



Health Insurance Legislation Amendment (2022 Measures No. 4) 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 24 November 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. 4) 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. The whole of this instrument	1 March 2023.	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Note: This table relates only to the provisions of this instrument as originally made.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 the *Health Insurance Act 1973*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

Part 1—Otolaryngology, head and neck surgery

Health Insurance (General Medical Services Table) Regulations 2021

1 Subclause 1.2.11(1) of Schedule 1

After “11300,”, insert “11302,”.

2 Subclause 1.2.11(1) of Schedule 1

Omit “11327, 11330,”.

3 Subclause 1.2.11(1) of Schedule 1

Omit “11333, 11336, 11339,”, substitute “11342, 11345”.

4 Subclause 1.2.11(1) of Schedule 1

Omit “15539 and 16514”, substitute “15539, 16514 and 41764”.

5 Schedule 1 (cell at item 11300, column 2)

Repeal the cell, substitute:

Brain stem evoked response audiometry, if:

- (a) the service is not for the purposes of programming either an auditory implant or the sound processor of an auditory implant; and
- (b) a service to which item 82300 applies has not been performed on the patient on the same day;

other than a service associated with a service to which item 11340, 11341 or 11343 applies (Anaes.)

6 Schedule 1 (after item 11300)

Insert:

11302	Programming 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 item 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 11342 or item 11345 applies on the same day	203.50
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7 Schedule 1 (at the end of the cell at item 11306, column 2)

Add “, if a service to which item 82306 applies has not been performed on the patient on the same day”.

8 Schedule 1 (at the end of the cell at item 11309, column 2)

Add “, if a service to which item 82309 applies has not been performed on the patient on the same day”.

9 Schedule 1 (at the end of the cell at item 11312, column 2)

Add “, if a service to which item 82312 applies has not been performed on the patient on the same day”.

10 Schedule 1 (at the end of the cell at item 11315, column 2)

Add “, if a service to which item 82315 applies has not been performed on the patient on the same day”.

11 Schedule 1 (at the end of the cell at item 11318, column 2)

Add “, if a service to which item 82318 applies has not been performed on the patient on the same day”.

12 Schedule 1 (item 11324)

Repeal the item, substitute:

11324	Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a medical practitioner, if a service to which item 82324 applies has not been performed on the patient on the same day	21.00
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13 Schedule 1 (items 11327 and 11330)

Repeal the items.

14 Schedule 1 (cell at item 11332, column 2)

Repeal the cell, substitute:

Oto-acoustic emission audiometry for the detection of outer hair cell functioning in the cochlear, performed by or on behalf of a specialist or consultant physician, when middle ear pathology has been excluded, if:

- (a) the service is performed:
 - (i) on an infant or child who is at risk of permanent hearing impairment; or
 - (ii) on an individual who is at risk of oto-toxicity due to medications or medical intervention; or
 - (iii) on an individual at risk of noise induced hearing loss; or
 - (iv) to assist in the diagnosis of auditory neuropathy; and
- (b) a service to which item 82332 applies has not been performed on the patient on the same day

15 Schedule 1 (items 11333 to 11339)

Repeal the items, substitute:

11340	Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner: <ul style="list-style-type: none"> (a) to assess one or more of the following: <ul style="list-style-type: none"> (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve); (ii) muscular or eye movement responses elicited by vestibular stimulation; (iii) static signs of vestibular dysfunction; (iv) the central ocular-motor function; and (b) using up to 2 clinically recognised tests; other than a service associated with a service to which item 11015, 11021, 11024, 11027, 11205 or 11300 applies 	196.80
11341	Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed	394.50

Schedule 1 Amendments

Part 1 Otolaryngology, head and neck surgery

by or on behalf of a medical practitioner:

(a) to assess one or more of the following:

- (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve);
- (ii) muscular or eye movement responses elicited by vestibular stimulation;
- (iii) static signs of vestibular dysfunction;
- (iv) the central ocular-motor function; and

(b) using 3 or 4 clinically recognised tests;

other than a service associated with a service to which item 11015, 11021, 11024, 11027, 11205 or 11300 applies

11343 Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner: 590.25

(a) to assess one or more of the following:

- (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve);
- (ii) muscular or eye movement responses elicited by vestibular stimulation;
- (iii) static signs of vestibular dysfunction;
- (iv) the central ocular-motor function; and

(b) using 5 or more clinically recognised tests;

other than a service associated with a service to which item 11015, 11021, 11024, 11027, 11205 or 11300 applies

16 Schedule 1 (cell at item 30247, column 2)

Repeal the cell, substitute:

Parotid gland, total extirpation of, including removal of tumour, other than a service associated with a service to which item 39321, 39324, 39327 or 39330 applies (H) (Anaes.) (Assist.)

17 Schedule 1 (cell at item 30250, column 2)

Repeal the cell, substitute:

Parotid gland, total extirpation of, with preservation of facial nerve, including:

- (a) removal of tumour; and
- (b) exposure or mobilisation of facial nerve;

other than a service associated with a service to which item 39321, 39324, 39327 or 39330 applies (H) (Anaes.) (Assist.)

18 Schedule 1 (cell at item 30251, column 2)

Repeal the cell, substitute:

Recurrent parotid tumour, excision of, with preservation of facial nerve, including:

- (a) removal of tumour; and
- (b) exposure or mobilisation of facial nerve;

other than a service associated with a service to which item 39321, 39324, 39327 or 39330 applies (H) (Anaes.) (Assist.)

19 Schedule 1 (cell at item 30253, column 2)

Repeal the cell, substitute:

Parotid gland, superficial lobectomy of, with exposure of facial nerve, including:

- (a) removal of tumour; and
- (b) exposure or mobilisation of facial nerve;

other than a service associated with a service to which item 39321, 39324, 39327 or 39330 applies (H) (Anaes.) (Assist.)

