



Health Insurance Legislation Amendment (2023 Measures No. 1) Determination 2022

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

Dated 21 November 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 Legislation Amendment (2023 Measures No. 1) 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		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	1 March 2023.	

Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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

Health Insurance (Allied Health Services) Determination 2014

1 Subsection 4(1) (paragraph (a) of the definition of course of treatment)

Repeal the paragraph, substitute:

- (a) for psychological therapy and focussed psychological strategies—up to 6 services to which any of items 80000, 80005, 80010, 80015, 80100, 80105, 80110, 80115, 80125, 80130, 80135, 80140, 80150, 80155, 80160, 80165 or items 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 91188 of the COVID 19 Determination or items 93375, 93376, 93381, 93382, 93383, 93384, 93385 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services) Determination 2020* applies, provided on referral by a medical practitioner, by any of the following persons:
 - (i) an eligible clinical psychologist;
 - (ii) an eligible psychologist;
 - (iii) an eligible occupational therapist;
 - (iv) an eligible social worker; or

2 Subsection 4(1) (paragraph (a) of the definition of eating disorder dietetic treatment service)

Omit “10954, 82350, 82351,”, substitute “10954 or 82350”.

3 Paragraph 6AA(3C)(c)

Omit “items 82350 and 82351”, substitute “item 82350”.

4 Paragraph 6AA(3C)(d)

Omit “90277, 90278, 90279, 90280, 90281 and 90282”, substitute “90277 and 90278”.

5 Subsection 6AC(1)

Repeal the subsection, substitute:

- (1) This section applies to items 82359, 82367, 82375 and 82383.

6 Section 6B

Repeal the section.

7 Section 13

Repeal the section.

8 Amendments of listed provisions—repeals

Repeal the following table items in Schedule 2:

- (a) item 80001;

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- (b) item 80011;
 - (c) item 80101;
 - (d) item 80111;
 - (e) item 80126;
 - (f) item 80136;
 - (g) item 80151;
 - (h) item 80161;
 - (i) item 82351;
 - (j) item 82353;
 - (k) item 82356;
 - (l) item 82361;
 - (m) item 82364;
 - (n) item 82369;
 - (o) item 82372;
 - (p) item 82377;
 - (q) item 82380.

Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021

9 Schedule 1 (paragraph 1.1.17(5)(c))

Omit “items 82350 and 82351”, substitute “item 82350”.

10 Schedule 1 (paragraph 1.1.17(5)(d))

Omit “90277, 90278, 90279, 90280, 90281 and 90282”, substitute “90277 and 90278”.

11 Schedule 3 (paragraph 3.1.7(5)(c))

Omit “items 82350 and 82351”, substitute “item 82350”.

12 Schedule 3 (paragraph 3.1.7(5)(d))

Omit “90277, 90278, 90279, 90280, 90281 and 90282”, substitute “90277 and 90278”.

Schedule 2—Otolaryngology, head and neck services

Health Insurance (Allied Health Services) Determination 2014

1 Subsection 12(1)

After “82332”, insert “(other than item 82301)”.

2 Schedule 2 (cell at item 82300, column 2)

Repeal the cell, substitute:

Audiology health service, consisting of brain stem evoked response audiometry, performed on a patient by an eligible audiologist if:

- (a) the service is not for the purposes of programming either an auditory implant or the sound processors of an auditory implant; and
- (b) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and
- (c) the service is not performed for the purpose of a hearing screening; and
- (d) the patient is not an admitted patient; and
- (e) the service is performed on the patient individually and in person; and
- (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and
- (g) a service to which item 11300 applies has not been performed on the patient on the same day

This item is subject to sections 9 and 12

3 Schedule 2 (after item 82300)

Insert:

82301	Audiology health service, consisting of programming an auditory implant or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if:	162.75
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- (a) the patient is not an admitted patient; and
- (b) the service is performed on the patient individually and in person; and
- (c) a service to which item 11302, 11342 or 11345 applies has not been performed on the patient on the same day

Applicable up to a total of 4 services to which this item, item 82302 or item 82304 applies on the same day

This item is subject to section 9

4 Schedule 2 (cell at item 82306, column 2)

Repeal the cell, substitute:

