



# Health Insurance Legislation Amendment (2023 Measures No. 1) Regulations 2023

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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 30 March 2023

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 (2023 Measures No. 1) Regulations 2023*.

## 2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. Sections 1 to 4 and anything in this instrument not elsewhere covered by this table	The day after this instrument is registered.	5 April 2023
2. Schedule 1	The day after this instrument is registered.	5 April 2023
3. Schedule 2	1 July 2023.	1 July 2023
4. Schedule 3	Immediately after the commencement of the provisions covered by table item 3.	1 July 2023
5. Schedule 4	Immediately after the commencement of the provisions covered by table item 3.	1 July 2023
6. Schedule 5	Immediately after the commencement of the provisions covered by table item 3.	1 July 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Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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 commencing day after registration**

### *Health Insurance (General Medical Services Table) Regulations 2021*

**1 Clause 5.9.2 of Schedule 1 (paragraph (a) of the definition of *amount under clause 5.9.2*)**

Omit “\$103.00”, substitute “\$104.75”.

**2 Schedule 1 (item 20230, column 3)**

Omit “247.20”, substitute “251.40”.

**3 Schedule 1 (item 20300, column 3)**

Omit “251.40”, substitute “104.75”.

**4 Schedule 1 (item 21215, column 3)**

Omit “309.00”, substitute “325.50”.

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## Schedule 2—Indexation

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

#### **1 Clause 2.7.1 of Schedule 1 (heading)**

Omit “1 July 2022”, substitute “1 July 2023”.

#### **2 Subclause 2.7.1(1) of Schedule 1**

Repeal the subclause, substitute:

- (1) At the start of 1 July 2023 (the *indexation time*), each amount covered by subclause (2) is replaced by the amount worked out using the following formula:

$1.036 \times$  the amount immediately before the indexation time

Note: The indexed fees could in 2023 be viewed on the Department’s MBS Online website (<http://www.health.gov.au>).

### *Health Insurance (General Medical Services Table) Regulations 2021*

#### **3 Paragraph 1.2.4(2)(c) of Schedule 1**

Omit “\$317.15”, substitute “\$328.55”.

#### **4 Clause 1.3.1 of Schedule 1 (heading)**

Omit “1 July 2022”, substitute “1 July 2023”.

#### **5 Subclause 1.3.1(1) of Schedule 1**

Repeal the subclause, substitute:

- (1) At the start of 1 July 2023 (the *indexation time*), each amount covered by subclause (2) is replaced by the amount worked out using the following formula:

$1.036 \times$  the amount of the fee immediately before the indexation time

Note: The indexed fees could in 2023 be viewed on the Department’s MBS Online website (<http://www.health.gov.au>).

#### **6 Paragraph 1.3.1(2)(f) of Schedule 1**

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

#### **7 Clause 2.1.1 of Schedule 1 (table items 14 to 22)**

Repeal the items.

#### **8 Schedule 1 (item 111, column 2, paragraph (d))**

Omit “\$317.15”, substitute “\$328.55”.

#### **9 Schedule 1 (item 115, column 2, paragraph (c))**

Omit “\$317.15”, substitute “\$328.55”.

**10 Schedule 1 (item 117, column 2, paragraph (e))**

Omit “\$317.15”, substitute “\$328.55”.

**11 Schedule 1 (item 120, column 2, paragraph (d))**

Omit “\$317.15”, substitute “\$328.55”.

**12 Subclause 2.30.1(1) of Schedule 1**

Omit “\$58.15”, substitute “\$60.25”.

**13 Subclause 2.30.1(2) of Schedule 1**

Omit “\$42.25”, substitute “\$43.75”.

**14 Subclause 5.7.1(1) of Schedule 1 (paragraph (b) of the definition of *amount under clause 5.7.1*)**

Omit “\$20.10”, substitute “\$20.80”.

**15 Subclause 5.7.1(2) of Schedule 1 (paragraph (b) of the definition of *amount under clause 5.7.1*)**

Omit “\$30.25”, substitute “\$31.35”.

**16 Clause 5.9.2 of Schedule 1 (paragraph (a) of the definition of *amount under clause 5.9.2*)**

Omit “\$104.75”, substitute “\$108.50”.

**17 Schedule 1 (items 51300 and 51303, column 2)**

Omit “\$590.25”, substitute “\$611.50”.

**18 Schedule 1 (items 51800 and 51803, column 2)**

Omit “\$590.25”, substitute “\$611.50”.

**19 Amendments of listed provisions—clause 2.1.1 of Schedule 1**

The items of the table in clause 2.1.1 of Schedule 1 listed in the following table are amended as set out in the table.

<b>Amendments relating to indexation—amendments of table 2.1.1</b>			
<b>Item</b>	<b>Table item</b>	<b>Omit</b>	<b>Substitute</b>
1	Table item 1	27.85	28.85
2	Table item 1	2.20	2.30
3	Table item 2	27.85	28.85
4	Table item 2	2.20	2.30
5	Table item 3	27.85	28.85
6	Table item 3	2.20	2.30
7	Table item 4	27.85	28.85
8	Table item 4	2.20	2.30
9	Table item 9	27.45	28.45
10	Table item 9	2.15	2.25
11	Table item 10	27.35	28.35



**Amendments relating to indexation—amendments of table 2.1.1**

<b>Item</b>	<b>Table item</b>	<b>Omit</b>	<b>Substitute</b>
12	Table item 10	2.15	2.25
13	Table item 11	27.35	28.35
14	Table item 11	2.15	2.25
15	Table item 12	27.35	28.35
16	Table item 12	2.15	2.25
17	Table item 13	27.35	28.35
18	Table item 13	2.15	2.25
19	Table item 23	27.45	28.45
20	Table item 23	2.15	2.25
21	Table item 24	49.40	51.20
22	Table item 24	3.50	3.65
23	Table item 25	27.45	28.45
24	Table item 25	2.15	2.25
25	Table item 26	49.40	51.20
26	Table item 26	3.50	3.65
27	Table item 27	27.45	28.45
28	Table item 27	2.15	2.25
29	Table item 28	49.40	51.20
30	Table item 28	3.50	3.65
31	Table item 29	27.45	28.45
32	Table item 29	2.15	2.25
33	Table item 30	49.40	51.20
34	Table item 30	3.50	3.65
35	Table item 39	27.45	28.45
36	Table item 39	2.15	2.25
37	Table item 40	27.45	28.45
38	Table item 40	2.15	2.25
39	Table item 41	21.95	22.75
40	Table item 41	1.75	1.80
41	Table item 42	21.95	22.75
42	Table item 42	1.75	1.80

**20 Amendments of listed provisions—clause 2.20.2 of Schedule 1**

The items of the table in clause 2.20.2 of Schedule 1 listed in the following table are amended as set out in the table.

**Amendments relating to indexation—amendments of table 2.20.2**

<b>Item</b>	<b>Table item</b>	<b>Omit</b>	<b>Substitute</b>
1	Table item 1	27.45	28.45
2	Table item 1	2.15	2.25
3	Table item 2	27.45	28.45
4	Table item 2	2.15	2.25

<b>Amendments relating to indexation—amendments of table 2.20.2</b>			
<b>Item</b>	<b>Table item</b>	<b>Omit</b>	<b>Substitute</b>
5	Table item 3	27.45	28.45
6	Table item 3	2.15	2.25
7	Table item 4	27.45	28.45
8	Table item 4	2.15	2.25

## 21 Amendments of listed provisions—clause 5.3.1 of Schedule 1

The items of the table in clause 5.3.1 of Schedule 1 listed in the following table are amended as set out in the table.

<b>Amendments relating to indexation—amendments of table 5.3.1</b>			
<b>Item</b>	<b>Table item</b>	<b>Omit</b>	<b>Substitute</b>
1	Table item 1	18.05	18.70
2	Table item 2	19.60	20.30
3	Table item 3	19.85	20.55
4	Table item 4	24.00	24.85
5	Table item 5	50.00	51.80
6	Table item 6	33.75	34.95
7	Table item 7	40.15	41.60
8	Table item 8	40.15	41.60
9	Table item 9	40.15	41.60
10	Table item 10	40.15	41.60
11	Table item 11	40.15	41.60
12	Table item 12	40.15	41.60
13	Table item 13	40.15	41.60
14	Table item 14	40.15	41.60
15	Table item 15	40.15	41.60
16	Table item 16	40.15	41.60

## 22 Amendments of listed provisions—Group A36

The items of Schedule 1 listed in the following table are amended as set out in the table.

<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
1	Item 90254	60.65	62.85
2	Item 90255	89.30	92.50
3	Item 90256	77.00	79.75
4	Item 90257	113.45	117.50
5	Item 90265	60.65	62.85
6	Item 90275	78.45	81.30
7	Item 90277	112.25	116.30

**23 Amendments of listed provisions—Group T10**

The items of Schedule 1 listed in the following table are amended as set out in the table.

<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
1	Item 20100	104.75	108.50
2	Item 20102	125.70	130.20
3	Item 20104	83.80	86.80
4	Item 20120	104.75	108.50
5	Item 20124	83.80	86.80
6	Item 20140	104.75	108.50
7	Item 20142	104.75	108.50
8	Item 20143	125.70	130.20
9	Item 20144	146.65	151.90
10	Item 20145	146.65	151.90
11	Item 20146	104.75	108.50
12	Item 20147	125.70	130.20
13	Item 20148	83.80	86.80
14	Item 20160	125.70	130.20
15	Item 20162	146.65	151.90
16	Item 20164	83.80	86.80
17	Item 20170	125.70	130.20
18	Item 20172	146.65	151.90
19	Item 20174	188.55	195.30
20	Item 20176	209.50	217.00
21	Item 20190	104.75	108.50
22	Item 20192	209.50	217.00
23	Item 20210	314.25	325.50
24	Item 20212	104.75	108.50
25	Item 20214	188.55	195.30
26	Item 20216	419.00	434.00
27	Item 20220	209.50	217.00
28	Item 20222	125.70	130.20
29	Item 20225	251.40	260.40
30	Item 20230	251.40	260.40
31	Item 20300	104.75	108.50
32	Item 20305	314.25	325.50
33	Item 20320	125.70	130.20
34	Item 20321	209.50	217.00
35	Item 20330	167.60	173.60
36	Item 20350	209.50	217.00
37	Item 20352	104.75	108.50
38	Item 20355	251.40	260.40

Schedule 2 Indexation

<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
39	Item 20400	62.85	65.10
40	Item 20401	83.80	86.80
41	Item 20402	104.75	108.50
42	Item 20403	104.75	108.50
43	Item 20404	125.70	130.20
44	Item 20405	167.60	173.60
45	Item 20406	272.35	282.10
46	Item 20410	83.80	86.80
47	Item 20420	104.75	108.50
48	Item 20440	83.80	86.80
49	Item 20450	104.75	108.50
50	Item 20452	125.70	130.20
51	Item 20470	125.70	130.20
52	Item 20472	209.50	217.00
53	Item 20474	272.35	282.10
54	Item 20475	209.50	217.00
55	Item 20500	314.25	325.50
56	Item 20520	125.70	130.20
57	Item 20522	83.80	86.80
58	Item 20524	83.80	86.80
59	Item 20526	209.50	217.00
60	Item 20528	167.60	173.60
61	Item 20540	272.35	282.10
62	Item 20542	314.25	325.50
63	Item 20546	314.25	325.50
64	Item 20548	314.25	325.50
65	Item 20560	419.00	434.00
66	Item 20600	209.50	217.00
67	Item 20604	272.35	282.10
68	Item 20620	209.50	217.00
69	Item 20622	272.35	282.10
70	Item 20630	167.60	173.60
71	Item 20632	146.65	151.90
72	Item 20634	209.50	217.00
73	Item 20670	272.35	282.10
74	Item 20680	62.85	65.10
75	Item 20690	104.75	108.50
76	Item 20700	62.85	65.10
77	Item 20702	83.80	86.80
78	Item 20703	83.80	86.80
79	Item 20704	209.50	217.00
80	Item 20706	146.65	151.90

<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
81	Item 20730	104.75	108.50
82	Item 20740	104.75	108.50
83	Item 20745	146.65	151.90
84	Item 20750	104.75	108.50
85	Item 20752	125.70	130.20
86	Item 20754	146.65	151.90
87	Item 20756	188.55	195.30
88	Item 20770	314.25	325.50
89	Item 20790	167.60	173.60
90	Item 20791	209.50	217.00
91	Item 20792	272.35	282.10
92	Item 20793	314.25	325.50
93	Item 20794	251.40	260.40
94	Item 20798	209.50	217.00
95	Item 20799	125.70	130.20
96	Item 20800	62.85	65.10
97	Item 20802	104.75	108.50
98	Item 20803	83.80	86.80
99	Item 20804	209.50	217.00
100	Item 20806	146.65	151.90
101	Item 20810	83.80	86.80
102	Item 20815	125.70	130.20
103	Item 20820	104.75	108.50
104	Item 20830	83.80	86.80
105	Item 20832	125.70	130.20
106	Item 20840	125.70	130.20
107	Item 20841	167.60	173.60
108	Item 20842	83.80	86.80
109	Item 20844	209.50	217.00
110	Item 20845	209.50	217.00
111	Item 20846	209.50	217.00
112	Item 20847	209.50	217.00
113	Item 20848	209.50	217.00
114	Item 20850	251.40	260.40
115	Item 20855	314.25	325.50
116	Item 20860	125.70	130.20
117	Item 20862	146.65	151.90
118	Item 20863	209.50	217.00
119	Item 20864	209.50	217.00
120	Item 20866	209.50	217.00
121	Item 20867	209.50	217.00
122	Item 20868	209.50	217.00

