



Health Insurance Legislation Amendment (2024 Measures No. 2) Regulations 2024

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 23 May 2024

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 (2024 Measures No. 2) Regulations 2024*.

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.	24 May 2024
2. Schedule 1	1 July 2024.	1 July 2024
3. Schedule 2	Immediately after the commencement of the provisions covered by table item 2.	1 July 2024

Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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

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

1 Clause 2.7.1 of Schedule 1 (heading)

Omit “1 November 2023”, substitute “1 July 2024”.

2 Subclause 2.7.1(1) of Schedule 1

Repeal the subclause, substitute:

- (1) At the start of 1 July 2024 (the *indexation time*), each amount covered by subclause (2) is replaced by the amount worked out using the following formula:

$1.035 \times$ the amount immediately before the indexation time

Note: The indexed fees could in 2024 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 “\$330.20”, substitute “\$341.75”.

4 Clause 1.3.1 of Schedule 1 (heading)

Omit “1 November 2023”, substitute “1 July 2024”.

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

Repeal the subclauses, substitute:

- (1) At the start of 1 July 2024 (the *indexation time*), each amount covered by subclause (2) is replaced by the amount worked out using the following formula:

$1.035 \times$ the amount of the fee immediately before the indexation time

Note: The indexed fees could in 2024 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 A23;
- (c) items 90092, 90093, 90095, 90096 and 90098 in Group A35;
- (d) an item in Group T10.

6 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 Item of this Schedule	Column 2 Fee	Column 3 Amount if not more than 6 patients (to be divided by the number of patients) (\$)	Column 4 Amount if more than 6 patients (\$)
1	4	The fee for item 3	30.00	2.40
2	24	The fee for item 23	30.00	2.40
3	37	The fee for item 36	30.00	2.40
4	47	The fee for item 44	30.00	2.40
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	30.00	2.40
10	165	\$88.20	15.50	0.70
11	195	The fee for item 193	29.60	2.35
12	414	The fee for item 410	29.50	2.35
13	415	The fee for item 411	29.50	2.35
14	416	The fee for item 412	29.50	2.35
15	417	The fee for item 413	29.50	2.35
16	5003	The fee for item 5000	29.60	2.35
17	5010	The fee for item 5000	53.25	3.80
18	5023	The fee for item 5020	29.60	2.35
19	5028	The fee for item 5020	53.25	3.80
20	5043	The fee for item 5040	29.60	2.35
21	5049	The fee for item 5040	53.25	3.80
22	5063	The fee for item 5060	29.60	2.35
23	5067	The fee for item 5060	53.25	3.80
24	5076	The fee for item 5071	29.60	2.35
25	5077	The fee for item 5071	53.25	3.80
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	29.60	2.35

Table 2.1.1—Amount under clause 2.1.1

Item	Column 1 Item of this Schedule	Column 2 Fee	Column 3 Amount if not more than 6 patients (to be divided by the number of patients) (\$)	Column 4 Amount if more than 6 patients (\$)
37	90274	The fee for item 90273	29.60	2.35
38	90276	The fee for item 90275	23.65	1.85
39	90278	The fee for item 90277	23.65	1.85

7 Clause 2.1.2 of Schedule 1 (table 2.1.2)

Repeal the table, substitute:

Table 2.1.2—Amount under clause 2.1.2

Item	Column 1 Item of this Schedule	Column 2 Fee	Column 3 Amount if not more than 6 patients (to be divided by the number of patients) (\$)	Column 4 Amount if more than 6 patients (\$)
1	181	The fee for item 179	24.00	1.90
2	187	The fee for item 185	24.00	1.90
3	191	The fee for item 189	24.00	1.90
4	206	The fee for item 203	24.00	1.90
5	303	The fee for item 301	24.00	1.90

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

Omit “\$330.20”, substitute “\$341.75”.

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

Omit “\$330.20”, substitute “\$341.75”.

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

Omit “\$330.20”, substitute “\$341.75”.

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

Omit “\$330.20”, substitute “\$341.75”.

