

Health Insurance Legislation Amendment (2024 Measures No. 3) 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. 3) 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. The whole of this instrument | Immediately after the commencement of Schedule 1 to the *Health Insurance Legislation Amendment (2024 Measures No. 2) Regulations 2024*. | 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Note: This table relates only to the provisions of this instrument as originally made.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 Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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—Amendments

Health Insurance (General Medical Services Table) Regulations 2021

1 Subclause 1.2.6(1) of Schedule 1

Omit “15600,”, substitute “15942, 15944, 15946, 15948,”.

2 Subclause 1.2.7(1) of Schedule 1

Omit “15600,”, substitute “15942, 15944, 15946, 15948,”.

3 Subclause 1.2.11(1) of Schedule 1

Omit “15000 to 15336, 15339 to 15357, 15500 to 15539”, substitute “15900 to 15984”.

4 Subparagraph 1.3.1(3)(c)(iv) of Schedule 1

Omit “2.20.2A;”, substitute “2.20.2A.”.

5 Subparagraph 1.3.1(3)(c)(v) of Schedule 1

Repeal the subparagraph.

6 Division 5.3 of Part 5 of Schedule 1

Repeal the Division, substitute:

Division 5.3—Group T2: Radiation oncology

5.3.1 Meaning of *amount under clause 5.3.1*

 In item 15954:

***amount under clause 5.3.1*** means the sum of:

 (a) the fee for item 15952; and

 (b) $22.00 for each anatomical site separately treated in excess of one.

5.3.2 Meaning of *radiation oncologist*

 In this Schedule:

***radiation oncologist*** means a specialist practising in the specialist’s specialty of radiation oncology.

5.3.3 Items in Group T2

 This clause sets out items in Group T2.

Note: The fees in Group T2 are indexed in accordance with clause 1.3.1.

