Health Insurance Legislation Amendment (2023 Measures No. 3) Regulations 2023

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 16 October 2023

David Hurley
Governor-General

By His Excellency's Command

Mark Butler
Minister for Health and Aged Care

OPC66437 - A

Contents

1 Name

This instrument is the *Health Insurance Legislation Amendment (2023 Measures No. 3) 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.	17 October 2023
2. Schedule 1	The day after this instrument is registered.	17 October 2023
3. Schedule 2	1 November 2023.	1 November 2023
4. Schedules 3 to 7	Immediately after the commencement of the provisions covered by table item 3.	1 November 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Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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 Schedule 1 (cell at item 32026, column 3)

Repeal the cell, substitute:

2,238.45

2 Schedule 1 (cell at item 32028, column 3)

Repeal the cell, substitute:

2,377.80

3 Schedule 1 (cell at item 32117, column 3)

Repeal the cell, substitute:

1,375.80

4 Schedule 1 (cell at item 32231, column 3)

Repeal the cell, substitute:

365.00

5 Schedule 1 (cell at item 32232, column 3)

Repeal the cell, substitute:

989.55

6 Schedule 1 (cell at item 32233, column 3)

Repeal the cell, substitute:

702.80

7 Schedule 1 (cell at item 32234, column 3)

Repeal the cell, substitute:

139.00

8 Schedule 1 (cell at item 32235, column 3)

Repeal the cell, substitute:

134.15

9 Schedule 1 (cell at item 32236, column 3)

Repeal the cell, substitute:

190.85

10 Schedule 1 (cell at item 32237, column 3)

Repeal the cell, substitute:

309.50

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 2023**", substitute "**1 November 2023**".

2 Subclause 2.7.1(1) of Schedule 1

Repeat the subclause, substitute:

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

1.005 × 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 "$328.55", substitute "$330.20".

4 Clause 1.3.1 of Schedule 1 (heading)

Omit "**1 July 2023**", substitute "**1 November 2023**".

5 Subclauses 1.3.1(1) and (2) of Schedule 1

Repeal the subclauses, substitute:

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

1.005 × 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).

(2) The amounts covered by this subclause are the fee for each item in a Group in this Schedule, other than the fee for the following:

(a) an item in Group A2;
(b) an item in Group A7 (other than items 193, 197 and 199);
(c) an item in Group A23;
(d) items 90092, 90093, 90095, 90096, 90098, 90183, 90188, 90202, 90212 and 90215 in Group A35;
(e) items 90254, 90255, 90256, 90257, 90265, 90275 and 90277 in Group A36;
(f) an item in Group T10.

6 Paragraph 1.3.1(3)(c) of Schedule 1

Repeal the paragraph, substitute:

(c) a table item of the following tables:

(i) table 2.1.1;
(ii) table 2.1.2;
(iii) table 2.20.2;
(iv) table 2.20.2A;
(v) table 5.3.1.

7 Clause 2.1.1 of Schedule 1 (table 2.1.1)

Repeal the table, substitute:

Table 2.1.1—Amount under clause 2.1.1

Item	Column 1 Items of this Schedule	Column 2 Fee	Column 3 Amount if not more than 6 patients (to be divided by the number of patients) ($)	Column 4 Amount if more than 6 patients ($)
1	4	The fee for item 3	29.00	2.30
2	24	The fee for item 23	29.00	2.30
3	37	The fee for item 36	29.00	2.30
4	47	The fee for item 44	29.00	2.30
5	58	$8.50	15.50	0.70
6	59	$16.00	17.50	0.70
7	60	$35.50	15.50	0.70
8	65	$57.50	15.50	0.70
9	124	The fee for item 123	29.00	2.30
10	165	$88.20	15.50	0.70
11	195	The fee for item 193	28.60	2.25
12	414	The fee for item 410	28.50	2.25
13	415	The fee for item 411	28.50	2.25
14	416	The fee for item 412	28.50	2.25
15	417	The fee for item 413	28.50	2.25
16	5003	The fee for item 5000	28.60	2.25
17	5010	The fee for item 5000	51.45	3.65
18	5023	The fee for item 5020	28.60	2.25
19	5028	The fee for item 5020	51.45	3.65
20	5043	The fee for item 5040	28.60	2.25
21	5049	The fee for item 5040	51.45	3.65
22	5063	The fee for item 5060	28.60	2.25
23	5067	The fee for item 5060	51.45	3.65
24	5076	The fee for item 5071	28.60	2.25
25	5077	The fee for item 5071	51.45	3.65
26	5220	$18.50	15.50	0.70
27	5223	$26.00	17.50	0.70
28	5227	$45.50	15.50	0.70

Table 2.1.1—Amount under clause 2.1.1

Item	Column 1 Items of this Schedule	Column 2 Fee	Column 3 Amount if not more than 6 patients (to be divided by the number of patients) ($)	Column 4 Amount if more than 6 patients ($)
29	5228	$67.50	15.50	0.70
30	5260	$18.50	27.95	1.25
31	5261	$112.20	15.50	0.70
32	5262	$112.20	27.95	1.25
33	5263	$26.00	31.55	1.25
34	5265	$45.50	27.95	1.25
35	5267	$67.50	27.95	1.25
36	90272	The fee for item 90271	28.60	2.25
37	90274	The fee for item 90273	28.60	2.25
38	90276	The fee for item 90275	22.85	1.80
39	90278	The fee for item 90277	22.85	1.80

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

Omit "$328.55", substitute "$330.20".

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

Omit "$328.55", substitute "$330.20".

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

Omit "$328.55", substitute "$330.20".

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

Omit "$328.55", substitute "$330.20".

12 Clause 2.20.2 of Schedule 1 (table 2.20.2, items 1 to 4)

Omit "28.45", substitute "28.60".

13 Subclause 2.30.1(1) of Schedule 1

Omit "90043 or 90051 applies is the amount listed in the item plus $60.25", substitute "90043, 90051 or 90054 applies is the amount listed in the item plus $60.55".

14 Subclause 2.30.1(2) of Schedule 1

Omit "90095 or 90096 applies is the amount listed in the item plus $43.75", substitute "90095, 90096, 90098, 90183, 90188, 90202, 90212 or 90215 applies is the amount listed in the item plus $43.95".

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

Omit "$20.80", substitute "$20.90".

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

Omit "$31.35", substitute "$31.50".

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

Omit "$108.50", substitute "$109.05".

18 Schedule 1 (cell at item 51300, column 2)

Repeal the cell, substitute:

> Assistance at any operation mentioned in an item in Group T8 that includes "(Assist.)" for which the fee does not exceed $614.55 or at a series or combination of operations mentioned in an item in Group T8 that include "(Assist.)" for which the aggregate fee does not exceed $614.55

19 Schedule 1 (cell at item 51303, column 2)

Repeal the cell, substitute:

> Assistance at any operation mentioned in an item in Group T8 that includes "(Assist.)" for which the fee exceeds $614.55 or at a series or combination of operations mentioned in an item in Group T8 that include "(Assist.)" for which the aggregate fee exceeds $614.55

20 Schedule 1 (cell at item 51800, column 2)

Repeal the cell, substitute:

> Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operation mentioned in an item that includes "(Assist.)" for which the fee does not exceed $614.55 or at a series or combination of operations mentioned in an item in Groups O3 to O9 that include "(Assist.)" for which the aggregate fee does not exceed $614.55

21 Schedule 1 (cell at item 51803, column 2)

Repeal the cell, substitute:

> Assistance by an approved dental practitioner in the practice of oral and maxillofacial surgery at any operation mentioned in an item that includes "(Assist.)" for which the fee exceeds $614.55 or at a series or combination of operations mentioned in an item that include "(Assist.)" if the aggregate fee exceeds $614.55

22 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.

Amendments relating to indexation—amendments of table 5.3.1

Item	Table item	Omit	Substitute
1	Table item 1	18.70	18.80

Amendments relating to indexation—amendments of table 5.3.1			
Item	**Table item**	**Omit**	**Substitute**
2	Table item 2	20.30	20.40
3	Table item 3	20.55	20.65
4	Table item 4	24.85	24.95
5	Table item 5	51.80	52.05
6	Table item 6	34.95	35.10
7	Table item 7	41.60	41.80
8	Table item 8	41.60	41.80
9	Table item 9	41.60	41.80
10	Table item 10	41.60	41.80
11	Table item 11	41.60	41.80
12	Table item 12	41.60	41.80
13	Table item 13	41.60	41.80
14	Table item 14	41.60	41.80
15	Table item 15	41.60	41.80
16	Table item 16	41.60	41.80

23 Amendments of listed provisions—Group A36

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

Amendments relating to indexation—amendments of Group A36			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
1	Item 90254	62.85	63.15
2	Item 90255	92.50	92.95
3	Item 90256	79.75	80.15
4	Item 90257	117.50	118.10
5	Item 90265	62.85	63.15
6	Item 90275	81.30	81.70
7	Item 90277	116.30	116.90

24 Amendments of listed provisions—Group T10

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

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
1	Item 20100	108.50	109.00
2	Item 20102	130.20	130.80
3	Item 20104	86.80	87.20
4	Item 20120	108.50	109.00
5	Item 20124	86.80	87.20
6	Item 20140	108.50	109.00

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
7	Item 20142	108.50	109.00
8	Item 20143	130.20	130.80
9	Item 20144	151.90	152.60
10	Item 20145	151.90	152.60
11	Item 20146	108.50	109.00
12	Item 20147	130.20	130.80
13	Item 20148	86.80	87.20
14	Item 20160	130.20	130.80
15	Item 20162	151.90	152.60
16	Item 20164	86.80	87.20
17	Item 20170	130.20	130.80
18	Item 20172	151.90	152.60
19	Item 20174	195.30	196.20
20	Item 20176	217.00	218.00
21	Item 20190	108.50	109.00
22	Item 20192	217.00	218.00
23	Item 20210	325.50	327.00
24	Item 20212	108.50	109.00
25	Item 20214	195.30	196.20
26	Item 20216	434.00	436.00
27	Item 20220	217.00	218.00
28	Item 20222	130.20	130.80
29	Item 20225	260.40	261.60
30	Item 20230	260.40	261.60
31	Item 20300	108.50	109.00
32	Item 20305	325.50	327.00
33	Item 20320	130.20	130.80
34	Item 20321	217.00	218.00
35	Item 20330	173.60	174.40
36	Item 20350	217.00	218.00
37	Item 20352	108.50	109.00
38	Item 20355	260.40	261.60
39	Item 20400	65.10	65.40
40	Item 20401	86.80	87.20
41	Item 20402	108.50	109.00
42	Item 20403	108.50	109.00
43	Item 20404	130.20	130.80
44	Item 20405	173.60	174.40
45	Item 20406	282.10	283.40
46	Item 20410	86.80	87.20
47	Item 20420	108.50	109.00
48	Item 20440	86.80	87.20

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
49	Item 20450	108.50	109.00
50	Item 20452	130.20	130.80
51	Item 20470	130.20	130.80
52	Item 20472	217.00	218.00
53	Item 20474	282.10	283.40
54	Item 20475	217.00	218.00
55	Item 20500	325.50	327.00
56	Item 20520	130.20	130.80
57	Item 20522	86.80	87.20
58	Item 20524	86.80	87.20
59	Item 20526	217.00	218.00
60	Item 20528	173.60	174.40
61	Item 20540	282.10	283.40
62	Item 20542	325.50	327.00
63	Item 20546	325.50	327.00
64	Item 20548	325.50	327.00
65	Item 20560	434.00	436.00
66	Item 20600	217.00	218.00
67	Item 20604	282.10	283.40
68	Item 20620	217.00	218.00
69	Item 20622	282.10	283.40
70	Item 20630	173.60	174.40
71	Item 20632	151.90	152.60
72	Item 20634	217.00	218.00
73	Item 20670	282.10	283.40
74	Item 20680	65.10	65.40
75	Item 20690	108.50	109.00
76	Item 20700	65.10	65.40
77	Item 20702	86.80	87.20
78	Item 20703	86.80	87.20
79	Item 20704	217.00	218.00
80	Item 20706	151.90	152.60
81	Item 20730	108.50	109.00
82	Item 20740	108.50	109.00
83	Item 20745	151.90	152.60
84	Item 20750	108.50	109.00
85	Item 20752	130.20	130.80
86	Item 20754	151.90	152.60
87	Item 20756	195.30	196.20
88	Item 20770	325.50	327.00
89	Item 20790	173.60	174.40
90	Item 20791	217.00	218.00

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
91	Item 20792	282.10	283.40
92	Item 20793	325.50	327.00
93	Item 20794	260.40	261.60
94	Item 20798	217.00	218.00
95	Item 20799	130.20	130.80
96	Item 20800	65.10	65.40
97	Item 20802	108.50	109.00
98	Item 20803	86.80	87.20
99	Item 20804	217.00	218.00
100	Item 20806	151.90	152.60
101	Item 20810	86.80	87.20
102	Item 20815	130.20	130.80
103	Item 20820	108.50	109.00
104	Item 20830	86.80	87.20
105	Item 20832	130.20	130.80
106	Item 20840	130.20	130.80
107	Item 20841	173.60	174.40
108	Item 20842	86.80	87.20
109	Item 20844	217.00	218.00
110	Item 20845	217.00	218.00
111	Item 20846	217.00	218.00
112	Item 20847	217.00	218.00
113	Item 20848	217.00	218.00
114	Item 20850	260.40	261.60
115	Item 20855	325.50	327.00
116	Item 20860	130.20	130.80
117	Item 20862	151.90	152.60
118	Item 20863	217.00	218.00
119	Item 20864	217.00	218.00
120	Item 20866	217.00	218.00
121	Item 20867	217.00	218.00
122	Item 20868	217.00	218.00
123	Item 20880	325.50	327.00
124	Item 20882	217.00	218.00
125	Item 20884	108.50	109.00
126	Item 20886	130.20	130.80
127	Item 20900	65.10	65.40
128	Item 20902	86.80	87.20
129	Item 20904	151.90	152.60
130	Item 20905	217.00	218.00
131	Item 20906	86.80	87.20
132	Item 20910	86.80	87.20

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
133	Item 20911	108.50	109.00
134	Item 20912	108.50	109.00
135	Item 20914	151.90	152.60
136	Item 20916	151.90	152.60
137	Item 20920	86.80	87.20
138	Item 20924	86.80	87.20
139	Item 20926	86.80	87.20
140	Item 20928	130.20	130.80
141	Item 20930	86.80	87.20
142	Item 20932	86.80	87.20
143	Item 20934	130.20	130.80
144	Item 20936	173.60	174.40
145	Item 20938	86.80	87.20
146	Item 20940	86.80	87.20
147	Item 20942	108.50	109.00
148	Item 20943	86.80	87.20
149	Item 20944	130.20	130.80
150	Item 20946	173.60	174.40
151	Item 20948	86.80	87.20
152	Item 20950	108.50	109.00
153	Item 20952	86.80	87.20
154	Item 20954	217.00	218.00
155	Item 20956	86.80	87.20
156	Item 20958	108.50	109.00
157	Item 20960	151.90	152.60
158	Item 21100	65.10	65.40
159	Item 21110	108.50	109.00
160	Item 21112	86.80	87.20
161	Item 21114	108.50	109.00
162	Item 21116	130.20	130.80
163	Item 21120	130.20	130.80
164	Item 21130	65.10	65.40
165	Item 21140	325.50	327.00
166	Item 21150	217.00	218.00
167	Item 21155	217.00	218.00
168	Item 21160	86.80	87.20
169	Item 21170	173.60	174.40
170	Item 21195	65.10	65.40
171	Item 21199	86.80	87.20
172	Item 21200	86.80	87.20
173	Item 21202	86.80	87.20
174	Item 21210	130.20	130.80