12 Clause 2.10.2 of Schedule 1 (note)

Repeal the note, substitute:

Note: The fees in Group A7 are indexed in accordance with clause 1.3.1.

13 Clause 2.20.2 of Schedule 1 (table 2.20.2)

Repeal the table, substitute:

Table 2.20.2—Amount under clause 2.20.2

Item	Column 1 Item of this Schedule	Column 2 Fee	Column 3 Amount if not more than 6 patients (to be divided by the number of patients) (\$)	Column 4 Amount if more than 6 patients (\$)
1	2723	The fee for item 2721	29.60	2.35
2	2727	The fee for item 2725	29.60	2.35
3	2741	The fee for item 2739	29.60	2.35
4	2745	The fee for item 2743	29.60	2.35

14 Clause 2.20.2A of Schedule 1 (table 2.20.2A)

Repeal the table, substitute:

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 if more than 6 patients (\$)
1	285	The fee for item 283	23.70	1.85
2	287	The fee for item 286	23.70	1.85
3	311	The fee for item 309	23.70	1.85
4	315	The fee for item 313	23.70	1.85

15 Subclause 2.30.1(1) of Schedule 1

Omit “\$60.55”, substitute “\$62.65”.

16 Subclause 2.30.1(2) of Schedule 1

Omit “\$43.95”, substitute “\$45.50”.

17 Clause 2.30.2 of Schedule 1 (note)

Repeal the note, substitute:

Note: The fees in Group A35 (other than the fees for items 90092, 90093, 90095, 90096 and 90098) are indexed in accordance with clause 1.3.1.

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

Omit “\$20.90”, substitute “\$21.65”.

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

Omit “\$31.50”, substitute “\$32.60”.

20 Clause 5.9.1A of Schedule 1 (definition of *base unit*)

Omit “\$21.80”, substitute “\$22.55”.

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

Omit “\$109.05”, substitute “\$112.85”.

22 Schedule 1 (items 51300, 51303, 51800 and 51803, column 2)

Omit “\$614.55” (wherever occurring), substitute “\$636.05”.

23 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	18.80	19.45
2	Table item 2	20.40	21.10
3	Table item 3	20.65	21.35
4	Table item 4	24.95	25.80
5	Table item 5	52.05	53.85
6	Table item 6	35.10	36.35
7	Table item 7	41.80	43.25
8	Table item 8	41.80	43.25
9	Table item 9	41.80	43.25
10	Table item 10	41.80	43.25
11	Table item 11	41.80	43.25
12	Table item 12	41.80	43.25
13	Table item 13	41.80	43.25
14	Table item 14	41.80	43.25
15	Table item 15	41.80	43.25
16	Table item 16	41.80	43.25

Health Insurance (Pathology Services Table) Regulations 2020**24 Clause 2.14.1 of Schedule 1 (heading)**

Omit “1 November 2023”, substitute “1 July 2024”.

25 Subclause 2.14.1(1) of Schedule 1

Repeal the subclause, substitute:

- (1) At the start of 1 July 2024 (the *indexation time*), the amount of a fee for an item in Group P12 is replaced by the amount worked out using the following formula:

$$1.035 \times \text{the amount of the fee immediately before the indexation time}$$

Note: The indexed fees could in 2024 be viewed on the Department’s MBS Online website (<http://www.health.gov.au>).

Schedule 2—Other amendments

Part 1—Diagnostic imaging services table

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

1 Paragraph 1.2.7(2)(c) of Schedule 1

Repeal the paragraph, substitute:

(c) set out:

- (i) reasons why the proprietor is unable to replace the equipment (or upgrade the equipment, if it has not already been upgraded) before the end of the equipment’s applicable life age; and
- (ii) the steps taken by the proprietor to replace the equipment (or upgrade the equipment, if it has not already been upgraded).

