph (a))

Omit “ultrasound”, substitute “the current ultrasound”.

69 Schedule 1 (item 55770, column 2, paragraph (b))

Omit “the ultrasound”, substitute “an ultrasound”.

70 Schedule 1 (item 55770, column 2, paragraph (d))

Repeal the paragraph, substitute:

- (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and
- (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

71 Schedule 1 (item 55772, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

72 Schedule 1 (item 55772, column 2, paragraph (a))

Omit “ultrasound”, substitute “the current ultrasound”.

73 Schedule 1 (item 55772, column 2, paragraph (d))

Before “ultrasound”, insert “an”.

74 Schedule 1 (item 55772, column 2, paragraph (e))

Repeal the paragraph, substitute:

- (e) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and
- (f) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

75 Schedule 1 (item 55774, column 2)

Omit “ultrasound scan”, substitute “ultrasound (the *current ultrasound*) scan”.

76 Schedule 1 (item 55774, column 2, paragraph (a))

Omit “ultrasound”, substitute “the current ultrasound”.

77 Schedule 1 (item 55774, column 2, paragraph (c))

Before “ultrasound”, insert “an”.

78 Schedule 1 (item 55774, column 2, paragraph (d))

Repeal the paragraph, substitute:

- (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and
- (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

79 Clause 2.5.9 of Schedule 1 (table item 14A)

Repeal the item.

Part 3—Magnetic resonance imaging and magnetic resonance angiography services

Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020

80 Paragraph 2.5.1(1)(c) of Schedule 1

Repeal the paragraph, substitute:

- (c) using equipment that is:
 - (i) located at the premises of a comprehensive practice; and
 - (ii) if the equipment is located in a Modified Monash 1 area—eligible equipment mentioned in clause 2.5.5.

81 Paragraph 2.5.1(2)(c) of Schedule 1

Repeal the paragraph, substitute:

- (c) using equipment that is:
 - (i) located at the premises of a comprehensive practice; and
 - (ii) if the equipment is located in a Modified Monash 1 area—partial eligible equipment mentioned in clause 2.5.6.

82 Paragraph 2.5.1(3)(c) of Schedule 1

Repeal the paragraph, substitute:

- (c) using equipment that is:
 - (i) located at the premises of a comprehensive practice; and
 - (ii) if the equipment is located in a Modified Monash 1 area—eligible equipment mentioned in clause 2.5.5 or partial eligible equipment mentioned in clause 2.5.6.

83 Paragraph 2.5.1(4)(c) of Schedule 1

Repeal the paragraph, substitute:

- (c) using equipment that is:
 - (i) located at the premises of a comprehensive practice; and
 - (ii) if the equipment is located in a Modified Monash 1 area—eligible equipment mentioned in clause 2.5.5 or partial eligible equipment mentioned in clause 2.5.6.

84 Paragraphs 2.5.5(a) to (c) of Schedule 1

Repeal the paragraphs, substitute:

- (a) it is made available to the comprehensive practice at which it is located by a person who is subject to a current deed with the Commonwealth that relates to the equipment; and
- (b) it is not identified as partial eligible equipment in the deed.

85 Paragraphs 2.5.6(a) to (c) of Schedule 1

Repeal the paragraphs, substitute:

Schedule 2 Diagnostic imaging services

Part 3 Magnetic resonance imaging and magnetic resonance angiography services

- (a) it is made available to the comprehensive practice at which it is located by a person who is subject to a current deed with the Commonwealth that relates to the equipment; and
- (b) it is identified as partial eligible equipment in the deed.

86 Clause 3.1 of Schedule 1

Insert:

Modified Monash 1 area means an area that is not a Modified Monash 2 to 7 area.

Part 4—Miscellaneous amendments

Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020

87 Subclause 1.2.18(3) of Schedule 1

Omit “61369”, substitute “61369 or 63549”.