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
175	Item 21212	217.00	218.00
176	Item 21214	217.00	218.00
177	Item 21215	325.50	327.00
178	Item 21216	303.80	305.20
179	Item 21220	86.80	87.20
180	Item 21230	130.20	130.80
181	Item 21232	108.50	109.00
182	Item 21234	173.60	174.40
183	Item 21260	86.80	87.20
184	Item 21270	173.60	174.40
185	Item 21272	86.80	87.20
186	Item 21274	130.20	130.80
187	Item 21275	217.00	218.00
188	Item 21280	325.50	327.00
189	Item 21300	65.10	65.40
190	Item 21321	86.80	87.20
191	Item 21340	86.80	87.20
192	Item 21360	108.50	109.00
193	Item 21380	65.10	65.40
194	Item 21382	86.80	87.20
195	Item 21390	65.10	65.40
196	Item 21392	86.80	87.20
197	Item 21400	86.80	87.20
198	Item 21402	151.90	152.60
199	Item 21403	217.00	218.00
200	Item 21404	108.50	109.00
201	Item 21420	65.10	65.40
202	Item 21430	86.80	87.20
203	Item 21432	108.50	109.00
204	Item 21440	173.60	174.40
205	Item 21445	217.00	218.00
206	Item 21460	65.10	65.40
207	Item 21461	86.80	87.20
208	Item 21462	65.10	65.40
209	Item 21464	86.80	87.20
210	Item 21472	108.50	109.00
211	Item 21474	108.50	109.00
212	Item 21480	86.80	87.20
213	Item 21482	108.50	109.00
214	Item 21484	108.50	109.00
215	Item 21486	151.90	152.60
216	Item 21490	65.10	65.40

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
217	Item 21500	173.60	174.40
218	Item 21502	130.20	130.80
219	Item 21520	86.80	87.20
220	Item 21522	108.50	109.00
221	Item 21530	325.50	327.00
222	Item 21532	173.60	174.40
223	Item 21535	217.00	218.00
224	Item 21600	65.10	65.40
225	Item 21610	108.50	109.00
226	Item 21620	86.80	87.20
227	Item 21622	108.50	109.00
228	Item 21630	108.50	109.00
229	Item 21632	130.20	130.80
230	Item 21634	195.30	196.20
231	Item 21636	325.50	327.00
232	Item 21638	217.00	218.00
233	Item 21650	173.60	174.40
234	Item 21652	217.00	218.00
235	Item 21654	173.60	174.40
236	Item 21656	217.00	218.00
237	Item 21670	86.80	87.20
238	Item 21680	65.10	65.40
239	Item 21682	86.80	87.20
240	Item 21685	217.00	218.00
241	Item 21700	65.10	65.40
242	Item 21710	86.80	87.20
243	Item 21712	108.50	109.00
244	Item 21714	108.50	109.00
245	Item 21716	108.50	109.00
246	Item 21730	65.10	65.40
247	Item 21732	86.80	87.20
248	Item 21740	108.50	109.00
249	Item 21756	130.20	130.80
250	Item 21760	151.90	152.60
251	Item 21770	173.60	174.40
252	Item 21772	130.20	130.80
253	Item 21780	86.80	87.20
254	Item 21785	217.00	218.00
255	Item 21790	325.50	327.00
256	Item 21800	65.10	65.40
257	Item 21810	86.80	87.20
258	Item 21820	65.10	65.40

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
259	Item 21830	86.80	87.20
260	Item 21832	151.90	152.60
261	Item 21834	86.80	87.20
262	Item 21840	173.60	174.40
263	Item 21842	130.20	130.80
264	Item 21850	86.80	87.20
265	Item 21860	65.10	65.40
266	Item 21865	217.00	218.00
267	Item 21870	325.50	327.00
268	Item 21872	173.60	174.40
269	Item 21878	65.10	65.40
270	Item 21879	108.50	109.00
271	Item 21880	151.90	152.60
272	Item 21881	195.30	196.20
273	Item 21882	238.70	239.80
274	Item 21883	282.10	283.40
275	Item 21884	325.50	327.00
276	Item 21885	368.90	370.60
277	Item 21886	412.30	414.20
278	Item 21887	455.70	457.80
279	Item 21900	65.10	65.40
280	Item 21906	108.50	109.00
281	Item 21908	130.20	130.80
282	Item 21910	195.30	196.20
283	Item 21912	108.50	109.00
284	Item 21914	130.20	130.80
285	Item 21915	108.50	109.00
286	Item 21916	108.50	109.00
287	Item 21918	108.50	109.00
288	Item 21922	130.20	130.80
289	Item 21925	86.80	87.20
290	Item 21926	86.80	87.20
291	Item 21930	130.20	130.80
292	Item 21935	108.50	109.00
293	Item 21936	108.50	109.00
294	Item 21939	65.10	65.40
295	Item 21941	151.90	152.60
296	Item 21942	217.00	218.00
297	Item 21943	108.50	109.00
298	Item 21945	108.50	109.00
299	Item 21949	108.50	109.00
300	Item 21952	86.80	87.20

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
301	Item 21955	108.50	109.00
302	Item 21959	108.50	109.00
303	Item 21962	108.50	109.00
304	Item 21965	108.50	109.00
305	Item 21969	173.60	174.40
306	Item 21970	325.50	327.00
307	Item 21973	108.50	109.00
308	Item 21976	108.50	109.00
309	Item 21980	108.50	109.00
310	Item 21990	65.10	65.40
311	Item 21992	86.80	87.20
312	Item 21997	86.80	87.20
313	Item 22002	86.80	87.20
314	Item 22007	86.80	87.20
315	Item 22008	86.80	87.20
316	Item 22012	65.10	65.40
317	Item 22014	65.10	65.40
318	Item 22015	130.20	130.80
319	Item 22020	86.80	87.20
320	Item 22025	86.80	87.20
321	Item 22031	108.50	109.00
322	Item 22036	65.10	65.40
323	Item 22041	43.40	43.60
324	Item 22042	21.70	21.80
325	Item 22051	195.30	196.20
326	Item 22055	260.40	261.60
327	Item 22060	651.00	654.00
328	Item 22065	108.50	109.00
329	Item 22075	325.50	327.00
330	Item 22900	130.20	130.80
331	Item 22905	130.20	130.80
332	Item 23010	21.70	21.80
333	Item 23025	43.40	43.60
334	Item 23035	65.10	65.40
335	Item 23045	86.80	87.20
336	Item 23055	108.50	109.00
337	Item 23065	130.20	130.80
338	Item 23075	151.90	152.60
339	Item 23085	173.60	174.40
340	Item 23091	195.30	196.20
341	Item 23101	217.00	218.00
342	Item 23111	238.70	239.80

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
343	Item 23112	260.40	261.60
344	Item 23113	282.10	283.40
345	Item 23114	303.80	305.20
346	Item 23115	325.50	327.00
347	Item 23116	347.20	348.80
348	Item 23117	368.90	370.60
349	Item 23118	390.60	392.40
350	Item 23119	412.30	414.20
351	Item 23121	434.00	436.00
352	Item 23170	455.70	457.80
353	Item 23180	477.40	479.60
354	Item 23190	499.10	501.40
355	Item 23200	520.80	523.20
356	Item 23210	542.50	545.00
357	Item 23220	564.20	566.80
358	Item 23230	585.90	588.60
359	Item 23240	607.60	610.40
360	Item 23250	629.30	632.20
361	Item 23260	651.00	654.00
362	Item 23270	672.70	675.80
363	Item 23280	694.40	697.60
364	Item 23290	716.10	719.40
365	Item 23300	737.80	741.20
366	Item 23310	759.50	763.00
367	Item 23320	781.20	784.80
368	Item 23330	802.90	806.60
369	Item 23340	824.60	828.40
370	Item 23350	846.30	850.20
371	Item 23360	868.00	872.00
372	Item 23370	889.70	893.80
373	Item 23380	911.40	915.60
374	Item 23390	933.10	937.40
375	Item 23400	954.80	959.20
376	Item 23410	976.50	981.00
377	Item 23420	998.20	1002.80
378	Item 23430	1019.90	1024.60
379	Item 23440	1041.60	1046.40
380	Item 23450	1063.30	1068.20
381	Item 23460	1085.00	1090.00
382	Item 23470	1106.70	1111.80
383	Item 23480	1128.40	1133.60
384	Item 23490	1150.10	1155.40

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
385	Item 23500	1171.80	1177.20
386	Item 23510	1193.50	1199.00
387	Item 23520	1215.20	1220.80
388	Item 23530	1236.90	1242.60
389	Item 23540	1258.60	1264.40
390	Item 23550	1280.30	1286.20
391	Item 23560	1302.00	1308.00
392	Item 23570	1323.70	1329.80
393	Item 23580	1345.40	1351.60
394	Item 23590	1367.10	1373.40
395	Item 23600	1388.80	1395.20
396	Item 23610	1410.50	1417.00
397	Item 23620	1432.20	1438.80
398	Item 23630	1453.90	1460.60
399	Item 23640	1475.60	1482.40
400	Item 23650	1497.30	1504.20
401	Item 23660	1519.00	1526.00
402	Item 23670	1540.70	1547.80
403	Item 23680	1562.40	1569.60
404	Item 23690	1584.10	1591.40
405	Item 23700	1605.80	1613.20
406	Item 23710	1627.50	1635.00
407	Item 23720	1649.20	1656.80
408	Item 23730	1670.90	1678.60
409	Item 23740	1692.60	1700.40
410	Item 23750	1714.30	1722.20
411	Item 23760	1736.00	1744.00
412	Item 23770	1757.70	1765.80
413	Item 23780	1779.40	1787.60
414	Item 23790	1801.10	1809.40
415	Item 23800	1822.80	1831.20
416	Item 23810	1844.50	1853.00
417	Item 23820	1866.20	1874.80
418	Item 23830	1887.90	1896.60
419	Item 23840	1909.60	1918.40
420	Item 23850	1931.30	1940.20
421	Item 23860	1953.00	1962.00
422	Item 23870	1974.70	1983.80
423	Item 23880	1996.40	2005.60
424	Item 23890	2018.10	2027.40
425	Item 23900	2039.80	2049.20
426	Item 23910	2061.50	2071.00

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
427	Item 23920	2083.20	2092.80
428	Item 23930	2104.90	2114.60
429	Item 23940	2126.60	2136.40
430	Item 23950	2148.30	2158.20
431	Item 23960	2170.00	2180.00
432	Item 23970	2191.70	2201.80
433	Item 23980	2213.40	2223.60
434	Item 23990	2235.10	2245.40
435	Item 24100	2256.80	2267.20
436	Item 24101	2278.50	2289.00
437	Item 24102	2300.20	2310.80
438	Item 24103	2321.90	2332.60
439	Item 24104	2343.60	2354.40
440	Item 24105	2365.30	2376.20
441	Item 24106	2387.00	2398.00
442	Item 24107	2408.70	2419.80
443	Item 24108	2430.40	2441.60
444	Item 24109	2452.10	2463.40
445	Item 24110	2473.80	2485.20
446	Item 24111	2495.50	2507.00
447	Item 24112	2517.20	2528.80
448	Item 24113	2538.90	2550.60
449	Item 24114	2560.60	2572.40
450	Item 24115	2582.30	2594.20
451	Item 24116	2604.00	2616.00
452	Item 24117	2625.70	2637.80
453	Item 24118	2647.40	2659.60
454	Item 24119	2669.10	2681.40
455	Item 24120	2690.80	2703.20
456	Item 24121	2712.50	2725.00
457	Item 24122	2734.20	2746.80
458	Item 24123	2755.90	2768.60
459	Item 24124	2777.60	2790.40
460	Item 24125	2799.30	2812.20
461	Item 24126	2821.00	2834.00
462	Item 24127	2842.70	2855.80
463	Item 24128	2864.40	2877.60
464	Item 24129	2886.10	2899.40
465	Item 24130	2907.80	2921.20
466	Item 24131	2929.50	2943.00
467	Item 24132	2951.20	2964.80
468	Item 24133	2972.90	2986.60

Amendments relating to indexation—amendments of Group T10			
Item	**Item of Schedule 1**	**Omit**	**Substitute**
469	Item 24134	2994.60	3008.40
470	Item 24135	3016.30	3030.20
471	Item 24136	3038.00	3052.00
472	Item 25000	21.70	21.80
473	Item 25005	43.40	43.60
474	Item 25010	65.10	65.40
475	Item 25013	21.70	21.80
476	Item 25014	21.70	21.80
477	Item 25020	43.40	43.60

Health Insurance (Pathology Services Table) Regulations 2020

25 Clause 2.14.1 of Schedule 1 (heading)

Omit "**1 July 2023**", substitute "**1 November 2023**".

26 Subclause 2.14.1(1) of Schedule 1

Repeal the subclause, substitute:

(1) At the start of 1 November 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:

1.005 × 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).

Schedule 3—Diagnostic imaging services

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

1 Subclause 1.2.18(3) of Schedule 1

Omit "or 63549", substitute ", 61466 or 61485".

2 Clause 2.1.7 of Schedule 1

Repeal the clause.

3 Schedule 1 (item 56219, column 2)

Omit "or 59275".

4 Subclause 2.4.2(1) of Schedule 1

Omit "Items 61523 to 61647 apply", substitute "An item in Subgroup 2 of Group I4 applies".

5 Schedule 1 (item 61321, column 2, paragraphs (d) and (e))

Omit "61332, 61345, 61380, 61398, 61406 or 61422", substitute "61345, 61398 or 61406".

6 Schedule 1 (item 61324, column 2, paragraph (e))

Omit "61311, 61321, 61325, 61329, 61332, 61377, 61345, 61357, 61380, 61394, 61398, 61406, 61414 or 61422", substitute "61321, 61325, 61329, 61345, 61357, 61394, 61398, 61406 or 61414".

7 Schedule 1 (item 61324, column 2, paragraph (f))

Omit "61311, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61398, 61406 or 61414", substitute "61329, 61345, 61357, 61394, 61398, 61406 or 61414".

8 Schedule 1 (item 61325, column 2, paragraph (d))

Omit "61332, 61345, 61380, 61398, 61406 or 61422", substitute "61345, 61398 or 61406".

9 Schedule 1 (item 61325, column 2, subparagraph (e)(i))

Omit "61332, 61345, 61380, 61398, 61406 or 61442,", substitute "61345, 61398 or 61406".

10 Schedule 1 (item 61329, column 2, paragraph (e))

Omit "61311, 61321, 61324, 61325, 61332, 61345, 61357, 61377, 61380, 61394, 61398, 61406, 61414 or 61422", substitute "61321, 61324, 61325, 61345, 61357, 61394, 61398, 61406 or 61414".

11 Schedule 1 (item 61329, column 2, paragraph (f))

Omit "61311, 61321, 61324, 61325, 61332, 61345, 61357, 61380, 61394, 61398, 61406, 61414 or 61422", substitute "61321, 61324, 61325, 61345, 61357, 61394, 61398, 61406 or 61414".

12 Schedule 1 (item 61345, column 2, paragraphs (e) and (f))

Omit "61311, 61321, 61324, 61325, 61329, 61332, 61357, 61377, 61380, 61394, 61398, 61406, 61414 or 61422", substitute "61321, 61324, 61325, 61329, 61357, 61394, 61398, 61406 or 61414".

13 Schedule 1 (item 61349, column 2, subparagraph (a)(i))

Omit "61311, 61324, 61329, 61332, 61337, 61345, 61357, 61365, 61380, 61394, 61398, 61406, 61410, 61414 or 61418", substitute "61324, 61329, 61345, 61357, 61394, 61398, 61406, 61410 or 61414".

14 Schedule 1 (item 61349, column 2, paragraph (e))

Omit ", 61365, 61410 or 61418", substitute "or 61410".

15 Schedule 1 (item 61349, column 2, paragraph (f))

Omit "61365, 61410 or 61418", substitute "61410".

16 Schedule 1 (item 61357, column 2, paragraph (e))

Omit "61311, 61321, 61324, 61325, 61329, 61332, 61345, 61377, 61380, 61394, 61398, 61406, 61414 or 61422", substitute "61321, 61324, 61325, 61329, 61345, 61394, 61398, 61406 or 61414".

17 Schedule 1 (item 61357, column 2, paragraph (f))

Omit "61311, 61324, 61329, 61332, 61345, 61377, 61380,", substitute "61324, 61329, 61345,".

18 Schedule 1 (item 61394, column 2, paragraph (f))

Omit "61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61398, 61406, 61414 or 61422", substitute "61321, 61324, 61325, 61329, 61345, 61357, 61398, 61406 or 61414".

19 Schedule 1 (item 61394, column 2, paragraph (g))

Omit "61311, 61324, 61329, 61332, 61345, 61357, 61377, 61380,", substitute "61324, 61329, 61345, 61357,".

20 Schedule 1 (item 61398, column 2, paragraphs (f) and (g))

Omit "61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61406, 61414 or 61422", substitute "61321, 61324, 61325, 61329, 61345, 61357, 61394, 61406 or 61414".