2 Subclauses 1.2.8(3) and (4) of Schedule 1

Repeal the subclauses, substitute:

- (3) The Secretary must not grant the exemption unless the Secretary is satisfied that both of the following apply:
 - (a) due to circumstances beyond the control of the proprietor, the proprietor is unable to replace the equipment (or upgrade the equipment, if it has not already been upgraded) before the end of its applicable life age;
 - (b) the proprietor is taking reasonable steps to replace the equipment (or upgrade the equipment, if it has not already been upgraded) before the end of the period specified under paragraph (2)(a).
- (4) The period specified under paragraph (2)(a) must end no later than 6 months after the end of the equipment’s applicable life age.

Note: The period specified under paragraph (2)(a) is the initial *exemption period* of the exemption: see clause 3.1. The exemption period can be extended or further extended under clause 1.2.10.

3 Subclause 1.2.8(6) of Schedule 1

After “extended”, insert “or further extended”.

4 Subclause 1.2.9(2) of Schedule 1

Omit “extend the exemption period of the exemption under clause 1.2.10”, substitute “extend or further extend under clause 1.2.10 the exemption period of the exemption”.

5 Paragraph 1.2.9(3)(c) of Schedule 1

Repeal the paragraph, substitute:

(c) set out:

- (i) reasons why the proprietor continues to be unable to replace or upgrade the equipment; and
- (ii) the steps taken by the proprietor to replace the equipment (or upgrade the equipment, if it has not already been upgraded).

6 Paragraph 1.2.9(4)(a) of Schedule 1

After “extension”, insert “or further extension”.

7 Subclause 1.2.10(1) of Schedule 1

After “extension”, insert “or further extension”.

8 Paragraph 1.2.10(2)(a) of Schedule 1

After “extend”, insert “or further extend”.

9 Paragraph 1.2.10(2)(b) of Schedule 1

After “extend”, insert “, or further extend,”.

10 Subclause 1.2.10(3) of Schedule 1

Repeal the subclause, substitute:

- (3) The Secretary must not extend or further extend the exemption period unless the Secretary is satisfied that both of the following apply:
 - (a) due to circumstances beyond the control of the proprietor, the proprietor is unable to replace the equipment (or upgrade the equipment, if it has not already been upgraded) before the end of the current exemption period of the exemption;
 - (b) the proprietor is taking reasonable steps to replace the equipment (or upgrade the equipment, if it has not already been upgraded) before the end of the exemption period as extended or further extended.

11 Subclause 1.2.10(4) of Schedule 1

After “extension”, insert “or further extension”.

12 Subclause 1.2.10(6) of Schedule 1

After “extend” (wherever occurring), insert “, or further extend,”.

13 Paragraph 1.2.11(1)(b) of Schedule 1

After “extend”, insert “, or further extend,”.

14 Clause 1.2.14 of Schedule 1

Repeal the clause.

15 Clause 2.4.1 of Schedule 1

Repeal the clause, substitute:

2.4.1 Nuclear scanning services (other than PET nuclear scanning services) and adjunctive services

- (1) An item in Subgroup 1 or 3 of Group I4 applies only if:
 - (a) the performance of the service does not involve the use of positron-emission radio-isotopes or a PET scanner; and
 - (b) the service is performed under the supervision of a nuclear medicine credentialed specialist who is available to monitor and influence the conduct and diagnostic quality of the examination; and

- (c) a nuclear medicine credentialled specialist or a specialist in the specialty of diagnostic radiology is available, if necessary, to attend on the patient personally; and
- (d) the service is reported by a nuclear medicine credentialled specialist.

- (2) Paragraphs (1)(a) to (c) do not apply if the service is performed:
- (a) in an emergency; or
 - (b) because of medical necessity, in a remote location.

16 Clause 2.4.3 of Schedule 1

Repeal the clause, substitute:

2.4.3 PET nuclear scanning services—performance under supervision

For the purposes of paragraph 2.4.2(1)(c), the service is performed in accordance with this clause if:

- (a) all of the following subparagraphs apply:
 - (i) the service is performed under the supervision of a PET credentialled specialist who is available to monitor and influence the conduct and diagnostic quality of the examination;
 - (ii) a PET credentialled specialist, a nuclear medicine credentialled specialist or a specialist in the specialty of diagnostic radiology is available, if necessary, to attend on the patient personally;
 - (iii) the service is reported by a PET credentialled specialist; or
- (b) the service is performed:
 - (i) in an emergency; or
 - (ii) because of medical necessity, in a remote location.