| Group T2—Radiation oncology |
| --- |
| Column 1Item | Column 2Description | Column 3Fee ($) |
| Subgroup 1—Targeted intraoperative radiation therapy |
| 15900 | Breast, malignant tumour, targeted intraoperative radiation therapy, using an Intrabeam® or Xoft® Axxent® device, delivered at the time of breast‑conserving surgery (partial mastectomy or lumpectomy) for a patient who:(a) is 45 years of age or over; and(b) has a T1 or small T2 (less than or equal to 3 cm in diameter) primary tumour; and(c) has a histologic grade 1 or 2 tumour; and(d) has an oestrogen‑receptor positive tumour; and(e) has a node negative malignancy; and(f) is suitable for wide local excision of a primary invasive ductal carcinoma that was diagnosed as unifocal on conventional examination and imaging; and(g) has no contra‑indications to breast irradiationApplicable once per breast per lifetime (H) | 284.75 |
| Subgroup 2—Megavoltage |
| 15902 | Megavoltage planning—level 1.1Simple complexity single‑field radiation therapy simulation and dosimetry for treatment planning, without imaging for field setting, if:(a) all of the following apply in relation to the simulation:(i) the simulation is to one site;(ii) localisation is based on clinical mark‑up and image‑based simulation is not required;(iii) patient set‑up and immobilisation techniques are suitable for two‑dimensional radiation therapy treatment, with wide margins and allowance for movement; and(b) all of the following apply in relation to the dosimetry:(i) the planning process is required to deliver a prescribed dose to a point, either at depth or on the surface of the patient;(ii) based on review and assessment by a radiation oncologist, the planning process does not require the differential of dose between target, organs at risk and normal tissue dose;(iii) delineation of structures is not possible or required, and field borders will delineate the treatment volume;(iv) doses are calculated in reference to a point, either at depth or on the surface of the patient, from tables, charts or data from a treatment planning systemApplicable once per course of treatment | 725.45 |
| 15904 | Megavoltage planning—level 1.2Simple complexity radiation therapy simulation and dosimetry for treatment planning, with imaging for field setting, if:(a) all of the following apply in relation to the simulation:(i) treatment set‑up and technique specifications are in preparation for two‑dimensional radiation therapy dose planning;(ii) patient set‑up and immobilisation techniques are suitable for two‑dimensional radiation therapy treatment where interfraction reproducibility is required;(iii) imaging datasets are acquired for the relevant region of interest to be planned; and(b) all of the following apply in relation to the dosimetry:(i) the two‑dimensional planning process is required to calculate dose to a volume, however a dose‑volume histogram is not required to complete the planning process;(ii) based on review and assessment by a radiation oncologist, the two‑dimensional planning process is not required to maximise the differential between target dose and normal tissue dose;(iii) the target (which may include gross, clinical and planning targets as a composite structure or field border outline), as defined in the prescription, is rendered as a two‑dimensional structure as field borders or a volume;(iv) organs at risk are delineated if required, and assessment of dose to these structures is derived from dose point calculations, rather than full calculation and inclusion in a dose‑volume histogram;(v) dose calculations are calculated using a specialised algorithm, with prescription and plan details approved and recorded with the planApplicable once per course of treatment | 1,062.85 |
| 15906 | Megavoltage planning—level 2.1Three‑dimensional radiation therapy simulation and dosimetry for treatment planning, without motion management, if:(a) all of the following apply in relation to the simulation:(i) treatment set‑up and technique specifications are in preparation for three‑dimensional planning without consideration of motion management;(ii) patient set‑up and immobilisation techniques are reproducible for treatment;(iii) a high‑quality dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and(b) all of the following apply in relation to the dosimetry:(i) the three‑dimensional planning process is required to calculate dose to three‑dimensional volume structures and requires a dose‑volume histogram to complete the planning process;(ii) based on review and assessment by a radiation oncologist, the three‑dimensional planning process (which must include multi‑leaf collimator‑based shaping to achieve target dose conformity and organs at risk avoidance or dose management or reduction) is required to optimise the differential between target dose and normal tissue dose;(iii) the planning target volume is rendered as a three‑dimensional structure on planning outputs (three‑dimensional plan review, three‑planar sections review or dose‑volume histogram);(iv) organs at risk are delineated, and assessment of dose to these structures is derived from calculation and inclusion in a dose‑volume histogramApplicable once per course of treatment | 1,638.70 |