Schedule 2 Indexation

<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
123	Item 20880	314.25	325.50
124	Item 20882	209.50	217.00
125	Item 20884	104.75	108.50
126	Item 20886	125.70	130.20
127	Item 20900	62.85	65.10
128	Item 20902	83.80	86.80
129	Item 20904	146.65	151.90
130	Item 20905	209.50	217.00
131	Item 20906	83.80	86.80
132	Item 20910	83.80	86.80
133	Item 20911	104.75	108.50
134	Item 20912	104.75	108.50
135	Item 20914	146.65	151.90
136	Item 20916	146.65	151.90
137	Item 20920	83.80	86.80
138	Item 20924	83.80	86.80
139	Item 20926	83.80	86.80
140	Item 20928	125.70	130.20
141	Item 20930	83.80	86.80
142	Item 20932	83.80	86.80
143	Item 20934	125.70	130.20
144	Item 20936	167.60	173.60
145	Item 20938	83.80	86.80
146	Item 20940	83.80	86.80
147	Item 20942	104.75	108.50
148	Item 20943	83.80	86.80
149	Item 20944	125.70	130.20
150	Item 20946	167.60	173.60
151	Item 20948	83.80	86.80
152	Item 20950	104.75	108.50
153	Item 20952	83.80	86.80
154	Item 20954	209.50	217.00
155	Item 20956	83.80	86.80
156	Item 20958	104.75	108.50
157	Item 20960	146.65	151.90
158	Item 21100	62.85	65.10
159	Item 21110	104.75	108.50
160	Item 21112	83.80	86.80
161	Item 21114	104.75	108.50
162	Item 21116	125.70	130.20
163	Item 21120	125.70	130.20
164	Item 21130	62.85	65.10

<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
165	Item 21140	314.25	325.50
166	Item 21150	209.50	217.00
167	Item 21155	209.50	217.00
168	Item 21160	83.80	86.80
169	Item 21170	167.60	173.60
170	Item 21195	62.85	65.10
171	Item 21199	83.80	86.80
172	Item 21200	83.80	86.80
173	Item 21202	83.80	86.80
174	Item 21210	125.70	130.20
175	Item 21212	209.50	217.00
176	Item 21214	209.50	217.00
177	Item 21215	314.25	325.50
178	Item 21216	293.30	303.80
179	Item 21220	83.80	86.80
180	Item 21230	125.70	130.20
181	Item 21232	104.75	108.50
182	Item 21234	167.60	173.60
183	Item 21260	83.80	86.80
184	Item 21270	167.60	173.60
185	Item 21272	83.80	86.80
186	Item 21274	125.70	130.20
187	Item 21275	209.50	217.00
188	Item 21280	314.25	325.50
189	Item 21300	62.85	65.10
190	Item 21321	83.80	86.80
191	Item 21340	83.80	86.80
192	Item 21360	104.75	108.50
193	Item 21380	62.85	65.10
194	Item 21382	83.80	86.80
195	Item 21390	62.85	65.10
196	Item 21392	83.80	86.80
197	Item 21400	83.80	86.80
198	Item 21402	146.65	151.90
199	Item 21403	209.50	217.00
200	Item 21404	104.75	108.50
201	Item 21420	62.85	65.10
202	Item 21430	83.80	86.80
203	Item 21432	104.75	108.50
204	Item 21440	167.60	173.60
205	Item 21445	209.50	217.00
206	Item 21460	62.85	65.10

Schedule 2 Indexation

<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
207	Item 21461	83.80	86.80
208	Item 21462	62.85	65.10
209	Item 21464	83.80	86.80
210	Item 21472	104.75	108.50
211	Item 21474	104.75	108.50
212	Item 21480	83.80	86.80
213	Item 21482	104.75	108.50
214	Item 21484	104.75	108.50
215	Item 21486	146.65	151.90
216	Item 21490	62.85	65.10
217	Item 21500	167.60	173.60
218	Item 21502	125.70	130.20
219	Item 21520	83.80	86.80
220	Item 21522	104.75	108.50
221	Item 21530	314.25	325.50
222	Item 21532	167.60	173.60
223	Item 21535	209.50	217.00
224	Item 21600	62.85	65.10
225	Item 21610	104.75	108.50
226	Item 21620	83.80	86.80
227	Item 21622	104.75	108.50
228	Item 21630	104.75	108.50
229	Item 21632	125.70	130.20
230	Item 21634	188.55	195.30
231	Item 21636	314.25	325.50
232	Item 21638	209.50	217.00
233	Item 21650	167.60	173.60
234	Item 21652	209.50	217.00
235	Item 21654	167.60	173.60
236	Item 21656	209.50	217.00
237	Item 21670	83.80	86.80
238	Item 21680	62.85	65.10
239	Item 21682	83.80	86.80
240	Item 21685	209.50	217.00
241	Item 21700	62.85	65.10
242	Item 21710	83.80	86.80
243	Item 21712	104.75	108.50
244	Item 21714	104.75	108.50
245	Item 21716	104.75	108.50
246	Item 21730	62.85	65.10
247	Item 21732	83.80	86.80
248	Item 21740	104.75	108.50



<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
249	Item 21756	125.70	130.20
250	Item 21760	146.65	151.90
251	Item 21770	167.60	173.60
252	Item 21772	125.70	130.20
253	Item 21780	83.80	86.80
254	Item 21785	209.50	217.00
255	Item 21790	314.25	325.50
256	Item 21800	62.85	65.10
257	Item 21810	83.80	86.80
258	Item 21820	62.85	65.10
259	Item 21830	83.80	86.80
260	Item 21832	146.65	151.90
261	Item 21834	83.80	86.80
262	Item 21840	167.60	173.60
263	Item 21842	125.70	130.20
264	Item 21850	83.80	86.80
265	Item 21860	62.85	65.10
266	Item 21865	209.50	217.00
267	Item 21870	314.25	325.50
268	Item 21872	167.60	173.60
269	Item 21878	62.85	65.10
270	Item 21879	104.75	108.50
271	Item 21880	146.65	151.90
272	Item 21881	188.55	195.30
273	Item 21882	230.45	238.70
274	Item 21883	272.35	282.10
275	Item 21884	314.25	325.50
276	Item 21885	356.15	368.90
277	Item 21886	398.05	412.30
278	Item 21887	439.95	455.70
279	Item 21900	62.85	65.10
280	Item 21906	104.75	108.50
281	Item 21908	125.70	130.20
282	Item 21910	188.55	195.30
283	Item 21912	104.75	108.50
284	Item 21914	125.70	130.20
285	Item 21915	104.75	108.50
286	Item 21916	104.75	108.50
287	Item 21918	104.75	108.50
288	Item 21922	125.70	130.20
289	Item 21925	83.80	86.80
290	Item 21926	83.80	86.80

Schedule 2 Indexation

<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
291	Item 21930	125.70	130.20
292	Item 21935	104.75	108.50
293	Item 21936	104.75	108.50
294	Item 21939	62.85	65.10
295	Item 21941	146.65	151.90
296	Item 21942	209.50	217.00
297	Item 21943	104.75	108.50
298	Item 21945	104.75	108.50
299	Item 21949	104.75	108.50
300	Item 21952	83.80	86.80
301	Item 21955	104.75	108.50
302	Item 21959	104.75	108.50
303	Item 21962	104.75	108.50
304	Item 21965	104.75	108.50
305	Item 21969	167.60	173.60
306	Item 21970	314.25	325.50
307	Item 21973	104.75	108.50
308	Item 21976	104.75	108.50
309	Item 21980	104.75	108.50
310	Item 21990	62.85	65.10
311	Item 21992	83.80	86.80
312	Item 21997	83.80	86.80
313	Item 22002	83.80	86.80
314	Item 22007	83.80	86.80
315	Item 22008	83.80	86.80
316	Item 22012	62.85	65.10
317	Item 22014	62.85	65.10
318	Item 22015	125.70	130.20
319	Item 22020	83.80	86.80
320	Item 22025	83.80	86.80
321	Item 22031	104.75	108.50
322	Item 22036	62.85	65.10
323	Item 22041	41.90	43.40
324	Item 22042	20.95	21.70
325	Item 22051	188.55	195.30
326	Item 22055	251.40	260.40
327	Item 22060	628.50	651.00
328	Item 22065	104.75	108.50
329	Item 22075	314.25	325.50
330	Item 22900	125.70	130.20
331	Item 22905	125.70	130.20
332	Item 23010	20.95	21.70

<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
333	Item 23025	41.90	43.40
334	Item 23035	62.85	65.10
335	Item 23045	83.80	86.80
336	Item 23055	104.75	108.50
337	Item 23065	125.70	130.20
338	Item 23075	146.65	151.90
339	Item 23085	167.60	173.60
340	Item 23091	188.55	195.30
341	Item 23101	209.50	217.00
342	Item 23111	230.45	238.70
343	Item 23112	251.40	260.40
344	Item 23113	272.35	282.10
345	Item 23114	293.30	303.80
346	Item 23115	314.25	325.50
347	Item 23116	335.20	347.20
348	Item 23117	356.15	368.90
349	Item 23118	377.10	390.60
350	Item 23119	398.05	412.30
351	Item 23121	419.00	434.00
352	Item 23170	439.95	455.70
353	Item 23180	460.90	477.40
354	Item 23190	481.85	499.10
355	Item 23200	502.80	520.80
356	Item 23210	523.75	542.50
357	Item 23220	544.70	564.20
358	Item 23230	565.65	585.90
359	Item 23240	586.60	607.60
360	Item 23250	607.55	629.30
361	Item 23260	628.50	651.00
362	Item 23270	649.45	672.70
363	Item 23280	670.40	694.40
364	Item 23290	691.35	716.10
365	Item 23300	712.30	737.80
366	Item 23310	733.25	759.50
367	Item 23320	754.20	781.20
368	Item 23330	775.15	802.90
369	Item 23340	796.10	824.60
370	Item 23350	817.05	846.30
371	Item 23360	838.00	868.00
372	Item 23370	858.95	889.70
373	Item 23380	879.90	911.40
374	Item 23390	900.85	933.10

Schedule 2 Indexation

<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
375	Item 23400	921.80	954.80
376	Item 23410	942.75	976.50
377	Item 23420	963.70	998.20
378	Item 23430	984.65	1019.90
379	Item 23440	1005.60	1041.60
380	Item 23450	1026.55	1063.30
381	Item 23460	1047.50	1085.00
382	Item 23470	1068.45	1106.70
383	Item 23480	1089.40	1128.40
384	Item 23490	1110.35	1150.10
385	Item 23500	1131.30	1171.80
386	Item 23510	1152.25	1193.50
387	Item 23520	1173.20	1215.20
388	Item 23530	1194.15	1236.90
389	Item 23540	1215.10	1258.60
390	Item 23550	1236.05	1280.30
391	Item 23560	1257.00	1302.00
392	Item 23570	1277.95	1323.70
393	Item 23580	1298.90	1345.40
394	Item 23590	1319.85	1367.10
395	Item 23600	1340.80	1388.80
396	Item 23610	1361.75	1410.50
397	Item 23620	1382.70	1432.20
398	Item 23630	1403.65	1453.90
399	Item 23640	1424.60	1475.60
400	Item 23650	1445.55	1497.30
401	Item 23660	1466.50	1519.00
402	Item 23670	1487.45	1540.70
403	Item 23680	1508.40	1562.40
404	Item 23690	1529.35	1584.10
405	Item 23700	1550.30	1605.80
406	Item 23710	1571.25	1627.50
407	Item 23720	1592.20	1649.20
408	Item 23730	1613.15	1670.90
409	Item 23740	1634.10	1692.60
410	Item 23750	1655.05	1714.30
411	Item 23760	1676.00	1736.00
412	Item 23770	1696.95	1757.70
413	Item 23780	1717.90	1779.40
414	Item 23790	1738.85	1801.10
415	Item 23800	1759.80	1822.80
416	Item 23810	1780.75	1844.50

<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
417	Item 23820	1801.70	1866.20
418	Item 23830	1822.65	1887.90
419	Item 23840	1843.60	1909.60
420	Item 23850	1864.55	1931.30
421	Item 23860	1885.50	1953.00
422	Item 23870	1906.45	1974.70
423	Item 23880	1927.40	1996.40
424	Item 23890	1948.35	2018.10
425	Item 23900	1969.30	2039.80
426	Item 23910	1990.25	2061.50
427	Item 23920	2011.20	2083.20
428	Item 23930	2032.15	2104.90
429	Item 23940	2053.10	2126.60
430	Item 23950	2074.05	2148.30
431	Item 23960	2095.00	2170.00
432	Item 23970	2115.95	2191.70
433	Item 23980	2136.90	2213.40
434	Item 23990	2157.85	2235.10
435	Item 24100	2178.80	2256.80
436	Item 24101	2199.75	2278.50
437	Item 24102	2220.70	2300.20
438	Item 24103	2241.65	2321.90
439	Item 24104	2262.60	2343.60
440	Item 24105	2283.55	2365.30
441	Item 24106	2304.50	2387.00
442	Item 24107	2325.45	2408.70
443	Item 24108	2346.40	2430.40
444	Item 24109	2367.35	2452.10
445	Item 24110	2388.30	2473.80
446	Item 24111	2409.25	2495.50
447	Item 24112	2430.20	2517.20
448	Item 24113	2451.15	2538.90
449	Item 24114	2472.10	2560.60
450	Item 24115	2493.05	2582.30
451	Item 24116	2514.00	2604.00
452	Item 24117	2534.95	2625.70
453	Item 24118	2555.90	2647.40
454	Item 24119	2576.85	2669.10
455	Item 24120	2597.80	2690.80
456	Item 24121	2618.75	2712.50
457	Item 24122	2639.70	2734.20
458	Item 24123	2660.65	2755.90

<b>Amendments relating to indexation</b>			
<b>Item</b>	<b>Item of Schedule 1</b>	<b>Omit</b>	<b>Substitute</b>
459	Item 24124	2681.60	2777.60
460	Item 24125	2702.55	2799.30
461	Item 24126	2723.50	2821.00
462	Item 24127	2744.45	2842.70
463	Item 24128	2765.40	2864.40
464	Item 24129	2786.35	2886.10
465	Item 24130	2807.30	2907.80
466	Item 24131	2828.25	2929.50
467	Item 24132	2849.20	2951.20
468	Item 24133	2870.15	2972.90
469	Item 24134	2891.10	2994.60
470	Item 24135	2912.05	3016.30
471	Item 24136	2933.00	3038.00
472	Item 25000	20.95	21.70
473	Item 25005	41.90	43.40
474	Item 25010	62.85	65.10
475	Item 25013	20.95	21.70
476	Item 25014	20.95	21.70
477	Item 25020	41.90	43.40

## ***Health Insurance (Pathology Services Table) Regulations 2020***

### **24 Clause 2.14.1 of Schedule 1 (heading)**

Omit “1 July 2022”, substitute “1 July 2023”.