17 Clause 2.4.4 of Schedule 1

Omit “For the purposes of clause 2.4.2, the service must be”, substitute “For the purposes of paragraph 2.4.2(1)(c), the service is performed in accordance with this clause if the service is”.

18 Paragraph 2.4.5(1)(a) of Schedule 1

Omit “is a credentialled specialist or a medical practitioner who satisfies the requirements mentioned in subparagraphs 2.4.3(1)(b)(i) to (iv)”, substitute “is a PET credentialled specialist”.

19 Schedule 1 (after item 63476)

Insert:

63539	MRI—scan of the abdomen, requested by a specialist or consultant physician, to assess the development or growth of renal tumours in a patient with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, other than a service to which item 63540 applies	686.70
	Applicable once in any 12 month period	
	(R) (Anaes.) (Contrast)	
63540	MRI—scan of the abdomen, requested by a specialist or consultant physician, to assess a patient with one or more known renal tumours and with a confirmed clinical or molecular diagnosis of a genetic disorder associated	686.70

with an increased risk of developing renal tumours, if the service is performed:

- (a) to evaluate changes in clinical condition or suspected complications of the known renal tumours; or
- (b) where a disease specific line of treatment has been initiated and an assessment of patient responsiveness to the treatment is required

Applicable once in any 3 month period

(R) (Anaes) (Contrast)

20 Clause 3.1 of Schedule 1 (definition of *credentialled specialist*)

Repeal the definition.

21 Clause 3.1 of Schedule 1 (definition of *exemption period*)

After “extended”, insert “or further extended”.

22 Clause 3.1 of Schedule 1

Insert:

nuclear medicine credentialled specialist means a specialist or consultant physician whose name is included in a register, given to the Chief Executive Medicare by the JNMCAC, of participants in the Joint Nuclear Medicine Specialist Credentialling Program of the JNMCAC.

PET credentialled specialist means:

- (a) a specialist or consultant physician who is credentialled under the Joint Nuclear Medicine Specialist Credentialling Program for the Recognition of the Credentials of Nuclear Medicine Specialists for Positron Emission Tomography overseen by the JNMCAC; or
- (b) a specialist or consultant physician who:
 - (i) is a Fellow of the RACP or RANZCR; and
 - (ii) has reported 400 or more studies forming part of PET services for which a Medicare benefit was payable; and
 - (iii) is authorised under State or Territory law to prescribe and administer to humans the PET radiopharmaceuticals that are to be administered to a person; and
 - (iv) met the requirements of subparagraphs (i), (ii) and (iii) before 1 November 2011.

23 In the appropriate position in Part 4 of Schedule 1

Insert:

Division 2—Health Insurance Legislation Amendment (2024 Measures No. 2) Regulations 2024

4.3 Definitions

In this Division:

amending instrument means the Health Insurance Legislation Amendment (2024 Measures No. 2) Regulations 2024.

4.4 Exemptions from capital sensitivity requirements

- (1) The amendments of this instrument made by items 2 to 4 and 6 to 14 of Part 1 of Schedule 2 to the amending instrument apply in relation to a decision on an application made by the Secretary on or after 1 July 2024, regardless of when the application was made.
- (2) The amendments of this instrument made by items 1 and 5 of Part 1 of Schedule 2 to the amending instrument apply in relation to applications made on or after 1 July 2024.

4.5 PET nuclear scanning services—statutory declaration

The amendment of clause 2.4.5 of this instrument made by Part 1 of Schedule 2 to the amending instrument applies in relation to statutory declarations given on or after 1 July 2024.

Part 2—General medical services table

Health Insurance (General Medical Services Table) Regulations 2021

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

Repeal the cell, substitute:

Brain stem evoked response audiometry, if:

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

(Anaes.)

25 Schedule 1 (items 11340, 11341 and 11343, column 2)

Omit “11027, 11205 or 11300”, substitute “11027 or 11205”.