21 Schedule 1 (item 61406, column 2, paragraph (f))

Omit "61311, 61321, 61324, 61325, 61329, 61332, 61377, 61345, 61357, 61380, 61394, 61398, 61414 or 61422", substitute "61321, 61324, 61325, 61329, 61345, 61357, 61394, 61398 or 61414".

22 Schedule 1 (item 61406, column 2, paragraph (g))

Omit "61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61398, 61414 or 61422", substitute "61321, 61324, 61325, 61329, 61345, 61357, 61394, 61398 or 61414".

23 Schedule 1 (item 61410, column 2, subparagraph (a)(i))

Omit "61311, 61324, 61329, 61332, 61345, 61349, 61357, 61365, 61377, 61380, 61394, 61398, 61406, 61414 or 61418", substitute "61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406 or 61414".

24 Schedule 1 (item 61410, column 2, paragraph (e))

Omit "11729, 11730 or 61418", substitute "11729 or 11730".

25 Schedule 1 (item 61410, column 2, paragraph (f))

Omit ", 61365 or 61418".

26 Schedule 1 (item 61414, column 2, paragraph (f))

Omit "61311, 61321, 61324, 61325, 61329, 61332, 61345, 61357, 61377, 61380, 61394, 61398, 61406 or 61422", substitute "61321, 61324, 61325, 61329, 61345, 61357, 61394, 61398 or 61406".

27 Schedule 1 (item 61414, column 2, paragraph (g))

Omit "61311, 61324, 61329, 61332, 61345, 61357, 61377, 61380,", substitute "61324, 61329, 61345, 61357,".

28 Schedule 1 (item 61485, column 3)

Omit "999.20", substitute "3,364.00".

Schedule 4—General medical services

Part 1—General amendments

Health Insurance (General Medical Services Table) Regulations 2021

1 Subclause 1.2.3(1) of Schedule 1

Omit "and 105", substitute ", 105 and 151".

2 Subclause 1.2.5(1) of Schedule 1

Repeal the subclause, substitute:

(1) Use this clause for items 3 to 338, 348 to 388, 410 to 417, 585 to 600, 733, 737, 741, 745, 761, 763, 766, 769, 772, 776, 788, 789, 792, 900, 903, 969, 971, 972, 973, 975, 986, 2497 to 2840, 3005 to 3028, 5000 to 5267, 6007 to 6015, 6018 to 6024, 6051 to 6063, 13899, 16401, 16404, 16406, 16407, 16508, 16509, 16533, 16534, 17610 to 17690, 90020 to 90096, 90098, 90183, 90188, 90202, 90212, 90215 and 90250 to 90278".

3 Paragraph 1.2.5(3)(a) of Schedule 1

Repeal the paragraph, substitute:

(a) the vaccine is supplied to the patient in connection with a professional attendance mentioned in any of items 3 to 65, 123, 124, 151, 165, 179, 181, 185, 187, 189, 191, 203, 206, 301, 303, 5000 to 5267 and 90020 to 90098; and

4 Subclause 1.2.6(1) of Schedule 1

Repeal the subclause, substitute:

(1) Use this clause for items 3 to 147, 151, 165, 177, 179, 181, 185, 187, 189, 191, 193 to 338, 348 to 417, 585 to 600, 733, 737, 741, 745, 761, 763, 766, 769, 772, 776, 788, 789, 792, 2497 to 2840, 3005 to 3028, 35570, 35571, 35573, 35577, 35581, 35582, 35585, 4001 to 6015, 6018 to 6024, 6051 to 6058, 6062, 6063, 10801 to 10816, 11012 to 11021, 11304, 11600, 11627, 11705, 11724, 11731, 12000 to 12004, 12201, 13030 to 13104, 13106 to 13110, 13209, 13290 to 13700, 13815 to 13899, 14100 to 14124, 14203 to 14212, 14216, 14219, 14224, 14255 to 14288, 15600, 16003 to 16512, 16515 to 51318, 90020 to 90096, 90098, 90183, 90188, 90202, 90212, 90215 and 90250 to 90278.

5 Subclause 1.2.7(1) of Schedule 1

Repeal the subclause, substitute:

(1) Use this clause for items 3 to 230, 233, 245 to 723, 732, 733, 737, 741, 745, 761, 763, 766, 769, 772, 776, 788, 789, 792, 900, 903, 2700 to 6015, 6018 to 6024, 6028, 6051 to 6058, 6062, 6063, 10801 to 10816, 11012 to 11021, 11304, 11600, 11627, 11705, 11724, 11728, 11731, 11820, 11823, 12000, 12003, 12004, 12201, 13030 to 13104, 13106 to 13110, 13209, 13290 to 13700, 13815 to 13899, 14100 to 14124, 14203 to 14212, 14216, 14219, 14224, 14255 to 14288, 15600, 16003 to 16512, 16515 to 51318, 90020 to 90096, 90098, 90183, 90188, 90202, 90212, 90215 and 90250 to 90278.

6 Clause 1.2.8 of Schedule 1

After "90096", insert ", 90098, 90183, 90188, 90202, 90212, 90215".

7 Subclause 1.2.11(1) of Schedule 1

Omit "11332, 11342,", substitute "11332, 11340, 11341, 11342, 11343,".

8 Schedule 1 (items 23 and 24, column 2)

After "lasting", insert "at least 6 minutes and".

9 Clause 2.3.1 of Schedule 1 (Group A2 table, headings)

Repeal the headings, substitute:

Group A2—Other non-referred attendances to which no other item applies

Column 1	Column 2	Column 3
Item	Description	Fee ($)

Subgroup 1—Other medical practitioner attendances

10 Schedule 1 (item 946, column 2)

After "member of", insert "a".

11 Schedule 1 (item 900, column 2)

After "each 12 month period,", insert "and only if item 245 does not apply in the same 12 month period,".

12 Schedule 1 (item 903, column 2)

After "this item", insert "or item 249".

13 Clause 2.23.1 of Schedule 1 (Group A21 table, headings)

Repeal the headings, substitute:

Group A21—Professional attendances at recognised emergency departments of private hospitals

Column 1	Column 2	Column 3
Item	Description	Fee ($)

Subgroup 1—Consultations

14 Schedule 1 (after item 5036)

Insert:

Subgroup 2—Prolonged professional attendances to which no other Group applies

15 Schedule 1 (items 5020, 5023 and 5028, column 2)

After "lasting", insert "at least 6 minutes and".

16 Schedule 1 (item 11332, column 2)

Omit "cochlear", substitute "cochlea".

17 Schedule 1 (items 11729 and 11730, column 2, subparagraph (e)(ii))

Omit "61311, 61324, 61329, 61332, 61345, 61349, 61357, 61365, 61377, 61380, 61394, 61398, 61406, 61410, 61414 or 61418", substitute "61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406, 61410 or 61414".

18 Schedule 1 (item 38477, column 2, paragraph (b))

Omit "to which item", substitute "item".

19 Schedule 1 (item 41603, column 2)

Omit "applies", substitute "applies (Anaes.)".

20 Schedule 1 (item 41671, column 2)

After "(Anaes.)", insert "(Assist.)".

21 Schedule 1 (item 41693, column 2)

After "(Anaes.)", insert "(Assist.)".

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

After "applies", insert "on the same side".

23 Schedule 1 (item 41870, column 2)

Omit "item 41861 or 41879 applies", substitute "item 41879 applies or item 41861 applies on the same side".

24 Schedule 1 (item 45571, column 2)

Omit "or 45567", substitute ", 45567, 46080, 46082, 46084, 46086, 46088 or 46090".

25 Schedule 1 (items 45794 and 45797, column 2)

Omit "or 41604".

26 Schedule 1 (item 46108, column 2)

Omit "surface", substitute "surface, excluding aftercare".

27 Schedule 1 (item 46116, column 2)

Omit "not more", substitute "less".

28 Schedule 1 (items 46120 and 46122, column 2, paragraph (a))

Omit "or contracture release".

29 Schedule 1 (item 90035, column 2)

After "lasting", insert "at least 6 minutes and".

30 Clause 5.10.29 of Schedule 1 (Group T8 table, Subgroup 16, heading)

Repeal the heading, substitute:

Subgroup 16—Tissue ablation

Part 2—Bulk-billing incentive

Health Insurance (General Medical Services Table) Regulations 2021

31 Clause 3.2.1 of Schedule 1

Insert:

general practice support service means a service to which an item specified in subclause 3.2.2A(2) applies.

MyMedicare means the registration program by that name administered by the Department.

MyMedicare service means a service to which an item specified in subclause 3.2.2B(2) applies that is provided:

(a) to a person enrolled in MyMedicare; and

(b) at the general practice at which the person is so enrolled.

32 After clause 3.2.2 of Schedule 1

Insert:

3.2.2A Application of items 75870, 75871, 75872, 75873, 75874, 75875 and 75876

(1) If item 75870, 75871, 75872, 75873, 75874, 75875 or 75876 applies to a medical service, the fee mentioned in that item applies in addition to the fee mentioned in an item specified in subclause (2) that applies to the service.

(2) For the purposes of subclause (1), items 23, 24, 36, 37, 44, 47, 53, 54, 57, 59, 60, 65, 123, 124, 151, 165, 185, 187, 189, 191, 203, 206, 301, 303, 737, 741, 745, 763, 766, 769, 776, 788, 789, 2197, 2198, 2200, 5020, 5023, 5028, 5040, 5043, 5049, 5060, 5063, 5067, 5071, 5076, 5077, 5203, 5207, 5208, 5209, 5223, 5227, 5228, 5261, 5262, 5263, 5265, 5267, 90035, 90043, 90051, 90054, 90093, 90095, 90096, 90098, 90188, 90202, 90212, 90215, 91800, 91803, 91806, 91891 and 91893 are specified.

3.2.2B Application of items 75880, 75881, 75882, 75883, 75884 and 75885

(1) If item 75880, 75881, 75882, 75883, 75884 or 75885 applies to a medical service, the fee mentioned in that item applies in addition to the fee mentioned in an item specified in subclause (2) that applies to the service.

(2) For the purposes of subclause (1), items 91801, 91802, 91804, 91805, 91807, 91808, 91900, 91903, 91906, 91910, 91913, 91916, 91920, 91923 and 91926 are specified.

33 Clause 3.2.3 of Schedule 1 (Group M1 table, headings)

Repeal the headings, substitute:

Group M1—Management of bulk-billed services

Column 1 Item	Column 2 Description	Column 3 Fee ($)
Subgroup 1—Management of general bulk-billed services		

34 Schedule 1 (cell at item 10990, column 2)

Repeal the cell, substitute:

A medical service to which an item in this Schedule (other than this item) applies, if:

(a) the service is an unreferred service; and

(b) the service is provided to a person who is:
(i) under the age of 16; or
(ii) a concessional beneficiary; and

(c) the person is not an admitted patient of a hospital; and

(d) the service is bulk-billed in relation to the fees for:
(i) this item; and
(ii) any other item in this Schedule applying to the service;

other than a service associated with a service:

(e) to which another item in this Group applies; or

(f) that is a general practice support service; or

(g) that is a MyMedicare service

35 Schedule 1 (cell at item 10991, column 2)

Repeal the cell, substitute:

A medical service to which an item in this Schedule (other than this item) applies, if:

(a) the service is an unreferred service; and

(b) the service is provided to a person who is:
(i) under the age of 16; or
(ii) a concessional beneficiary; and

(c) the person is not an admitted patient of a hospital; and

(d) the service is bulk-billed in relation to the fees for:
(i) this item; and
(ii) any other item in this Schedule applying to the service; and

(e) the service is provided at, or from, a practice location in a Modified Monash 2 area;

other than a service associated with a service:

(f) to which another item in this Group applies; or

(g) that is a general practice support service; or

(h) that is a MyMedicare service

36 Schedule 1 (item 10992, column 2, paragraphs (a) and (b))

Repeal the paragraphs, substitute:

(a) item 585, 588, 591, 594, 599, 600, 5003, 5010, 5220 or 5260 applies; or

(b) item 761 or 772 applies (see the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018*);

37 Schedule 1 (cell at item 75855, column 2)

Repeal the cell, substitute:

A medical service to which an item in this Schedule (other than this item) applies, if:

(a) the service is an unreferred service; and

(b) the service is provided to a person who is:
(i) under the age of 16; or
(ii) a concessional beneficiary; and

(c) the person is not an admitted patient of a hospital; and

(d) the service is bulk-billed in relation to the fees for:
(i) this item; and
(ii) any other item in this Schedule applying to the service; and

(e) the service is provided at, or from, a practice location in:
(i) a Modified Monash 3 area; or
(ii) a Modified Monash 4 area;

other than a service associated with a service:

(f) to which another item in this Group applies; or

(g) that is a general practice support service; or

(h) that is a MyMedicare service

38 Schedule 1 (cell at item 75856, column 2)

Repeal the cell, substitute:

A medical service to which an item in this Schedule (other than this item) applies, if:

(a) the service is an unreferred service; and

(b) the service is provided to a person who is:
(i) under the age of 16; or
(ii) a concessional beneficiary; and

(c) the person is not an admitted patient of a hospital; and

(d) the service is bulk-billed in relation to the fees for:
(i) this item; and
(ii) any other item in this Schedule applying to the service; and

(e) the service is provided at, or from, a practice location in a Modified Monash 5 area;

other than a service associated with a service:

(f) to which another item in this Group applies; or

(g) that is a general practice support service; or

(h) that is a MyMedicare service

39 Schedule 1 (cell at item 75857, column 2)

Repeal the cell, substitute:

A medical service to which an item in this Schedule (other than this item) applies, if:

(a) the service is an unreferred service; and

(b) the service is provided to a person who is:
(i) under the age of 16; or

(ii) a concessional beneficiary; and

(c) the person is not an admitted patient of a hospital; and

(d) the service is bulk-billed in relation to the fees for:
(i) this item; and
(ii) any other item in this Schedule applying to the service; and

(e) the service is provided at, or from, a practice location in a Modified Monash 6 area;

other than a service associated with a service:

(f) to which another item in this Group applies; or

(g) that is a general practice support service; or

(h) that is a MyMedicare service

40 Schedule 1 (cell at item 75858, column 2)

Repeal the cell, substitute:

A medical service to which an item in this Schedule (other than this item) applies, if:

(a) the service is an unreferred service; and

(b) the service is provided to a person who is:
(i) under the age of 16; or
(ii) a concessional beneficiary; and

(c) the person is not an admitted patient of a hospital; and

(d) the service is bulk-billed in relation to the fees for:
(i) this item; and
(ii) any other item in this Schedule applying to the service; and

(e) the service is provided at, or from, a practice location in a Modified Monash 7 area;

other than a service associated with a service:

(f) to which another item in this Group applies; or

(g) that is a general practice support service; or

(h) that is a MyMedicare service

41 Clause 3.2.3 (at the end of the Group M1 table)

Add:

Subgroup 2—General support service		
75870	Professional attendance (the ***attendance service***) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a general practice support service is provided, if: (a) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance service is bulk-billed in relation to the fees for: (i) this item; and (ii) the general practice support service item applying to the attendance service; other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75882, 75883, 75884 or 75885 applies	24.25