Audiology health service, consisting of non-determinate audiometry performed on a patient by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the patient is not an admitted patient; and
- (d) the service is performed on the patient individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and
- (f) a service to which item 11306 applies has not been performed on the patient on the same day

This item is subject to sections 9 and 12

5 Schedule 2 (cell at item 82309, column 2)

Repeal the cell, substitute:

Audiology health service, consisting of an air conduction audiogram performed on a patient by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the patient is not an admitted patient; and
- (d) the service is performed on the patient individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and
- (f) a service to which item 11309 applies has not been performed on the patient on the same day

This item is subject to sections 9 and 12

6 Schedule 2 (cell at item 82312, column 2)

Repeal the cell, substitute:

Audiology health service, consisting of an air and bone conduction audiogram or air conduction and speech discrimination audiogram performed on a patient by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the patient is not an admitted patient; and
- (d) the service is performed on the patient individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and
- (f) a service to which item 11312 applies has not been performed on the patient on the same day

This item is subject to sections 9 and 12

7 Schedule 2 (cell at item 82315, column 2)

Repeal the cell, substitute:

Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram performed on a patient by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the patient is not an admitted patient; and
- (d) the service is performed on the patient individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and
- (f) a service to which item 11315 applies has not been performed on the patient on the same day

This item is subject to sections 9 and 12

8 Schedule 2 (cell at item 82318, column 2)

Repeal the cell, substitute:

Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram with other cochlear tests performed on a patient by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the patient is not an admitted patient; and
- (d) the service is performed on the patient individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and
- (f) a service to which item 11318 applies has not been performed on the patient on the same day

This item is subject to sections 9 and 12

9 Schedule 2 (item 82324)

Repeal the item, substitute:

- 82324 Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed on a patient by an eligible audiologist if: 16.90
- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and
 - (b) the service is not performed for the purpose of a hearing screening; and
 - (c) the patient is not an admitted patient; and
 - (d) the service is performed on the patient individually and in person; and
 - (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and
 - (f) a service to which item 11324 applies has not been performed on the patient on the same day

This item is subject to sections 9 and 12

10 Schedule 2 (item 82327)

Repeal the item.

11 Schedule 2 (cell at item 82332, column 2)

Repeal the cell, substitute:

Audiology health service, consisting of an oto-acoustic emission audiometry for the detection of outer hair cell functioning in the cochlear, performed by an eligible audiologist, when middle ear pathology has been excluded, if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and
- (b) the service is performed:
 - (i) on an infant or child who is at risk of permanent hearing impairment; or
 - (ii) on a patient who is at risk of oto-toxicity due to medications or medical intervention; or
 - (iii) on a patient at risk of noise induced hearing loss; or
 - (iv) to assist in the diagnosis of auditory neuropathy; and
- (c) the patient is not an admitted patient; and
- (d) the service is performed on the patient individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and
- (f) a service to which item 11332 applies has not been performed on the patient on the same day

This item is subject to sections 9 and 12

Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021

12 Schedule 4A (cell at item 11342, column 2)

Repeal the cell, substitute:

Programming by telehealth of an auditory implant, or the sound processor of an auditory implant, unilateral, performed by or on behalf of a medical practitioner, if a service to which items 82301, 82302 or 82304 applies has not been performed on the patient on the same day

Applicable up to a total of 4 services to which this item, item 11302 or item 11345 applies on the same day

13 Schedule 4A (cell at item 11345, column 2)

Repeal the cell, substitute:

Programming by phone of an auditory implant, or the sound processor of an auditory implant, unilateral, performed by or on behalf of a medical practitioner, if a service to which items 82301, 82302 or 82304 applies has not been performed on the patient on the same day

Applicable up to a total of 4 services to which this item, item

11302 or item 11342 applies on the same day

14 Schedule 4A (cell at item 82302, column 2)

Repeal the cell, substitute:

Audiology health service by telehealth for programming of an auditory implant, or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if:

- (a) the service is not performed for the purpose of a hearing screening; and
- (b) a service to which item 11302, 11342 or 11345 applies not been performed on the patient on the same day

Applicable up to a total of 4 services to which this item, item 82301 or item 82304 applies on the same day

15 Schedule 4A (cell at item 82304, column 2)

Repeal the cell, substitute:

Audiology health service by phone for programming of an auditory implant, or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if:

- (a) the service is not performed for the purpose of a hearing screening; and
- (b) a service to which item 11302, 11342 or 11345 applies not been performed on the patient on the same day

Applicable up to a total of 4 services to which this item, item 82301 or item 82302 applies on the same day

Schedule 3—Attendance services for complex neurodevelopmental disorders and disabilities

Health Insurance (Allied Health Services) Determination 2014

1 Subsection 4(1) (paragraph (a) of the definition of *course of assessment*)

Omit “pervasive developmental disorder”, substitute “complex neurodevelopmental disorder”.