26 Schedule 1 (cell at item 32222, column 2)

Repeal the cell, substitute:

Endoscopic examination of the colon to the caecum by colonoscopy, for a patient:

- (a) following a positive faecal occult blood test; or
- (b) who has symptoms consistent with pathology of the colonic mucosa; or
- (c) who has anaemia or iron deficiency; or
- (d) for whom diagnostic imaging has shown an abnormality of the colon; or
- (e) who is undergoing the first examination following surgery for colorectal cancer; or
- (f) who is undergoing pre-operative evaluation; or
- (g) for whom a repeat colonoscopy is required due to inadequate bowel preparation for the patient’s previous colonoscopy; or
- (h) for the management of inflammatory bowel disease; other than a service associated with a service to which item 32230 applies

Applicable once on a day under a single episode of anaesthesia or other sedation (Anaes.)

27 Schedule 1 (cell at item 32223, column 2)

Repeal the cell, substitute:

Endoscopic examination of the colon to the caecum by colonoscopy, for a patient:

- (a) who has had a colonoscopy that revealed:
 - (i) one to 4 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or
 - (ii) one or 2 sessile serrated lesions, each of which was less than 10 mm in diameter, and without dysplasia; or
- (b) who has a moderate risk of colorectal cancer due to family history; or

- (c) who has a history of colorectal cancer and has had an initial post-operative colonoscopy that did not reveal any adenomas or colorectal cancer;

other than a service associated with a service to which item 32230 applies

Applicable once in any 5 year period (Anaes.)

28 Schedule 1 (cell at item 32224, column 2)

Repeal the cell, substitute:

Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a moderate risk of colorectal cancer due to:

- (a) a history of adenomas, including an adenoma that:

- (i) was 10 mm or greater in diameter; or
- (ii) had villous features; or
- (iii) had high grade dysplasia; or

- (b) having had a previous colonoscopy that revealed:

- (i) 5 to 9 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or
- (ii) one or 2 sessile serrated lesions, each of which was 10 mm or greater in diameter or had dysplasia; or
- (iii) a hyperplastic polyp that was 10 mm or greater in diameter; or
- (iv) 3 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or
- (v) one or 2 traditional serrated adenomas, of any size;

other than a service associated with a service to which item 32230 applies

Applicable once in any 3 year period (Anaes.)

29 Schedule 1 (cell at item 32225, column 2)

Repeal the cell, substitute:

Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a high risk of colorectal cancer due to having had a previous colonoscopy that:

- (a) revealed 10 or more adenomas; or
- (b) included a piecemeal, or possibly incomplete, excision of a large, sessile polyp;

other than a service associated with a service to which item 32230 applies

Applicable 4 times in any 12 month period (Anaes.)

30 Schedule 1 (cell at item 32226, column 2)

Repeal the cell, substitute:

Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a high risk of colorectal cancer due to:

- (a) having either:

- (i) a known or suspected familial condition, such as familial adenomatous polyposis, Lynch syndrome or serrated polyposis syndrome; or
- (ii) a genetic mutation associated with hereditary colorectal cancer; or

Schedule 2 Other amendments
Part 2 General medical services table

- (b) having had a previous colonoscopy that revealed:
- (i) 5 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or
 - (ii) 3 or more sessile serrated lesions, one or more of which was 10 mm or greater in diameter or had dysplasia; or
 - (iii) 3 or more traditional serrated adenomas, of any size;
- other than a service associated with a service to which item 32230 applies
- Applicable once in any 12 month period (Anaes.)

31 Schedule 1 (cell at item 32228, column 2)

Repeal the cell, substitute:

Endoscopic examination of the colon to the caecum by colonoscopy, other than:

- (a) a service to which item 32222, 32223, 32224, 32225 or 32226 applies; or
 - (b) a service associated with a service to which item 32230 applies
- Applicable once (Anaes.)

32 Schedule 1 (cell at item 32230, column 2)

Repeal the cell, substitute:

Endoscopic mucosal resection using electrocautery of a non-invasive sessile or flat superficial colorectal neoplasm which is at least 25mm in diameter, if the service is supported by photographic evidence to confirm the size of the polyp in situ

Applicable once per polyp (H) (Anaes.)