### **25 Subclause 2.14.1(1) of Schedule 1**

Repeal the subclause, substitute:

- (1) At the start of 1 July 2023 (the *indexation time*), the amount of a fee for an item in Group P12 is replaced by the amount worked out using the following formula:

$$1.036 \times \text{the amount of the fee immediately before the indexation time}$$

Note: The indexed fees could in 2023 be viewed on the Department’s MBS Online website (<http://www.health.gov.au>).

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## Schedule 3—General amendments

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

#### **1 Schedule 1 (after item 59300)**

Insert:

59302	Three dimensional tomosynthesis of both breasts, if there is reason to suspect the presence of malignancy because of: (a) the past occurrence of breast malignancy in the patient; or (b) significant history of breast or ovarian malignancy in the patient’s family; or (c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner; not being a service to which item 59300 applies (R)	217.75
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#### **2 Schedule 1 (after item 59303)**

Insert:

59305	Three dimensional tomosynthesis of one breast, if there is reason to suspect the presence of malignancy because of: (a) the past occurrence of breast malignancy in the patient; or (b) significant history of breast or ovarian malignancy in the patient’s family; or (c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner; not being a service to which item 59303 applies (R)	122.85
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#### **3 Schedule 1 (item 61409, column 2)**

After “study”, insert “using technetium 99m”.

#### **4 Schedule 1 (after item 61462)**

Insert:

61466	Cerebro-spinal fluid transport study using indium-111, with imaging on 2 or more separate occasions (R)	4,690.90
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#### **5 Schedule 1 (at the end of Subgroup 22 of Group I5)**

Add:

63498	MRI service to which item 63501, 63502, 63504 or 63505 applies, if the service is performed on a person using intravenous or intra muscular sedation	47.15
63499	MRI service to which item 63501, 63502, 63504 or 63505 applies, if the service is performed on a person under anaesthetic in the presence of a medical practitioner who is qualified to perform an anaesthetic	165.05

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### Schedule 3 General amendments

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<b>Subgroup 32—Magnetic resonance imaging—PIP breast implant</b>		
63501	MRI—scan of one or both breasts for the evaluation of implant integrity, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); and (ii) the result of the scan confirms a loss of integrity of the implant (R)	526.30
63502	MRI—scan of one or both breasts for the evaluation of implant integrity, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); and (ii) the result of the scan does not demonstrate a loss of integrity of the implant (R)	526.30
63504	MRI—scan of one or both breasts for the evaluation of implant integrity, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); and (ii) presents with symptoms where implant rupture is suspected; and (iii) the result of the scan confirms a loss of integrity of the implant (R)	526.30
63505	MRI—scan of one or both breasts for the evaluation of implant integrity, if: (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); and (ii) presents with symptoms where implant rupture is suspected; and (iii) the result of the scan does not demonstrate a loss of integrity of the implant (R)	526.30

#### **6 Clause 2.5.14 of Schedule 1 (note at the end of the table)**

Repeal the note.

#### **7 Schedule 1 (cell at item 63545, column 2)**

Repeal the cell, substitute:

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

- (a) the patient has a confirmed extra-hepatic primary malignancy (other than hepatocellular carcinoma); and
- (b) computed tomography is negative or inconclusive for hepatic metastatic disease; and



- (c) the identification of liver metastases would change the patient's treatment planning

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

## ***Health Insurance (General Medical Services Table) Regulations 2021***

### **8 Clause 1.1.2 of Schedule 1**

Repeal the clause, substitute:

#### **1.1.2 Meaning of eligible non-vocationally recognised medical practitioner**

- (1) In this Schedule:

***eligible non-vocationally recognised medical practitioner*** means a medical practitioner who:

- (a) as at 30 June 2023 was registered under the MedicarePlus for Other Medical Practitioners Program; and
- (b) had successfully completed the requirements of that Program on or before 30 June 2023, as evidenced by written advice from the Chief Executive Medicare.

- (2) In subclause (1):

***MedicarePlus for Other Medical Practitioners Program*** means the program by that name that, before 1 July 2023, was administered by the Chief Executive Medicare.

Note: The MedicarePlus for Other Medical Practitioners Program ceased on 30 June 2023.

### **9 After clause 2.11.2 of Schedule 1**

Insert:

#### **2.11.3 Certain services may be provided by video conference rather than at consulting rooms**

A service provided to a patient under item 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318 or 319 may be provided by video conference rather than at consulting rooms if the service is associated with a service to which item 294 applies.

### **10 Schedule 1 (after item 293)**

Insert:

294	<p>Professional attendance on a patient by a consultant physician practising in the consultant physician's specialty of psychiatry if:</p> <p>(a) the attendance is by video conference; and</p> <p>(b) except for the requirement for the attendance to be at consulting rooms—item 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 348, 350 or 352 would otherwise apply to the attendance; and</p> <p>(c) the patient is not an admitted patient; and</p> <p>(d) the patient is bulk-billed; and</p> <p>(e) the patient:</p>	<p>50% of the fee for the relevant item referred to in paragraph (b) of column 2</p>
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- (i) is located:
  - (A) within a Modified Monash 2, 3, 4, 5, 6 or 7 area; and
  - (B) at the time of the attendance—at least 15 km by road from the physician; or
- (ii) is a care recipient in a residential aged care facility; or
- (iii) is a patient of:
  - (A) an Aboriginal medical service; or
  - (B) an Aboriginal community controlled health service; for which a direction made under subsection 19(2) of the Act applies

#### **11 Clause 2.14.4 of Schedule 1**

Repeal the clause, substitute:

#### **2.14.4 Restrictions on items in Group A11—practitioners**

Each of items 588 and 591 apply to a service described in the item only if the service is rendered by a medical practitioner other than a general practitioner.

#### **12 Clause 3.2.1 (definition of *bulk-billed*)**

Repeal the definition.

#### **13 Schedule 1 (cell at item 16003, column 3)**

Repeal the cell, substitute:

1,554.25

#### **14 Schedule 1 (cell at item 16006, column 3)**

Repeal the cell, substitute:

1,047.70

#### **15 Schedule 1 (cell at item 16009, column 3)**

Repeal the cell, substitute:

507.55

#### **16 Schedule 1 (cell at item 16012, column 3)**

Repeal the cell, substitute:

2,915.10

#### **17 Schedule 1 (item 16015, column 2)**

Omit “painful bony metastases from carcinoma of the prostate, if hormone therapy has failed”, substitute “the relief of bone pain due to skeletal metastases (as indicated by a positive bone scan), if systemic antineoplastic therapy is unavailable or has failed to control the patient’s disease”.

#### **18 Schedule 1 (item 16018, column 2)**

Omit “hormonal therapy or chemotherapy have failed”, substitute “systemic antineoplastic therapy is unavailable or has failed to control the patient’s disease”.

#### **19 Schedule 1 (item 16018, column 3)**

Repeal the cell, substitute:

4,814.70

**20 Schedule 1 (after item 30629)**

Insert:

30630	Insertion of testicular prosthesis, at least 6 months after orchidectomy (H) (Anaes.) (Assist.)	518.95
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**21 Clause 5.10.14 of Schedule 1**

Repeal the clause.

**22 Schedule 1 (item 32221)**

Repeal the item.

**23 Schedule 1 (item 38680)**

After “applies”, insert “(H)”.

**24 Schedule 1 (item 49706, column 2)**

Omit “for infection,”.

**25 Clause 7.1.1 of Schedule 1 (definition of *2013 estimated resident population*)**

Repeal the definition.

**26 Clause 7.1.1 of Schedule 1**

Insert:

*2016 estimated resident population* means the preliminary estimated resident population as at 30 June 2016, as published by the Australian Bureau of Statistics.

**27 Clause 7.1.1 of Schedule 1 (paragraph (b) of the definition of *Modified Monash 2 area*)**

Omit “2013” (wherever occurring), substitute “2016”.

**28 Clause 7.1.1 of Schedule 1 (paragraph (b) of the definition of *Modified Monash 3 area*)**

Omit “2013” (wherever occurring), substitute “2016”.

**29 Clause 7.1.1 of Schedule 1 (paragraph (b) of the definition of *Modified Monash 4 area*)**

Omit “2013” (wherever occurring), substitute “2016”.

**30 Clause 7.1.1 of Schedule 1 (definition of *bulk-billed*)**

Repeal the definition, substitute:

*bulk-billed*: a medical service is bulk-billed if:

- (a) a medicare benefit is payable to a person in relation to the service; and
- (b) under an agreement entered into under section 20A of the Act:
  - (i) the person assigns to the medical practitioner by whom, or on whose behalf, the service is provided, the person’s right to the payment of the medicare benefit; and

- 
- (ii) the medical practitioner accepts the assignment in full payment of the medical practitioner's fee for the service provided.

### ***Health Insurance (Pathology Services Table) Regulations 2020***

#### **31 Schedule 1 (Group P3 table, at the end of the table)**

Add:

69505	Sequencing and analysis of the genome of mycobacterium tuberculosis complex from an isolate or nucleic acid extract: (a) to speciate the organism: (i) at the time of a patient's initial diagnosis and commencement of initial empiric therapy; or (ii) following recurrence of a patient's symptoms or a patient's failure to respond to treatment within the expected timeframe; and (b) for the purpose of: (i) genome-wide determination of the antimicrobial resistance markers (resistome) of the isolate; and (ii) individualising the patient's treatment Applicable once at initial diagnosis and once per episode of disease recurrence	150.00
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#### **32 Schedule 1 (cell at item 73427, column 2)**

Repeal the cell, substitute:

Single gene testing for the characterisation of a germline gene variant or germline gene variants:

- (a) if requested by a specialist or consultant physician; and  
(b) within the same gene in which the patient's reproductive partner has a documented pathogenic germline recessive gene variant for a neuromuscular disorder identified by a service described in:  
(i) item 73422, 73425 or 73426; or  
(ii) item 73434, if the patient has been provided a service described in item 73434 and that service has not identified a relevant variant

Applicable once per gene

#### **33 Schedule 1 (Group P7 table, at the end of the table)**

Add:

73429	Genetic testing (including characterisation of single nucleotide variants, structural variants, fusions and copy number alterations) in a single gene panel, requested by a specialist or consultant physician, for a patient with clinical or laboratory evidence of a glioma, glioneuronal tumour or glioblastoma, to aid diagnosis and classification of the relevant tumour, including assessments of at least the following kinds: (a) IDH1, IDH2—variant testing; (b) 1p/19q—co-deletion assessment; (c) H3F3A—variant status; (d) TERT—promoter variant status; (e) EGFR—amplification;	887.90
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	(f) CDKN2A/B—deletion; (g) BRAF—variants	
	Applicable to one test per diagnostic episode	
73434	Detection of pathogenic or likely pathogenic gene variants, requested by a specialist or consultant physician, for any of the following: (a) a patient with a suspected neuromuscular disorder; (b) a relative of a patient with a pathogenic or likely pathogenic germline gene variant associated with a neuromuscular disorder (confirmed by laboratory findings); (c) the reproductive partner of a patient with a recessive pathogenic or likely pathogenic germline gene variant associated with a neuromuscular disorder (confirmed by laboratory findings)	392.00
	Applicable once per gene per lifetime	
73435	Detection of pathogenic or likely pathogenic DUX4 gene variants, requested by a specialist or consultant physician, for: (a) a patient with a suspected neuromuscular disorder; or (b) a relative of a patient with a pathogenic or likely pathogenic germline gene variant associated with a neuromuscular disorder (confirmed by laboratory findings)	1,000.00
	Applicable once per gene per lifetime	

### **34 Schedule 1 (Group P9 table, at the end of the table)**

Add:

73812	Quantitation of glycated haemoglobin (HbA1c) performed in the management of established diabetes, if performed: (a) as a point-of-care test; and (b) by or on behalf of a medical practitioner who works in a general practice that is accredited to the Royal Australian College of General Practitioners Standards for point-of care testing under the National General Practice Accreditation Scheme; and (c) using a method certified by the National Glycohemoglobin Standardization Program (NGSP), if the instrumentation used has a total coefficient variation less than 3.0% at 48 mmol/mol (6.5%)	11.80
	Applicable not more than 3 times per 12 months per patient	

## **Schedule 4—Plastic and reconstructive surgery services**

### *Health Insurance (General Medical Services Table) Regulations 2021*

#### **1 Clause 5.10.4 of Schedule 1**

Repeal the clause.