20 Schedule 1 (item 30256, column 2)

After “extirpation of”, insert “, other than a service associated with a service to which item 31423, 31426, 31429, 31432, 31435 or 31438 applies on the same side”.

21 Schedule 1 (after item 30256)

Insert:

30257	Sialendoscopy, of submandibular or parotid duct, with or without removal of calculus or treatment of stricture (Anaes.)	528.55
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22 Schedule 1 (cell at item 30275, column 2)

Repeal the cell, substitute:

Radical excision of intra-oral tumour, with or without resection of mandible, including dissection of lymph glands of neck, unilateral, other than a service associated with a service to which item 31423, 31426, 31429, 31432, 31435 or 31438 applies on the same side (H) (Anaes.) (Assist.)

23 Schedule 1 (cell at item 30278, column 2)

Repeal the cell, substitute:

Tongue tie, repair of, other than:

- (a) a service to which another item in this Subgroup applies; or
- (b) a service associated with a service to which item 45009 applies (Anaes.)

24 Schedule 1 (item 30281, column 2)

Omit “patient aged 2 years and over, under general anaesthesia”, substitute “person aged 2 years and over, under general anaesthesia, other than a service associated with a service to which item 45009 applies”.

25 Schedule 1 (item 30473, column 2)

Omit “to which item 41816 or 41822”, substitute “associated with a service to which item 41822”.

26 Schedule 1 (item 30478, column 2)

After “(other than a service”, insert “associated with a service”.

27 Schedule 1 (item 30478, column 2)

Omit “41816,”.

28 Schedule 1 (item 31423, column 2)

After “over”, insert “, other than a service associated with a service to which item 30256 or 30275 applies on the same side”.

29 Schedule 1 (item 31426, column 2)

After “the neck”, insert “, other than a service associated with a service to which item 30256 or 30275 applies on the same side”.

30 Schedule 1 (item 31429, column 2)

After “nerve”, insert “, other than a service associated with a service to which item 30256 or 30275 applies on the same side”.

31 Schedule 1 (item 31432, column 2)

After “dissections”, insert “, other than a service associated with a service to which item 30256 or 30275 applies on the same side”.

32 Schedule 1 (item 31435, column 2)

After “the neck”, insert “, other than a service associated with a service to which item 30256 or 30275 applies on the same side”.

33 Schedule 1 (item 31438, column 2)

After “nerve”, insert “, other than a service associated with a service to which item 30256 or 30275 applies on the same side”.

34 Schedule 1 (item 38428, column 2)

Omit “dilatation”, substitute “treatment”.

35 After clause 5.10.19A of Schedule 1

Insert:

5.10.19AB Item 41764—additional application

In addition to the application of item 41764 as provided by clauses 1.2.6 and 1.2.7, item 41764 also applies to a service provided by an eligible speech pathologist on behalf of a specialist in the practice of the specialist’s speciality of otolaryngology head and neck surgery, if:

- (a) the service is performed following a written request made by the specialist to assist the specialist in the diagnosis, treatment or management of a laryngeal condition or related disorder in the patient; and
- (b) the service is performed in a medical facility; and
- (c) the service is performed on the patient individually and in person; and
- (d) after the service is performed, the eligible speech pathologist gives the specialist:
 - (i) recorded dynamic images of, and a copy of the results of, the service; and
 - (ii) relevant written comments, prepared by the eligible speech pathologist, about those results; and
- (e) a service to which item 41764 applies has not been performed on the same patient on the same day.

36 Schedule 1 (item 40600, column 2)

Omit “39803 or 40703”, substitute “39803, 40703 or 41887”.

37 Schedule 1 (cell at item 41503, column 2)

Repeal the cell, substitute:

Ear, foreign body in (other than ventilating tube), removal of, involving incision of external auditory canal, other than a service associated with a service to which another item in this Subgroup applies (Anaes.)

38 Schedule 1 (cell at item 41509, column 2)

Repeal the cell, substitute:

External auditory meatus, surgical removal of keratosis obturans from, other than:

- (a) a service to which another item in this Subgroup applies; or
- (b) a service associated with a service to which item 41647 applies (Anaes.)

39 Schedule 1 (item 41521, column 2)

After “grafting”, insert “, other than a service associated with a service to which an item in Subgroup 18 applies”.

40 Schedule 1 (item 41524, column 2)

Omit “, being a service associated with a service to which items 41557, 41560 and 41563 apply”.

41 Schedule 1 (items 41527 to 41536)

Repeal the items.

42 Schedule 1 (item 41539, column 2)

After “reconstruction”, insert “, other than a service associated with a service to which item 41611 applies”.

43 Schedule 1 (item 41542, column 2)

After “myringoplasty”, insert “, other than a service associated with a service to which item 41611 applies”.

44 Schedule 1 (items 41545, and 41551 to 41566)

Repeal the items.

45 Schedule 1 (item 41569, column 2)

After “portion”, insert “, other than a service associated with a service to which item 41617 applies”.

46 Schedule 1 (item 41603, column 2)

Omit “titanium fixture for use with implantable”.

47 Schedule 1 (item 41603, column 2, paragraph (c))

Omit “surgical criteria for the implantable bone conduction hearing system devices”, substitute “criteria for the implantable bone conduction hearing device being inserted”.

48 Schedule 1 (item 41603, column 3)

Omit “524.30”, substitute “631.30”.

49 Schedule 1 (item 41604)

Repeal the item.

50 Schedule 1 (item 41611, column 2)

After “mobilisation”, insert “, other than a service associated with a service to which item 41539 or 41542, or an item in Subgroup 18, applies”.

51 Schedule 1 (item 41614, column 2)

After “cochleotomy”, insert “, other than a service associated with a service to which item 41617 applies”.

52 Schedule 1 (item 41617, column 2)

After “mastoidectomy”, insert “, cochleotomy and exposure of facial nerve where required, other than a service associated with a service to which item 41569 or 41614 applies”.