| 15908 | Megavoltage planning—level 2.2Three‑dimensional radiation therapy simulation and dosimetry for treatment planning with motion management, if:(a) all of the following apply in relation to the simulation:(i) treatment set‑up and technique specifications are in preparation for complex three‑dimensional planning with consideration of motion management;(ii) patient set‑up and immobilisation techniques are reproducible for treatment;(iii) a high‑quality three‑dimensional or four‑dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and(b) all of the following apply in relation to the dosimetry:(i) the three‑dimensional planning process is required to calculate dose to three‑dimensional volume structures (which must include structures moving with physiologic processes) and requires a dose‑volume histogram to complete the planning process;(ii) based on review and assessment by a radiation oncologist, the three‑dimensional planning process (which must include multi‑leaf collimator‑based shaping to achieve target dose conformity and organs at risk avoidance or dose management or reduction) is required to optimise the differential between target dose and normal tissue dose;(iii) the planning target volume is rendered as a three‑dimensional structure on planning outputs (three‑dimensional plan review, three‑planar sections review or dose‑volume histogram);(iv) organs at risk are delineated, and assessment of dose to these structures is derived from full calculation and inclusion in a dose‑volume histogramApplicable once per course of treatment | 2,649.25 |
| 15910 | Megavoltage planning—level 3.1Standard intensity modulated radiation therapy (IMRT) simulation and dosimetry for treatment planning, if:(a) all of the following apply in relation to the simulation:(i) treatment set‑up and technique specifications are in preparation for single‑dose level IMRT planning without motion management;(ii) patient set‑up and immobilisation techniques are suitable for image volume data acquisition and reproducible IMRT treatment;(iii) a high‑quality three‑dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and(b) all of the following apply in relation to the dosimetry:(i) the IMRT planning process is required to calculate dose to a single‑dose level volume structure and requires a dose‑volume histogram to complete the planning process;(ii) based on review and assessment by a radiation oncologist, the IMRT planning process optimises the differential between target dose, organs at risk and normal tissue dose;(iii) all relevant gross tumour volumes, clinical target volumes, planning target volumes and organs at risk are rendered as volumes and nominated with planning dose objectives;(iv) organs at risk are nominated as planning dose constraints;(v) dose calculations and dose‑volume histograms are generated in an inverse planned process using a specialised algorithm, with prescription and plan details approved and recorded with the plan;(vi) a three‑dimensional image volume dataset is used for the relevant region to be planned and treated with image verificationApplicable once per course of treatment | 4,142.70 |
| 15912 | Megavoltage re‑planning—level 3.1Additional dosimetry plan for re‑planning of standard intensity modulated radiation therapy (IMRT) treatment, if:(a) an initial treatment plan described in item 15910 has been prepared; and(b) treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirementsApplicable once per course of treatment | 2,071.35 |
| 15914 | Megavoltage planning—level 3.2Complex intensity modulated radiation therapy (IMRT) simulation and dosimetry for treatment planning, if(a) all of the following apply in relation to the simulation:(i) treatment set‑up and technique specifications are in preparation for multiple‑dose level IMRT planning or single‑dose level IMRT planning requiring motion management;(ii) patient set‑up and immobilisation techniques are suitable for image volume data acquisition and reproducible IMRT treatment;(iii) a high‑quality three‑dimensional or four‑dimensional volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and(b) all of the following apply in relation to the dosimetry:(i) the IMRT planning process is required to calculate dose to multiple‑dose level volume structures or single‑dose level volume structures (including structures moving with physiologic processes or requiring precise positioning with respect to beam edges) and requires a dose‑volume histogram to complete the planning process;(ii) based on review and assessment by a radiation oncologist, the IMRT planning process optimises the differential between target dose, organs at risk and normal tissue dose;(iii) all relevant gross tumour targets, clinical target volumes, planning target volumes, internal target volumes and organs at risk are rendered and nominated with planning dose objectives;(iv) organs at risk are nominated as planning dose constraints;(v) dose calculations and dose‑volume histograms are generated in an inverse planned process using a specialised algorithm, with prescription and plan details approved and recorded with the plan;(vi) a three‑dimensional or four‑dimensional image volume dataset is used for the relevant region to be planned and treated, with image verification for a multiple‑dose level IMRT planning or single‑dose level IMRT planning requiring motion managementApplicable once per course of treatment | 5,953.95 |
| 15916 | Megavoltage re‑planning—level 3.2Additional dosimetry plan for re‑planning of complex intensity modulated radiation therapy (IMRT) treatment, if:(a) an initial treatment plan described in item 15914 has been prepared; and(b) treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirementsApplicable once per course of treatment | 2,976.95 |