#### **2 Schedule 1 (cell at item 30003, column 2)**

Repeal the cell, substitute:

Burns, involving 1% or more but less than 3% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, if medical practitioner is present—each attendance at which the procedure is performed

Not applicable for skin reactions secondary to radiotherapy

#### **3 Schedule 1 (cell at item 30006, column 2)**

Repeal the cell, substitute:

Burns, involving 3% or more but less than 10% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, if medical practitioner is present—each attendance at which the procedure is performed

Not applicable for skin reactions secondary to radiotherapy

#### **4 Schedule 1 (after item 30006)**

Insert:

30007	Burns, involving 10% or more of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, if medical practitioner is present—each attendance at which the procedure is performed Not applicable for skin reactions secondary to radiotherapy	170.20
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#### **5 Schedule 1 (cell at item 30010, column 2)**

Repeal the cell, substitute:

Burns, involving not more than 3% of total body surface, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.)

#### **6 Schedule 1 (cell at item 30014, column 2)**

Repeal the cell, substitute:

Burns, involving 3% or more but less than 20% of total body surface, dressing of (including redressing of any related donor site, if required), in an operating

theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.)

## 7 Schedule 1 (items 30017 and 30020)

Repeal the items, substitute:

30015	Burns, involving 20% or more but less than 50% of total body surface, or burns of less than 20% of total body surface involving 1% or more of total body surface within the hands or face, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.) (Assist.)	255.30
30016	Burns, involving 50% or more of total body surface, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.) (Assist.)	382.95

## 8 Schedule 1 (items 30165 to 30172)

Repeal the items, substitute:

30166	Removal of redundant abdominal skin and lipectomy, as a wedge excision, for functional problems following significant weight loss equivalent to at least 5 body mass index points and if there has been a stable weight for a period of at least 6 months prior to surgery, other than a service associated with a service to which item 30175, 30176, 30177, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies (H) (Anaes.) (Assist.)	821.45
30169	Removal of redundant non-abdominal skin and lipectomy for functional problems following significant weight loss equivalent to at least 5 body mass index points and if there has been a stable weight for a period of at least 6 months prior to surgery, one or 2 non-abdominal areas, other than a service associated with a service to which item 30175, 30176, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies (H) (Anaes.) (Assist.)	657.15
30175	Radical abdominoplasty, with repair of rectus diastasis, excision of skin and subcutaneous tissue, and transposition of umbilicus, not being a laparoscopic procedure, if: (a) the patient has an abdominal wall defect as a consequence of pregnancy; and (b) the patient: (i) has a diastasis of at least 3cm measured by diagnostic imaging prior to this service; and (ii) has either or both of the following: (A) at least moderately severe pain or discomfort at the site of the diastasis in the abdominal wall during functional use and the pain or discomfort has been documented in the patient's records by the practitioner providing the service; (B) low back pain or urinary symptoms likely due to rectus diastasis and the pain or symptoms have been documented in the patient's records by the practitioner providing the service; and (iii) has failed to respond to non-surgical conservative treatment,	1,062.50

- that must have included physiotherapy; and  
(iv) has not been pregnant in the last 12 months; and  
(c) the service is not a service associated with a service to which  
item 30166, 30169, 30176, 30177, 30179, 30651, 30655, 45530,  
45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068,  
46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies  
Applicable once per lifetime (H) (Anaes.) (Assist.)

**9 Schedule 1 (item 30176, column 2)**

Omit “Lipectomy, radical abdominoplasty (Pitanguy type or similar)”, substitute  
“Radical abdominoplasty”.

**10 Schedule 1 (item 30176, column 2)**

Omit “item 30165, 30168, 30171, 30172, 30177, 30179, 45530, 45564 or 45565  
applies”, substitute “item 30166, 30169, 30175, 30177, 30179, 45530, 45531, 45564,  
45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies”.

**11 Schedule 1 (item 30177, column 2)**

Omit “(Pitanguy type or similar)”.

**12 Schedule 1 (item 30177, column 2)**

Omit “item 30165, 30168, 30171, 30172, 30176, 30179, 45530, 45564 or 45565  
applies”, substitute “item 30166, 30175, 30176, 30179, 45530, 45531, 45564, 45565,  
45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084,  
46086, 46088 or 46090 applies”.

**13 Schedule 1 (item 30179, column 2)**

Omit “(Pitanguy type or similar)”.

**14 Schedule 1 (item 30179, column 2)**

Omit “item 30165, 30168, 30171, 30172, 30176, 30177, 45530, 45564 or 45565  
applies”, substitute “item 30175, 30176, 30177, 45530, 45531, 45564, 45565,  
45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084,  
46086, 46088 or 46090 applies”.

**15 Schedule 1 (items 30299 to 30303)**

Repeal the items, substitute:

30299	Sentinel lymph node biopsy or biopsies for breast cancer, involving dissection in an axilla, using preoperative lymphoscintigraphy and/or lymphotropic dye injection (H) (Anaes.) (Assist.)	777.85
30305	Sentinel lymph node biopsy or biopsies for breast cancer, involving dissection along internal mammary chain (H) (Anaes.) (Assist.)	777.90

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**16 Schedule 1 (item 30311, column 2)**

Omit “lymphoscintigraphy and”, substitute “lymphoscintigraphy and/or”.

**17 Schedule 1 (item 30311, column 2, paragraph (c))**

Omit “30300, 30302, 30303”, substitute “30305”.



**18 Schedule 1 (item 30332, column 2)**

Omit “(sampling)”.

**19 Schedule 1 (item 30335)**

Repeal the item.

**20 Schedule 1 (item 30336, column 2)**

Omit “, to level II or III”.

**21 Schedule 1 (items 30651 and 30655, column 2)**

Omit “service to which item”, substitute “service associated with a service to which item 30175.”.

**22 Schedule 1 (items 31220 and 31225, column 2)**

After “keratoses),”, insert “lipomas,”.

**23 Schedule 1 (item 31340, column 2, paragraph (b))**

Omit “31375 or 31376”, substitute “31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383”.

**24 Schedule 1 (after item 31340)**

Insert:

31344	Lipoma, removal of, by surgical excision or liposuction, if: (a) the lesion: (i) is subcutaneous and 150mm or more in diameter; or (ii) is submuscular, intramuscular or involves dissection of a named nerve or vessel and is 50 mm or more in diameter; and (b) a specimen of the excised lipoma is sent for histological confirmation of diagnosis (Anaes.) (Assist.)	691.90
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**25 Schedule 1 (item 31345, column 2, subparagraph (a)(i))**

After “diameter”, insert “but less than 150 mm in diameter”.

**26 Schedule 1 (items 31356, 31358, 31359, 31361 and 31363, column 2)**

Omit “31375 or 31376”, substitute “31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383”.

**27 Schedule 1 (item 31365, column 2)**

Omit “31372 or 31373”, substitute “31372, 31373, 31377, 31378 or 31379”.

**28 Schedule 1 (items 31367 and 31369, column 2)**

Omit “31375 or 31376”, substitute “31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383”.

**29 Schedule 1 (after item 31383)**

Insert:

#### Schedule 4 Plastic and reconstructive surgery services

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31386	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from the head or neck; and (b) the necessary excision diameter is more than 50 mm; and (c) the excision involves at least 2 critical areas (eyelid, nose, ear, mouth); and (d) the excised specimen is sent for histological examination; and (e) malignancy is confirmed from the excised specimen or previous biopsy; and (f) the service is not covered by item 31387 (Anaes.) (Assist.)	782.55
31387	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from the head or neck; and (b) the necessary excision diameter is more than 70 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy; and (e) the service is not covered by item 31386 (Anaes.) (Assist.)	704.20
31388	Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if: (a) the lesion is excised from the trunk or limbs; and (b) the necessary excision diameter is more than 120 mm; and (c) the excised specimen is sent for histological examination; and (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.) (Assist.)	633.75

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#### 30 Schedule 1 (cell at item 31512, column 2)

Repeal the cell, substitute:

Breast, malignant tumour, complete local excision of, with or without frozen section histology, other than a service associated with a service to which:

- (a) item 45523 or 45558 applies; and
- (b) item 31513, 31514, 45520, 45522 or 45556 applies on the same side (if performed by the same medical practitioner)

(H) (Anaes.) (Assist.)

#### 31 Schedule 1 (after item 31512)

Insert:

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31513	Breast, malignant tumour, complete local excision of, with simultaneous reshaping of the breast parenchyma using techniques such as round block or rotation flaps, other than a service associated with a service to which:	930.95
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- (a) item 45523 or 45558 applies; and  
 (b) item 31512, 31514, 45520, 45522 or 45556 applies on the same side  
 (H) (Anaes.) (Assist.)

31514	Breast, malignant tumour, complete local excision of, with simultaneous ipsilateral pedicled breast reduction, including repositioning of the nipple, other than a service associated with a service to which: (a) item 45523 or 45558 applies; and (b) item 31512, 31513, 45520, 45522 or 45556 applies on the same side (H) (Anaes.) (Assist.)	1,342.20
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### 32 Schedule 1 (item 31519, column 2)

Omit “Breast, total mastectomy”, substitute “Total mastectomy (unilateral)”.

### 33 Schedule 1 (item 31524)

Repeal the item, substitute:

31520	Total mastectomy (bilateral) (H) (Anaes.) (Assist.)	1,410.75
31522	Skin sparing mastectomy (unilateral) (H) (Anaes.) (Assist.)	1,139.30
31523	Skin sparing mastectomy (bilateral) (H) (Anaes.) (Assist.)	1,993.85

### 34 Schedule 1 (cell at item 31525, column 2)

Repeal the cell, substitute:

Mastectomy for gynaecomastia (unilateral), with or without liposuction (suction assisted lipolysis), if:

- (a) breast enlargement is not due to obesity and is not proportionate to body habitus; and  
 (b) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes;

not being a service associated with a service to which item 45585 applies (H) (Anaes.) (Assist.)

### 35 Schedule 1 (after item 31525)

Insert:

31526	Mastectomy for gynaecomastia (bilateral), with or without liposuction (suction assisted lipolysis), if: (a) breast enlargement is not due to obesity and is not proportionate to body habitus; and (b) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes; not being a service associated with a service to which item 45585 applies (H) (Anaes.) (Assist.)	996.65
31528	Nipple sparing mastectomy (unilateral) (H) (Anaes.) (Assist.)	1,139.30
31529	Nipple sparing mastectomy (bilateral) (H) (Anaes.) (Assist.)	1,993.85

### 36 Schedule 1 (cell at item 31563, column 2)

Repeal the cell, substitute:

Inverted nipple, surgical eversion of, with or without flap repair, if the nipple cannot readily be everted manually (Anaes.)

**37 Schedule 1 (item 39329, column 2)**

Omit “, 39327 or 39333”, substitute “or 39327”.

**38 Schedule 1 (item 39333)**

Repeal the item.

**39 Clause 5.10.22 of Schedule 1**

Repeal the clause, substitute:

**5.10.21A Restrictions on items 46101 to 46111—services provided on the same occasion**

Only one of items 46101, 46102, 46103, 46104, 46105, 46106, 46107, 46108, 46109, 46110 and 46111 may be claimed per provider per operation.

**5.10.22 Midface procedures**

In items 46150 to 46158:

*maxilla* includes any procedure that involves the adjacent zygoma.

**40 Schedule 1 (items 45000 and 45003, column 2)**

Omit “31376”, substitute “31383”.

**41 Schedule 1 (cell at item 45006, column 2)**

Repeal the cell, substitute:

Single stage large myocutaneous flap repair to one defect (pectoralis major, latissimus dorsi, or similar large muscle), other than a service associated with a service to which any of items 45524 to 45542 apply (H) (Anaes.) (Assist.)

**42 Schedule 1 (item 45012)**

Repeal the item, substitute:

45012	Single stage large muscle flap repair to one defect (pectoralis major, gastrocnemius, gracilis or similar large muscle), other than a service associated with a service to which any of items 45524 to 45542 apply (H) (Anaes.) (Assist.)	852.30
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**43 Schedule 1 (cell at item 45021, column 2)**

Repeal the cell, substitute:

Abrasive therapy for severely disfiguring scarring of face resulting from trauma, burns or acne, if sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes—limited to one claim per patient per episode (Anaes.)

**44 Schedule 1 (item 45024)**

Repeal the item.

**45 Schedule 1 (cell at item 45027, column 2)**

Repeal the cell, substitute:

Vascular anomaly, cauterisation of or injection into, if undertaken in the operating theatre of a hospital (Anaes.)