53 Schedule 1 (cell at item 41626, column 2)

Repeal the cell, substitute:

Incision of tympanic membrane, or installation of therapeutic agent, to the middle ear through an intact drum:

(a) not including local anaesthetic; and

(b) excluding aftercare; and

(c) other than a service associated with a service to which item 41632 applies

(Anaes.)

54 Schedule 1 (item 41629)

Repeal the item.

55 Schedule 1 (item 41632, column 2)

After “myringotomy”, insert “, other than a service associated with a service to which item 41626 applies”.

56 Schedule 1 (items 41635 and 41638)

Repeal the items.

57 Schedule 1 (cell at item 41647, column 2)

Repeal the cell, substitute:

Micro-inspection of tympanic membrane and auditory canal, requiring use of operating microscope or endoscope, including any removal of wax, with or without general anaesthesia, other than a service associated with a service to which item 41509 applies. Not applicable for the

removal of uncomplicated wax in the absence of other disorders of the ear (Anaes.)

58 Schedule 1 (item 41653)

Repeal the item.

59 Schedule 1 (at the end of the cell at item 41662, column 2)

Add “, other than a service associated with a service to which item 41702, 41703 or 41705 applies on the same side”.

60 Schedule 1 (item 41668, column 2)

Omit “(H)”.

61 Schedule 1 (items 41671, 41672, 41689 and 41692)

Repeal the items.

62 Schedule 1 (item 41698, column 2)

After “lavage of”, insert “, other than a service associated with a service to which item 41702, 41703, 41705, 41710, 41734 or 41737 applies on the same side”.

63 Schedule 1 (item 41707, column 2)

Omit “artery, transantral”, substitute “or sphenopalatine artery,”.

64 Schedule 1 (item 41710)

Repeal the item.

65 Schedule 1 (cell at item 41713, column 2)

Repeal the cell, substitute:

Vidian neurectomy or exposure of vidian canal (H) (Anaes.) (Assist.)

66 Schedule 1 (item 41716)

Repeal the item.

67 Schedule 1 (item 41719, column 2)

After “socket”, insert “, other than a service associated with a service to which item 41722 applies”.

68 Schedule 1 (item 41722, column 2)

After “of”, insert “, other than a service associated with a service to which item 41719 or 45009 applies”.

69 Schedule 1 (cell at item 41725, column 2)

Repeal the cell, substitute:

Ligation of ethmoidal artery or arteries, anterior, posterior or both, by any approach (unilateral) (H) (Anaes.) (Assist.)

70 Schedule 1 (cell at item 41728, column 2)

Repeal the cell, substitute:

Removal of sinonasal or nasopharyngeal tumour, excluding inflammatory nasal polyps, by any approach (H) (Anaes.) (Assist.)

71 Schedule 1 (items 41729 to 41737)

Repeal the items.

72 Schedule 1 (items 41740 and 41743, column 2)

After “of”, insert “, other than a service associated with a service to which item 41749 applies”.

73 Schedule 1 (cell at item 41746, column 2)

Repeal the cell, substitute:

Paranasal sinus, radical obliteration of, including any graft harvest
(Anaes.) (Assist.)

74 Schedule 1 (cell at item 41749, column 2)

Repeal the cell, substitute:

Paranasal sinus, external operation on, unilateral, other than a service associated with a service to which item 41740 or 41743 applies on the same side (H) (Anaes.) (Assist.)

75 Schedule 1 (item 41752)

Repeal the item.

76 Schedule 1 (cell at item 41764, column 2)

Repeal the cell, substitute:

Nasendoscopy or sinuscopy or fiberoptic examination of nasopharynx and larynx, one or more of these procedures, unilateral or bilateral examination, other than a service associated with a service to which item 41693, 41702, 41703, 41705, 41734 or 41737 applies
(Anaes.)

77 Schedule 1 (items 41767 and 41773)

Repeal the items.

78 Schedule 1 (item 41776, column 2)

Omit “myotomy with or without inversion”, substitute “myotomy, by any approach, including open inversion of pharyngeal pouch or endoscopic repair”.

79 Schedule 1 (item 41776, column 3)

Omit “609.65”, substitute “620.25”.

80 Schedule 1 (item 41782)

Repeal the item.

81 Schedule 1 (item 41785)

Repeal the item, substitute:

41785	Partial pharyngectomy, by any approach, with or without partial glossectomy (H) (Anaes.) (Assist.)	1,205.60
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82 Schedule 1 (item 41787)

Repeal the item.

83 Schedule 1 (cell at item 41804, column 2)

Repeal the cell, substitute:

Removal of lingual tonsil (H) (Anaes.)

84 Schedule 1 (item 41816)

Repeal the item.

85 Schedule 1 (item 41822)

Repeal the item, substitute:

41822	Oesophagoscopy, with rigid oesophagoscope, with or without biopsy, other than a service associated with a service to which item 30473 or 30478 applies (H) (Anaes.)	203.20
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86 Schedule 1 (cell at item 41825, column 2)

Repeal the cell, substitute:

Removal of a foreign body from the pharynx, larynx or oesophagus, by any means, other than a service associated with a service to which item 30478 applies (Anaes.) (Assist.)

87 Schedule 1 (item 41834)

Repeal the item, substitute:

41834	Total laryngectomy, including cricopharyngeal myotomy and tracheo-oesophageal puncture (H) (Anaes.) (Assist.)	1,672.60
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88 Schedule 1 (cell at item 41837, column 2)

Repeal the cell, substitute:

Complete vertical hemi-laryngectomy, involving removal of true and false vocal cords, including tracheostomy. Applicable only once per provider per patient per lifetime (H) (Anaes.) (Assist.)

89 Schedule 1 (cell at item 41840, column 2)

Repeal the cell, substitute:

Total supraglottic laryngectomy, involving removal of ventricular folds, epiglottis and aryepiglottic folds including tracheostomy. Applicable only once per provider per patient per lifetime (H) (Anaes.) (Assist.)