75871	Professional attendance (the ***attendance service***) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a general practice support service is provided, if: (a) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance service is bulk-billed in relation to the fees for: (i) this item; and (ii) the general practice support service item applying to the attendance service; and (d) the attendance service is provided at, or from, a practice location in a Modified Monash 2 area; other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75882, 75883, 75884 or 75885 applies	36.90
75872	Professional attendance (the ***attendance service***) if: (a) item 763, 766, 769, 776, 788, 789, 2198, 2200, 5023, 5028, 5043, 5049, 5063, 5067, 5076, 5077, 5223, 5227, 5228, 5261, 5263, 5265, 5267 or 5262 applies; and (b) the attendance service is an unreferred service; and (c) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and (d) the patient is not an admitted patient of a hospital; and (e) the attendance service is not provided in consulting rooms; and (f) the attendance service is provided in any of the following areas: (i) a Modified Monash 2 area; (ii) a Modified Monash 3 area; (iii) a Modified Monash 4 area; (iv) a Modified Monash 5 area; (v) a Modified Monash 6 area; (vi) a Modified Monash 7 area; and (g) the attendance service is provided by, or on behalf of, a general practitioner, a medical practitioner or a prescribed medical practitioner whose practice location is not in an area mentioned in paragraph (f); and (h) the attendance service is bulk-billed in relation to the fees for: (i) this item; and (ii) an item mentioned in paragraph (a) that applies to the service	36.90
75873	Professional attendance (the ***attendance service***) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a general practice support service is provided, if: (a) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance service is bulk-billed in relation to the fees for: (i) this item; and (ii) the general practice support service item applying to the attendance service; and (d) the attendance service is provided at, or from, a practice location in: (i) a Modified Monash 3 area; or (ii) a Modified Monash 4 area;	39.20

	other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75874, 75875, 75876, 75880, 75881, 75882, 75883, 75884 or 75885 applies	
75874	Professional attendance (the ***attendance service***) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a general practice support service is provided, if: (a) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance service is bulk-billed in relation to the fees for: (i) this item; and (ii) the general practice support service item applying to the attendance service; and (d) the attendance service is provided at, or from, a practice location in a Modified Monash 5 area; other than an attendance service associated with a service which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75875, 75876, 75880, 75881, 75882, 75883, 75884 or 75885 applies	41.65
75875	Professional attendance (the ***attendance service***) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a general practice support service is provided, if: (a) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance service is bulk-billed in relation to the fees for: (i) this item; and (ii) the general practice support service item applying to the attendance service; and (d) the attendance service is provided at, or from, a practice location in a Modified Monash 6 area; other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75876, 75880, 75881, 75882, 75883, 75884 or 75885 applies	43.95
75876	Professional attendance (the ***attendance service***) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a general practice support service is provided, if: (a) the attendance service is provided to a patient who is under the age of 16 or who is a concessional beneficiary; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance service is bulk-billed in relation to the fees for: (i) this item; and (ii) the general practice support service item applying to the attendance service; and (d) the attendance service is provided at, or from, a practice location in a Modified Monash 7 area; other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75880, 75881, 75882, 75883, 75884 or 75885 applies	46.65

Subgroup 3—Patients enrolled in MyMedicare		
75880	Professional attendance (the ***attendance service***) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a MyMedicare service is provided, if: (a) the attendance service is provided to a patient: (i) who is enrolled in MyMedicare at the general practice through which the attendance service is provided; and (ii) who is under the age of 16 or who is a concessional beneficiary; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance service is bulk-billed in relation to the fees for: (i) this item; and (ii) the MyMedicare service item applying to the attendance service; other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75881, 75882, 75883, 75884 or 75885 applies	24.25
75881	Professional attendance (the ***attendance service***) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a MyMedicare service is provided, if: (a) the attendance service is provided to a patient: (i) who is enrolled in MyMedicare at the general practice through which the attendance service is provided; and (ii) who is under the age of 16 or who is a concessional beneficiary; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance service is bulk-billed in relation to the fees for: (i) this item; and (ii) the MyMedicare service item applying to the attendance service; and (d) the attendance service is provided at, or from, a practice location in a Modified Monash 2 area; other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75882, 75883, 75884 or 75885 applies	36.90
75882	Professional attendance (the ***attendance service***) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a MyMedicare service is provided, if: (a) the attendance service is provided to a patient: (i) who is enrolled in MyMedicare at the general practice through which the attendance service is provided; and (ii) who is under the age of 16 or who is a concessional beneficiary; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance service is bulk-billed in relation to the fees for: (i) this item; and (ii) the MyMedicare service item applying to the attendance service; and (d) the attendance service is provided at, or from, a practice location in: (i) a Modified Monash 3 area; or	39.20

	(ii) a Modified Monash 4 area; other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75883, 75884 or 75885 applies	
75883	Professional attendance (the ***attendance service***) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a MyMedicare service is provided, if: (a) the attendance service is provided to a patient: (i) who is enrolled in MyMedicare at the general practice through which the attendance service is provided; and (ii) who is under the age of 16 or who is a concessional beneficiary; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance service is bulk-billed in relation to the fees for: (i) this item; and (ii) the MyMedicare service item applying to the attendance service; and (d) the attendance service is provided at, or from, a practice location in a Modified Monash 5 area; other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75882, 75884 or 75885 applies	41.65
75884	Professional attendance (the ***attendance service***) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a MyMedicare service is provided, if: (a) the attendance service is provided to a patient: (i) who is enrolled in MyMedicare at the general practice through which the attendance service is provided; and (ii) who is under the age of 16 or who is a concessional beneficiary; and (b) the patient is not an admitted patient of a hospital; and (c) the attendance service is bulk-billed in relation to the fees for: (i) this item; and (ii) the MyMedicare service item applying to the attendance service; and (d) the attendance service is provided at, or from, a practice location in a Modified Monash 6 area; other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75882, 75883 or 75885 applies	43.95
75885	Professional attendance (the ***attendance service***) by a general practitioner, a medical practitioner or a prescribed medical practitioner, at which a MyMedicare service is provided, if: (a) the attendance service is provided to a patient: (i) who is enrolled in MyMedicare at the general practice through which the attendance service is provided; and (ii) who is under the age of 16 or who is a concessional beneficiary; and (b) the patient is not an admitted patient of a hospital; and	46.65

(c) the attendance service is bulk-billed in relation to the fees for:
(i) this item; and
(ii) the MyMedicare service item applying to the attendance service; and

(d) the attendance service is provided at, or from, a practice location in a Modified Monash 7 area;

other than an attendance service associated with a service to which item 10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75882, 75883 or 75884 applies

Part 3—Consultations lasting 60 minutes or more

Health Insurance (General Medical Services Table) Regulations 2021

42 Clause 2.2.1 of Schedule 1 (at the end of the Group A1 table)

Add:

123	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting at least 60 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health related issues, with appropriate documentation	191.20
124	Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in this Schedule applies), lasting at least 60 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health related issues, with appropriate documentation—an attendance on one or more patients at one place on one occasion—each patient	Amount under clause 2.1.1

43 Schedule 1 (item 57, column 2)

After "45 minutes", insert ", but not more than 60 minutes".

44 Schedule 1 (after item 57)

Insert:

151	Professional attendance at consulting rooms lasting more than 60 minutes (other than a service to which any other item applies) by: (a) a medical practitioner who is not a general practitioner; or (b) a Group A1 disqualified general practitioner	98.40

45 Schedule 1 (item 65, column 2)

After "45 minutes", insert ", but not more than 60 minutes".

46 Clause 2.3.1 of Schedule 1 (at the end of the Group A2 table)

Add:

165	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in this Schedule applies) lasting more than 60 minutes—an attendance on one or	Amount under clause 2.1.1

more patients at one place on one occasion—each patient, by:

(a) a medical practitioner who is not a general practitioner; or

(b) a Group A1 disqualified general practitioner

47 Subclause 2.24.1(1) of Schedule 1

Omit "5040 and 5060", substitute "5040, 5060 and 5071".

48 Subclause 2.24.1(2) of Schedule 1

Omit "5063 and 5067", substitute "5063, 5067, 5076 and 5077".

49 Clause 2.24.2 of Schedule 1 (at the end of the Group A22 table)

Add:

5071	Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in this Schedule applies), lasting at least 60 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation	220.25
5076	Professional attendance by a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting at least 60 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—an attendance on one or more patients on one occasion—each patient	Amount under clause 2.1.1
5077	Professional attendance by a general practitioner, on care recipients in a residential aged care facility, other than a service to which another item in this Schedule applies, lasting at least 60 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient	Amount under clause 2.1.1

50 Subclause 2.25.1(1) of Schedule 1

Omit "and 5208", substitute ", 5208 and 5209".

51 Schedule 1 (item 5208, column 2)

After "45 minutes", insert ", but not more than 60 minutes,".

52 Schedule 1 (after item 5208)

Insert:

5209	Professional attendance at consulting rooms lasting more than 60 minutes (other than a service to which another item applies) by a medical practitioner (other than a general practitioner)	122.40

53 Schedule 1 (item 5228, column 2)

After "45 minutes", insert ", but not more than 60 minutes".

54 Schedule 1 (after item 5228)

Insert:

5261	Professional attendance by a medical practitioner who is not a general practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in this Schedule applies), lasting more than 60 minutes—an attendance on one or more patients on one occasion—each patient	Amount under clause 2.1.1

55 Schedule 1 (item 5267, column 2)

After "45 minutes", insert ", but not more than 60 minutes,".

56 Clause 2.25.2 of Schedule 1 (at the end of the Group A23 table)

Add:

5262	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient at the facility and is not a resident of a self-contained unit, lasting more than 60 minutes by a medical practitioner (other than a general practitioner)—an attendance on one or more patients at one residential aged care facility on one occasion—each patient	Amount under clause 2.1.1

57 Schedule 1 (after item 90051)

Insert:

90054	Professional attendance by a general practitioner, on care recipients in a residential aged care facility, other than a service to which another item applies, lasting at least 60 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) performing a clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation—an attendance on one or more patients at one residential aged care facility on one occasion—each patient (subject to clause 2.30.1)	191.20

58 Schedule 1 (item 90096, column 2)

After "45 minutes", insert ", but less than 60 minutes".

59 Clause 2.30.1 of Schedule 1 (at the end of the Group A35 table)

Add:

90098	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms within such a complex, if the patient is a care recipient in the facility who is not a resident of a self-contained unit, lasting more than 60 minutes—an attendance on one or more patients at one residential aged care facility on one occasion by a medical practitioner who is not a general practitioner—each patient (subject to subclause 2.30.1(2))	88.20
90183	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms within such a complex, if the patient is a care recipient in the facility who is not a resident of a self-contained unit, lasting not more than 5 minutes—an attendance on one or more patients at one residential aged care facility on one occasion by a prescribed medical practitioner in an eligible area—each patient (subject to subclause 2.30.1(2))	15.15
90188	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms within such a complex, if the patient is a care recipient in the facility who is not a resident of a self-contained unit, lasting more than 5 minutes but not more than 25 minutes—an attendance on one or more patients at one residential aged care facility on one occasion by a prescribed medical practitioner in an eligible area—each patient (subject to subclause 2.30.1(2))	33.10
90202	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms within such a complex, if the patient is a care recipient in the facility who is not a resident of a self-contained unit, lasting more than 25 minutes but not more than 45 minutes—an attendance on one or more patients at one residential aged care facility on one occasion by a prescribed medical practitioner in an eligible area—each patient (subject to subclause 2.30.1(2))	64.10
90212	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self-contained unit, lasting more than 45 minutes but not more than 60 minutes—an attendance on one or more patients at one residential aged care facility on one occasion by a prescribed medical practitioner in an eligible area—each patient (subject to subclause 2.30.1(2))	94.40
90215	Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at	152.95

consulting rooms situated within such a complex, if the patient is a care recipient in the facility who is not a resident of a self-contained unit, lasting more than 60 minutes—an attendance on one or more patients at one residential aged care facility on one occasion by a prescribed medical practitioner in an eligible area—each patient (subject to subclause 2.30.1(2))

Part 4—Leadless permanent pacemaker services

Health Insurance (General Medical Services Table) Regulations 2021

60 Schedule 1 (after item 38368)

Insert:

38372	Leadless permanent cardiac pacemaker, single-chamber ventricular, percutaneous insertion of, for the treatment of bradycardia, including cardiac electrophysiological services (other than a service associated with a service to which item 38350 applies) (H) (Anaes.)	830.30
38373	Leadless permanent cardiac pacemaker, single-chamber ventricular, percutaneous retrieval and replacement of, including cardiac electrophysiological services, during the same percutaneous procedure, if: (a) the service is performed: (i) by a specialist or consultant physician who has undertaken training to perform the service; and (ii) in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and (b) if the service is performed by an interventional cardiologist at least 4 weeks after the leadless permanent cardiac pacemaker was inserted—a cardiothoracic surgeon is in attendance during the service; other than a service associated with a service to which item 38350 applies (H) (Anaes.)	830.30
38374	Leadless permanent cardiac pacemaker, single-chamber ventricular, percutaneous retrieval of, if: (a) the service is performed: (i) by a specialist or consultant physician who has undertaken training to perform the service; and (ii) in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and (b) if the service is performed by an interventional cardiologist at least 4 weeks after the leadless permanent cardiac pacemaker was inserted—a cardiothoracic surgeon is in attendance during the service (H) (Anaes.)	830.30
38375	Leadless permanent cardiac pacemaker, single-chamber ventricular, explantation of, by open surgical approach (H) (Anaes.) (Assist.)	3,107.15

61 Schedule 1 (cell at item 90300, column 2)

Repeal the cell, substitute:

Professional attendance by a cardiothoracic surgeon in the practice of the surgeon's speciality, if:

(a) the service is:

(i) performed in conjunction with a service (the ***lead extraction service***) to which item 38358 applies; or

(ii) performed in conjunction with a service (the ***leadless pacemaker extraction service***) to which item 38373 or 38374

applies; and

(b) the surgeon:

(i) is providing surgical backup for the provider (who is not a cardiothoracic surgeon) who is performing the lead extraction service or the leadless pacemaker extraction service; and

(ii) is present for the duration of the lead extraction service or the leadless pacemaker extraction service, other than during the low risk pre and post extraction phases; and

(iii) is able to immediately scrub in and perform a thoracotomy if major complications occur

(H)

Schedule 5—Prescribed medical practitioner services

Health Insurance (General Medical Services Table) Regulations 2021

1 Subparagraph 1.1.5(1)(b)(i)

Omit "735 to 758, 825 to 828, 930, 933, 935, 937, 943, 945, 946, 948, 959, 961, 962, 964,", substitute "235, 236, 237, 238, 239, 240, 735 to 758, 825 to 828, 930, 933, 935, 937, 943, 945, 946, 948, 959, 961, 962, 964, 969, 971, 972, 973, 975, 986,".

2 At the end of Division 2.1 of Schedule 1

Add:

2.1.2 Meaning of amount under clause 2.1.2

In an item of this Schedule mentioned in column 1 of table 2.1.2:

amount under clause 2.1.2 means the sum of:

(a) the fee mentioned in column 2 for the item; and

(b) either:

(i) if a practitioner attends not more than 6 patients in a single attendance—the amount mentioned in column 3 for the item, divided by the number of patients attended; or

(ii) if a practitioner attends more than 6 patients in a single attendance—the amount mentioned in column 4 for the item.

Table 2.1.2—Amount under clause 2.1.2

Item	Column 1 Items of this Schedule	Column 2 Fee	Column 3 Amount if not more than 6 patients (to be divided by the number of patients) ($)	Column 4 Amount if more than 6 patients ($)
1	181	The fee for item 179	23.20	1.85
2	187	The fee for item 185	23.20	1.85
3	191	The fee for item 189	23.20	1.85
4	206	The fee for item 203	23.20	1.85
5	303	The fee for item 301	23.20	1.85

3 Division 2.10 of Schedule 1 (after the heading)

Insert:

Note 1: Various restrictions, limitations and other requirements apply to items in Subgroups 5, 6, 7, 9 and 11 of Group A7. The restrictions, limitations and other requirements are set out in the following Divisions:

(a) for items in Subgroup 5—Division 2.15;

(b) for items in Subgroup 6—Division 2.16;

(c) for items in Subgroup 7—Division 2.17;

(d) for items in Subgroup 9—Division 2.20;

(e) for items in Subgroup 11—Division 2.22.

Note 2: A number of expressions used in Subgroups 6, 7 and 9 of Group A7 are defined in Divisions 2.16, 2.17 and 2.20, including the following:

(a) contribute to a multidisciplinary care plan (see clause 2.16.3);
(b) coordinating a review of team care arrangements (see clause 2.16.5);
(c) multidisciplinary care plan (see clause 2.16.6);
(d) organise and coordinate (see clause 2.16.15);
(e) participate (see clause 2.16.16);
(f) preparing a GP management plan (see clause 2.16.7);
(g) residential medication management review (see clause 2.17.2);
(h) review of a GP mental health treatment plan (see clause 2.20.4).

4 After clause 2.10.1 of Schedule 1

Insert:

2.10.1A Application of items 214 to 220

(1) Items 214 to 220 apply only to a service provided in the course of a personal attendance by one or more prescribed medical practitioners on a single patient on a single occasion.

(2) If the professional attendance is provided by one or more prescribed medical practitioners concurrently, each prescribed medical practitioner may claim an attendance fee.

(3) However, if the personal attendance is not continuous, the occasion on which the service is provided is taken to be the total time of the attendance.

5 Clause 2.10.2 of Schedule 1 (note)

Repeal the note, substitute:

Note: The fees in items 193, 197 and 199 of Group A7 are indexed in accordance with clause 1.3.1.