2 Subsection 4(1) (paragraph (b) of the definition of *course of treatment*)

Omit “pervasive developmental disorder”, substitute “complex neurodevelopmental disorder”.

3 Subsection 4(1) (the definitions of *disability treatment and management plan* and *PDD treatment and management plan*)

Repeal the definitions.

4 Section 8 (heading)

Repeal the heading, substitute:

8 Referrals by psychiatrists and paediatricians for complex neurodevelopmental disorder and disability services

5 After section 8A

Insert:

8AA Application of items for complex neurodevelopmental disorder and disability services

- (1) This section applies to items 82000, 82005, 82010, 82015, 82020, 82025, 82030 and 82035 in Schedule 2.
- (2) For the purposes of an item mentioned in subsection (1) of this section, *eligible medical practitioner* means:
 - (a) for a patient with a confirmed, or suspected, complex neurodevelopmental disorder (such as autism spectrum disorder), a consultant physician specialising in the practice of their field of psychiatry or paediatrics; or
 - (b) for a patient with a confirmed, or suspected, eligible disability, a specialist or consultant physician practising in their specialty, or a general practitioner.
- (3) For the purposes of an item mentioned in subsection (1) of this section, *treatment and management plan* means:

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- (a) for a patient with a confirmed complex neurodevelopmental disorder (such as autism spectrum disorder), a plan for the treatment and management of the patient's complex neurodevelopmental disorder to which item 135 or 289 of the general medical services table, or item 92140 or 92434 of the COVID-19 Determination applies; or
- (b) for a patient with a confirmed eligible disability, a plan for the treatment and management of the patient's eligible disability to which any of items 137 or 139 of the general medical services table or items 92141 or 92142 of the COVID-19 Determination applies.
- (4) An item mentioned in subsection (1) will only apply to a service if the eligible allied health practitioner providing the service meets the credentialing requirements for the provision of a complex neurodevelopmental disorder or disability service.
- (5) For a service to which item 82000, 82005, 82010 or 82030 applies, the patient must be referred to the eligible allied health practitioner (***the providing allied health practitioner***) by:
- (a) an eligible medical practitioner; or
- (b) an eligible allied health practitioner (***the referring allied health practitioner***), if:
- (i) the patient was referred to the referring allied health practitioner by an eligible medical practitioner;
- (ii) the referral from the medical practitioner to the referring allied health practitioner is valid;
- (iii) the eligible medical practitioner has been consulted and agreed to the referral of the patient to the providing allied health practitioner; and
- (iv) the referring allied health practitioner has documented the eligible medical practitioner's agreement in the patient's notes.
- (6) A service described in item 82000, 82005, 82010 or 82030 will only apply to a service provided to a patient if in the patient's lifetime the patient has been provided less than 8 other services to which any of items 82000, 82005, 82010, 82030, 93032, 93033, 93040 or 93041 apply.
- (7) For the purposes of subsection (6) of this section, if a patient has been provided 4 services to which any of items 82000, 82005, 82010, 82030, 93032, 93033, 93040 or 93041 apply by the same eligible allied health practitioner under a single referral, before any of the remaining 4 services may be provided by the same allied health practitioner under the same referral:
- (a) the eligible allied health practitioner providing the service must request the provision of additional services from the eligible medical practitioner who initially referred the patient;
- (b) the eligible medical practitioner must review the eligible allied health practitioner's request for the provision of further services and agree to the additional services; and
- (c) the eligible allied health practitioner must make a record of the eligible medical practitioner's agreement in the patient's notes.

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- (8) A service described in item 82015, 82020, 82025 or 82035 will only apply to a service provided to a patient if in the patient's lifetime the patient has been provided less than 20 services to which any of items 82015, 82020, 82025, 82035, 93035, 93036, 93043 or 93044 apply.