90 Schedule 1 (item 41855, column 2)

After “Microlaryngoscopy”, insert “, by any approach, with or without biopsy”.

91 Schedule 1 (item 41858)

Repeal the item.

92 Schedule 1 (cell at item 41861, column 2)

Repeal the cell, substitute:

Microlaryngoscopy with complete removal of benign or malignant lesions of the larynx, including papillomata, by any approach or technique, unilateral, other than a service associated with a service to which item 41870 applies on the same side (Anaes.) (Assist.)

93 Schedule 1 (item 41864)

Repeal the item.

94 Schedule 1 (cell at item 41867, column 2)

Repeal the cell, substitute:

Micro-laryngoscopy, with partial or complete arytenoidectomy or arytenoid repositioning (H) (Anaes.) (Assist.)

95 Schedule 1 (item 41868)

Repeal the item.

96 Schedule 1 (cell at item 41870, column 2)

Repeal the cell, substitute:

Laryngeal augmentation or modification by injection techniques, other than a service associated with a service to which item 41861 or 41879 applies (Anaes.) (Assist.)

97 Schedule 1 (item 41873, column 2)

After “operation for”, insert “(H)”.

98 Schedule 1 (cell at item 41879, column 2)

Repeal the cell, substitute:

Tracheoplasty, laryngoplasty or thyroplasty, not by injection techniques, including tracheostomy, other than a service associated with a service to which item 41870 applies (H) (Anaes.) (Assist.)

99 Schedule 1 (item 41880, column 2)

Omit “using sequential dilatation or partial splitting method to allow insertion of a cuffed tracheostomy tube”.

100 Schedule 1 (item 41881, column 2)

Omit “, including separation of the strap muscles or division of the thyroid isthmus, if performed”.

101 Schedule 1 (item 41884, column 2)

Omit “by direct stab or Seldinger technique, using mini tracheostomy device”.

102 Schedule 1 (after item 41886)

Insert:

41887	Pituitary tumour, removal of, by trans-sphenoidal approach, including stereotaxy and dermis, dermofat or fascia grafting, as part of conjoint surgery, other than a service associated with a service to which item 40600 applies (H) (Anaes.) (Assist.)	2,856.05
41888	Fractured skull, after trauma only, or spontaneous defects with cerebrospinal fluid rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft (H) (Anaes.) (Assist.)	2,021.35
41890	Orbit, decompression of, by fenestration of 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, one eye by endonasal approach (H) (Anaes.) (Assist.)	1,351.45

103 Schedule 1 (item 45009, column 2)

After “small”, insert “, other than a service associated with a service to which item 30278, 30281 or 41722 applies”.

104 At the end of Division 5.10 of Schedule 1

Add:

Subdivision H—Subgroups 18 to 21 of Group T8

5.10.30 Items in Subgroups 18 to 21 of Group T8

This clause sets out items in Subgroups 18 to 21 of Group T8.

Note: The fees in Group T8 are indexed in accordance with clause 1.3.1.

Group T8—Surgical operations		
Column 1	Column 2	Column 3
Item	Description	Fee (\$)
Subgroup 18—Myringoplasty and Tympanomastoid Procedures		
41527	Myringoplasty, by trans-canal approach, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	621.20
41530	Myringoplasty, post-aural or endaural approach, with or without mastoid inspection, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.)	1,012.05
41533	Atticotomy without reconstruction of the bony defect, with or without myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1,209.70
41536	Atticotomy with reconstruction of the bony defect, with or without myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1,355.00
41545	Mastoidectomy (cortical), other than a service associated with a service to which another item in this Subgroup applies (cortical) (H) (Anaes.) (Assist.)	551.10
41551	Mastoidectomy, intact wall technique, with myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1,684.15
41554	Mastoidectomy, intact wall technique, with myringoplasty and ossicular chain reconstruction, other than a service associated with a service to which item 41603 or another item in this Subgroup applies (H) (Anaes.) (Assist.)	1,984.25
41557	Mastoidectomy (radical or modified radical), other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1,152.20
41560	Mastoidectomy (radical or modified radical) and myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.)	1,262.55
41563	Mastoidectomy (radical or modified radical), myringoplasty and ossicular chain reconstruction, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1,562.90

Schedule 1 Amendments

Part 1 Otolaryngology, head and neck surgery

Group T8—Surgical operations		
Column 1	Column 2	Column 3
Item	Description	Fee (\$)
41564	Mastoidectomy (radical or modified radical), obliteration of the mastoid cavity, blind sac closure of external auditory canal and obliteration of eustachian tube, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	2,021.15
41566	Revision of mastoidectomy (radical, modified radical or intact wall), including myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1,152.20
41629	Middle ear, exploration of, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	551.10
41635	Clearance of middle ear for granuloma, cholesteatoma and polyp, one or more, with or without myringoplasty, other than a service associated with a service to which another item in this Subgroup applies (Anaes.) (Assist.)	1,209.70
41638	Clearance of middle ear for granuloma, cholesteatoma and polyp, one or more, with or without myringoplasty with ossicular chain reconstruction, other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.) (Assist.)	1,510.00
Subgroup 19—Functional Sinus Surgery		
41702	Functional sinus surgery of the ostiomeatal unit, including ethmoid, unilateral, other than a service associated with a service to which item 41662, 41698, 41703, 41705, 41710 or 41764 applies on the same side (H) (Anaes.) (Assist.)	721.40
41703	Functional sinus surgery, complete dissection of all 5 sinuses and creation of single sinus cavity, unilateral, other than a service associated with a service to which item 41662, 41698, 41702, 41705, 41710, 41734, 41737, 41752 or 41764 applies on the same side (H) (Anaes.) (Assist.)	1,066.50
41705	Functional sinus surgery, complete dissection of all 5 sinuses to create a single sinus cavity, with extended drilling of frontal sinuses, unilateral, other than a service associated with a service to which item 41662, 41698, 41702, 41703, 41710, 41734, 41737, 41752 or 41764 applies on the same side (H) (Anaes.) (Assist.)	1,735.30
Subgroup 20—Sinus Procedures		
41710	Antrostomy, by any approach, other than a service associated with a service to which item 41698, 41702, 41703 or 41705 applies on the same side (H) (Anaes.) (Assist.)	374.05
41734	Endoscopic Lothrop procedure or radical external frontal sinusotomy with osteoplastic flap, unilateral, other than a service associated with a service to which item 41698, 41703, 41705 or 41764 applies on the same side (H) (Anaes.) (Assist.)	1,072.00
41737	Frontal sinus, unilateral, intranasal operation on, including complete dissection of frontal recess and exposure of frontal sinus ostium (excludes simple probing, dilatation or irrigation of frontal sinus), other than a service associated with a service to which item 41698, 41703, 41705 or 41764 applies on the same side (H) (Anaes.) (Assist.)	510.90
41752	Sphenoidal sinus, unilateral, intranasal operation on, other than a service associated with a service to which item 41703 or 41705 applies	312.60