6 Schedule 1 (Group A7 table, at the end of the table)

Add:

Subgroup 2—Prescribed medical practitioner attendance to which no other item applies		
179	Professional attendance at consulting rooms lasting not more than 5 minutes (other than a service to which any other item applies) by a prescribed medical practitioner in an eligible area—each attendance	15.15
181	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item applies) lasting not more than 5 minutes—an attendance on one or more patients at one place on one occasion by a prescribed medical practitioner in an eligible area—each patient	Amount under clause 2.1.2
185	Professional attendance at consulting rooms lasting more than 5 minutes but not more than 25 minutes (other than a service to which any other item applies) by a prescribed medical practitioner in an eligible area—each attendance	33.10
187	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item applies) lasting more than 5 minutes but not more than 25 minutes—an attendance on one or more patients at one place on one occasion by a prescribed medical practitioner in an eligible area—each patient	Amount under clause 2.1.2
189	Professional attendance at consulting rooms lasting more than 25	64.10

	minutes but not more than 45 minutes (other than a service to which any other applies) by a prescribed medical practitioner in an eligible area—each attendance	
191	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item applies) lasting more than 25 minutes but not more than 45 minutes—an attendance on one or more patients at one place on one occasion by a prescribed medical practitioner in an eligible area—each patient	Amount under clause 2.1.2
203	Professional attendance at consulting rooms lasting more than 45 minutes but not more than 60 minutes (other than a service to which any other item applies) by a prescribed medical practitioner in an eligible area—each attendance	94.40
206	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item applies) lasting more than 45 minutes but not more than 60 minutes—an attendance on one or more patients at one place on one occasion by a prescribed medical practitioner in an eligible area—each patient	Amount under clause 2.1.2
301	Professional attendance at consulting rooms lasting more than 60 minutes (other than a service to which any other item in this Schedule applies) by a prescribed medical practitioner in an eligible area—each attendance	152.95
303	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item applies) lasting more than 60 minutes—an attendance on one or more patients at one place on one occasion by a prescribed medical practitioner in an eligible area—each patient	Amount under clause 2.1.2
Subgroup 3—Prescribed medical practitioner prolonged attendances to which no other item applies		
214	Professional attendance by a prescribed medical practitioner for a period of not less than one hour but less than 2 hours (other than a service to which another item applies) on a patient in imminent danger of death	195.10
215	Professional attendance by a prescribed medical practitioner for a period of not less than 2 hours but less than 3 hours (other than a service to which another item applies) on a patient in imminent danger of death	325.10
218	Professional attendance by a prescribed medical practitioner for a period of not less than 3 hours but less than 4 hours (other than a service to which another item applies) on a patient in imminent danger of death	454.90
219	Professional attendance by a prescribed medical practitioner for a period of not less than 4 hours but less than 5 hours (other than a service to which another item applies) on a patient in imminent danger of death	585.20
220	Professional attendance by a prescribed medical practitioner for a period of 5 hours or more (other than a service to which another item applies) on a patient in imminent danger of death	650.20
Subgroup 4—Prescribed medical practitioner group therapy		
221	Professional attendance for the purpose of Group therapy lasting at least one hour given under the direct continuous supervision of a prescribed medical practitioner, involving members of a family and persons with close personal relationships with that family—each Group of 2 patients	103.50

222	Professional attendance for the purpose of Group therapy lasting at least one hour given under the direct continuous supervision of a prescribed medical practitioner, involving members of a family and persons with close personal relationships with that family—each Group of 3 patients	109.10
223	Professional attendance for the purpose of Group therapy lasting at least one hour given under the direct continuous supervision of a prescribed medical practitioner, involving members of a family and persons with close personal relationships with that family—each Group of 4 or more patients	132.70
Subgroup 5—Prescribed medical practitioner health assessments		
224	Professional attendance by a prescribed medical practitioner to perform a brief health assessment, lasting not more than 30 minutes and including: (a) collection of relevant information, including taking a patient history; and (b) a basic physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing the patient with preventive health care advice and information	52.25
225	Professional attendance by a prescribed medical practitioner to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes, including: (a) detailed information collection, including taking a patient history; and (b) an extensive physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing a preventive health care strategy for the patient	121.45
226	Professional attendance by a prescribed medical practitioner to perform a long health assessment, lasting at least 45 minutes but less than 60 minutes, including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition and physical function; and (c) initiating interventions and referrals as indicated; and (d) providing a basic preventive health care management plan for the patient	167.55
227	Professional attendance by a prescribed medical practitioner to perform a prolonged health assessment, lasting at least 60 minutes, including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition, and physical, psychological and social function; and (c) initiating interventions and referrals as indicated; and (d) providing a comprehensive preventive health care management plan for the patient	236.70
228	Professional attendance by a prescribed medical practitioner at consulting rooms or in a place other than a hospital or a residential aged care facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent—applicable not more than once in a 9 month period and only if the following items are not applicable within	186.90

	the same 9 month period: (a) item 715; (b) item 92004 or 92011 of the Telehealth and Telephone Determination	
Subgroup 6—Prescribed medical practitioner management plans, team care arrangements and multidisciplinary care plans and case conferences		
229	Attendance by a prescribed medical practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 235 to 240 and 735 to 758 apply)	127.05
230	Attendance by a prescribed medical practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 235 to 240 and 735 to 758 apply)	100.70
231	Either: (a) contribution to a multidisciplinary care plan, for a patient, prepared by another provider; or (b) contribution to a review of a multidisciplinary care plan, for a patient, prepared by another provider; by a prescribed medical practitioner, other than a service associated with a service to which any of items 235 to 240 and 735 to 758 apply	62.00
232	Either: (a) contribution to a multidisciplinary care plan, for a patient in a residential aged care facility, prepared by that facility, or contribution to a review of a multidisciplinary care plan, for a patient, prepared by such a facility; or (b) contribution to a multidisciplinary care plan, for a patient, prepared by another provider before the patient is discharged from a hospital or contribution to a review of a multidisciplinary care plan, for a patient, prepared by another provider; by a prescribed medical practitioner, other than a service associated with a service to which any of items 235 to 240 and 735 to 758 apply	62.00
233	Attendance by a prescribed medical practitioner: (a) to review a GP management plan prepared by a medical practitioner (or an associated medical practitioner); or (b) to coordinate a review of team care arrangements which have been coordinated by the medical practitioner (or the associated medical practitioner)	63.45
235	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes but less than 20 minutes, other than a service associated with a service to which any of items 229 to 233 and 721 to 732 apply	62.30
236	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or	106.50

	(c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes but less than 40 minutes, other than a service associated with a service to which any of items 229 to 233 and 721 to 732 apply	
237	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts at least 40 minutes, other than a service associated with a service to which any of items 229 to 233 and 721 to 732 apply	177.50
238	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes but less than 20 minutes, other than a service associated with a service to which any of items 229 to 233 and 721 to 732 apply	45.75
239	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes but less than 40 minutes, other than a service associated with a service to any of items 229 to 233 and 721 to 732 apply	78.40
240	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes, other than a service associated with a service to which any of items 229 to 233 and 721 to 732 apply	130.50
243	Attendance by a prescribed medical practitioner, as a member of a case conference team, to lead and coordinate a multidisciplinary case conference on a patient with cancer, to develop a multidisciplinary treatment plan, if the case conference lasts at least 10 minutes, with a multidisciplinary team of at least 3 other medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers	61.00
244	Attendance by a prescribed medical practitioner, as a member of a case conference team, to participate in a multidisciplinary case conference on a patient with cancer, to develop a multidisciplinary treatment plan, if the case conference lasts least 10 minutes, with a multidisciplinary	28.45

	team of at least 4 medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers	
969	Attendance by a prescribed medical 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	62.30
971	Attendance by a prescribed medical 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	106.50
972	Attendance by a prescribed medical 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	177.55
973	Attendance by a prescribed medical 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	45.75
975	Attendance by a prescribed medical 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	78.40
986	Attendance by a prescribed medical 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	130.50
Subgroup 7—Prescribed medical practitioner domiciliary and residential medication management review		
245	Participation by a prescribed medical practitioner in a Domiciliary Medication Management Review (***DMMR***) for a patient living in a community setting, in which the prescribed medical practitioner, with the patient's consent: (a) assesses the patient as: (i) having a chronic medical condition or a complex medication regimen; and (ii) not having the patient's therapeutic goals met; and (b) following that assessment: (i) refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; and (ii) provides relevant clinical information required for the DMMR; and (c) discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; and (d) develops a written medication management plan following discussion with the patient; and (e) provides the written medication management plan to a community pharmacy chosen by the patient For any particular patient—applicable not more than once in each 12 month period, and only if item 900 does not apply in the same 12 month period, except if there has been a significant change in the patient's condition or medication regimen requiring a new DMMR	136.35
249	Participation by a prescribed medical practitioner in a residential	93.35

	medication management review ***(RMMR***) for a patient who is a permanent resident of a residential aged care facility—other than an RMMR for a resident in relation to whom, in the preceding 12 months, this item or item 903 has applied, unless there has been a significant change in the resident's medical condition or medication management plan requiring a new RMMR	
Subgroup 9—Prescribed medical practitioner mental health care		
272	Professional attendance by a prescribed medical practitioner (who has not undertaken mental health skills training), lasting at least 20 minutes but less than 40 minutes, for the preparation of a GP mental health treatment plan for a patient	63.15
276	Professional attendance by a prescribed medical practitioner (who has not undertaken mental health skills training), lasting at least 40 minutes, for the preparation of a GP mental health treatment plan for a patient	92.95
277	Professional attendance by a prescribed medical practitioner to: (a) review a GP mental health treatment plan which a medical practitioner, or an associated medical practitioner, has prepared; or (b) to review a Psychiatrist Assessment and Management Plan	63.15
279	Professional attendance by a prescribed medical practitioner, in relation to a mental disorder, lasting at least 20 minutes and involving: (a) taking relevant history and identifying the presenting problem (to the extent not previously recorded); and (b) providing treatment and advice; and (c) if appropriate, referral for other services or treatments; and (d) documenting the outcomes of the consultation	63.15
281	Professional attendance by a prescribed medical practitioner (who has undertaken mental health skills training), lasting at least 20 minutes but less than 40 minutes, for the preparation of a GP mental health treatment plan for a patient	80.15
282	Professional attendance by a prescribed medical practitioner (who has undertaken mental health skills training), lasting at least 40 minutes, for the preparation of a GP mental health treatment plan for a patient	118.10
283	Professional attendance at consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for mental disorders that have been assessed by a medical practitioner; and (b) lasting at least 30 minutes but less than 40 minutes	81.70
285	Professional attendance at a place other than consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for mental disorders that have been assessed by a medical practitioner; and (b) lasting at least 30 minutes but less than 40 minutes	Amount under clause 2.20.2 A
286	Professional attendance at consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for mental disorders that have been assessed by a medical practitioner; and	116.90

	(b) lasting at least 40 minutes	
287	Professional attendance at a place other than consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for mental disorders that have been assessed by a medical practitioner; and (b) lasting at least 40 minutes	Amount under clause 2.20.2 A
309	Professional attendance at consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 30 minutes but less than 40 minutes	81.70
311	Professional attendance at a place other than consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 30 minutes but less than 40 minutes	Amount under clause 2.20.2 A
313	Professional attendance at consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes	116.90
315	Professional attendance at a place other than consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes	Amount under clause 2.20.2 A
Subgroup 11—Prescribed medical practitioner pregnancy support counselling		
792	Professional attendance at consulting rooms by a prescribed medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, lasting at least 20 minutes, for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item, or item 4001, 81000, 81005, 81010, 92136, 92137, 92138, 92139, 93026 or 93029, applies in relation to that pregnancy Note: For items 81000, 81005 and 81010, see the determination about allied health services under	67.45

	subsection 3C(1) of the Act. For items 92136, 92137, 92138, 92139, 93026 and 93029, see the Telehealth and Telephone Determination.

7 Division 2.15 of Schedule 1 (heading)

Repeal the heading, substitute:

Division 2.15—Group A14 and Subgroup 5 of Group A7: Health assessments

Note: Items in Subgroup 5 of Group A7 are set out in Division 2.10.

8 Clause 2.15.1 of Schedule 1

Repeal the clause, substitute:

2.15.1 Restrictions on items in Group A14 and Subgroup 5 of Group A7

(1) Items 701 to 715 apply only to a service provided in the course of a personal attendance by a single general practitioner on a single patient.

(2) Items 224 to 228 apply only to a service provided in the course of a personal attendance by a single prescribed medical practitioner on a single patient.

9 Subclause 2.15.2(1) of Schedule 1

Omit "or 707", substitute ", 707, 224, 225, 226 or 227".

10 Clause 2.15.3 of Schedule 1 (heading)

Repeal the heading, substitute:

2.15.3 Application of items 715 and 228

11 Subclause 2.15.3(1) of Schedule 1

Omit "Item 715 applies", substitute "Items 715 and 228 apply".

12 Subclause 2.15.3(2) of Schedule 1

Omit "item 715", substitute "items 715 and 228".

13 Subclause 2.15.5(1) of Schedule 1

After "general practitioner", insert ", or attending prescribed medical practitioner, as the case may be,".

14 Subclause 2.15.5(3) of Schedule 1

Omit "general", substitute "medical".

15 Paragraphs 2.15.6(2)(a) and 2.15.7(2)(a) of Schedule 1

After "general practitioner", insert "or a prescribed medical practitioner".

16 Paragraphs 2.15.8(3)(c) and (d) of Schedule 1

After "general practitioner", insert "or the prescribed medical practitioner".

17 Paragraph 2.15.9(2)(a) of Schedule 1

After "general practitioner", insert "or a prescribed medical practitioner".

18 Subclause 2.15.10(8) of Schedule 1 (definition of *usual doctor)*

After "general practitioner", insert ", or a prescribed medical practitioner,".

19 Paragraphs 2.15.11(2)(a), 2.15.12(2)(a) and 2.15.13(2)(a) of Schedule 1

After "general practitioner", insert "or a prescribed medical practitioner".

20 Clause 2.15.14 of Schedule 1 (heading)

Repeal the heading, substitute:

2.15.14 Restrictions on health assessments for Group A14 and Subgroup 5 of Group A7

21 Subclause 2.15.14(1) of Schedule 1

After "Group A14", insert "or Subgroup 5 of Group A7".

22 Subclause 2.15.14(3) of Schedule 1

After "general practitioner", insert "or prescribed medical practitioner".

23 Subclause 2.15.14(4) of Schedule 1

After "general practitioners", insert "or prescribed medical practitioners".

24 Subclause 2.15.14(4) of Schedule 1

After "the general practitioner", insert "or the prescribed medical practitioner, as the case may be".

25 Paragraph 2.15.14(5)(b) of Schedule 1

After "general practitioner", insert "or prescribed medical practitioner".

26 Division 2.16 of Schedule 1 (heading)

Repeal the heading, substitute:

Division 2.16—Group A15 and Subgroup 6 of Group A7: GP management plans, team care arrangements and multidisciplinary care plans and case conferences

Note: Items in Subgroup 6 of Group A7 are set out in Division 2.10.

27 Clause 2.16.1 of Schedule 1 (heading)

Repeal the heading, substitute:

2.16.1 Restrictions on items 729 to 866 and items 229 to 240—services by certain medical practitioners

28 Subclause 2.16.1(1) of Schedule 1

After "866", insert "and items 229 to 240".

29 Subdivision B of Division 2.16 of Schedule 1 (heading)

Repeal the heading, substitute:

Subdivision B—Subgroup 1 of Group A15 and Subgroup 6 of Group A7

30 Clause 2.16.2 of Schedule 1

Before "In item", insert "(1)".

31 At the end of clause 2.16.2 of Schedule 1

Insert:

(2) In item 233:

associated medical practitioner means a medical practitioner who, if not engaged in the same general practice as the prescribed medical practitioner mentioned in the item, performs the service described in the item at the request of the patient (or the patient's guardian).

32 Clause 2.16.3 of Schedule 1

Omit "and 731", substitute ", 731, 231 and 232".

33 Subclause 2.16.4(1) of Schedule 1

Omit "item 723", substitute "items 723 and 230".

34 Subclause 2.16.4(1) of Schedule 1 (definition of *coordinating the development of team care arrangements*)

After "a general practitioner", insert "(for item 723) or a prescribed medical practitioner (for item 230)".

35 Subclause 2.16.5(1) of Schedule 1

Omit "item 732", substitute "items 732 and 233".

36 Subclause 2.16.5(1) of Schedule 1 (definition of *coordinating a review of team care arrangements*)

After "a general practitioner", insert "(for item 732) or a prescribed medical practitioner (for item 233)".