**46 Schedule 1 (items 45030 and 45033)**

Repeal the items, substitute:

45030	Vascular anomaly, of skin, mucous membrane and/or subcutaneous tissue, small, excision and suture of (Anaes.)	148.65
45033	Vascular anomaly, large or involving deeper tissue including facial muscle, excision and suture of (Anaes.) (Assist.)	269.35

**47 Schedule 1 (cell at item 45035, column 2)**

Repeal the cell, substitute:

Vascular anomaly, large, deep, and involving major neurovascular structures, excision of, including dissection of muscles, nerves or major vessels (H) (Anaes.) (Assist.)

**48 Schedule 1 (cell at item 45036, column 2)**

Repeal the cell, substitute:

Vascular anomaly, of neck, deep and involving major neurovascular structures, excision of, including dissection of cranial nerves and major vessels, (H) (Anaes.) (Assist.)

**49 Schedule 1 (items 45039 and 45042)**

Repeal the items.

**50 Schedule 1 (item 45045, column 2)**

Omit "Arteriovenous malformation", substitute "Vascular anomaly".

**51 Schedule 1 (item 45054)**

Repeal the item, substitute:

45054	Limb or chest, decompression escharotomy of (including all incisions), for acute compartment syndrome secondary to burn (H) (Anaes.) (Assist.)	357.10
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**52 Schedule 1 (item 45200, column 2)**

Omit "31376", substitute "31383".

**53 Schedule 1 (item 45201, column 2)**

Omit "31373 or 31376", substitute "31373, 31376, 31378, 31380 or 31383".

**54 Schedule 1 (items 45203, 45206 and 45207, column 2)**

Omit “31376”, substitute “31383”.

**55 Schedule 1 (cell at item 45209, column 2)**

Repeal the cell, substitute:

Pedicled flap repair (forehead, cross arm, cross leg, abdominal or similar), first stage of a multistage procedure (Anaes.) (Assist.)

**56 Schedule 1 (cell at item 45212, column 2)**

Repeal the cell, substitute:

Pedicled flap repair (forehead, cross arm, cross leg, abdominal or similar), subsequent stage of a multistage procedure (Anaes.) (Assist.)

**57 Schedule 1 (items 45215, 45218 and 45236)**

Repeal the items.

**58 Schedule 1 (cell at item 45239, column 2)**

Repeal the cell, substitute:

Direct, indirect, free or local flap, revision of, by incision and suture and/or liposuction, applicable once per flap, not being a service associated with a service to which item 45497 applies (Anaes.)

**59 Schedule 1 (items 45240 to 45418)**

Repeal the items.

**60 Schedule 1 (items 45439 and 45442)**

Repeal the items, substitute:

45440	Split thickness skin graft to a small defect that is: (a) less than 40 mm in diameter: (i) on areas below the knee; or (ii) distal to the ulnar styloid; or (iii) on the genital area; or (iv) on areas above the clavicle; or (b) less than 80 mm in diameter on any other part of the body (Anaes.) (Assist.)	311.45
45443	Split thickness skin graft to a large defect that is: (a) 40 mm or more in diameter: (i) on areas below the knee; or (ii) distal to the ulnar styloid; or (iii) on the genital area; or (iv) on areas above the clavicle; or (b) 80 mm or more in diameter on any other part of the body (Anaes.) (Assist.)	642.35

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**61 Schedule 1 (items 45445 and 45448)**

Repeal the items.

**62 Schedule 1 (cell at item 45451, column 2)**

Repeal the cell, substitute:

Full thickness skin graft to one defect, with an average diameter of 5 mm or more (Anaes.) (Assist.)

**63 Schedule 1 (items 45460 to 45494)**

Repeal the items.

**64 Schedule 1 (item 45497)**

Repeal the item, substitute:

45497	Flap, free tissue transfer using microvascular techniques or any autologous breast reconstruction, revision of, by liposuction, other than a service associated with a service to which item 45239 applies (H) (Anaes.)	347.20
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**65 Schedule 1 (items 45498 and 45499)**

Repeal the items.

**66 Schedule 1 (cell at item 45500, column 2)**

Repeal the cell, substitute:

Microvascular repair using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit; cannot be claimed by the same provider for both artery and vein (H) (Anaes.) (Assist.)

**67 Schedule 1 (cell at item 45501, column 2)**

Repeal the cell, substitute:

Microvascular anastomosis of artery or vein using microsurgical techniques, for replantation or revascularisation of limb or digit, if the limb or digit is devitalised and the repair is critical for restoration of blood supply, other than a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies (H) (Anaes.) (Assist.)

**68 Schedule 1 (item 45502)**

Repeal the item, substitute:

45502	Microvascular anastomoses of artery and vein using microsurgical techniques, for replantation or revascularisation of limb or digit, if the limb or digit is devitalised and the repair is critical for restoration of blood supply, including anastomoses of all required vessels for that extremity or digit, unless a micro-arterial or micro-venous graft is being used, other than a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies (H) (Anaes.) (Assist.)	2,915.50
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**69 Schedule 1 (cell at item 45503, column 2)**

Repeal the cell, substitute:

Micro-arterial or micro-venous graft using microsurgical techniques, if the graft is critical for restoration of blood supply, including harvest of graft and suturing of all related anastomoses (not to be claimed in the context of cardiac surgery) (H) (Anaes.) (Assist.)

**70 Schedule 1 (cell at item 45504, column 2)**

Repeal the cell, substitute:

Microvascular anastomosis of artery, vein or veins, using microsurgical techniques, for free transfer of tissue, including setting in of free flap, other than:

- (a) a service for the purpose of breast reconstruction; or
  - (b) a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies
- (H) (Anaes.) (Assist.)

**71 Schedule 1 (items 45505 and 45506)**

Repeal the items, substitute:

45505	Microvascular anastomoses of artery and vein or veins, using microsurgical techniques, for free transfer of tissue, including setting in of free flap, other than: (a) a service for the purpose of breast reconstruction; or (b) a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies (H) (Anaes.) (Assist.)	2,943.50
45507	Microvascular repair using microsurgical techniques, with restoration of continuity of artery and vein of distal extremity or digit, including anastomoses of all required vessels for that extremity or digit, other than a service associated with a service to which item 45564, 45565 or 45567 applies (H) (Anaes.) (Assist.)	1,791.25
45510	Scar, of face or neck, not more than 3 cm in length, revision of, if: (a) undertaken in the operating theatre of a hospital; or (b) performed by a specialist in the practice of the specialist's specialty (Anaes.)	240.85

**72 Schedule 1 (cell at item 45515, column 2)**

Repeal the cell, substitute:

Scar, other than on face or neck, not more than 7 cm in length, revision of, if:  
(a) the service is:  
(i) undertaken in the operating theatre of a hospital; or  
(ii) performed by a specialist in the practice of the specialist's specialty;  
and  
(b) the service is not performed in conjunction with the insertion of breast implants for cosmetic purposes; and



- 
- (c) the incision made for revision of the scar is not used as an approach for another procedure (including a non-rebatable procedure); and
  - (d) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes
- (Anaes.)

**73 Schedule 1 (cell at item 45518, column 2)**

Repeal the cell, substitute:

Scar, other than on face or neck, more than 7 cm in length, revision of, if:

- (a) the service is:
    - (i) undertaken in the operating theatre of a hospital; or
    - (ii) performed by a specialist in the practice of the specialist's specialty; and
  - (b) the service is not performed in conjunction with the insertion of breast implants for cosmetic purposes; and
  - (c) the incision made for revision of the scar is not used as an approach for another procedure (including a non-rebatable procedure); and
  - (d) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes
- (Anaes.)

**74 Schedule 1 (item 45519)**

Repeal the item.

**75 Schedule 1 (item 45520, column 2)**

After "of the breast", insert " , other than a service associated with a service to which item 31512, 31513 or 31514 applies on the same side".

**76 Schedule 1 (cell at item 45522, column 2)**

Repeal the cell, substitute:

Reduction mammoplasty (unilateral) without surgical repositioning of the nipple:

- (a) excluding the treatment of gynaecomastia; and
  - (b) not with insertion of any prosthesis;
- other than a service associated with a service to which item 31512, 31513 or 31514 applies on the same side (H) (Anaes.) (Assist.)

**77 Schedule 1 (cell at item 45523, column 2)**

Repeal the cell, substitute:

Reduction mammoplasty (bilateral) with surgical repositioning of the nipple:

- (a) for patients with macromastia who are experiencing pain in the neck or shoulder region; and
  - (b) not with insertion of any prosthesis;
- other than a service associated with a service to which item 31512, 31513 or 31514 applies (H) (Anaes.) (Assist.)

**78 Schedule 1 (cell at item 45524, column 2)**

After “provided”, insert “, other than a service associated with a service to which item 45006 or 45012 applies”.

**79 Schedule 1 (item 45527)**

Repeal the item, substitute:

45527	Breast reconstruction (unilateral), following mastectomy, using a permanent prosthesis, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	1,173.25
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**80 Schedule 1 (item 45528, column 2, paragraph (b))**

Omit “and/or”, substitute “or”.

**81 Schedule 1 (item 45528, column 2)**

Omit “(H) (Anaes.) (Assist.)”, substitute “other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)”.

**82 Schedule 1 (after item 45528)**

Insert:

45529	Breast reconstruction (bilateral), following mastectomy, using permanent prostheses, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	2,053.10
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**83 Schedule 1 (cell at item 45530, column 2)**

Repeal the cell, substitute:

Post-mastectomy breast reconstruction, autologous (unilateral), using a large muscle or myocutaneous flap, isolated on its vascular pedicle, excluding repair of muscular aponeurotic layer, other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45006 or 45012 applies (H) (Anaes.) (Assist.)

**84 Schedule 1 (item 45533)**

Repeal the item, substitute:

45531	Post-mastectomy breast reconstruction, autologous (bilateral), using a large muscle or myocutaneous flap, isolated on its vascular pedicle, excluding repair of muscular aponeurotic layer, other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45006 or 45012 applies (H) (Anaes.) (Assist.)	2,107.15
45532	Revision of post-mastectomy breast reconstruction, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	296.65

**85 Schedule 1 (item 45534, column 2)**

After “single breast”, insert “, other than a service associated with a service to which item 45006 or 45012 applies”.

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**86 Schedule 1 (item 45535, column 2)**

After “4 services”, insert “, other than a service associated with a service to which item 45006 or 45012 applies”.

**87 Schedule 1 (items 45536 and 45539)**

Repeal the items, substitute:

45537	Perforator flap, such as a thoracodorsal artery perforator (TDAP) flap or a lateral intercostal artery perforator (LICAP) flap, or similar, raising on a named source vessel, for reconstruction of a partial mastectomy defect, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	861.50
45538	Perforator flap, such as a deep inferior epigastric perforator (DIEP) flap or similar, raising in preparation for microsurgical transfer of a free flap for post-mastectomy breast reconstruction, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	985.70
45539	Breast reconstruction (unilateral), following mastectomy, using tissue expansion—insertion of tissue expansion unit and all attendances for subsequent expansion injections, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	1,579.35
45540	Breast reconstruction (bilateral), following mastectomy, using tissue expansion—insertion of tissue expansion unit and all attendances for subsequent expansion injections, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	2,763.80
45541	Breast reconstruction (bilateral), following mastectomy, using tissue expansion—removal of tissue expansion unit and insertion of permanent prosthesis, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)	1,175.65

**88 Schedule 1 (item 45542, column 2)**

After “prosthesis”, insert “, other than a service associated with a service to which item 45006 or 45012 applies”.

**89 Schedule 1 (after item 45546)**

Insert:

45547	Revision of breast prosthesis pocket, if: (a) breast prosthesis or tissue expander has been placed for the purpose of breast reconstruction in the context of breast cancer or for developmental breast abnormality; and (b) the prosthesis or tissue expander has migrated or rotated from its intended position or orientation; and (c) the existing prosthesis is used (H) (Anaes.) (Assist.)	766.05
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**90 Schedule 1 (item 45556, column 2)**

After “provided”, insert “, other than a service associated with a service to which item 31512, 31513 or 31514 applies on the same side”.

**91 Schedule 1 (item 45558, column 2)**

After “per lifetime”, insert “, other than a service associated with a service to which item 31512, 31513 or 31514 applies”.

**92 Schedule 1 (cell at item 45561, column 2)**

Repeal the cell, substitute:

Microvascular anastomosis of artery and/or vein, if considered necessary to salvage a vascularly compromised pedicled or free flap, either during the primary procedure or at a subsequent return to theatre (H) (Anaes.) (Assist.)

**93 Schedule 1 (cell at item 45562, column 2)**

Repeal the cell, substitute:

Free transfer of tissue (microvascular free flap) for non-breast defect involving raising of tissue on vascular pedicle, including direct repair of secondary cutaneous defect (if performed), other than a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies (Anaes.) (Assist.)

**94 Schedule 1 (cell at item 45563, column 2)**

Repeal the cell, substitute:

Neurovascular island flap for restoration of essential sensation in the digits or sole of the foot, or for genital reconstruction, including:

- (a) direct repair of secondary cutaneous defect (if performed); and
- (b) formal dissection of the neurovascular pedicle;

other than a service performed on simple V-Y flaps or other standard flaps, such as rotation or keystone (Anaes.) (Assist.)