33 Schedule 1 (item 37204, column 2)

Omit “Cytoscopy”, substitute “Cystoscopy”.

34 Schedule 1 (item 37205, column 2)

Omit “cytoscopy and with or without urethrosocopy”, substitute “cystoscopy and with or without urethroscopy”.

35 Schedule 1 (after item 41764)

Insert:

41768	Unilateral insertion of bioabsorbable implant for nasal airway obstruction due to lateral wall insufficiency confirmed by positive modified Cottle manoeuvre, if: <ul style="list-style-type: none">(a) the procedure is provided by a specialist in the practice of the specialist’s specialty of otolaryngology or plastic surgery; and(b) the patient has a self-reported NOSE Scale score of equal to or greater than 55; and(c) NOSE Scale evidence (with or without photographic evidence demonstrating the clinical need for this service) is documented in the patient notes; and(d) the patient has not previously received a service to which item 41769 applies Applicable once per lifetime per nostril (Anaes.)	205.90
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41769	<p>Bilateral insertion of bioabsorbable implant for nasal airway obstruction due to lateral wall insufficiency confirmed by positive modified Cottle manoeuvre, if:</p> <ul style="list-style-type: none">(a) the procedure is provided by a specialist in the practice of the specialist's specialty of otolaryngology or plastic surgery; and(b) the patient has a self-reported NOSE Scale score of equal to or greater than 55; and(c) NOSE Scale evidence (with or without photographic evidence demonstrating the clinical need for this service) is documented in the patient notes; and(d) the patient has not previously received a service to which item 41768 applies <p>Applicable once per lifetime (Anaes.)</p>	308.90
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36 Schedule 1 (items 49564 and 49565, column 2)

After "service associated", insert "with".

37 Schedule 1 (item 50654, column 2)

After "of hip", insert "under anaesthesia".

Part 3—Pathology services table

Health Insurance (Pathology Services Table) Regulations 2020

38 Schedule 1 (after item 66585)

Insert:

66586	Quantification of BNP or NT-proBNP testing in a patient with diagnosed pulmonary arterial hypertension to monitor for disease progression Applicable 4 times in any 12 month period	58.50
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39 Schedule 1 (after item 73312)

Insert:

73313	Development of a quantitative patient-specific molecular assay for measurable residual disease (MRD) testing performed on bone marrow (or a peripheral blood sample if bone marrow cannot be collected) from a patient diagnosed with acute lymphoblastic leukaemia treated with combination chemotherapy or after salvage therapy, including the first service described in item 73316 performed on that bone marrow or peripheral blood sample, requested by a specialist or consultant physician practising as a haematologist or oncologist Applicable once per patient per episode of disease or per relapse	3,000.00
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40 Schedule 1 (after item 73315)

Insert:

73316	Measurable residual disease (MRD) testing by a quantitative patient-specific molecular assay performed on bone marrow (or, in a patient with T-cell acute lymphoblastic leukaemia, performed on a peripheral blood sample if bone marrow cannot be collected) from a patient diagnosed with acute lymphoblastic leukaemia treated with combination chemotherapy or after salvage therapy, requested by a specialist or consultant physician practising as a haematologist or oncologist, other than a service associated with a service to which item 73313 applies	780.00
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41 Schedule 1 (item 73410, column 2, paragraph (b))

Repeal the paragraph, substitute:

- (b) the determination of carrier status in a person:
- (i) who is a reproductive partner of a person with alpha thalassaemia; and
 - (ii) who has abnormal red cell indices; and
 - (iii) who does not have a concurrent iron deficiency; or
- (c) the determination of carrier status in a person:
- (i) who is a reproductive partner of a person with alpha thalassaemia and heterozygous 2-gene deletion; and
 - (ii) who has normal red cell indices

42 Schedule 1 (items 73411, 73412 and 73413, column 2, paragraph (b))

Omit “of child-bearing potential with diagnosed alpha thalassaemia”, substitute “with alpha thalassaemia”.