| 15918 | Megavoltage planning—level 4Intracranial stereotactic radiation therapy (SRT) simulation and dosimetry for treatment planning, if:(a) all of the following apply in relation to the simulation:(i) treatment set‑up and technique specifications are in preparation for multiple non‑coplanar, rotational or fixed beam stereotactic delivery;(ii) precise personalised patient set‑up and immobilisation techniques are suitable for reliable imaging acquisition and reproducible SRT small‑field and ablative treatments;(iii) a high‑quality three‑dimensional image volume dataset is acquired in treatment position for the intracranial lesions to be planned and treated and verified; and(b) all of the following apply in relation to the dosimetry:(i) the planning process is required to calculate dose to single or multiple target structures and requires a dose‑volume histogram to complete the planning process;(ii) based on review and assessment by a radiation oncologist, the planning process maximises the differential between target dose, organs at risk and normal tissue dose;(iii) all relevant gross tumour volumes, clinical target volumes, planning target volumes and organs at risk are rendered and nominated with planning dose objectives;(iv) organs at risk are nominated as planning dose constraints;(v) dose calculations and dose‑volume histograms are generated using a validated stereotactic‑type algorithm, with prescription and plan details approved and recorded with the planApplicable once per course of treatment | 6,676.00 |
| 15920 | Megavoltage planning—level 4Stereotactic body radiation therapy (SBRT) simulation and dosimetry for treatment planning, if:(a) all of the following apply in relation to the simulation:(i) treatment set‑up and technique specifications are in preparation for inverse planning with multiple non‑coplanar, rotational or fixed beam stereotactic delivery or intensity modulated radiation therapy (IMRT) stereotactic delivery;(ii) personalised patient set‑up and immobilisation techniques are suitable for reliable imaging acquisition and reproducible, including techniques to minimise motion of organs at risk and targets;(iii) small‑field and ablative treatment is used;(iv) a high‑quality three‑dimensional or four‑dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned, treated and verified (through daily planar or volumetric image guidance strategies); and(b) all of the following apply in relation to the dosimetry:(i) the planning process is required to calculate dose to single or multiple target structures and requires a dose‑volume histogram to complete the planning process;(ii) based on review and assessment by a radiation oncologist, the planning process maximises the differential between target dose, organs at risk and normal tissue dose;(iii) all relevant gross tumour volumes, clinical target volumes, planning target volumes and organs at risk are rendered and nominated with planning dose objectives;(iv) organs at risk are nominated as planning dose constraints;(v) dose calculations and dose‑volume histograms are generated using a validated stereotactic‑type algorithm, with prescription and plan details approved and recorded with the planApplicable once per course of treatment | 6,676.00 |
| 15922 | Megavoltage re‑planning—level 4Additional dosimetry plan for re‑planning of intracranial stereotactic radiation therapy (SRT) or stereotactic body radiation therapy (SBRT) treatment, if:(a) an initial treatment plan described in item 15918 or 15920 has been prepared; and(b) treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirementsApplicable once per course of treatment | 3,338.05 |
| 15924 | Megavoltage planning—level 5Specialised radiation therapy simulation and dosimetry for treatment planning, if both of the following apply in relation to the simulation:(a) treatment set‑up and technique specifications are in preparation for a specialised case with general anaesthetic or sedation supervised by an anaesthetist;(b) a high‑quality three‑dimensional or four‑dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verificationApplicable once per course of treatment (Anaes.) | 7,046.30 |
| 15926 | Megavoltage planning—level 5Specialised radiation therapy simulation and dosimetry for treatment planning, if:(a) all of the following apply in relation to the simulation:(i) treatment set‑up and technique specifications are in preparation for a specialised application such as total skin electron therapy (TSE) or total body irradiation (TBI);(ii) reproducible personalised patient set‑up and immobilisation techniques are suitable to implement three‑dimensional radiation therapy, intensity modulated radiation therapy (IMRT) (including multiple non‑coplanar, rotational or fixed beam treatment delivery) or a specialised total body treatment delivery method;(iii) a specialised dataset of anatomical dimensions is acquired in the treatment position for TSE or TBI; and(b) all of the following apply in relation to the dosimetry:(i) total TSE, TBI, IMRT or multiple non‑coplanar, rotational or fixed beam treatment is used;(ii) the final dosimetry plan is validated by a radiation therapist and a medical physicist, using quality assurance processes;(iii) the final dosimetry plan is approved, prior to treatment delivery, by a radiation oncologistApplicable once per course of treatment | 7,046.30 |