**95 Schedule 1 (cell at item 45564, column 2)**

Repeal the cell, substitute:

Free transfer of tissue (reconstructive surgery) for the repair of major tissue defect of the head and neck or other non-breast defect, using microvascular techniques, all necessary elements of the operation including (but not limited to):

- (a) anastomoses of all required vessels; and
- (b) raising of tissue on a vascular pedicle; and
- (c) preparation of recipient vessels; and
- (d) transfer of tissue; and
- (e) inseting of tissue at recipient site; and
- (f) direct repair of secondary cutaneous defect, if performed;

other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505, 45507, 45562 or 45567 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)

**96 Schedule 1 (cell at item 45565, column 2)**

Repeal the cell, substitute:

Free transfer of tissue (reconstructive surgery) for the repair of major tissue defect of the head and neck or other non-breast defect, using microvascular techniques, all necessary elements of the operation including (but not limited to):

- (a) anastomoses of all required vessels; and
- (b) raising of tissue on a vascular pedicle; and
- (c) preparation of recipient vessels; and
- (d) transfer of tissue; and
- (e) inseting of tissue at recipient site; and
- (f) direct repair of secondary cutaneous defect, if performed;

other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505, 45507, 45562 or 45567 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)

**97 Schedule 1 (cell at item 45566, column 2)**

Repeal the cell, substitute:

Insertion of a temporary prosthetic tissue expander which requires subsequent removal, including all attendances for subsequent expansion injections, other than a service for breast or post-mastectomy tissue expansion (H) (Anaes.) (Assist.)

**98 Schedule 1 (after item 45566)**

Insert:

45567	<p>Free transfer of tissue (reconstructive surgery) for the repair of major tissue defect of the head and neck or other non-breast defect, using microvascular techniques, all necessary elements of the operation including (but not limited to):</p> <ul style="list-style-type: none"> <li>(a) anastomoses of all required vessels; and</li> <li>(b) raising of tissue on a vascular pedicle; and</li> <li>(c) preparation of recipient vessels; and</li> <li>(d) transfer of tissue; and</li> <li>(e) inseting of tissue at recipient site; and</li> <li>(f) direct repair of secondary cutaneous defect, if performed;</li> </ul> <p>other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505, 45507, 45562, 45564 or 45565 applies—single surgeon (H) (Anaes.) (Assist.)</p>	3,216.55
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**99 Schedule 1 (cell at item 45568, column 2)**

Repeal the cell, substitute:

Tissue expander, removal of, including complete excision of fibrous capsule if performed (H) (Anaes.) (Assist.)

**100 Schedule 1 (items 45569 and 45570)**

Repeal the items, substitute:

45571	Closure of abdomen with reconstruction of umbilicus, with or without lipectomy, to be used following the harvest of an autologous flap, being a service associated with a service to which item 45530, 45531, 45562, 45564, 45565 or 45567 applies, including repair of the musculoaponeurotic layer of the abdomen (including insertion of prosthetic mesh if used) (H) (Anaes.) (Assist.)	1,133.55
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**101 Schedule 1 (cell at item 45572, column 2)**

Repeal the cell, substitute:

Intra-operative tissue expansion using a prosthetic tissue expander, performed under general anaesthetic or intravenous sedation during an operation, if combined with a service to which another item in Group T8 applies (including expansion injections), not to be used for breast tissue expansion (Anaes.)

**102 Schedule 1 (item 45581, column 2)**

Omit “palsy”, substitute “paralysis”.

**103 Schedule 1 (item 45585, column 2)**

After “31525”, insert “or 31526”.

**104 Schedule 1 (cell at item 45590, column 2)**

Repeal the cell, substitute:

Orbital cavity, reconstruction of wall or floor, with or without bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item 45594 applies on the same side (H) (Anaes.) (Assist.)

**105 Schedule 1 (item 45593)**

Repeal the item, substitute:

45592	Orbital cavity, reconstruction of wall and floor with bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item 45594 applies on the same side (H) (Anaes.) (Assist.)	932.25
45594	Orbital cavity, exploration of wall or floor without bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item 45590 or 45592 applies on the same side (H) (Anaes.) (Assist.)	436.90

**106 Schedule 1 (item 45596, column 2)**

Omit “Maxilla, total resection of”, substitute “Hemimaxillectomy”.

**107 Schedule 1 (item 45597, column 2)**

Omit “Maxilla, total resection of both maxillae”, substitute “Total maxillectomy (bilateral)”.

**108 Schedule 1 (cell at item 45599, column 2)**

Repeal the cell, substitute:

Mandible, total resection of, other than a service associated with a service to which item 45608 applies (H) (Anaes.) (Assist.)

**109 Schedule 1 (cell at item 45608, column 2)**

Repeal the cell, substitute:

Mandible, segmental mandibular or maxilla reconstruction with bone graft, not being a service associated with a service to which item 45599 applies (H) (Anaes.) (Assist.)

**110 Schedule 1 (after item 45608)**

Insert:

45609	Mandible, maxilla or skull base, reconstruction of, using bony free flap, all osteotomies, shaping, inset and fixation by any means, including all necessary 3 dimensional planning, if performed in conjunction with one or more services covered by items 46060 to 46068 (H) (Anaes.) (Assist.)	906.10
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**111 Schedule 1 (item 45611, column 2)**

After “condylectomy”, insert “of”.

**112 Schedule 1 (item 45614)**

Repeal the item, substitute:

45614	Eyelid, reconstruction of a defect (greater than one quarter of the length of the lid) involving all 3 layers of the eyelid, if unable to be closed by direct suture or wedge excision, including all flaps and grafts that may be required (Anaes.) (Assist.)	913.50
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**113 Schedule 1 (item 45644, column 2, paragraph (b))**

Omit “patient notes”, substitute “patient notes;”.

**114 Schedule 1 (item 45644, column 2)**

Omit “(H) (Anaes.) (Assist.)”, substitute “other than a service associated with a service to which item 45718 applies (H) (Anaes.) (Assist.)”.

**115 Schedule 1 (item 45647)**

Repeal the item.

**116 Schedule 1 (item 45660, column 2)**

Omit “multiple”.

**117 Schedule 1 (item 45661, column 2)**

Omit “full thickness”.

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**118 Schedule 1 (item 45662)**

Repeal the item.

**119 Schedule 1 (item 45665, column 2)**

After “sutures”, insert “, excluding eyelid wedge when performed in conjunction with a cosmetic eyelid procedure”.

**120 Schedule 1 (cell at item 45671, column 2)**

Repeal the cell, substitute:

Lip or eyelid reconstruction, single stage or first stage of a two-stage flap reconstruction of a defect involving all 3 layers of tissue, if the flap is switched from the opposing lip or eyelid respectively (Anaes.) (Assist.)

**121 Schedule 1 (cell at item 45674, column 2)**

Repeal the cell, substitute:

Lip or eyelid reconstruction, second stage of a two-stage flap reconstruction, division of the pedicle and inset of flap and closure of the donor (Anaes.)

**122 Schedule 1 (items 45677 to 45686)**

Repeal the items, substitute:

45677	Cleft lip, unilateral—primary repair of nasolabial complex, one stage, without anterior palate repair (H) (Anaes.) (Assist.)	625.25
45680	Cleft lip, unilateral—primary repair of nasolabial complex, one stage, with anterior palate repair (H) (Anaes.) (Assist.)	815.40
45683	Cleft lip, bilateral—primary repair of nasolabial complex, one stage, without anterior palate repair (H) (Anaes.) (Assist.)	905.85
45686	Cleft lip, bilateral—primary repair of nasolabial complex, one stage, with anterior palate repair (H) (Anaes.) (Assist.)	1,069.20

**123 Schedule 1 (cell at item 45714, column 2)**

Repeal the cell, substitute:

Oro-nasal fistula, repair of, including a local flap for closure (H) (Anaes.) (Assist.)

**124 Schedule 1 (after item 45716)**

Insert:

45717	Alveolar cleft (congenital), unilateral, bone grafting of, including local flap closure of associated oro-nasal fistulae and ridge augmentation, other than a service associated with a service to which item 45718 applies (H) (Anaes.) (Assist.)	1,287.95
45718	Face, contour restoration of one region, for the correction of deformity using autogenous bone or cartilage, if the deformity: (a) is secondary to congenital absence of tissue; or (b) has arisen from:	1,401.25



- 
- (i) trauma (other than from previous cosmetic surgery); or
  - (ii) a diagnosed pathological process;

other than a service associated with a service to which item 45644 or 45717 (alveolar bone grafting) applies (H) (Anaes.) (Assist.)

**125 Schedule 1 (items 45720 to 45758)**

Repeal the items.

**126 Schedule 1 (cell at item 45761, column 2)**

Repeal the cell, substitute:

Genioplasty, including transposition of nerves and vessels and bone grafts taken from the same site, if:

(a) the deformity:

- (i) is secondary to congenital absence of tissue; or
- (ii) has arisen from trauma (other than from previous cosmetic surgery) or a diagnosed pathological process; and

(b) the service is required for maintaining lip competency; and

(c) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes

(H) (Anaes.) (Assist.)

**127 Schedule 1 (item 45767, column 2)**

Omit “intra-cranial”, substitute “using intracranial approach (H)”.

**128 Schedule 1 (item 45770)**

Repeal the item.

**129 Schedule 1 (cell at item 45773, column 2)**

Repeal the cell, substitute:

Syndromic orbital dystopia, such as Treacher Collins Syndrome, bilateral facial or periorbital reconstruction, with bone grafts from a distant site (H) (Anaes.) (Assist.)

**130 Schedule 1 (item 45782, column 2)**

Omit “, unilateral”, substitute “(H)”.

**131 Schedule 1 (cell at item 45785, column 2)**

Repeal the cell, substitute:

Cranial vault reconstruction for single suture synostosis (H) (Anaes.) (Assist.)

**132 Schedule 1 (cell at item 45788, column 2)**

Repeal the cell, substitute:

Glenoid fossa, construction of, from bone and cartilage graft, and creation of condyle and ascending ramus of mandible, in hemifacial microsomia, not including harvesting of graft material (H) (Anaes.) (Assist.)

**133 Schedule 1 (item 45791, column 2)**

Omit “hemifacial”, substitute “craniofacial”.

**134 Schedule 1 (cell at item 45794, column 2)**

Repeal the cell, substitute:

Osseo-integration procedure, first stage, implantation of fixture, following congenital absence, tumour or trauma, other than a service associated with a service to which item 41603 or 41604 applies (Anaes.)

**135 Schedule 1 (cell at item 45797, column 2)**

Repeal the cell, substitute:

Osseo-integration procedure, second stage, fixation of transcutaneous abutment, following congenital absence, tumour or trauma, other than a service associated with a service to which item 41603 or 41604 applies (Anaes.)

**136 Schedule 1 (item 45799)**

Repeal the item.

**137 Schedule 1 (items 45801, 45803 and 45805)**

Repeal the items, substitute:

45801	Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), in the oral cavity, removal from mucosa or submucosal tissues, if the removal is by surgical excision and suture (Anaes.)	147.80
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**138 Schedule 1 (cell at item 45815, column 2)**

Repeal the cell, substitute:

Operation on:

- (a) mandible or maxilla (other than alveolar margins) for chronic osteomyelitis with radiological and laboratory evidence of osteomyelitis; or
- (b) mandible or maxilla for necrosis of the jaw from any cause including medication or radiation that requires debridement of the alveolar bone or beyond

(Anaes.) (Assist.)

**139 Schedule 1 (items 45817, 45819 and 45821)**

Repeal the items.

**140 Schedule 1 (cell at item 45823, column 2)**

Repeal the cell, substitute:

Arch bars or similar, one or more, that were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia, if the service is undertaken in the operating theatre of a hospital

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(H) (Anaes.)

**141 Schedule 1 (cell at item 45831, column 2)**

Repeal the cell, substitute:

Papillary hyperplasia of the palate, surgical reduction of—cannot be claimed more than once per occasion of service (Anaes.) (Assist.)

**142 Schedule 1 (items 45833, 45835, 45839 and 45843)**

Repeal the items.

**143 Schedule 1 (cell at item 45845, column 2)**

Repeal the cell, substitute:

Osseo-integration procedure, intra-oral implantation of titanium or similar fixture to facilitate restoration of the dentition following:

- (a) resection of part of the maxilla or mandible for a benign or a malignant tumour; or
- (b) segmental loss from trauma or congenital absence of a segment of the maxilla or mandible (multiple adjacent teeth)

Fixture must be placed at site of the missing segment following appropriate reconstructive procedures (Anaes.)

**144 Schedule 1 (cell at item 45847, column 2)**

Repeal the cell, substitute:

Osseo-integration procedure, fixation of transmucosal abutment to fixtures that are placed following:

- (a) resection of part of the maxilla or mandible for a benign or a malignant tumour; or
- (b) segmental loss from trauma or congenital absence of a segment of the maxilla or mandible (multiple adjacent teeth)

Fixture must be placed at site of the missing segment following appropriate reconstructive procedures (Anaes.)

**145 Schedule 1 (cell at item 45849, column 2)**

Repeal the cell, substitute:

Maxillary sinus, allograft, bone graft or both, to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), unilateral (Anaes.) (Assist.)

**146 Schedule 1 (cell at item 45851, column 2)**

Repeal the cell, substitute:

Temporomandibular joint, manipulation of, as an independent procedure performed in the operating theatre of a hospital, other than a service associated with a service to which any other item in this Group applies (H) (Anaes.)

**147 Schedule 1 (item 45853)**

Repeal the item.