Group T8—Surgical operations		
Column 1	Column 2	Column 3
Item	Description	Fee (\$)
	on the same side (H) (Anaes.) (Assist.)	
Subgroup 21—Airway Procedures		
41671	Septal surgery, including septoplasty, septal reconstruction, septectomy, closure of septal perforation or other modifications of the septum, not including cauterisation, by any approach, other than a service associated with a service to which item 41689, 41692 or 41693 applies (H) (Anaes.)	554.50
41689	Turbinate reduction, partial or total, unilateral or bilateral, other than a service associated with a service to which item 41671, 41692 or 41693 applies (Anaes.)	216.50
41692	Turbinate, submucous resection with removal of bone, unilateral or bilateral, other than a service associated with a service to which item 41671, 41689 or 41693 applies (H) (Anaes.)	282.35
41693	Septal surgery with submucous resection of turbinates, unilateral or bilateral, other than a service associated with a service to which item 41671, 41689, 41692 or 41764 applies (H) (Anaes.)	810.90

Part 2—Thoracic surgery

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105 Subclause 5.10.17(2) of Schedule 1

After “38624”, insert “and items 38817 and 38818”.

106 Schedule 1 (items 38415, 38418, 38421 and 38424)

Repeal the items.

107 Schedule 1 (item 38427)

Repeal the item.

108 Schedule 1 (items 38430 to 38466)

Repeal the items, substitute:

38429	Tracheal excision and repair of, without cardiopulmonary bypass (H) (Anaes.) (Assist.)	1,819.30
38431	Tracheal excision and repair of, with cardiopulmonary bypass (H) (Anaes.) (Assist.)	2,460.75

109 Schedule 1 (item 38467, column 2)

Omit “38418, 38806”, substitute “38816, 38828”.

110 Schedule 1 (items 38468 and 38469)

Repeal the items.

111 Schedule 1 (items 38474 to 38484, 38499 to 38509, 38512, and 38515 to 38554, column 2)

Omit “38418, 38806”, substitute “38816, 38828”.

112 Schedule 1 (item 38555, column 2)

Omit “38418, 38603, 38806”, substitute “38603, 38816, 38828”.

113 Schedule 1 (items 38556 to 38571, column 2)

Omit “38418, 38806”, substitute “38816, 38828”.

114 Schedule 1 (item 38572, column 2)

Omit “38418, 38603, 38806”, substitute “38603, 38816, 38828”.

115 Schedule 1 (items 38609 to 38618, column 2)

Omit “38418, 38806”, substitute “38816, 38828”.

116 Schedule 1 (items 38621 and 38624, column 2)

Omit “38418, 38627, 38806”, substitute “38627, 38816, 38828”.

117 Schedule 1 (items 38627 and 38637, column 2)

Omit “38418, 38806”, substitute “38816, 38828”.

118 Schedule 1 (item 38643)

Repeal the item.

119 Schedule 1 (item 38653, column 2)

Omit “38418, 38806”, substitute “38816, 38828”.

120 Schedule 1 (item 38656)

Repeal the item.

121 Schedule 1 (items 38670 to 38724, column 2)

Omit “38418, 38806”, substitute “38816, 38828”.

122 Schedule 1 (item 38727, column 2)

Omit “38418,”.

123 Schedule 1 (item 38727, column 2)

Omit “38806”, substitute “38816, 38828”.

124 Schedule 1 (item 38730, column 2)

Omit “38418,”.

125 Schedule 1 (item 38730, column 2)

Omit “38806”, substitute “38816, 38828”.

126 Schedule 1 (items 38733 to 38766, column 2)

Omit “38418, 38806”, substitute “38816, 38828”.

127 Schedule 1 (items 38806 and 38809)

Repeal the items.

128 Schedule 1 (at the end of Subgroup 6 of Group T8)

Add:

38815	Thoracoscopy, with or without division of pleural adhesions, with or without biopsy, including insertion of intercostal catheter where necessary, other than a service associated with a service to which item 18258, 18260, 38816 or 38828 applies (H) (Anaes.) (Assist.)	264.00
38816	Thoracotomy, exploratory, with or without biopsy, including insertion of an intercostal catheter where necessary, other than a service associated with a service to which item 18258, 18260, 38815 or 38828 applies (H) (Anaes.) (Assist.)	1,013.20
38817	Thoracotomy, thoracoscopy or sternotomy, by any procedure: (a) including any division of adhesions if the time taken to divide the adhesions exceeds 30 minutes; and (b) other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18258, 18260, 33824, 38815, 38816, 38818, 38828 or 45503 applies (H) (Anaes.) (Assist.)	1,592.75
38818	Thoracotomy, thoracoscopy or median sternotomy for post-operative bleeding, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18258, 18260, 33824, 38815, 38816,	1,013.20