88 Schedule 1 (after item 61610)

Insert:

61612	Whole body FDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if: (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and (ii) a typically FDG-avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient Applicable once per cancer diagnosis (R)	953.00
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89 Schedule 1 (cell at item 63464, column 2)

Repeal the cell, substitute:

MRI—scan of both breasts for the detection of cancer in a patient, if:

- (a) a dedicated breast coil is used; and
 - (b) the request for the scan identifies that the patient is asymptomatic and is younger than 60 years of age; and
 - (c) the request for the scan identifies that the patient is at high risk of developing breast cancer due to one or more of the following:
 - (i) genetic testing has identified the presence of a high risk breast cancer gene mutation in the patient or in a first degree relative of the patient;
 - (ii) both:
 - (A) one of the patient’s first or second degree relatives was diagnosed with breast cancer at age 45 years or younger; and
 - (B) another first or second degree relative on the same side of the patient’s family was diagnosed with bone or soft tissue sarcoma at age 45 years or younger;
 - (iii) the patient has a personal history of breast cancer before the age of 50 years;
 - (iv) the patient has a personal history of mantle radiation therapy;
 - (v) the patient has a lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm; and
 - (d) the service is not performed in conjunction with item 55076 or 55079
- Applicable not more than once in a 12 month period (R) (Anaes.)
(Contrast)

90 Clause 2.5.12 of Schedule 1

Repeal the clause.

91 Before clause 2.5.14 of Schedule 1

Insert:

2.5.13A MRI and MRA services—modifying items

- (1) Subject to subclauses (2), (3) and (4), if item 63491, 63494 or 63497 applies to an MRI or MRA service, the fee specified in that item applies in addition to the fee specified in the other item in Group I5 that applies to the service.
- (2) If 2 or more MRI or MRA services mentioned in item 63494 are performed for a person on the same day, the fee specified in that item applies to one of those services only.
- (3) If 2 or more MRI or MRA services mentioned in item 63497 are performed for a person on the same day, the fee specified in that item applies to one of those services only.
- (4) If:
 - (a) one or more MRI or MRA services mentioned in item 63494; and
 - (b) one or more MRI or MRA services mentioned in item 63497;are performed for a person on the same day, the fee specified in item 63494 or 63497, but not both those items, applies to one of those services only.

92 Schedule 1 (cell at item 63545, column 2)

Repeal the cell, substitute:

MRI—multiphase scans of liver (including delayed imaging, if performed) with a contrast agent, for staging where surgical resection or interventional techniques are under consideration to treat any liver metastases detected, if:

- (a) the patient has a confirmed extra-hepatic primary malignancy (other than hepatocellular carcinoma), with no persistent extra-hepatic disease; and
- (b) computed tomography of the patient's liver is negative or inconclusive for metastatic disease; and
- (c) the identification of liver metastases would change the patient's treatment planning

Applicable not more than once in a 12 month period (R) (Anaes.)
(Contrast)

Schedule 3—Pathology services

Part 1—Neuromuscular disorders

Health Insurance (Pathology Services Table) Regulations 2020

1 Schedule 1 (at the end of Group P7)

Add:

73422	Characterisation of a gene variant or gene variants using a gene panel, in a patient presenting with clinical signs and symptoms suggestive of a genetic neuromuscular disorder (other than signs and symptoms associated with variants that are not detected by massively parallel sequencing), if the service is requested: (a) by a specialist or consultant physician; and (b) after exclusion of non-genetic causes Applicable once per lifetime	1,200.00
73423	Detection of a single identified gene variant, in a biological relative of a person with a germline gene variant for a neuromuscular disorder identified by a service described in item 73422, 73425 or 73426, if the service is requested by a specialist or consultant physician Applicable once per variant	500.00
73424	Prenatal detection of an actionable pathogenic familial gene variant or gene variants (including maternal cell contamination assessment), requested by a specialist or consultant physician, for a genetic neuromuscular disorder previously identified in an index person in the patient's family as a result of a service described in item 73422 Applicable once per pregnancy	1,600.00
73425	Prenatal detection of unknown gene variants (including maternal cell contamination assessment) using a gene panel, if: (a) the service is requested: (i) by a specialist or consultant physician, for a suspected genetic neuromuscular disorder; and (ii) after exclusion of non-genetic causes; and (b) the service is performed using a sample from the fetus; and (c) the service is not performed in conjunction with a service to which item 73426 applies Applicable once per pregnancy	1,800.00
73426	Prenatal detection of unknown gene variants (including maternal cell contamination assessment) using a gene panel, if: (a) the service is requested: (i) by a specialist or consultant physician; and (ii) for a suspected genetic neuromuscular disorder; and (iii) after exclusion of non-genetic causes; and (b) the request states that singleton testing is inappropriate; and (c) the service is performed using a sample from the fetus and a sample from each of the fetus's biological parents; and (d) the service is not performed in conjunction with a service to which item 73425 applies Applicable once per pregnancy	2,400.00