**148 Schedule 1 (item 45855)**

Repeal the item, substitute:

45855	Temporomandibular joint, arthroscopy of, with or without biopsy, other than a service associated with another arthroscopic procedure of that joint (Anaes.) (Assist.)	318.20
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**149 Schedule 1 (cell at item 45857, column 2)**

Repeal the cell, substitute:

Temporomandibular joint, arthroscopy of, removal of loose bodies, debridement, or lysis and lavage or biopsy (including repositioning of meniscus where indicated)—one or more such procedures of that joint, other than a service associated with any other arthroscopic or open procedure of the temporomandibular joint (Anaes.) (Assist.)

**150 Schedule 1 (items 45859, 45861, 45863, 45867 and 45869)**

Repeal the items.

**151 Schedule 1 (item 45873, column 2)**

Omit “45863, 45867, 45869 or”.

**152 Schedule 1 (after item 45873)**

Insert:

45874	Temporomandibular joint, including condylar head and glenoid fossa, total alloplastic replacement (H) (Anaes.) (Assist.)	1,443.35
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**153 Schedule 1 (items 45875, 45877, 45879 and 45885)**

Repeal the items.

**154 Schedule 1 (cell at item 45894, column 2)**

Repeal the cell, substitute:

Grafting (mucosa or split skin), in the oral cavity of a mucosal defect (Anaes.)

**155 Schedule 1 (items 45897 and 45900)**

Repeal the items.

**156 Schedule 1 (items 45945 to 45996)**

Repeal the items, substitute:

46050	Perforator flap, raising on a named source vessel, for pedicled transfer for head or neck or other non-breast reconstruction (H) (Anaes.) (Assist.)	861.50
46052	Perforator Flap, such as anterolateral thigh flap or similar, raising in	271.90

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	preparation for microsurgical transfer of a free flap for head or neck or other non-breast reconstruction (H) (Anaes.) (Assist.)	
46060	Free transfer of tissue with a vascularised bone component (including chimeric/composite flap), for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to): (a) anastomoses of all required vessels using microvascular techniques; and (b) harvesting of flap (including osteotomies); and (c) raising of tissue on a vascular pedicle; and (d) preparation of recipient vessels; and (e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and (f) direct repair of secondary cutaneous defect, if performed; other than the following: (g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base; (h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies Single surgeon (H) (Anaes.) (Assist.)	2,915.50
46062	Free transfer of tissue with a vascularised bone component (including chimeric/composite flap), for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to): (a) anastomoses of all required vessels using microvascular techniques; and (b) harvesting of flap (including osteotomies); and (c) raising of tissue on a vascular pedicle; and (d) preparation of recipient vessels; and (e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and (f) direct repair of secondary cutaneous defect, if performed; other than the following: (g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base; (h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies Conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	2,788.80
46064	Free transfer of tissue with a vascularised bone component (including chimeric/composite flap), for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to): (a) anastomoses of all required vessels using microvascular techniques; and (b) harvesting of flap (including osteotomies); and (c) raising of tissue on a vascular pedicle; and (d) preparation of recipient vessels; and (e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and	2,091.70

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	(f) direct repair of secondary cutaneous defect, if performed; other than the following:	
	(g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;	
	(h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies	
	Conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)	
46066	Double free flap, including one free transfer of tissue with a vascularized bone component, for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to):	4,183.15
	(a) anastomoses of all required vessels using microvascular techniques; and	
	(b) harvesting of flap (including osteotomies); and	
	(c) raising of tissue on a vascular pedicle; and	
	(d) preparation of recipient vessels; and	
	(e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and	
	(f) direct repair of secondary cutaneous defect, if performed; other than the following:	
	(g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;	
	(h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies	
	Conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	
46068	Double free flap, including one free transfer of tissue with a vascularized bone component, for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to):	3,137.55
	(a) anastomoses of all required vessels using microvascular techniques; and	
	(b) harvesting of flap (including osteotomies); and	
	(c) raising of tissue on a vascular pedicle; and	
	(d) preparation of recipient vessels; and	
	(e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and	
	(f) direct repair of secondary cutaneous defect, if performed; other than the following:	
	(g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;	
	(h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies	
	Conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)	
46070	Double free flap, including 2 free transfers of tissue (reconstructive surgery) for the repair of major tissue defect, involving anastomoses of all required vessels using microvascular techniques, all necessary elements of the operation, including (but not limited to):	4,183.15

	<p>(a) raising each flap of tissue on a separate vascular pedicle; and</p> <p>(b) preparation of recipient vessels; and</p> <p>(c) transfer of tissue; and</p> <p>(d) inset of tissue at recipient site; and</p> <p>(e) direct repair of secondary cutaneous defect, if performed;</p> <p>other than a service:</p> <p>(f) performed in the context of breast reconstruction; or</p> <p>(g) associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies</p> <p>Conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)</p>	
46072	<p>Double free flap, including 2 free transfers of tissue (reconstructive surgery) for the repair of major tissue defect, involving anastomoses of all required vessels using microvascular techniques, all necessary elements of the operation including (but not limited to):</p> <p>(a) raising each flap of tissue on a separate vascular pedicle; and</p> <p>(b) preparation of recipient vessels; and</p> <p>(c) transfer of tissue; and</p> <p>(d) inset of tissue at recipient site; and</p> <p>(e) direct repair of secondary cutaneous defect, if performed;</p> <p>other than a service:</p> <p>(f) performed in the context of breast reconstruction; or</p> <p>(g) associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies</p> <p>Conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)</p>	3,137.55
46080	<p>Post-mastectomy breast reconstruction, autologous, single surgeon (unilateral) using a myocutaneous or perforator flap, by microsurgical transfer:</p> <p>(a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but</p> <p>(b) excluding repair of muscular aponeurotic layer;</p> <p>other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies (H) (Anaes.) (Assist.)</p>	3,216.55
46082	<p>Post-mastectomy breast reconstruction, autologous, single surgeon (bilateral) using a myocutaneous or perforator flap, by microsurgical transfer:</p> <p>(a) including anastomoses of arteries and veins (including repair of secondary skin defect); but</p> <p>(b) excluding repair of muscular aponeurotic layer;</p> <p>other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies (H) (Anaes.) (Assist.)</p>	5,629.00
46084	<p>Post-mastectomy breast reconstruction, autologous, conjoint surgery (unilateral) using a myocutaneous or perforator flap, by microsurgical transfer:</p> <p>(a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but</p> <p>(b) excluding repair of muscular aponeurotic layer;</p> <p>other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)</p>	2,788.80

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46086	Post-mastectomy breast reconstruction, autologous, conjoint surgery (unilateral) using a myocutaneous or perforator flap, by microsurgical transfer: (a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but (b) excluding repair of muscular aponeurotic layer; other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)	2,091.70
46088	Post-mastectomy breast reconstruction, autologous, conjoint surgery (bilateral) using a myocutaneous or perforator flap, by microsurgical transfer: (a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but (b) excluding repair of muscular aponeurotic layer; other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	4,880.35
46090	Post-mastectomy breast reconstruction, autologous, conjoint surgery (bilateral) using a myocutaneous or perforator flap, by microsurgical transfer: (a) including anastomoses of arteries and veins (including repair of secondary skin defect); but (b) excluding repair of muscular aponeurotic layer; other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)	3,660.40
46092	Lower pole coverage of reconstructive breast prosthesis, following mastectomy, using muscle or fascia turnover flap or autologous dermal flaps, if the service is performed in combination with a service to which item 31522, 31523, 31528, 31529, 45527, 45539 or 45542 applies (Anaes.) (Assist.)	444.70
46094	Lower pole coverage or complete implant coverage of reconstructive breast prosthesis, following mastectomy, using allograft or synthetic products (Anaes.) (Assist.)	328.55
46100	Excision of burnt tissue, or definitive burn wound closure, if: (a) the area of burn excised involves more than 1% of hands, face or anterior neck; and (b) the service is performed in conjunction with a service (the <i>co-claimed service</i> ) to which any of items 46101 to 46135 (other than item 46112 or 46124) apply; other than a service to which item 46136 applies	40% of the fee for the co-claimed service
46101	Excision of burnt tissue, if the area of burn excised involves not more than 1% of the total body surface (Anaes.) (Assist.)	369.65
46102	Excision of burnt tissue, if the area of burn excised involves more than 1% but less than 3% of the total body surface (H) (Anaes.) (Assist.)	586.80
46103	Excision of burnt tissue, if the area of burn excised involves 3% or more but less than 10% of the total body surface (H) (Anaes.) (Assist.)	643.65
46104	Excision of burnt tissue, if the area of burn excised involves 10% or more but less than 20% of the total body surface, excluding aftercare (H) (Anaes.) (Assist.)	981.95



46105	Excision of burnt tissue, if the area of burn excised involves 20% or more but less than 30% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	1,320.60
46106	Excision of burnt tissue, if the area of burn excised involves 30% or more but less than 40% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	1,659.80
46107	Excision of burnt tissue, if the area of burn excised involves 40% or more but less than 50% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	1,998.45
46108	Excision of burnt tissue, if the area of burn excised involves 50% or more but less than 60% of total body surface (H) (Anaes.) (Assist.)	2,336.50
46109	Excision of burnt tissue, if the area of burn excised involves 60% or more but less than 70% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	2,675.20
46110	Excision of burnt tissue, if the area of burn excised involves 70% or more but less than 80% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	3,048.05
46111	Excision of burnt tissue, if the area of burn excised involves 80% or more of total body surface, excluding aftercare (H) (Anaes.) (Assist.)	3,413.65
46112	Excision of burnt tissue, if the area of burn excised involves whole of face (excluding ears)—may be claimed with any one of items 46101 to 46111, based on the percentage total body surface (excluding the face), other than a service associated with a service to which item 46100 applies and excluding aftercare (H) (Anaes.) (Assist.)	1,884.50
46113	Excised burn wound closure, or closure of skin defect secondary to burns contracture release, if the defect area is not more than 1% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound (Anaes.) (Assist.)	369.65
46114	Excised burn wound closure, or closure of skin defect secondary to burns contracture release, if the defect area is more than 1% but not more than 3% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound (H) (Anaes.) (Assist.)	586.80
46115	Excised burn wound closure or closure of skin defect secondary to burns contracture release, if the defect area is more than 3% but not more than 10% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and (b) involves: (i) autologous skin grafting for definitive closure; or	643.65

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	(ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound (H) (Anaes.) (Assist.)	
46116	Excised burn wound closure or closure of skin defect secondary to burns contracture release, if the defect area is more than 10% but not more than 20% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	981.95
46117	Excised burn wound closure, if the defect area is 20% or more but less than 30% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	1,320.60
46118	Excised burn wound closure, if the defect area is 30% or more but less than 40% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	1,659.80
46119	Excised burn wound closure, if the defect area is 40% or more but less than 50% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	1,998.45
46120	Excised burn wound closure, if the defect area is 50% or more but less than 60% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	2,336.50
46121	Excised burn wound closure, if the defect area is 60% or more but less than 70% of total body surface and if the service:	2,675.20

	(a) is performed at the same time as the procedure for the primary burn wound excision; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	
46122	Excised burn wound closure, if the defect area is 70% or more but less than 80% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	3,048.05
46123	Excised burn wound closure, if the defect area is 80% or more of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.)	3,413.65
46124	Excised burn wound closure of whole of face, if the service: (a) is performed at the same time as the procedure for the primary burn wound excision; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare, other than a service associated with a service to which item 46100 applies (H) (Anaes.) (Assist.)	1,884.50
46125	Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves less than 1% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements) (Anaes.) (Assist.)	369.65
46126	Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves 1% or more but less than 3% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements) (Anaes.) (Assist.)	586.80
46127	Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves 3% or more but less than 10% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements) (H) (Anaes.) (Assist.)	812.90
46128	Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves 10% or more but less than 30% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements), excluding aftercare (H) (Anaes.) (Assist.)	1,490.25

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46129	Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves 30% or more of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements), excluding aftercare (H) (Anaes.) (Assist.)	2,727.10
46130	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves less than 1% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings (Anaes.) (Assist.)	369.65
46131	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves 1% or more but less than 3% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings (H) (Anaes.) (Assist.)	586.80
46132	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves 3% or more but less than 10% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings (H) (Anaes.) (Assist.)	643.65
46133	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves 10% or more but less than 20% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings, excluding aftercare (H) (Anaes.) (Assist.)	981.95
46134	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, if the defect area involves 20% or more but less than 30% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure, excluding aftercare (H) (Anaes.) (Assist.)	2,173.15
46135	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, if the defect area involves 30% or more of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure, excluding aftercare (H) (Anaes.) (Assist.)	3,413.65
46136	Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, of whole of face, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure, excluding aftercare, other than a service associated with a service to which item 46100 applies (H) (Anaes.) (Assist.)	1,884.50
46140	Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is less than 1% of total body surface, including direct repair if performed (Anaes.) (Assist.)	281.95
46141	Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is 1% or more but less than 3% of total body surface (H) (Anaes.) (Assist.)	423.00
46142	Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is 3% or more but less than 10% of total body surface (H) (Anaes.) (Assist.)	507.45