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38817, 38828 or 45503 applies (H) (Anaes.) (Assist.)		
38820	Lung, wedge resection of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38820, 38821 or 38828 applies (H) (Anaes.) (Assist.)	1,212.80
38821	Lung, wedge resection of, 2 or more wedges, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38820 or 38828 applies (H) (Anaes.) (Assist.)	1,819.20
38822	Pneumonectomy, lobectomy, bilobectomy or segmentectomy, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38823, 38824 or 38828 applies (H) (Anaes.) (Assist.)	1,619.55
38823	Radical lobectomy, pneumonectomy, bilobectomy, segmentectomy or formal mediastinal node dissection (greater than 4 nodes), other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38822, 38824 or 38828 applies (H) (Anaes.) (Assist.)	2,001.10
38824	Segmentectomy, lobectomy, bilobectomy or pneumonectomy, including resection of chest wall, diaphragm, pericardium, and formal mediastinal node dissection (greater than 4 nodes), other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38822, 38823 or 38828 applies (H) (Anaes.) (Assist.)	2,501.35
38828	Intercostal drain, insertion of: (a) not involving resection of rib; and (b) excluding aftercare; and (c) other than a service associated with a service to which item 38815, 38816, 38829, 38830, 38831, 38832, 38833 or 38834 applies (Anaes.)	141.20
38829	Intercostal drain, insertion of, with pleurodesis: (a) not involving resection of rib; and (b) excluding aftercare; and (c) other than a service associated with a service to which item 38815, 38816, 38828, 38830, 38831, 38832, 38833 or 38834 applies (Anaes.)	174.00
38830	Empyema, radical operation for, involving resection of rib, other than a service associated with a service to which item 38828, 38829, 38831, 38832, 38833 or 38834 applies (H) (Anaes.) (Assist.)	422.20
38831	Thoracoscopy or thoracotomy and drainage of paraneumonic effusion and empyema, exploratory, with or without biopsy, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38832, 38833 or 38834 applies (H) (Anaes.) (Assist.)	1,519.80
38832	Thoracotomy or thoracoscopy, with pulmonary decortication, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38831, 38833 or 38834 applies (H) (Anaes.) (Assist.)	1,619.55
38833	Thoracotomy or thoracoscopy, with pleurectomy or pleurodesis, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38831, 38832 or 38834 applies (H) (Anaes.) (Assist.)	1,013.20
38834	Thoracotomy and radical extra pleural pneumonectomy or radical lung preserving decortication and pleurectomy for malignancy, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38831, 38832 or 38833 applies (H)	3,752.10

(Anaes.) (Assist.)		
38837	Mediastinum, cervical exploration of, with or without biopsy, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)	383.80
38838	Thoracotomy or thoracoscopy or sternotomy, for removal of thymus or mediastinal tumour, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)	1,251.10
38839	Pericardium, subxiphoid open surgical drainage of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38840 applies (H) (Anaes.) (Assist.)	606.50
38840	Pericardium, transthoracic (thoracotomy or thoracoscopy) open surgical drainage of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38839 applies (H) (Anaes.) (Assist.)	905.60
38841	Pericardiectomy via sternotomy or thoracoscopy or anterolateral thoracotomy without cardiopulmonary bypass, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)	1,619.55
38842	Pericardiectomy via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)	2,265.75
38845	Sternal wire or wires, removal of, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.)	291.15
38846	Pectus excavatum or pectus carinatum, repair or radical correction of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38847, 38848 or 38849 applies (H) (Anaes.) (Assist.)	1,512.00
38847	Pectus excavatum, repair of, with implantation of subcutaneous prosthesis, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38846, 38848 or 38849 applies (H) (Anaes.) (Assist.)	805.95
38848	Pectus excavatum, repair of, with insertion of a concave bar, by any method, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38846 or 38847 applies (H) (Anaes.) (Assist.)	1,209.60
38849	Pectus excavatum, removal of a concave bar, by any method, not being a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38846 or 38847 applies (H) (Anaes.) (Assist.)	604.75
38850	Sternotomy wound, debridement of, not involving reopening of the mediastinum, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38851 applies (H) (Anaes.)	345.10
38851	Sternotomy wound, debridement of, involving curettage of infected bone, with or without removal of wires, but not involving reopening of the mediastinum, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38850 applies (H) (Anaes.)	375.10
38852	Sternum, reoperation on, for dehiscence or infection involving reopening of the mediastinum, with or without rewiring, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38853 applies (H) (Anaes.) (Assist.)	1,012.80

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38853	Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and/or greater omentum, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38852 applies (H) (Anaes.) (Assist.)	1,587.80
38857	Chest wall resection, sternum and/or ribs without reconstruction, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38824, 38828 or 38858 applies (H) (Anaes.) (Assist.)	1,918.95
38858	Chest wall resection, sternum and / or ribs with reconstruction, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38824, 38828 or 38857 applies (H) (Anaes.) (Assist.)	2,501.35
38859	Plating of multiple ribs for flail segment, other than a service associated with a service to which item 18258, 18260, 33815, 38816 or 38828 applies (H) (Anaes.) (Assist.)	1,013.20
38864	Intrathoracic operations on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not being a service to which another item in this Group applies, other than a service associated with a service to which item 18258, 18260 or 38828 applies (H) (Anaes.) (Assist.)	1,619.55

Part 3—Attendance services for complex neurodevelopmental disorders and disabilities

Health Insurance (General Medical Services Table) Regulations 2021

129 Division 2.6 of Schedule 1 (heading)

Repeal the heading, substitute:

Division 2.6—Group A29: Attendance services for complex neurodevelopmental disorder or disability

130 Clause 2.6.1 of Schedule 1 (at the end of the definition of *eligible disability*)

Add:

- ; (q) fetal alcohol spectrum disorder;
- (r) Lesch-Nyhan syndrome;
- (s) 22q deletion syndrome.