Schedule 3 Pathology services
Part 1 Neuromuscular disorders

73427	Single gene testing for the characterisation of a germline gene variant or germline gene variants, if requested by a specialist or consultant physician, within the same gene in which the patient's reproductive partner has a documented pathogenic germline recessive gene variant for a neuromuscular disorder identified by a service described in item 73422, 73425 or 73426 Applicable once per gene	1,200.00
73428	Re-analysis of whole genome or exome data obtained in performing a service described in item 73422, 73425 or 73426, for characterisation of previously unreported gene variants related to the clinical phenotype, if the re-analysis is requested by: (a) a consultant physician practicing as a clinical geneticist; or (b) a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist Applicable twice per lifetime	500.00

Part 2—Miscellaneous amendments

Health Insurance (Pathology Services Table) Regulations 2020

2 Schedule 1 (item 73072, column 2)

Omit “, performed on a liquid based cervical specimen”.

3 Schedule 1 (item 73072, column 2, paragraph (f))

Repeal the paragraph, substitute:

(f) for the follow-up management of a patient exposed to diethylstilboestrol in utero; or

(g) for a patient previously treated for a genital tract malignancy when performed as a co-test for both human papillomavirus (HPV) and liquid-based cytology (LBC)

4 Schedule 1 (item 73073)

Repeal the item.

5 Schedule 1 (cell at item 73074, column 2)

Repeal the cell, substitute:

A test, including partial genotyping, for oncogenic human papillomavirus, for the investigation of a patient following a total hysterectomy

6 Schedule 1 (item 73410, column 2, subparagraph (a)(ii))

Omit “for beta-thalassaemia was not conclusive”, substitute “was suggestive of thalassaemia”.

7 Schedule 1 (items 75862, 75863 and 75864, column 2)

Omit “Commonwealth concession card holder”, substitute “concessional beneficiary”.

8 Amendments of listed provisions

Omit “73073,” in the following provisions of Schedule 1:

- (a) paragraph 1.2.9(1)(d);
- (b) subparagraph 2.5.5(1)(a)(iii);
- (c) item 73075, column 2, paragraph (a);
- (d) item 73076, column 2, subparagraph (a)(i);
- (e) item 73922, column 2;
- (f) item 73923, column 2.

Schedule 4—Other amendments

Health Insurance Regulations 2018

1 Subsection 28(1) (table item 13)

Repeal the item, substitute:

- 13 Subgroup 9 of 272, 276, 277, 279, 281, 282, 283, 285, 286, 287, 941, 942
Group A7

2 Subsection 28(1) (table item 23)

Repeal the item, substitute:

- 23 A20 2700, 2701, 2712, 2713, 2715, 2717, 2721, 2723, 2725, 2727, 2733, 2735

3 Subsection 28(2)

Omit “or 1.2.19”.

4 Subsection 39(5) (heading)

Omit “*pedeodontists*”, substitute “*paediatric dentistry specialists*”.

5 Paragraph 39(5)(a)

Omit “pedeodontist”, substitute “paediatric dentistry specialist”.

6 Paragraph 39(5)(b)

Omit “pedeodontics”, substitute “paediatric dentistry”.

7 Subsection 39(5) (table heading)

Omit “pedeodontist”, substitute “paediatric dentistry specialist”.

8 Subsection 39(6) (heading)

Repeal the heading, substitute:

Oral medicine, oral and maxillofacial pathology, oral surgery and special needs dentistry specialists

9 Paragraph 39(6)(a)

Omit “or oral pathology specialist”, substitute “, oral and maxillofacial pathology specialist, oral surgery specialist or special needs dentistry specialist”.

10 Paragraph 39(6)(b)

Omit “or oral pathology”, substitute “, oral and maxillofacial pathology, oral surgery or special needs dentistry”.

11 Subsection 39(6) (table heading)

Omit “or oral pathology specialist”, substitute “, oral and maxillofacial pathology, oral surgery or special needs dentistry specialist”.

Schedule 5—Amendments commencing 1 July 2022

Health Insurance (General Medical Services Table) Regulations 2021

1 Clause 2.1.1 of Schedule 1 (table item 9, column 3)

Omit “27.00”, substitute “27.45”.

2 Clause 2.1.1 of Schedule 1 (table item 9, column 4)

Omit “2.10”, substitute “2.15”.

3 Subclause 2.30.1(1) of Schedule 1

Omit “\$57.25”, substitute “\$58.15”.

4 Subclause 2.30.1(2) of Schedule 1

Omit “\$41.60”, substitute “\$42.25”.