37 Subclause 2.16.6(1) of Schedule 1

Omit "and 731", substitute", 731, 231 and 232".

38 Subclause 2.16.6(1) of Schedule 1 (subparagraph (a)(i) of the definition of *multidisciplinary care plan*)

After "general practitioner", insert"(for items 729 and 731) or a prescribed medical practitioner (for items 231 and 232)".

39 Subclause 2.16.6(1) of Schedule 1 (subparagraph (a)(ii) of the definition of *multidisciplinary care plan*)

After "general practitioner", insert "or a prescribed medical practitioner, as the case may be".

40 Clause 2.16.7 of Schedule 1

Omit "item 721", substitute "items 721 and 229".

41 Clause 2.16.7 of Schedule 1 (definition of *preparing a GP management plan*)

After "a general practitioner", insert "(for item 721) or a prescribed medical practitioner (for item 229)".

42 Clause 2.16.8 of Schedule 1

Omit "item 732", substitute "items 732 and 233".

43 Clause 2.16.8 of Schedule 1 (definition of *reviewing a GP management plan*)

After "a general practitioner", insert "(for item 732) or a prescribed medical practitioner (for item 233)".

44 Clause 2.16.9 of Schedule 1 (heading)

Repeal the heading, substitute:

2.16.9 Restrictions on items 721, 723, 729, 731, 732, 229, 230, 231, 232 and 233—services for certain patients

45 Subclause 2.16.9(1) of Schedule 1 (table heading)

Repeal the heading, substitute:

Table 2.16.9—Application of items 721, 723, 729, 731, 732, 229, 230, 231, 232 and 233

46 Subclause 2.16.9(1) of Schedule 1 (item 1 of table 2.16.9, column 1)

Omit "721 and 732", substitute "721, 732, 229 and 233".

47 Subclause 2.16.9(1) of Schedule 1 (item 2 of table 2.16.9, column 1)

Omit "723 and 732", substitute "723, 732, 230 and 233".

48 Subclause 2.16.9(1) of Schedule 1 (item 3 of table 2.16.9, column 1)

After "729", insert "and 231".

49 Subclause 2.16.9(1) of Schedule 1 (item 4 of table 2.16.9, column 1)

After "731", insert "and 232".

50 Subclause 2.16.9(1A) of Schedule 1

Omit "and 732", substitute ", 732, 230 and 233".

51 Clause 2.16.10 of Schedule 1

Repeal the clause, substitute:

2.16.10 Restrictions on items 721, 723, 732, 229, 230 and 233

Items 721, 723 and 732

(1) Items 721, 723 and 732 apply only to a service provided in the course of personal attendance by a single general practitioner on a single patient.

Items 229, 230 and 233

(2) Items 229, 230 and 233 apply only to a service provided in the course of personal attendance by a single prescribed medical practitioner on a single patient.

52 Clause 2.16.11 of Schedule 1

Repeal clause, substitute:

2.16.11 Restrictions on other items—services provided on same day as services in items 721, 723, 732, 229, 230 and 233

The following items do not apply to a service described in the item that is provided by a medical practitioner or a prescribed medical practitioner, if the service is provided on the same day for the same patient for whom the practitioner provides a service described in item 721, 723, 732, 229, 230 or 233:

(a) items 3, 4, 23, 24, 36, 37, 44, 47, 52, 53, 54, 57, 58, 59, 60, 65, 123, 124, 151 and 165;

(b) items 179, 181, 185, 187, 189, 191, 203, 206, 301, 303, 733, 737, 741, 745, 761, 763, 766, 769, 2197 and 2198;

(c) items 585, 588, 591, 594, 599 and 600;

(d) items 5000, 5003, 5020, 5023, 5040, 5043, 5060, 5063, 5071 and 5076;

(e) items 5200, 5203, 5207, 5208, 5209, 5220, 5223, 5227, 5228 and 5261;

(f) items 91790, 91792, 91794, 91800, 91801, 91802, 91803, 91804, 91805, 91806, 91807, 91808, 91890, 91891, 91892, 91893, 91900, 91903, 91906, 91910, 91913, 91916, 91920, 91923, 91926, 92210 and 92211.

53 After clause 2.16.12 of Schedule 1

Insert:

2.16.12A Conditions relating to timing of services in items 229, 230, 231, 232 and 233 if exceptional circumstances do not exist

(1) This clause applies to the performances of services for a patient for whom exceptional circumstances do not exist.

(2) Items 229, 230, 231, 232 and 233 apply in the circumstances mentioned in table 2.16.12A.

Table 2.16.12A—Conditions relating to timing of services in items 229, 230, 231, 232 and 233

Item	Column 1 Item of this Schedule	Column 2 Circumstances
1	229	The circumstances are that: (a) in the 3 months before performance of the service by a prescribed

Table 2.16.12A—Conditions relating to timing of services in items 229, 230, 231, 232 and 233

Item	Column 1 Item of this Schedule	Column 2 Circumstances
		medical practitioner for a patient, being a service to which any of the following items (for reviewing a GP management plan) apply but had not been performed for the patient: (i) item 231, 232, 233, 729, 731 or 732; (ii) item 92026, 92027, 92028, 92057, 92058, 92059 or 92103 of the Telehealth and Telephone Determination; and (b) a service to which item 721, or item 92024, 92026 or 92055 of the Telehealth and Telephone Determination, applies has not been performed in the past 12 months; and (c) the service to which item 229 applies is not performed more than once in a 12 month period; and (d) the service to which item 229 applies: (i) is not performed by a person who is a recognised specialist in palliative medicine who is treating a palliative patient who has been referred to the prescribed medical practitioner; and (ii) is not a service to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the medical practitioner
2	230 (if subclause 2.16.9(1) applies to the item)	The circumstances are that: (a) in the 3 months before performance of the service by a prescribed medical practitioner for a patient, being a service to which any of the following items (for coordinating a review of team care arrangements) apply but had not been performed for the patient: (i) item 233 or 723 (performed in accordance with subclause 2.16.9(1)); (ii) item 92028 or 92059 of the Telehealth and Telephone Determination; and (b) a service to which item 723 (performed in accordance with subclause 2.16.9(1)), or item 92025 or 92056 of the Telehealth and Telephone Determination, applies has not been performed in the past 12 months; and (c) the service to which item 230 (performed in accordance with subclause 2.16.9(1)) applies is not performed more than once in a 12 month period; and (d) the service to which item 230 applies: (i) is not performed by a person who is a recognised specialist in palliative medicine who is treating a palliative patient who has been referred to the prescribed medical practitioner; and (ii) is not a service to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by a medical practitioner
3	230 (if subclause 2.16.9(1A) applies to the item)	The circumstances are that: (a) in the 3 months before performance of the service by a prescribed medical practitioner for a patient, being a service to which any of the following items (for coordinating a review of team care arrangements) apply but had not been performed for the patient: (i) item 233 or 723 (performed in accordance with subclause 2.16.9(1A)); (ii) item 92028 or 92059 of the Telehealth and Telephone

Table 2.16.12A—Conditions relating to timing of services in items 229, 230, 231, 232 and 233

Item	Column 1 Item of this Schedule	Column 2 Circumstances
		Determination; and (b) a service to which item 723 (performed in accordance with subclause 2.16.9(1A)), or item 92025 or 92056 of the Telehealth and Telephone Determination, applies has not been performed in the past 12 months; and (c) the service to which item 230 (performed in accordance with subclause 2.16.9(1A)) applies is not performed more than once in a 12 month period; and (d) the service to which item 230 applies: (i) is not performed by a person who is a recognised specialist in palliative medicine who is treating a palliative patient who has been referred to the prescribed medical practitioner; and (ii) is not a service to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by a medical practitioner
4	231	The circumstances are that: (a) either: (i) in the 3 months before performance of the service by a prescribed medical practitioner for a patient, being a service to which any of the following items apply but had not been performed for the patient: (A) item 232, 233, 731 or 732; (B) item 92027, 92028, 92058 or 92059 of the Telehealth and Telephone Determination; or (ii) in the 12 months before performance of the service, being a service that has not been performed for the patient: (A) by a medical practitioner who performs the service to which item 231 or 729, or item 92026 or 92057 of the Telehealth and Telephone Determination, would, but for this item, apply; and (B) for which a payment has been made under item 229, 230, 721 or 723, or item 92024, 92025, 92055 or 92056 of the Telehealth and Telephone Determination; and (b) a service to which item 729, or item 92026 or 92057 of the Telehealth and Telephone Determination, applies is performed not more than once in a 3 month period; and (c) the service to which item 231 applies is performed not more than once in a 3 month period
5	232	The circumstances are that: (a) in the 3 months before performance of the service by a prescribed medical practitioner for a patient, being a service to which any of the following items apply but had not been performed for the patient: (i) item 229, 230, 231, 233, 721, 723, 729 or 732; (ii) item 92024, 92025, 92026, 92028, 92055, 92056, 92057 or 92059 of the Telehealth and Telephone Determination; and (b) a service to which item 731, or item 92027 or 92058 of the Telehealth and Telephone Determination, applies is performed not more than once in a 3 month period; and

Table 2.16.12A—Conditions relating to timing of services in items 229, 230, 231, 232 and 233

Item	Column 1 Item of this Schedule	Column 2 Circumstances
		(c) the service to which item 232 applies is performed not more than once in a 3 month period
6	233 (if subclause 2.16.9(1) applies to the item)	The circumstances are that each service may be performed by a prescribed medical practitioner for a patient, if: (a) a service to which any of the following items apply but has not been claimed in the past 3 months: (i) item 732 (performed in accordance with subclause 2.16.9(1); (ii) item 92028 or 92059 of the Telehealth and Telephone Determination; and (b) the service is performed once in a 3 month period; and (c) the service is performed on the same day; and (d) the service: (i) is not performed by a person who is a recognised specialist in palliative medicine who is treating a palliative patient who has been referred to the prescribed medical practitioner; and (ii) is not a service to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by a medical practitioner
7	233 (if subclause 2.16.9(1A) applies to the item)	The circumstances are that each service may be performed by a prescribed medical practitioner for a patient, if: (a) a service to which any of the following items apply but has not been claimed in the past 3 months: (i) item 732 (performed in accordance with subclause 2.16.9(1A); (ii) item 92028 or 92059 of the Telehealth and Telephone Determination; and (b) the service is performed once in a 3 month period; and (c) the service is performed on the same day; and (d) the service: (i) is not performed by a person who is a recognised specialist in palliative medicine who is treating a palliative patient who has been referred to the prescribed medical practitioner; and (ii) is not a service to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the medical practitioner

(3) In this clause:

exceptional circumstances, for a patient, means there has been a significant change in the patient's clinical condition or care circumstances that necessitates the performance of the service for the patient.

54 Clause 2.16.14 of Schedule 1

Before "735", insert "235, 236, 237, 238, 239, 240,".

55 Clause 2.16.15 of Schedule 1

Omit "735, 739, 743, 820, 822, 823, 825, 826, 828, 830, 832, 834, 835, 837, 838, 855, 857, 858, 861, 864, 866, 930, 933, 935, 946, 948 and 959", substitute "235, 236, 237, 735, 739, 743, 820, 822, 823, 825, 826, 828, 830, 832, 834, 835, 837, 838, 855, 857, 858, 861, 864, 866, 930, 933, 935, 946, 948, 959, 969, 971 and 972".

56 Clause 2.16.16 of Schedule 1

Omit "747, 750, 758, 825, 826, 828, 835, 837, 838, 937, 943, 945, 961, 962 and 964", substitute "238, 239, 240, 747, 750, 758, 825, 826, 828, 835, 837, 838, 937, 943, 945, 961, 962, 964, 973, 975 and 986".

57 Clause 2.16.19A of Schedule 1 (heading)

Repeal the heading, substitute:

2.16.19A Restrictions on items 930 to 964, 969, 971, 972, 973, 975 and 986

58 Clause 2.16.19A of Schedule 1

After "964", insert ", 969, 971, 972, 973, 975 and 986".

59 Division 2.17 of Schedule 1 (heading)

Repeal the heading, substitute:

Division 2.17—Group A17 and Subgroup 7 of Group A7: Domiciliary and residential medication management reviews

Note: Items in Subgroup 7 of Group A7 are set out in Division 2.10.

60 Clause 2.17.1 of Schedule 1

Omit "item 900", substitute "items 900 and 245".

61 Subclause 2.17.2(1) of Schedule 1

Omit "item 903", substitute "items 903 and 249".

62 Subclause 2.17.2(1) of Schedule 1 (definition of *residential medication management review*)

After "general practitioner", insert "(for item 903), or a prescribed medical practitioner (for item 249),".

63 Subclauses 2.17.2(2) and (3) of Schedule 1

Omit "general", substitute "medical".

64 Paragraph 2.17.2(4)(c) of Schedule 1

Omit "general", substitute "medical".

65 Clause 2.17.3 of Schedule 1

Repeal the clause, substitute:

2.17.3 Restrictions on items 900, 903, 245 and 249

Items 900 and 903

(1) Items 900 and 903 apply only to a service provided in the course of personal attendance by a single general practitioner on a single patient.

Items 245 and 249

(2) Items 245 and 249 apply only to a service provided in the course of personal attendance by a single prescribed medical practitioner on a single patient.

66 Division 2.20 of Schedule 1 (heading)

Repeal the heading, substitute:

Division 2.20—Group A20 and Subgroup 9 of Group A7: Mental health care

Note: Items in Subgroup 9 of Group A7 are set out in Division 2.10.

67 After clause 2.20.2 of Schedule 1

Insert:

2.20.2A Meaning of amount under clause 2.20.2A

(1) In an item of this Schedule mentioned in column 1 of table 2.20.2A:

amount under clause 2.20.2A means the sum of:

(a) the fee mentioned in column 2 for the item; and

(b) either:

(i) if a practitioner attends not more than 6 patients in a single attendance—the amount mentioned in column 3 for the item, divided by the number of patients attended; or

(ii) if a practitioner attends more than 6 patients in a single attendance—the amount mentioned in column 4 for the item.

Table 2.20.2A—Amount under clause 2.20.2A

Item	Column 1 Item of this Schedule	Column 2 Fee	Column 3 Amount if not more than 6 patients (to be divided by the number of patients) ($)	Column 4 Amount per patient if more than 6 patients ($)
1	285	The fee for item 283	22.90	1.80
2	287	The fee for item 286	22.90	1.80
3	311	The fee for item 309	22.90	1.80
4	315	The fee for item 313	22.90	1.80

(2) A reference in subclause (1) to an attendance on a patient includes, in relation to an attendance to which item 311 or 315 applies, an attendance on a person other than a patient as part of a patient's treatment.

68 Subclause 2.20.3(1) of Schedule 1 (paragraph (a) of the definition of *preparation of a GP mental health treatment plan*)

After "general practitioner", insert "or a prescribed medical practitioner".

69 Subclause 2.20.3(2) of Schedule 1 (subparagraph (c)(ii) of the definition of *referral and treatment options*)

After "general practitioner", insert "or prescribed medical practitioner".

70 Subclause 2.20.3(2) of Schedule 1 (subparagraph (c)(iv) of the definition of *referral and treatment options*)

Omit "medical practitioner mentioned in paragraph 1.9.4(1)(b) of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018*", substitute "prescribed medical practitioner mentioned in paragraph 2.20.7A(1)(b)".

71 Clause 2.20.4 of Schedule 1 (definition of *review of a GP mental health treatment plan*)

After "general practitioner", insert "or a prescribed medical practitioner".

72 Clause 2.20.5 of Schedule 1

Repeal the clause, substitute:

2.20.5 Meaning of associated general practitioner and associated medical practitioner

(1) In item 2712:

associated general practitioner means a general practitioner (not including a specialist or consultant physician) who, if not engaged in the same general practice as the general practitioner mentioned in that item, performs the service described in the item at the request of the patient (or the patient's guardian).

(2) In item 277:

associated medical practitioner means a medical practitioner who, if not engaged in the same general practice as the prescribed medical practitioner mentioned in the item, performs the service described in the item at the request of the patient (or the patient's guardian).

73 Clause 2.20.6 of Schedule 1 (heading)

Repeal the heading, substitute:

2.20.6 Restrictions on items in Subgroup 1 of Group A20 and Subgroup 9 of Group A7 (GP mental health treatment plans)

74 Subclause 2.20.6(1) of Schedule 1

Omit "2715 and 2717", substitute "2715, 2717, 272, 276, 277, 279, 281 and 282".