131 Schedule 1 (Group A29 table, heading)

Repeal the heading, substitute:

Group A29—Attendance services for complex neurodevelopmental disorder or disability

132 Schedule 1 (cell at item 135, column 2)

Repeal the cell, substitute:

Professional 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 137, 139, 289, 92140, 92141, 92142 or 92434)

Applicable only once per lifetime

133 Schedule 1 (cell at item 137, column 2)

Repeal the cell, substitute:

Professional 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, 139, 289, 92140, 92141, 92142 or 92434)

Applicable only once per lifetime

134 Schedule 1 (cell at item 139, column 2)

Repeal the cell, substitute:

Professional attendance lasting at least 45 minutes, at a place other than a hospital, 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, 289, 92140, 92141, 92142 or 92434)

Applicable only once per lifetime

135 Schedule 1 (cell at item 289, column 2)

Repeal the cell, substitute:

Professional 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
 - (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, 92140, 92141, 92142 or 92434)

Applicable only once per lifetime

Part 4—Health assessments

Health Insurance (General Medical Services Table) Regulations 2021

136 Subclause 2.15.2(2) of Schedule 1 (paragraph (g) of the definition of *relevant visa*)

Repeal the paragraph.

137 Subclause 2.15.2(2) of Schedule 1 (after paragraph (h) of the definition of *relevant visa*)

Insert:

(ha) Subclass 790 (Safe Haven Enterprise) visa;

Part 5—Focussed psychological strategies services

Health Insurance (General Medical Services Table) Regulations 2021

138 Clause 2.20.2 of Schedule 1

Repeal the clause, substitute:

2.20.2 Meaning of amount under clause 2.20.2

(1) In items 2723, 2727, 2741 and 2745:

amount under clause 2.20.2, for an item mentioned in column 1 of table 2.20.2, means the sum of:

- (a) the fee mentioned in column 2 for the item; and
- (b) either:
 - (i) if not more than 6 patients are attended at a single attendance—the amount mentioned in column 3 for the item, divided by the number of patients attended; or
 - (ii) if more than 6 patients are attended at a single attendance—the amount mentioned in column 4 for the item.

Table 2.20.2—Amount under clause 2.20.2

Item	Column 1 Item of this Schedule	Column 2 Fee	Column 3 Amount if not more than 6 patients (to be divided by the number of patients) (\$)	Column 4 Amount if more than 6 patients (\$)
1	2723	The fee for item 2721	27.45	2.15
2	2727	The fee for item 2725	27.45	2.15
3	2741	The fee for item 2739	27.45	2.15
4	2745	The fee for item 2743	27.45	2.15

(2) A reference in subclause (1) to an attendance on a patient includes, in relation to an attendance to which item 2741 or 2745 applies, an attendance on a person other than a patient as part of a patient's treatment.

139 Subclause 2.20.3(2) of Schedule 1 (subparagraphs (c)(i) to (iii) of the definition of *referral and treatment options*)

Repeal the subparagraphs, substitute:

- (i) psychological therapies provided to the patient, or to a person other than the patient as part of the patient's treatment, by a clinical psychologist (items 80000 to 80025, 91166, 91167, 91168, 91171, 91181, 91182, 91198 and 91199); and
- (ii) focussed psychological strategies services provided to the patient, or to a person other than the patient as part of the patient's treatment, by a general practitioner mentioned in paragraph 2.20.7(1)(b) to provide those services (items 2721 to 2745, 91818, 91819, 91842, 91843, 91859, 91861, 91864 and 91865); and
- (iii) focussed psychological strategies services provided to the patient, or to a person other than the patient as part of the patient's treatment, by

an allied mental health professional (items 80100 to 80175, 91169, 91170, 91172, 91173, 91174, 91175, 91176, 91177, 91183, 91184, 91185, 91186, 91187, 91188, 91194, 91195, 91196, 91197, 91200, 91201, 91202, 91203, 91204 and 91205); and

- (iv) focussed psychological strategies services provided to the patient, or to a person other than the patient as part of the patient's treatment, by a medical practitioner mentioned in paragraph 1.9.4(1)(b) of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* to provide those services (items 283, 285, 286, 287, 309, 311, 313, 315, 91820, 91821, 91844, 91845, 91862, 91863, 91866, 91867).

140 Subclause 2.20.3(2) of Schedule 1 (note)

Repeal the note.

141 Subparagraph 2.20.7(2)(a)(i) of Schedule 1

Repeal the subparagraph, substitute:

- (i) is provided to a patient, or to a person other than the patient as part of the patient's treatment, if, in the calendar year, 6 other services to which any of the items in Subgroup 2 of Group A20 apply have already been provided to or in relation to the patient; and

142 Paragraph 2.20.7(2)(b) of Schedule 1

Repeal the paragraph, substitute:

- (b) a service which is provided to a patient, or to a person other than the patient as part of the patient's treatment, if, in the calendar year, 10 other services to which an item in Subgroup 2 of Group A20, or item 283, 285, 286, 287, 309, 311, 313, 315, 80000 to 80016, 80100 to 80116, 80125 to 80141, 80150 to 80166, 91166, 91167, 91168, 91169, 91170, 91171, 91172, 91173, 91174, 91175, 91176, 91177, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 91188, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 91859, 91861, 91862, 91863, 91864, 91865, 91866 or 91867, apply, have already been provided to or in relation to the patient.

143 Subclause 2.20.7(2) of Schedule 1 (note)

Repeal the note.