46143	Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is 10% or more but less than 20% of total body surface (H) (Anaes.) (Assist.)	657.80
46150	Mandible or maxilla, procedure for advancement, retrusion or alteration of tilt, by osteotomy in standard planes, including fixation by any means (including application of distractors if used)—one service per patient on the same occasion (H) (Anaes.) (Assist.)	1,456.40
46151	Mandible and maxilla (bimaxillary), procedure for advancement, retrusion or alteration of tilt, or combination of these, by osteotomies in standard planes, including fixation by any means (including application of distractors if used)—conjoint surgery, principal specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.)	1,588.00
46152	Mandible and maxilla (bimaxillary), procedure for advancement, retrusion or alteration of tilt, or combination of these, by osteotomies in standard planes, including fixation by any means (including application of distractors if used)—conjoint surgery, conjoint specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.)	1,191.00
46153	Mandible and maxilla (bimaxillary), procedure for advancement, retrusion or alteration of tilt, or combination of these, by osteotomies in standard planes, including fixation by any means (including application of distractors if used)—single surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.)	1,984.90
46154	Maxilla, procedure for reshaping arch of, by complex segmental osteotomies, including fixation by any means (including application of distractors if used), one service per patient on the same occasion (H) (Anaes.) (Assist.)	1,662.20
46155	Mandible, procedure for reshaping arch of, by complex segmental osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used), one service per patient on the same occasion (H) (Anaes.) (Assist.)	1,662.20
46156	Mandible and maxilla (bimaxillary), procedure for any combination of arch reshaping, advancement, retrusion or tilting of, involving complex segmental osteotomies, with or without standard osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used)—conjoint surgery, principal specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.)	1,897.60
46157	Mandible and maxilla (bimaxillary), procedure for any combination of arch reshaping, advancement, retrusion or tilting of, involving complex segmental osteotomies, with or without standard osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used)—conjoint surgery, conjoint specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.)	1,423.20
46158	Mandible and maxilla (bimaxillary), procedure for any combination of arch reshaping, advancement, retrusion or tilting of, involving complex segmental osteotomies, with or without standard osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used)—single surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist.)	2,371.95
46159	Midfacial osteotomies, Le Fort II or Le Fort III—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)	2,098.55
46160	Midfacial osteotomies, Le Fort II or Le Fort III—conjoint surgery,	1,573.90

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conjoint specialist surgeon (H) (Anaes.) (Assist.)		
46161	Midfacial osteotomies, Le Fort II or Le Fort III—single surgeon (H) (Anaes.) (Assist.)	2,623.15
46170	Decompression of thoracic outlet, primary, for thoracic outlet syndrome, using any approach, including (if performed) division of scalene muscles, cervical rib and/or first rib resection (H) (Anaes.) (Assist.)	1,095.25
46171	Decompression of thoracic outlet, repeat (revision) procedure, for thoracic outlet syndrome, using any approach, including (if performed) division of scalene muscles, cervical rib and/or first rib resection (H) (Anaes.) (Assist.)	1,861.90
46172	Removal or debulking of brachial plexus tumour, involving intraneural dissection, either supraclavicular or infraclavicular dissection (H) (Anaes.) (Assist.)	2,738.05
46173	Removal or debulking of brachial plexus tumour, involving intraneural dissection, both supraclavicular and infraclavicular dissection (H) (Anaes.) (Assist.)	3,833.30
46174	Exploration of the brachial plexus, either supraclavicular or infraclavicular, including any neurolyses performed and intraoperative neurophysiological recordings, but excluding reconstruction of elements (H) (Anaes.) (Assist.)	2,738.05
46175	Exploration of the brachial plexus, both supraclavicular and infraclavicular, including any neurolyses performed and intraoperative neurophysiological recordings, but excluding reconstruction of elements (H) (Anaes.) (Assist.)	4,380.90
46176	Exploration of the brachial plexus, posterior subscapular approach, all necessary elements of the operation including (but not limited to): (a) resection of the first rib and/or second rib; and (b) vertebral laminectomies or facetectomies, if performed; and (c) any neurolyses performed; and (d) intraoperative neurophysiological recordings; excluding the following: (e) reconstruction of elements of the plexus; (f) spinal instrumentation (H) (Anaes.) (Assist.)	1,095.25
46177	Reconstruction of deficit of the brachial plexus, single cord or trunk, by any appropriate method, single surgeon (H) (Anaes.) (Assist.)	1,861.90
46178	Reconstruction of deficit of the brachial plexus, single cord or trunk, by any appropriate method, conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	1,861.90
46179	Reconstruction of deficit of the brachial plexus, single cord or trunk, by any appropriate method, conjoint surgery, conjoint surgeon (H) (Anaes.) (Assist.)	1,549.75
46180	Reconstruction of deficit of the brachial plexus, more than a single cord or trunk, but less than the whole plexus, by any appropriate method, single surgeon (H) (Anaes.) (Assist.)	2,738.05
46181	Reconstruction of deficit of the brachial plexus, more than a single cord or trunk, but less than the whole plexus, by any appropriate method, conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	2,738.05
46182	Reconstruction of deficit of the brachial plexus, more than a single cord or trunk, but less than the whole plexus, by any appropriate method,	2,283.55

conjoint surgery, conjoint surgeon (H) (Anaes.) (Assist.)		
46183	Reconstruction of deficit of the brachial plexus, whole plexus, by any appropriate method, single surgeon (H) (Anaes.) (Assist.)	3,285.65
46184	Reconstruction of deficit of the brachial plexus, whole plexus, by any appropriate method, conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)	3,285.65
46185	Reconstruction of deficit of the brachial plexus, whole plexus, by any appropriate method, conjoint surgery, conjoint surgeon (H) (Anaes.) (Assist.)	2,738.05

**157 Schedule 1 (cell at item 47000, column 2)**

Repeal the cell, substitute:

Mandible, treatment of dislocation of, by closed reduction, requiring general anaesthesia or intravenous sedation, if performed in the operating theatre of a hospital (H) (Anaes.)

**158 Schedule 1 (cell at item 47753, column 2)**

Repeal the cell, substitute:

Maxilla or mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.)

**159 Schedule 1 (item 47756)**

Repeal the item.

**160 Schedule 1 (cell at item 47762, column 2)**

Repeal the cell, substitute:

Zygomatic arch, treatment of fracture of, requiring surgical reduction by a temporal, intra-oral or other approach, other than a service associated with a service to which another item in this Group applies (Anaes.)

**161 Schedule 1 (item 47765)**

Repeal the item, substitute:

47765	Zygomatocomaxillary complex/malar, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at one or more sites (H) (Anaes.) (Assist.)	492.10
47766	Naso-orbital-ethmoidal complex, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at one or more sites (H) (Anaes.) (Assist.)	658.20

**162 Schedule 1 (items 47768 to 47783)**

Repeal the items.

**163 Schedule 1 (items 47786 and 47789, column 2)**

Omit “plate”, substitute “one or more plates”.

**164 Clause 7.1.1 of Schedule 1 (paragraph (a) of the definition of *maxilla*)**

Omit “45720 to 45752”, substitute “46150 to 46158”.



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## **Schedule 5—Mental health case conferencing services**

### *Health Insurance (General Medical Services Table) Regulations 2021*

#### **1 Subparagraph 1.1.5(1)(b)(i) of Schedule 1**

After “855 to 858,”, insert “930, 933, 935, 937, 943, 945, 946, 948, 959, 961, 962, 964,”.

#### **2 Subclause 1.2.7(1) of Schedule 1**

Omit “900 to 6015”, substitute “900, 903, 2700 to 6015”.

#### **3 After subclause 2.16.9(1) of Schedule 1**

Insert:

- (1A) Despite subclause (1), items 723 and 732 also apply to a service for a patient if:
- (a) the service is provided for the purpose of coordinating the development of team care arrangements, or coordinating a review of team care arrangements, for the patient; and
  - (b) the patient:
    - (i) is referred for a service to which any of the following items apply:
      - (A) an item in Subgroup 2 of Group A20;
      - (B) an item in Subgroup 9 of Group A7;
      - (C) an item in Subgroup 3 or 10 of Group A40;
      - (D) an item in Group M6 or M7;
      - (E) an item in Subgroup 1, 2, 3, 4, 6, 7, 8 or 9 of Group M18; or
    - (ii) has an eating disorder treatment and management plan; and
  - (c) the patient is described in column 2 of an item in table 2.16.9.

#### **4 Subclause 2.16.12(2) of Schedule 1 (table item 2)**

Repeal the item, substitute:

- |    |   |   |
|----|---|---|
| 2  | 723 (if subclause 2.16.9(1) applies to the item)  | <ol style="list-style-type: none"> <li>(a) In the 3 months before performance of the service, being a service to which item 732 (for coordinating a review of team care arrangements, a multi-disciplinary community care plan or a multi-disciplinary discharge care plan in accordance with subclause 2.16.9(1)) applies but had not been performed for the patient; and</li> <li>(b) the service is performed not more than once in a 12 month period; and</li> <li>(c) the service is not performed by a general practitioner:           <ol style="list-style-type: none"> <li>(i) who is a recognised specialist in palliative medicine; and</li> <li>(ii) who is treating a palliative patient that has been referred to the general practitioner; and</li> <li>(iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner</li> </ol> </li> </ol> |
| 2A | 723 (if subclause 2.16.9(1A) applies to the item) | <ol style="list-style-type: none"> <li>(a) In the 3 months before performance of the service, being a service to which item 732 (for coordinating the review of team care arrangements in accordance with subclause 2.16.9(1A)) applies but had not been performed for the patient; and</li> </ol>  |
-

- 
- (b) the service is performed not more than once in a 12 month period; and
  - (c) the service is not performed by a general practitioner:
    - (i) who is a recognised specialist in palliative medicine; and
    - (ii) who is treating a palliative patient that has been referred to the general practitioner; and
    - (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner

## 5 Subclause 2.16.12(2) of Schedule 1 (table item 5)

Repeal the item, substitute:

- |   |  |  |
|---|--|--|
| 5 | 732 (if subclause 2.16.9(1) applies to the item) | Each service: <ul style="list-style-type: none"><li>(a) may be performed:<ul style="list-style-type: none"><li>(i) once in a 3 month period; and</li><li>(ii) on the same day; but</li></ul></li><li>(b) may not be performed by a general practitioner:<ul style="list-style-type: none"><li>(i) who is a recognised specialist in palliative medicine; and</li><li>(ii) who is treating a palliative patient that has been referred to the general practitioner; and</li><li>(iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner</li></ul></li></ul> |
|---|--|--|

- 
- |    |   |  |
|----|---|--|
| 5A | 732 (if subclause 2.16.9(1A) applies to the item) | The service, being a service to which item 732 (for coordinating the review of team care arrangements) applies: <ul style="list-style-type: none"><li>(a) may be performed once in a 3 month period; but</li><li>(b) may not be performed by a general practitioner:<ul style="list-style-type: none"><li>(i) who is a recognised specialist in palliative medicine; and</li><li>(ii) who is treating a palliative patient that has been referred to the general practitioner; and</li><li>(iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner</li></ul></li></ul> |
|----|---|--|

## 6 Clause 2.16.15 of Schedule 1

Omit “and 866”, substitute “, 866, 930, 933, 935, 946, 948 and 959”.

## 7 Clause 2.16.16 of Schedule 1

Omit “and 838”, substitute “, 838, 937, 943, 945, 961, 962 and 964”.

## 8 After clause 2.16.19 of Schedule 1

Insert:

### 2.16.19A Restrictions on items 930 to 964

Items 930 to 964 apply to a patient only if the patient:

- (a) is referred for a service to which any of the following items apply:
  - (i) an item in Subgroup 2 of Group A20;
  - (ii) an item in Subgroup 9 of Group A7;
  - (iii) an item in Subgroup 3 or 10 of Group A40;
  - (iv) an item in Group M6 or M7;

- (v) an item in Subgroup 1, 2, 3, 4, 6, 7, 8 or 9 of Group M18; or  
 (b) has an eating disorder treatment and management plan.

## 9 Schedule 1 (Group A15 table, at the end of the table)

Add:

930	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference, if the conference lasts for at least 15 minutes, but for less than 20 minutes	77.45
933	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference, if the conference lasts for at least 20 minutes, but for less than 40 minutes	132.45
935	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference, if the conference lasts for at least 40 minutes	220.80
937	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference, if the conference lasts for at least 15 minutes, but for less than 20 minutes	56.90
943	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference, if the conference lasts for at least 20 minutes, but for less than 40 minutes	97.50
945	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference, if the conference lasts for at least 40 minutes	162.30
946	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of multidisciplinary case conference team, to organise and coordinate a mental health case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	154.60
948	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	232.05
959	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference of at least 45 minutes, with the multidisciplinary case conference team	309.15
961	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to participate in a mental health case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	111.05
962	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to participate in a mental health case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	177.10

964	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to participate in a mental health case conference of at least 45 minutes, with the multidisciplinary case conference team	243.20
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## 10 Clause 7.1.1 of Schedule 1

Insert:

***mental health case conference*** means a process by which a multidisciplinary case conference team carries out all of the following activities relevant to a patient's mental health:

- (a) discussing the patient's history;
- (b) identifying the patient's multidisciplinary care needs;
- (c) identifying outcomes to be achieved by members of the multidisciplinary case conference team giving mental health care and service to the patient;
- (d) identifying tasks that need to be undertaken to achieve these outcomes, and allocating those tasks to members of the multidisciplinary case conference team;
- (e) assessing whether previously identified outcomes (if any) have been achieved.

## ***Health Insurance Regulations 2018***

### 11 Subsection 28(1) (cell at table item 10, column 2)

Repeal the cell, substitute:

229, 230, 231, 232, 233, 235, 236, 237, 238, 239, 240, 243, 244, 969, 971, 972, 973, 975, 986

### 12 Subsection 28(1) (table item 19, column 2)

After "758", insert ", 930, 933, 935, 937, 943, 945".