6 Section 9A (heading)

Repeal the heading, substitute:

9A Complex neurodevelopmental disorder and disability services course of assessment—reporting requirements

7 Subsection 9A(1)

After “82005,”, insert “82010”.

8 Subsection 9A(2)

Omit “referring medical practitioner”, substitute “medical practitioner who initially referred the patient”.

9 Section 16 (heading)

Repeal the heading, substitute:

16 Limitations on case conference items for complex neurodevelopmental disorders

10 Section 16

Omit “autism or another pervasive developmental” (wherever occurring), substitute “a complex neurodevelopmental”.

11 Part 5 of Schedule 2 (heading)

Repeal the heading, substitute:

Part 5—Services and fees—complex neurodevelopmental or disability services

12 Schedule 2 (Group M10 table, heading)

Repeal the heading, substitute:

Group M10 – Complex neurodevelopmental disorder and disability services

13 Schedule 2 (cell at item 82000, column 2)

Repeal the cell, substitute:

Psychology health service provided to a patient aged under 25 years by an eligible psychologist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or

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- (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and

- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82005, 82010, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day

14 Schedule 2 (cell at item 82005, column 2)

Repeal the cell, substitute:

Speech pathology health service provided to a patient aged under 25 years by an eligible speech pathologist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and
- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82010, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day

15 Schedule 2 (cell at item 82010, column 2)

Repeal the cell, substitute:

Occupational therapy health service provided to a patient aged under 25 years by an eligible occupational therapist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with

diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or

- (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and

- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82005, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day

16 Schedule 2 (cell at item 82015, column 2)

Repeal the cell, substitute:

Psychology health service provided to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible psychologist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 30 minutes duration; and
- (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82020, 82025, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day

17 Schedule 2 (cell at item 82020, column 2)

Repeal the cell, substitute:

Speech pathology health service provided to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible speech pathologist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for

a course of treatment consistent with that treatment and management plan; and

- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 30 minutes duration; and
- (e) on the completion of the course of treatment, the eligible speech pathologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82025, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day

18 Schedule 2 (cell at item 82025, column 2)

Repeal the cell, substitute:

Occupational therapy health service provided to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible occupational therapist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 30 minutes duration; and
- (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82020, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day

19 Schedule 2 (cell at item 82030, column 2)

Repeal the cell, substitute:

Audiology, optometry, orthoptic or physiotherapy health service provided to a patient aged under 25 years by an eligible audiologist, optometrist, orthoptist or physiotherapist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with

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- diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or
- (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and
 - (b) the patient is not an admitted patient; and
 - (c) the service is provided to the patient individually and in person; and
 - (d) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82005, 82010, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day

20 Schedule 2 (cell at item 82035, column 2)

Repeal the cell, substitute:

Audiology, optometry, orthoptic or physiotherapy health service provided to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible audiologist, optometrist, orthoptist or physiotherapist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 30 minutes duration; and
- (e) on the completion of the course of treatment, the eligible audiologist, optometrist, orthoptist or physiotherapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82020, 82025, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day

21 Schedule 2 (Subgroup 1 of Group M10 table, heading)

Repeal the heading, substitute:

Subgroup 1 – Autism, complex neurodevelopmental disorder and disability case conference services

Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021

22 Schedule 1 (Subgroup 17 of Group A40 table, heading)

Repeal the heading, substitute:

Subgroup 17 - GP, specialist and consultant physician complex neurodevelopmental disorder or disability service - telehealth service

23 Schedule 1 (cell at item 92142, column 2)

Repeal the cell, substitute:

Telehealth attendance lasting at least 45 minutes by a general practitioner (not including a specialist or consultant physician), for a patient aged under 25, if the general practitioner:

- (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of an eligible disability is made (if appropriate, using information provided by an eligible allied health provider); and
 - (b) develops a treatment and management plan, which must include:
 - (i) documentation of the confirmed diagnosis; and
 - (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and
 - (iii) a risk assessment; and
 - (iv) treatment options (which may include biopsychosocial recommendations); and
 - (c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92140, 92141 or 92434)
- Applicable only once per lifetime

24 Schedule 2 (cell at item 92434, column 2)

Repeal the cell, substitute:

Telehealth attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant psychiatrist by a referring practitioner, for a patient aged under 25, if the consultant psychiatrist:

- (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of a complex neurodevelopmental disorder (such as autism spectrum disorder) is made (if appropriate, using information provided by an eligible allied health provider); and
- (b) develops a treatment and management plan, which must include:
 - (i) documentation of the confirmed diagnosis; and
 - (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and

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- (iii) a risk assessment; and
 - (iv) treatment options (which may include biopsychosocial recommendations); and
- (c) provides a copy of the treatment and management plan to:
- (i) the referring practitioner; and
 - (ii) one or more allied health providers, if appropriate, for the treatment of the patient;
- (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92140, 92141 or 92142)
- Applicable only once per lifetime

25 Schedule 2 (Subgroup 17 of Group A40 table, heading)

Repeal the heading, substitute:

Subgroup 17 - GP, specialist and consultant physician complex neurodevelopmental disorder or disability service - telehealth service

26 Schedule 2 (cell at item 92140, column 2)

Repeal the cell, substitute:

Telehealth attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician's specialty of paediatrics, following referral of the patient to the consultant paediatrician by a referring practitioner, for a patient aged under 25, if the consultant paediatrician:

- (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of a complex neurodevelopmental disorder (such as autism spectrum disorder) is made (if appropriate, using information provided by an eligible allied health provider); and
- (b) develops a treatment and management plan, which must include:
 - (i) documentation of the confirmed diagnosis; and
 - (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and
 - (iii) a risk assessment; and
 - (iv) treatment options (which may include biopsychosocial recommendations); and
- (c) provides a copy of the treatment and management plan to:
 - (i) the referring practitioner; and
 - (ii) one or more allied health providers, if appropriate, for the treatment of the patient;

(other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92141, 92142 or 92434)

Applicable only once per lifetime

27 Schedule 2 (cell at item 92141, column 2)

Repeal the cell, substitute:

Telehealth attendance lasting at least 45 minutes by a specialist or

consultant physician (not including a general practitioner), following referral of the patient to the specialist or consultant physician by a referring practitioner, for a patient aged under 25, if the specialist or consultant physician:

- (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of an eligible disability is made (if appropriate, using information provided by an eligible allied health provider); and
- (b) develops a treatment and management plan, which must include:
 - (i) documentation of the confirmed diagnosis; and
 - (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and
 - (iii) a risk assessment; and
 - (iv) treatment options (which may include biopsychosocial recommendations); and
- (c) provides a copy of the treatment and management plan to:
 - (i) the referring practitioner; and
 - (ii) one or more allied health providers, if appropriate, for the treatment of the patient;

(other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92140, 92142 or 92434)

Applicable only once per lifetime

28 Schedule 3 (clause 3.1.2, heading)

Repeal the heading, substitute:

3.1.2 Referrals by psychiatrists and paediatricians for complex neurodevelopmental disorder or disability services

29 Schedule 3 (clause 3.1.4, heading)

Repeal the heading, substitute:

3.1.4 Complex neurodevelopmental disorder and disability services course of assessment—reporting requirements

30 Schedule 3 (subclause 3.1.4(2))

Omit “referring medical practitioner”, substitute “medical practitioner who initially referred the patient”.

31 Schedule 3 (after clause 3.1.4)

Insert:

3.1.4A Application of items for complex neurodevelopmental disorder and disability services

- (1) This section applies to items 93032, 93033, 93035, 93036, 93040, 93041, 93043 and 93044.
- (2) For the purposes of an item mentioned in subsection (1) of this section, *eligible medical practitioner* means:

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- (a) for a patient with a confirmed, or suspected, complex neurodevelopmental disorder (such as autism spectrum disorder), a consultant physician specialising in the practice of their field of psychiatry or paediatrics; or
- (b) for a patient with a confirmed, or suspected, eligible disability, a specialist or consultant physician practising in their specialty, or a general practitioner.
- (3) For the purposes of an item mentioned in subsection (1) of this section, **treatment and management plan** means:
- (a) for a patient with a confirmed complex neurodevelopmental disorder (such as autism spectrum disorder), a plan for the treatment and management of the patient's complex neurodevelopmental disorder to which item 135 or 289 of the general medical services table, or item 92140 or 92434 applies; or
- (b) for a patient with a confirmed eligible disability, a plan for the treatment and management of the patient's eligible disability to which any of items 137 or 139 of the general medical services table or items 92141 or 92142 applies.
- (4) An item mentioned in subsection (1) will only apply to a service if the eligible allied health practitioner providing the service meets the credentialing requirements for the provision of a complex neurodevelopmental or disability service.
- (5) For a service to which item 93032, 93033, 93040 or 93041 applies, the patient must be referred to the eligible allied health practitioner (**the providing allied health practitioner**) by:
- (a) an eligible medical practitioner; or
- (b) an eligible allied health practitioner (**the referring allied health practitioner**), if:
- (i) the patient was referred to the referring allied health practitioner by an eligible medical practitioner;
- (ii) the referral from the medical practitioner to the referring allied health practitioner is valid;
- (iii) the eligible medical practitioner has been consulted and agreed to the referral of the patient to the providing allied health practitioner; and
- (iv) the referring allied health practitioner has documented the eligible medical practitioner's agreement in the patient's notes.
- (6) A service described in item 93032, 93033, 93040 or 93041 will only apply to a service provided to a patient if in the patient's lifetime the patient has been provided less than 8 other services to which any of items 82000, 82005, 82010, 82030, 93032, 93033, 93040 or 93041 apply.
- (7) For the purposes of subclause (6) of this clause, if a patient has been provided 4 services to which any of items 82000, 82005, 82010, 82030, 93032, 93033, 93040 or 93041 apply by the same eligible allied health practitioner under a single referral, before any of the remaining 4 services may be provided by the same allied health practitioner under the same referral:
- (a) the eligible allied health practitioner providing the service must request the provision of additional services from the eligible medical practitioner who initially referred the patient;
- (b) the eligible medical practitioner must review the eligible allied health practitioner's request for the provision of further services and agreed to the additional services; and

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- (c) the eligible allied health practitioner must make a record of the eligible medical practitioner's agreement in the patient's notes.
- (8) A service described in item 93035, 93036, 93043 or 93044 will only apply to a service provided to a patient if in the patient's lifetime the patient has been provided less than 20 services to which any of items 82015, 82020, 82025, 82035, 93035, 93036, 93043 or 93044 apply.

32 Schedule 3 (Subgroup 15 of Group M18 table, heading)

Repeal the heading, substitute:

Subgroup 15 – Complex neurodevelopmental disorder and disability telehealth services

33 Schedule 3 (cell at item 93032, column 2)

Repeal the cell, substitute:

Psychology health service provided by telehealth attendance to a patient aged under 25 years by an eligible psychologist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93033, 93040 or 93041 apply may be provided to the same patient on the same day

34 Schedule 3 (cell at item 93033, column 2)

Repeal the cell, substitute:

Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a patient aged under 25 years by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and

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- (b) the service is provided to the patient individually; and
 - (c) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93040 or 93041 apply may be provided to the same patient on the same day

35 Schedule 3 (cell at item 93035, column 2)

Repeal the cell, substitute:

Psychology health service provided by telehealth attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible psychologist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 30 minutes duration; and
- (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day

36 Schedule 3 (cell at item 93036, column 2)

Repeal the cell, substitute:

Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 30 minutes duration; and
- (d) on the completion of the course of treatment, the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93043 or 93044 apply may be provided to the same patient on the same day

37 Schedule 3 (cell at item 93040, column 2)

Repeal the cell, substitute:

Psychology health service provided by phone attendance to a patient aged under 25 years by an eligible psychologist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93033 or 93041 apply may be provided to the same patient on the same day

38 Schedule 3 (cell at item 93041, column 2)

Repeal the cell, substitute:

Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a patient aged under 25 years by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93033 or 93040 apply may be provided to the same patient on the same day

39 Schedule 3 (cell at item 93043, column 2)

Repeal the cell, substitute:

Psychology health service provided by phone attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible

disability by an eligible psychologist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 30 minutes duration; and
- (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93036 or 93044 apply may be provided to the same patient on the same day

40 Schedule 3 (cell at item 93044, column 2)

Repeal the cell, substitute:

Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 30 minutes duration; and
- (d) on the completion of the course of treatment, the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93036 or 93043 apply may be provided to the same patient on the same day

Schedule 4—Consequential amendments

Health Insurance (Allied Health Services) Determination 2014

1 Subsection 4(1) (definition of COVID-19 Determination)

Omit “*Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 2020*”, substitute “*Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021*”.