144 At the end of clause 2.20.7 of Schedule 1

Add:

- (3) In addition to the restrictions in subclauses (1) and (2) of this clause, item 2739, 2741, 2743 or 2745 applies to a service provided by a general practitioner to a person other than the patient only if:
- (a) the general practitioner determines it is clinically appropriate to provide focussed psychological strategies services to a person other than the patient, and makes a written record of this determination in the patient's records; and
- (b) the general practitioner:
- (i) explains the service to the patient; and

- (ii) obtains the patient’s consent for the service to be provided to the other person as part of the patient’s treatment; and
- (iii) makes a written record of the consent; and
- (c) the service is provided as part of the patient’s treatment; and
- (d) the patient is not in attendance during the provision of the service; and
- (e) in the calendar year, no more than one other service to which any of items 309, 311, 313, 315, 2739, 2741, 2743, 2745, 80002, 80006, 80012, 80016, 80102, 80106, 80112, 80116, 80129, 80131, 80137, 80141, 80154, 80156, 80162, 80166, 91168, 91171, 91174, 91177, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91859, 91861, 91862, 91863, 91864, 91865, 91866 or 91867 apply has already been provided to or in relation to the patient.

Note: The patient’s consent may be withdrawn at any time.

145 Schedule 1 (Group A20 table, at the end of the table)

Add:

2739	Professional attendance at consulting rooms by a general practitioner (not including a specialist or a consultant physician) registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies to a person other than the patient, if the service is part of the patient’s treatment; and (b) lasting at least 30 minutes, but less than 40 minutes	98.05
2741	Professional attendance at a place other than consulting rooms by a general practitioner (not including a specialist or a consultant physician) registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies to a person other than the patient, if the service is part of the patient’s treatment; and (b) lasting at least 30 minutes, but less than 40 minutes	Amount under clause 2.20.2
2743	Professional attendance at consulting rooms by a general practitioner (not including a specialist or a consultant physician) registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies to a person other than the patient, if the service is part of the patient’s treatment; and (b) lasting at least 40 minutes	140.30
2745	Professional attendance at a place other than consulting rooms by a general practitioner (not including a specialist or a consultant physician) registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies to a person other than the patient, if the service is part of the patient’s treatment; and (b) lasting at least 40 minutes	Amount under clause 2.20.2

146 After subclause 2.31.9(1) of Schedule 1

Insert:

- (1A) A reference in subclause (1) to a service providing a treatment to a patient includes any service to which item 309, 311, 313, 315, 2739, 2741, 2743, 2745,

80002, 80006, 80012, 80016, 80102, 80106, 80112, 80116, 80129, 80131, 80137, 80141, 80154, 80156, 80162, 80166, 91168, 91171, 91174, 91177, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91859, 91861, 91862, 91863, 91864, 91865, 91866, or 91867 applies that is provided to another person as part of the patient's treatment.

147 Paragraphs 2.31.9(3)(a) to (e) of Schedule 1

Repeal the paragraphs, substitute:

- (a) items 283, 285, 286, 287, 309, 311, 313 and 315;
- (b) items 2721, 2723, 2725, 2727, 2739, 2741, 2743 and 2745;
- (c) items in Groups M6, M7 and M16 other than item 82350;
- (d) items 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281 and 90282;
- (e) items 91166, 91167, 91168, 91169, 91170, 91171, 91172, 91173, 91174, 91175, 91176, 91177, 91181 to 91188, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 91859, 91861, 91862, 91863, 91864, 91865, 91866, 91867, 92182, 92184, 92186, 92188, 92194, 92196, 92198, 92200, 93076, 93079, 93084, 93087, 93092, 93095, 93100, 93103, 93110, 93113, 93118, 93121, 93126, 93129, 93134 and 93137.

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148 Subsection 28(1) (table item 13)

Repeal the item, substitute:

- 13 Subgroup 9 of 272, 276, 277, 279, 281, 282, 283, 285, 286, 287, 309, 311, 313, 315, 941, Group A7 942

149 Subsection 28(1) (table item 23)

Repeal the item, substitute:

- 23 A20 2700, 2701, 2712, 2713, 2715, 2717, 2721, 2723, 2725, 2727, 2733, 2735, 2739, 2741, 2743, 2745

150 Subsection 28(1) (table items 28E and 28F)

Repeal the items, substitute:

- | | | |
|-----|--------------------------|--|
| 28E | Subgroup 3 of Group A40 | 91818, 91819, 91820, 91821, 91859, 91861, 91862, 91863 |
| 28F | Subgroup 10 of Group A40 | 91842, 91843, 91844, 91845, 91864, 91865, 91866, 91867 |
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Part 6—Eating disorder services—attendance by video conference

Health Insurance (General Medical Services Table) Regulations 2021

151 Subclauses 1.2.5(1) and 1.2.6(1) of Schedule 1

Omit “90282”, substitute “90278”.

152 Paragraph 1.2.6(3)(b) of Schedule 1

Omit “items 90279, 90280, 90281 and 90282”, substitute “item 294”.

153 Subclause 1.2.7(1) of Schedule 1

Omit “90282”, substitute “90278”.

154 Paragraph 1.2.7(4)(b) of Schedule 1

Omit “items 90279, 90280, 90281 and 90282”, substitute “item 294”.

155 Clause 1.2.8 of Schedule 1

Omit “90282”, substitute “90278”.

156 Paragraph 1.3.1(2)(f) of Schedule 1

Omit “90275, 90277, 90281 and 90282”, substitute “90275 and 90277”.

157 Clause 2.31.8 of Schedule 1

Repeal the clause.

158 Paragraph 2.31.9(3)(d) of Schedule 1

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

159 Schedule 1 (items 90279 to 90282)

Repeal the items.

Part 7—GP management plans, team care arrangements and multidisciplinary care plans

Health Insurance (General Medical Services Table) Regulations 2021

160 At the end of clause 2.16.11 of Schedule 1

Add:

- ; (e) items 91790, 91800, 91801, 91802, 91890, 91891, 91792, 91803, 91804, 91805, 91892, 91893, 91794, 91806, 91807, 91808, 91894, 91895, 92210 and 92211.