75 Subclause 2.20.6(2) of Schedule 1

Omit "and 2717", substitute ", 2717, 272, 276, 277, 281 and 282".

76 Paragraph 2.20.6(2)(c) of Schedule 1

Omit "general", substitute "medical".

77 Subclause 2.20.6(3) of Schedule 1 (heading)

Repeal the heading, substitute:

Timing of certain services—items 2700, 2701, 2715 and 2717

78 After subclause 2.20.6(8) of Schedule 1

Insert:

Timing of certain services—items 272, 276, 281 and 282

(8A) Unless exceptional circumstances exist, items 272, 276, 281 and 282 cannot be claimed:

(a) with a service to which any of the following apply:

(i) items 235 to 240, 279, 735 to 758 and 2713;

(ii) items 92115, 92121 and 92133 of the Telehealth and Telephone Determination; or

(b) more than once in a 12 month period from the provision of any of the items for a particular patient; or

(c) within 3 months following the provision of a service to which item 277 or 2712, or item 92114, 92120, 92126 or 92132 of the Telehealth and Telephone Determination, applies; or

(d) more than once in a 12 month period from the provision of any of items 92118, 92119, 92122 or 92123 of the Telehealth and Telephone Determination.

Item 277

(8B) Item 277 applies only if one of the following services has been provided to the patient:

(a) the preparation of a GP mental health treatment plan under any of the following:

(i) item 272, 276, 281, 282, 2700, 2701, 2715 or 2717;

(ii) item 92112, 92113, 92116, 92117, 92118, 92119, 92122 or 92123 of the Telehealth and Telephone Determination;

(b) a psychiatrist assessment and management plan under item 291, or item 92435 or 92475 of the Telehealth and Telephone Determination.

(8C) Item 277 does not apply:

(a) to a service to which any of the following apply:

(i) item 235, 236, 237, 238, 239 240 or 279;

(ii) item 735, 739, 743, 747, 750 or 758;

(iii) item 2713;

(iv) item 92121, 92133, 92115 or 92127 of the Telehealth and Telephone Determination; or

(b) unless exceptional circumstances exist for the provision of the service:

(i) more than once in a 3 month period; or

(ii) within 4 weeks following the preparation of a GP mental health treatment plan under any of the following:

(A) item 272, 276, 281, 282, 2700, 2701, 2715 or 2717;

(B) item 92112, 92113, 92116, 92117, 92118, 92119, 92122 or 92123 of the Telehealth and Telephone Determination.

Item 279

(8D) Item 279 does not apply in association with a service to which any of the following apply:

(a) item 272, 276, 277, 281, 282, 2700, 2701, 2715, 2717 or 2712;

(b) item 92112, 92113, 92114, 92116, 92117, 92118, 92119, 92120, 92122, 92123 or 92132 of the Telehealth and Telephone Determination.

Items 281 and 282—practitioner training

(8E) Items 281 and 282 apply only if the prescribed medical practitioner providing the service has successfully completed mental health skills training.

79 After clause 2.20.7 of Schedule 1

Insert:

2.20.7A Restrictions on items in Subgroup 9 of Group A7 (focussed psychological strategies)

(1) Items 283, 285, 286, 287, 309, 311, 313 and 315 apply to a service which:

(a) is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and

(b) is provided by a prescribed medical practitioner:

(i) whose name is entered in the register maintained by the Chief Executive Medicare under section 33 of the *Human Services (Medicare) Regulations 2017*; and

(ii) who is identified in the register as a medical practitioner who can provide services to which item 283, 285, 286, 287, 309, 311, 313 or 315, or an item in Subgroup 2 of Group A20, applies; and

(iii) who meets any training and skills requirements, as determined by the General Practice Mental Health Standards Collaboration, for providing services to which item 283, 285, 286, 287, 309, 311, 313 or 315, or an item in Subgroup 2 of Group A20, applies.

(2) Items 283, 285, 286, 287, 309, 311, 313 and 315 do not apply to:

(a) a service which:

(i) is provided by a prescribed medical practitioner to a patient, or to a person other than the patient as part of the patient's treatment, if, in the calendar year, 6 other services to which any of the following items apply have already been provided to the patient or to the person:

(A) item 283, 285, 286, 287 309, 311, 313 or 315;

(B) an item in Subgroup 2 of Group A20;

(C) item 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 91859, 91861, 91862, 91863, 91864, 91865, 91866 or

91867 of the Telehealth and Telephone Determination applies; or

(ii) is provided before the prescribed medical practitioner managing the GP mental health treatment plan or the psychiatrist assessment and management plan has conducted a patient review and recorded in the patient's records a recommendation that the patient have additional sessions of focussed psychological strategies in the same calendar year; or

(b) a service which is provided to a patient, or to a person other than the patient as part of the patient's treatment, if, in the calendar year, 10 other services to which any of the following items apply have already been provided to the patient or to the person:

(i) item 283, 285, 286, 287, 309, 311, 313, 315, 80000 to 80016, 80100 to 80116, 80125 to 80141, 80150 to 80166, 91166, 91167, 91168, 91169, 91170, 91171, 91172, 91173, 91174, 91175, 91176, 91177, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 91188, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 91859, 91861, 91862, 91863, 91864, 91865, 91866 or 91867;

(ii) an item in Subgroup 2 of Group A20.

(3) In addition to the restrictions in subclauses (1) and (2) of this clause, item 309, 311, 313 or 315 applies to a service provided by a prescribed medical practitioner to a person other than the patient only if:

(a) the prescribed medical practitioner determines it is clinically appropriate to provide focussed psychological strategies services to a person other than the patient, and makes a written record of this determination in the patient's records; and

(b) the prescribed medical practitioner:

(i) explains the service to the patient; and

(ii) obtains the patient's consent for the service to be provided to the other person as part of the patient's treatment; and

(iii) makes a written record of the consent; and

(c) the service is provided as part of the patient's treatment; and

(d) the patient is not in attendance during the provision of the service; and

(e) in the calendar year, no more than one other service to which item 309, 311, 313, 315, 2739, 2741, 2743, 2745, 80002, 80006, 80012, 80016, 80102, 80106, 80112, 80116, 80129, 80131, 80137, 80141, 80154, 80156, 80162, 80166, 91168, 91171, 91174, 91177, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91859, 91861, 91862, 91863, 91864, 91865, 91866 or 91867 applies has already been provided to or in relation to the patient.

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

80 Division 2.22 of Schedule 1 (heading)

Repeal the heading, substitute:

Division 2.22—Group A27 and Subgroup 11 of Group A7: Pregnancy support counselling

Note: Items in Subgroup 11 of Group A7 are set out in Division 2.10.

81 Clause 2.22.1 of Schedule 1 (heading)

Repeal the heading, substitute:

2.22.1 Restrictions on items 4001 and 792

82 After subclause 2.22.1(1) of Schedule 1

Insert:

(1A) A service to which item 792 applies must not be provided by a prescribed medical practitioner who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination.

83 Subclause 2.22.1(2) of Schedule 1

Omit "Item 4001 does", substitute "Items 4001 and 792 do".

84 Subclause 2.22.1(3) of Schedule 1

Omit "item 4001", substitute "items 4001 and 729".

85 Subclause 2.22.1(3) of Schedule 1 (definition of *non-directive pregnancy support counselling*)

After "by a general practitioner", insert "(for item 4001) or a prescribed medical practitioner (for item 729)".

86 Subclause 2.22.1(3) of Schedule 1 (paragraph (b) of the definition of *non-directive pregnancy support counselling*)

Omit "the general" (wherever occurring), substitute "the medical".

87 Subclause 2.22.1(4) of Schedule 1

After "4001", insert "or 729".

88 Clause 2.31.5 of Schedule 1 (note 1)

Omit "Note 1", substitute "Note".

89 Clause 2.31.5 of Schedule 1 (note 2)

Repeal the note.

90 Schedule 1 (item 11607, note)

Omit ", 224 to 228, 229 to 244".

91 Clause 7.1.1 of Schedule 1

Insert:

amount under clause 2.1.2 has the meaning given by clause 2.1.2.

amount under clause 2.20.2A has the meaning given by clause 2.20.2A.

associated medical practitioner:

(a) for item 233—has the meaning given by subclause 2.16.2(2); and

(b) for item 277—has the meaning given by subclause 2.20.5(2).

92 Clause 7.1.1 of Schedule 1 (definition of *contribute to a multidisciplinary care plan*)

Omit "and 731", substitute ", 731, 231 and 232".

93 Clause 7.1.1 of Schedule 1 (definition of *coordinating a review of team care arrangements*)

Omit "item 732", substitute "items 732 and 233".

94 Clause 7.1.1 of Schedule 1 (definition of *coordinating the development of team care arrangements*)

Omit "item 723", substitute "items 723 and 230".

95 Clause 7.1.1 of Schedule 1

Insert:

eligible area means a Modified Monash 2 area, a Modified Monash 3 area, a Modified Monash 4 area, a Modified Monash 5 area, a Modified Monash 6 area or a Modified Monash 7 area.

96 Clause 7.1.1 of Schedule 1 (definition of *living in a community setting*)

Omit "item 900", substitute "items 245 and 900".

97 Clause 7.1.1 of Schedule 1 (paragraph (a) of the definition of *multidisciplinary care plan*)

Omit "for items 729 and 731", substitute "for items 231, 233, 729 and 731".

98 Clause 7.1.1 of Schedule 1 (definition of *multidisciplinary discharge case conference*)

Before "735", insert "235, 236, 237, 238, 239, 240,".

99 Clause 7.1.1 of Schedule 1 (paragraph (a) of the definition of *organise and coordinate*)

Omit "735, 739, 743, 820, 822, 823, 825, 826, 828, 830, 832, 834, 835, 837, 838, 855, 857, 858, 861, 864 and 866", substitute "235, 236, 237, 735, 739, 743, 820, 822, 823, 825, 826, 828, 830, 832, 834, 835, 837, 838, 855, 857, 858, 861, 864, 866, 969, 971 and 972".

100 Clause 7.1.1 of Schedule 1 (paragraph (a) of the definition of *participate*)

Omit "747, 750, 758, 825, 826, 828, 835, 837 and 838", substitute "238, 239, 240, 747, 750, 758, 825, 826, 828, 835, 837, 838, 973, 975 and 986".

101 Clause 7.1.1 of Schedule 1 (definition of *preparing a GP management plan*)

Omit "item 721", substitute "items 229 and 721".

102 Clause 7.1.1 of Schedule 1

Insert:

prescribed medical practitioner means a medical practitioner:

(a) who is not a general practitioner, specialist or consultant physician; and

(b) who:

(i) is registered under section 3GA of the Act and is practising during the period, and in the location, in respect of which the medical practitioner is registered, and insofar as the circumstances specified for the purposes of paragraph 19AA(3)(b) of the Act apply; or

(ii) is covered by an exemption under subsection 19AB(3) of the Act; or

(iii) first became a medical practitioner before 1 November 1996.

103 Clause 7.1.1 of Schedule 1 (definition of *residential medication management review*

Omit "item 903", substitute "items 249 and 903".

104 Clause 7.1.1 of Schedule 1 (definition of *reviewing a GP management plan*)

Omit "item 732", substitute "items 233 and 732".

105 Clause 7.1.1 of Schedule 1

Insert:

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

Schedule 6—Pathology services

Part 1—Genetic testing—general

Health Insurance (Pathology Services Table) Regulations 2020

1 Clause 1.2.13 of Schedule 1

Repeal the clause, substitute:

1.2.13 Restriction on items 66551, 73812 and 73826—timing

For any patient, items 66551, 73812 and 73826 cannot be claimed more than 4 times in 12 months, whether claimed individually or in any combination of the items.

2 Schedule 1 (after item 73340)

Insert:

73343	Detection of 17p chromosomal deletions by fluorescence in situ hybridisation or genome wide micro-array, in a patient with chronic lymphocytic leukaemia or small lymphocytic lymphoma, on a peripheral blood, bone marrow or lymph node sample, requested by a specialist or consultant physician For any particular patient: (a) at initial diagnosis; or (b) at disease relapse; or (c) on disease progression; but only where initiation of, or change in, therapy is anticipated	589.90

3 Division 2.7 of Schedule 1 (Group P7 table, at the end of the table)

Add:

73440	Genomic testing and copy number variant analysis of genes known to be causative or likely causative of childhood hearing loss in a patient, if: (a) the testing and analysis is requested by a specialist or consultant physician; and (b) the patient has congenital or childhood onset hearing loss that presented before the patient was 18 years of age and is permanent moderate, severe, or profound (>40 dB in the worst ear over 3 frequencies) and classified as sensorineural, auditory neuropathy or mixed; and (c) the patient is not eligible for a service to which item 73358 or 73359 applies; and (d) the testing and analysis is not associated with a service to which item 73441 applies Applicable once per lifetime	1,200.00
73441	Genomic testing and copy number variant analysis of relevant genes known to be causative or likely causative of childhood hearing loss in a patient, if: (a) the testing and analysis is requested by a specialist or consultant	2,100.00

	physician; and (b) the patient has congenital or childhood onset hearing loss that presented before the patient was 18 years of age and is permanent bilateral moderate, severe, or profound (>40 dB in the worst ear over 3 frequencies) and classified as sensorineural, auditory neuropathy or mixed; and (c) the testing and analysis is performed using a sample from the patient and a sample from each of the patient's biological parents; and (d) the patient is not eligible for a service to which item 73358 or 73359 applies; and (e) the testing and analysis is not associated with a service to which item 73440 applies Applicable once per lifetime	
73442	Re-analysis of whole exome or genome data obtained under a service to which item 73440 or 73441 applies, for characterisation of previously unreported germline gene variants for childhood hearing loss in a patient, if: (a) the re-analysis is requested by a specialist or consultant physician; and (b) the re-analysis is performed at least 24 months after: (i) the service to which items 73440 or 73441 applies has been provided to the patient; or (ii) a service to which this item applies is performed for the patient Applicable twice per lifetime	500.00
73443	Characterisation of one or more familial germline gene variants known to be causative or likely causative of childhood hearing loss in a person, if: (a) the person tested is a biological relative of a patient with a germline gene variant known to be causative or likely causative of hearing loss confirmed by laboratory findings; and (b) the result of a previous proband testing is made available to the laboratory undertaking the characterisation	400.00
73444	Characterisation of all germline variants in one or more genes known to cause hearing loss in a person, if: (a) the characterisation is requested by a specialist or consultant physician; and (b) the characterisation is for the reproductive partner of a patient with a pathogenic or likely pathogenic recessive germline gene variant known to cause hearing loss confirmed by laboratory findings; and (c) the result of the patient's previous testing is made available to the laboratory undertaking the characterisation	1,200.00
73445	Characterisation of a variant or variants in a panel of at least 25 genes using DNA and RNA, requested by a specialist or consultant physician, to determine the diagnosis, prognosis and/or management of a patient presenting with a clinically suspected haematological malignancy of myeloid origin Applicable once per diagnostic episode, at diagnosis, disease progression or relapse	1,100.00
73446	Characterisation of a variant or variants in a panel of at least 25 genes using DNA and RNA, requested by a specialist or consultant physician, to determine the diagnosis, prognosis and/or management of a patient presenting with a clinically suspected haematological malignancy of lymphoid origin Applicable once per diagnostic episode, at diagnosis, disease progression	1,100.00

	or relapse	
73447	Characterisation of a variant or variants in a panel of at least 25 genes using DNA, requested by a specialist or consultant physician, to determine the diagnosis, prognosis and/or management of a patient presenting with a clinically suspected haematological malignancy of myeloid origin Applicable once per diagnostic episode, at diagnosis, disease progression or relapse	927.90
73448	Characterisation of a variant or variants in a panel of at least 25 genes using DNA, requested by a specialist or consultant physician, to determine the diagnosis, prognosis and/or management of a patient presenting with a clinically suspected haematological malignancy of lymphoid origin Applicable once per diagnostic episode, at diagnosis, disease progression or relapse	927.90
73451	Testing of a patient who is pregnant, or planning pregnancy, to identify carrier status for pathogenic or likely pathogenic variants in the following genes, for the purpose of determining reproductive risk of cystic fibrosis, spinal muscular atrophy or fragile X syndrome: (a) CFTR; (b) SMN1; (c) FMR1 One test per lifetime	400.00
73452	Testing of the reproductive partner of a patient who has been found to be a carrier of a pathogenic or likely pathogenic variant in the CFTR or SMN1 gene identified by testing under item 73451, for the purpose of determining the couple's reproductive risk of cystic fibrosis or spinal muscular atrophy One test per condition per lifetime	400.00
73453	Characterisation of germline pathogenic or likely pathogenic gene variants: (a) in at least the following genes: (i) ASPA; (ii) BLM; (iii) CFTR; (iv) ELP1; (v) FANCA; (vi) FANCC; (vii) FANCG; (viii) FMR1; (ix) G6PC1; (x) GBA1; (xi) HEXA; (xii) MCOLN1; (xiii) SLC37A4; (xiv) SMN1; (xv) SMPD1; and (b) in a patient of reproductive age who is of Ashkenazi Jewish descent, for the purpose of ascertaining the patient's carrier status for the following: (i) Bloom syndrome; (ii) Canavan disease; (iii) Cystic fibrosis; (iv) Familial dysautonomia; (v) Fanconi anaemia type C;	425.00