2 Subsections 7(2) to (4)

Repeal the subsections, substitute:

- (2) The referral by a consultant physician specialising in the practice of the consultant physician’s field of psychiatry must be a referral for a service to which any of items 293 to 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table or items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 92436, 92437, 92455, 92456, 92457, 92458, 92459 or 92460 of the COVID-19 Determination applies.
- (3) The referral by a consultant physician specialising in the practice of the consultant physician’s field of paediatrics must be a referral for a service to which any of items 110 to 133 of the general medical services table or items 91824, 91825, 91826, 91836, 92422 or 92423 of the COVID-19 Determination applies.
- (4) The referral by a specialist in the practice of the specialist’s 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 or 91833 of the COVID-19 Determination applies.

3 Subsections 8(2) to (8)

Repeal the subsections, substitute:

- (2) For items 82000, 82005, 82010 and 82030 the referral by a consultant physician specialising in the practice of the consultant physician’s field of psychiatry must be a referral for a service to which any of items 296 to 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table or items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 92437, 92455, 92456, 92457, 92458, 92459 or 92460 of the COVID-19 Determination applies.
- (3) For items 82000, 82005, 82010 and 82030 the referral by a consultant physician specialising in the practice of the consultant physician’s field of paediatrics must be a referral for a service to which any of items 110 to 131 of the general medical services table or items 91824, 91825, 91826 or 91836 of the COVID-19 Determination applies.
- (4) For items 82015, 82020, 82025 and 82035 the referral by a consultant physician specialising in the practice of the consultant physician’s field of psychiatry must be a referral for a service to which item 289 of the general medical services table or item 92434 of the COVID-19 Determination applies.

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- (5) If a patient has previously been provided with a service mentioned in item 289, a consultant physician specialising in the practice of the consultant physician's field of psychiatry may only refer the patient for a service to which any of items 296 to 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table or items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 92437, 92455, 92456, 92457, 92458, 92459 or 92460 of the COVID-19 Determination applies.
 - (6) For items 82015, 82020, 82025 and 82035 the referral by a consultant physician specialising in the practice of the consultant physician's field of paediatrics must be a referral for a service to which item 135 of the general medical services table or item 92140 of the COVID-19 Determination applies.
 - (7) If a patient has previously been provided with a service mentioned in item 135 of the general medical services table or item 92140 of the COVID-19 Determination, a consultant physician specialising in the practice of the consultant physician's field of paediatrics may only refer the patient for a service to which any of items 110 to 131 of the general medical services table or items 91824, 91825, 91826 or 91836 of the COVID-19 Determination applies.
 - (8) If a patient has previously been provided with a service mentioned in item 137 or 139 of the general medical services table or item 92141 or 92142 of the COVID-19 Determination, the medical practitioner cannot refer the patient for a service to which item 135 or 289 of the general medical services table or item 92140 or 92434 of the COVID-19 Determination applies.

4 Subsections 8A(2) to (6)

Repeal the subsections, substitute:

- (2) For items 82000, 82005, 82010 and 82030 the referral by a specialist or consultant physician specialising in the practice of their field of speciality must be a referral for a service to which any of items 104 to 131, 296 to 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table or items 91822 to 91839, 92437, 92455, 92456, 92457, 92458, 92459 or 92460 of the COVID-19 Determination applies.
- (3) For items 82000, 82005, 82010 and 82030 the referral by a general practitioner must be a referral for a service to which any of items 3 to 47 of the general medical services table or item 91790, 91800, 91801, 91802, 91890, 91891 or 91894 of the COVID-19 Determination applies.
- (4) For items 82015, 82020, 82025 and 82035 the referral by a specialist or consultant physician specialising in the practice of their field of speciality must be a referral for a service to which item 137 of the general medical services table or item 92141 of the COVID-19 Determination applies.
- (5) For items 82015, 82020, 82025 and 82035 the referral by a general practitioner must be a referral for a service to which item 139 of the general medical services table or item 92142 of the COVID-19 Determination applies.
- (6) If a patient has previously been provided with a service mentioned in item 135 or 289 of the general medical services table or item 92140 or 92434 of the COVID-19 Determination, the medical practitioner cannot refer the patient for a

service to which item 137 or 139 of the general medical services table or item 92141 or 92142 of the COVID-19 Determination applies.

Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021

5 Schedule 3 (subclauses 3.1.2(2) to (8))

Repeal the subclauses, substitute:

- (2) For items 93032, 93033, 93040 and 93041 the referral by a consultant physician specialising in the practice of the consultant physician's field of psychiatry must be a referral for a service to which any of items 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services or to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 92437, 92455, 92456, 92457, 92458, 92459 or 92460 applies.
- (3) For items 93032, 93033, 93040 and 93041 the referral by a consultant physician specialising in the practice of the consultant physician's field of paediatrics must be a referral for a service to which any of items 110 to 131 of the general medical services table or to which any of items 91824, 91825, 91826 or 91836 applies.
- (4) For items 93035, 93036, 93043 and 93044 the referral by a consultant physician specialising in the practice of the consultant physician's field of psychiatry must be a referral for a service to which item 289 of the general medical services table or to which item 92434 applies.
- (5) If a patient has previously been provided with a service mentioned in item 289 of the general medical services table or item 92434 or 92474, a consultant physician specialising in the practice of the consultant physician's field of psychiatry may only refer the patient for a service to which any of items 296, 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table or to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 92437, 92455, 92456, 92457, 92458, 92459 or 92460 applies.
- (6) For items 93035, 93036, 93043 and 93044 the referral by a consultant physician specialising in the practice of the consultant physician's field of paediatrics must be a referral for a service to which item 135 of the general medical services table or to which item 92140 applies.
- (7) If a patient has previously been provided with a service mentioned in item 135 of the general medical services table or item 92140, a consultant physician specialising in the practice of the consultant physician's field of paediatrics may only refer the patient for a service to which any of items 110 to 131 of the general medical services table or to which any of items 91824, 91825, 91826 or 91836 applies.
- (8) If a patient has previously been provided with a service mentioned in item 137 or 139 of the general medical services table or item 92141 or 92142, the medical practitioner cannot refer the patient for a service to which item 135 or 289 of the general medical services table or to which item 92140 or 92434 applies.

6 Schedule 3 (subclauses 3.1.3(2) to (6))

Repeal the subclauses, substitute:

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- (2) For items 93032, 93033, 93040 and 93041 the referral by a specialist or consultant physician specialising in the practice of the consultant physician's field of speciality must be a referral for a service to which any of items 104 to 131 or 296 to 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table or items 91822 to 91839, 92437, 92455, 92456, 92457, 92458, 92459 or 92460 apply.
 - (3) For items 93032, 93033, 93040 and 93041, the referral by a general practitioner must be a referral for a service to which any of items 3 to 47 of the general medical services table or to which any of items 91790, 91800, 91801, 91802, 91890, 91891 or 91894 applies.
 - (4) For items 93035, 93036, 93043 and 93044 the referral by a specialist or consultant physician specialising in the practice of their field of speciality must be a referral for a service to which item 137 of the general medical services table or to which item 92141 applies.
 - (5) For items 93035, 93036, 93043 and 93044 the referral by a general practitioner must be a referral for a service to which item 139 of the general medical services table or item 92142 applies.
 - (6) If a patient has previously been provided with a service mentioned in item 135 or 289 of the general medical services table or item 92140 or 92434 the medical practitioner cannot refer the patient for a service to which item 137 or 139 of the general medical services table or item 92141 or 92142 applies.

7 Schedule 3 (paragraphs 3.1.5(1)(a) to (c))

Repeal the paragraphs, substitute:

- (a) the referral by a consultant physician specialising in the practice of the consultant physician's field of psychiatry must be a referral for a service to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 92436, 92437, 92458, 92459 or 92460 or items 293 to 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table applies;
- (b) the referral by a consultant physician specialising in the practice of the consultant physician's field of paediatrics must be a referral for a service to which any of items 110 to 133 of the general medical services table or to which any of items 91824, 91825, 91826, 91836, 92422 or 92423 applies;
- (c) the referral by a specialist in the practice of the specialist's 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 or 91833 applies.