

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

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Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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

Repeal 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:



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:



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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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:



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  Item | Column 2  Description | Column 3  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  Item | Column 2  Description | Column 3  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 75885applies 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;  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 | 39.20 |
| 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  (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 | 39.20 |
| 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  (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 | 46.65 |

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 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 | Amount under clause 2.1.1 |

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 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)) | 152.95 |

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 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 | | 64.10 | |
| 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 the same 9 month period:  (a) item 715;  (b) item 92004 or 92011 of the Telehealth and Telephone Determination | | | 186.90 |
| **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  (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 | | | 106.50 |
| 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 team of at least 4 medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers | | | 28.45 |
| 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 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 | | | 93.35 |
| **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 2.20.2A | | | |
| 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  (b) lasting at least 40 minutes | | 116.90 | | | |
| 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 2.20.2A | | | |
| 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 2.20.2A | | | |
| 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 2.20.2A | | | |
| **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 subsection 3C(1) of the Act. For items 92136, 92137, 92138, 92139, 93026 and 93029, see the Telehealth and Telephone Determination. | | | 67.45 |

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 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 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  (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 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 | 2,100.00 |
| 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 or relapse | 1,100.00 |
| 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;  (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 | 425.00 |
| 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 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 | 2,100.00 |
| 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 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 | 1,600.00 |
| 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 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 | 400.00 |

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”.