	(vi) Fragile-X syndrome; (vii) Gaucher disease; (viii) Glycogen storage disease type I; (ix) Mucolipidosis type IV; (x) Niemann-Pick disease type A 7; (xi) Spinal muscular atrophy; (xii) Tay-Sachs disease Applicable once per lifetime	
73454	Whole gene sequencing of a gene or genes described in item 73453, in a patient who is the reproductive partner of an individual who is affected by, or is a known genetic carrier of, one or more conditions described in item 73453 (other than cystic fibrosis, fragile-X syndrome or spinal muscular atrophy), for the purpose of determining the couple's combined reproductive risk of the conditions, if: (a) the patient is not eligible for a service to which item 73453 applies; and (b) the patient has not received a service to which item 73453 applies; and (c) the patient has not received a service to which this item applies for the purpose of determining the patient's reproductive risk with the patient's current reproductive partner Applicable once per couple per lifetime	1,200.00
73455	Testing of a pregnant patient, if at least one prospective parent is known to be affected by, or is a genetic carrier of, one or more conditions described in item 73453, for the purpose of determining whether a familial variant or variants are present in the fetus, if: (a) the testing is requested by a specialist or consultant physician; and (b) there is at least a 25% risk of the fetus inheriting a condition described in paragraph (b) of item 73453	1,600.00
73456	Characterisation by whole genome sequencing, or by either or both whole exome sequencing and mitochondrial DNA sequencing, of germline variants present in nuclear DNA and in mitochondrial DNA of a patient with a strong suspicion of a mitochondrial disease, if: (a) the characterisation is requested by a specialist or consultant physician; and (b) the characterisation is requested because of the onset of one or more clinical features indicative of mitochondrial disease, including at least one or more of the following: (i) meeting the clinical criteria of a probable indicator of mitochondrial disease on a relevant scoring system; (ii)-evident mitochondrial dysfunction or decompensation; (iii) unexplained hypotonia or weakness, profound hypoglycaemia or "failure to thrive" in the presence of a metabolic acidosis; (iv) unexplained single or multi-organ dysfunction or fulminant failure (including, but not limited to, neuropathies, myopathies, hepatopathy, pancreatic and/or bone marrow failure); (v) refractory or atypical seizures, developmental delays or cognitive regression, or progressive encephalopathy or progressive encephalomyopathy; (vi) cardiomyopathy and/or cardiac arrythmias; (vii) rapid hearing or painless visual loss or ptosis; (viii) stroke-like episodes or nonvasculitic strokes; (ix) ataxia, encephalopathy, seizures, muscle fatigue or weakness; (x) external ophthalmoplegia; (xi) hearing loss, diabetes, unexplained short stature, or	2,100.00

	endocrinopathy; (xii) family history of mitochondrial disease, or any of the above; and (c) the service is not a service associated with a service to which item 73358, 73359 or 73457 applies Applicable only once per lifetime	
73457	Characterisation by whole genome sequencing, or either or both whole exome sequencing and mitochondrial DNA sequencing, of germline variants present in nuclear DNA and in mitochondrial DNA, of a patient with a strong suspicion of a mitochondrial disease, if: (a) the characterisation is performed using a sample from the patient and a sample from each of the patient's biological parents; and (b) the request for the characterisation states that singleton testing is inappropriate; and (c) the characterisation is requested by a specialist or consultant physician; and (d) the characterisation is requested because of the onset of one or more clinical features indicative of mitochondrial disease, including at least one or more of the following: (i) meeting the clinical criteria of a probable indicator of mitochondrial disease on a relevant scoring system; (ii) evident mitochondrial dysfunction or decompensation; (iii) unexplained hypotonia or weakness, profound hypoglycaemia or "failure to thrive" in the presence of a metabolic acidosis; (iv) unexplained single or multi-organ dysfunction or fulminant failure (including, but not limited to, neuropathies, myopathies, hepatopathy, pancreatic and/or bone marrow failure); (v) refractory or atypical seizures, developmental delays or cognitive regression, or progressive encephalopathy or progressive encephalomyopathy; (vi) cardiomyopathy and/or cardiac arrythmias; (vii) rapid hearing or painless visual loss or ptosis; (viii) stroke-like episodes or nonvasculitic strokes; (ix) ataxia, encephalopathy, seizures, muscle fatigue or weakness; (x) external ophthalmoplegia; (xi) hearing loss, diabetes, unexplained short stature, or endocrinopathy; (xii) family history of mitochondrial disease; and (e) the service is not a service associated with a service to which item 73358, 73359 or 73456 applies Applicable only once per lifetime	3,300.00
73458	Re-analysis of whole genome or whole exome or mitochondrial DNA data obtained in performing a service to which item 73456 or 73457 applies, for characterisation of previously unreported germline variants related to the clinical phenotype, if: (a) the re-analysis is requested by a specialist or consultant physician; and (b) the patient is strongly suspected of having a monogenic mitochondrial disease; and (c) the re-analysis is performed at least 24 months after: (i) the service to which item 73456 or 73457 applies; or (ii) a service to which this item applies Applicable twice per lifetime	500.00
73459	Testing for diagnostic purposes of a pregnant patient, for detection in the	1,600.00

	fetus of a gene variant or variants present in the parents, if: (a) the gene variant or variants are: (i) a variant or variants in the mitochondrial genome identified in the oocyte donating parent; or (ii) autosomal recessive variants identified in both biological parents within the same gene; or (iii) an autosomal dominant or X-linked variant identified in either biological parent; or (iv) identified in a biological sibling of the fetus; and (b) the causative variant or variants for the condition of the fetus' first-degree relative have been confirmed by laboratory findings; and (c) the detection is requested by a specialist or consultant physician; and (d) the service is not a service associated with a service to which item 73361, 73362, 73363 or 73462 applies	
73460	Characterisation of mitochondrial DNA deletion or variant for diagnostic purposes in a patient suspected to have mitochondrial disease, if: (a) the characterisation is requested by the specialist or consultant physician managing the patient's treatment; and (b) the patient displays onset of one or more clinical features indicative of mitochondrial disease, including at least one or more of the following: (i) meeting the clinical criteria of a probable indicator of mitochondrial disease on a relevant scoring system; (ii) evident mitochondrial dysfunction or decompensation; (iii) unexplained hypotonia or weakness, profound hypoglycaemia or 'failure to thrive' in the presence of a metabolic acidosis; (iv) unexplained single or multi-organ dysfunction or fulminant failure (including, but not limited to, neuropathies, myopathies, hepatopathy, pancreatic and/or bone marrow failure); (v) refractory or atypical seizures, developmental delays or cognitive regression, or progressive encephalopathy or progressive encephalomyopathy; (vi) cardiomyopathy and/or cardiac arrythmias; (vii) rapid hearing or painless visual loss or ptosis; (viii) stroke-like episodes or nonvasculitic strokes; (ix) ataxia, encephalopathy, seizures, muscle fatigue or weakness; (x) external ophthalmoplegia; (xi) hearing loss, diabetes, unexplained short stature, or endocrinopathy; (xii) family history of mitochondrial disease; and (c) the service is performed following a service to which items 73292, 73358, 73359, 73456 or 73457 applies for the same patient if the results were non-informative Applicable 3 times per lifetime	450.00
73461	Whole gene testing of a person for the characterisation of all germline gene variants within the same gene in which the person's reproductive partner has a pathogenic or likely pathogenic germline recessive gene variant for mitochondrial disease, if: (a) the partner's germline recessive gene variant is confirmed by laboratory findings; and (b) the characterisation is requested by a specialist or consultant physician	1,200.00
73462	Testing of a person for the detection of a single gene variant, if: (a) the person tested has a biological relative with a known pathogenic or likely pathogenic mitochondrial disease variant confirmed by	400.00

laboratory findings; and

(b) the testing is requested by a specialist or consultant physician; and

(c) the service is not a service associated with a service to which item 73361, 73362 or 73363 applies

Part 2—Genetic testing for cardiac arrhythmias

Health Insurance (Pathology Services Table) Regulations 2020

4 Schedule 1 (item 73418, column 2)

Omit "once per variant", substitute "once per gene".

5 Schedule 1 (item 73418, column 3)

Omit "400.00", substitute "1,200.00".

Part 3—NT-proBNP testing in patients with systemic sclerosis

Health Insurance (Pathology Services Table) Regulations 2020

6 Schedule 1 (after item 66584)

Insert:

66585	Quantification of laboratory-based BNP or NT-proBNP testing in a patient with systemic sclerosis (scleroderma) to assess risk of pulmonary arterial hypertension Maximum of 2 tests in a 12 month period	58.50

Part 4—Prostate specific antigen testing

Health Insurance (Pathology Services Table) Regulations 2020

7 Schedule 1 (after item 66653)

Insert:

66654	Prostate specific antigen—quantitation in the monitoring of high risk patients For any particular patient, applicable not more than once in 11 months	20.15

8 Schedule 1 (item 66655, column 2)

Omit "12", substitute "23".

9 Schedule 1 (item 66656, column 2)

Omit "a test to which item 66655 applies", substitute "prostate cancer, prostatitis or a premalignant condition such as atypical small acinar proliferation".

10 Schedule 1 (cell at item 66659, column 2)

Repeal the cell, substitute:

Prostate specific antigen (PSA), quantitation of 2 or more fractions of PSA and any derived index, including, if performed, a test described in item 66656, in the follow up of a PSA result under item 66654 or 66655 that lies at:

(a) more than 2.0 ug/L but less than or equal to 5.5 ug/L for patients with a family history of prostate cancer; or

(b) more than 3.0 ug/L but less than or equal to 5.5 ug/L for patients who are at least 50 years of age but under 70 years of age; or

(c) more than 5.5 ug/L but less than or equal to 10.0 ug/L for patients who are at least 70 years of age

For any particular patient, applicable not more than once in 11 months

11 Schedule 1 (cell at item 66660, column 2)

Repeal the cell, substitute:

Prostate specific antigen (PSA), quantitation of 2 or more fractions of PSA and any derived index, in the monitoring of previously diagnosed prostatic disease, including, if performed, a test described in item 66656, if the current PSA level lies at:

(a) more than 2.0 ug/L but less than or equal to 5.5 ug/L for patients with a family history of prostate cancer; or

(b) more than 3.0 ug/L but less than or equal to 5.5 ug/L for patients who are at least 50 years of age but under 70 years of age; or

(c) more than 5.5 ug/L but less than or equal to 10.0 ug/L for patients who are at least 70 years of age

For any particular patient, applicable not more than 4 times in 11 months

Part 5—Detection of measurable residual disease in acute lymphoblastic leukaemia

Health Insurance (Pathology Services Table) Regulations 2020

12 Schedule 1 (after item 71200)

Insert:

71202	Measurable residual disease (MRD) testing by flow cytometry, performed on bone marrow from a patient diagnosed with acute lymphoblastic leukaemia, for the purpose of determining baseline MRD, or facilitating the determination of MRD following combination chemotherapy or after salvage therapy, requested by a specialist or consultant physician practising as a haematologist or oncologist	550.00

13 Schedule 1 (after item 73309)

Insert:

73310	Measurable residual disease (MRD) testing by next-generation sequencing, performed on bone marrow (or a peripheral blood sample if bone marrow cannot be collected) from a patient diagnosed with acute lymphoblastic leukaemia, for the purpose of determining baseline MRD, or facilitating the determination of MRD following combination chemotherapy or after salvage therapy, requested by a specialist or consultant physician practising as a haematologist or oncologist	1,550.00

Part 6—Prognostic gene expression profile testing

Health Insurance (Pathology Services Table) Regulations 2020

14 Schedule 1 (after item 73305)

Insert:

73306	Gene expression profiling testing using EndoPredict, for the purpose of profiling gene expression in formalin-fixed, paraffin-embedded primary breast cancer tissue from core needle biopsy or surgical tumour sample to estimate the risk of distant recurrence of breast cancer within 10 years, if: (a) the sample is from a new primary breast cancer, which is suitable for adjuvant chemotherapy; and (b) the sample has been determined to be oestrogen receptor positive and HER2 negative by IHC and ISH respectively on surgically removed tumour; and (c) the sample is axillary node negative or positive (up to 3 nodes) with a tumour size of at least 1 cm and no more than 5 cm determined by histopathology on surgically removed tumour; and (d) the sample has no evidence of distal metastasis; and (e) pre-testing of intermediate risk of distant metastases has shown that the tumour is defined by at least one of the following characteristics: (i) histopathological grade 2 or 3; (ii) one to 3 lymph nodes involved in metastatic disease (including micrometastases but not isolated tumour cells); and (f) the service is not administered for the purpose of altering treatment decisions Applicable once per new primary breast cancer diagnosis for any particular patient	1,200.00

Part 7—Improved access for certain pathology testing

Health Insurance (Pathology Services Table) Regulations 2020

15 Schedule 1 (cell at item 73296, column 2)

Repeal the cell, substitute:

Characterisation of germline gene variants, including copy number variation where appropriate, requested by a specialist or consultant physician:

(a) in genes associated with breast, ovarian, fallopian tube or primary peritoneal cancer, which must include at least:
  (i) BRCA1 and BRCA2 genes; and
  (ii) one or more STK11, PTEN, CDH1, PALB2 and TP53 genes; and

(b) in a patient:
  (i) with breast, ovarian, fallopian tube or primary peritoneal cancer; and
  (ii) for whom clinical and family history criteria place the patient at greater than 10% risk of having a pathogenic or likely pathogenic gene associated with breast, ovarian, fallopian tube or primary peritoneal cancer

Once per cancer diagnosis

16 Schedule 1 (cell at item 73297, column 2)

Repeal the cell, substitute:

Characterisation of germline gene variants, including copy number variation where appropriate, requested by a specialist or consultant physician:

(a) in genes associated with breast, ovarian, fallopian tube or primary peritoneal cancer, which may include the following genes:
  (i) BRCA1 or BRCA2;
  (ii) STK11, PTEN, CDH1, PALB2 and TP53; and

(b) in a patient:
  (i) who has a biological relative who has had a pathogenic or likely pathogenic gene variant identified in one or more of the genes mentioned in paragraph (a); or
  (ii) who has not previously received a service to which item 73295, 73296 or 73302 applies

Once per variant

Schedule 7—Medicare benefits

Health Insurance Regulations 2018

1 Subsection 28(1) (at the end of the cell at table item 1, column 2)

Add “, 123, 124”.

2 Subsection 28(1) (at the end of the cell at table item 2, column 2)

Add “, 151, 165”.

3 Subsection 28(1) (at the end of the cell at table item 6, column 2)

Add “, 301, 303”.

4 Subsection 28(1) (at the end of the cell at table item 14, column 2)

Add “, 2197, 2198, 2200”.

5 Subsection 28(1) (at the end of the cell at table item 24, column 2)

Add “, 5071, 5076, 5077”.

6 Subsection 28(1) (cell at table item 25, column 2)

Repeal the cell, substitute:

5200, 5203, 5207, 5208, 5209, 5220, 5223, 5227, 5228, 5260, 5261, 5262, 5263, 5265, 5267

7 Subsection 28(1) (cell at table item 28A, column 2)

Repeal the cell, substitute:

90020, 90035, 90043, 90051, 90054, 90092, 90093, 90095, 90096, 90098, 90183, 90188, 90202, 90212, 90215

8 Subsection 28(1) (at the end of the cell at table item 28C, column 2)

Add “, 91920, 91923, 91926”.

9 Subsection 28(1) (at the end of the cell at table item 28D, column 2)

Add “, 91900, 91903, 91906, 91910, 91913, 91916”.