| 15928 | Megavoltage re‑planning—level 5Additional dosimetry plan for re‑planning of specialised radiation therapy if:(a) an initial treatment plan described in 15924 or 15926 has been prepared; and(b) treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirementsApplicable once per course of treatment (Anaes.) | 3,523.15 |
| 15930 | Megavoltage treatment—level 1.1Radiation therapy for simple, single‑field treatment (including electron beam treatments), if:(a) the treatment does not use imaging for field setting; and(b) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and(c) the treatment is delivered with a one‑dimensional plan; and(d) a two‑dimensional single‑field treatment delivery mode is utilisedApplicable once per plan per day | 91.25 |
| 15932 | Megavoltage treatment—level 1.2Radiation therapy and image verification for simple treatment, with imaging for field setting, if:(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and(b) image‑guided radiation therapy (IGRT) imaging is used to implement a two‑dimensional plan, and(c) two‑dimensional treatment is delivered; and(d) image verification decisions and actions are documented in the patient’s recordApplicable once per plan per day | 113.65 |
| 15934 | Megavoltage treatment—level 2.1Radiation therapy and image verification for three‑dimensional treatment, without motion management, if:(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and(b) image‑guided radiation therapy (IGRT) imaging is used to implement a standard three‑dimensional plan; and(c) three‑dimensional treatment is delivered; and(d) image verification decisions and actions are documented in the patient’s recordApplicable once per plan per day | 255.95 |
| 15936 | Megavoltage treatment—level 2.2Radiation therapy and image verification for three‑dimensional treatment, if:(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and(b) image‑guided radiation therapy (IGRT) imaging is used to implement a complex three‑dimensional plan; and(c) complex three‑dimensional treatment is delivered with management of motion; and(d) image decisions and actions are documented in the patient’s recordApplicable once per plan per day | 278.40 |
| 15938 | Megavoltage treatment—level 3.1Standard single‑dose level intensity modulated radiation therapy (IMRT) treatment and image verification, without motion management, if:(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and(b) image‑guided radiation therapy (IGRT) imaging is used to implement a standard IMRT plan described in item 15910Applicable once per plan per day | 278.40 |
| 15940 | Megavoltage treatment—level 3.2Complex multiple‑dose level intensity modulated radiation therapy (IMRT) treatment, or single‑dose level IMRT treatment requiring motion management, and image verification, if:(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and(b) image‑guided radiation therapy (IGRT) imaging is used (with motion management functionality if required) to implement a complex IMRT plan described in item 15914; and(c) radiation field positioning requires accurate dose delivery to the target; and(d) image decisions and actions are documented in the patient’s recordApplicable once per plan per day | 306.25 |
| 15942 | Megavoltage treatment—level 4Intracranial stereotactic radiation therapy treatment and image verification, if:(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and(b) image‑guided radiation therapy (IGRT) or minimally invasive stereotactic frame localisation is used to implement an intracranial stereotactic treatment plan described in item 15918; and(c) radiation field positioning requires accurate dose delivery to the target; and(d) image decisions and actions are documented in the patient’s recordApplicable once per day | 789.35 |
| 15944 | Megavoltage treatment—level 4Stereotactic body radiation therapy (SBRT) treatment and image verification, if:(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and(b) image‑guided radiation therapy (IGRT) is used (with motion management functionality if required) to implement a stereotactic body radiation therapy plan described in item 15920; and(c) radiation field positioning requires accurate dose delivery to the target; and(d) image decisions and actions are documented in the patient’s recordApplicable once per day | 789.35 |
| 15946 | Megavoltage treatment—level 5Specialised radiation therapy treatment and verification, if:(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and(b) a specialised technique is used with general anaesthetic or sedation supervised by an anaesthetistApplicable once per plan per day | 907.75 |
| 15948 | Megavoltage treatment—level 5Specialised radiation therapy treatment and verification, if:(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and(b) a specialised technique, such as total skin electron therapy (TSE) or total body irradiation (TBI), is used to implement a treatment plan described in item 15926; and(c) image‑guided radiation therapy (IGRT) is used (with motion management functionality, if required) to implement:(i) three‑dimensional radiation therapy; or(ii) intensity modulated radiation therapy (IMRT) (including multiple non‑coplanar, rotational or fixed beam treatment); or(iii) total skin electrons (TSE) where there is individualised treatmentApplicable once per day | 907.75 |
| Subgroup 3—Kilovoltage |
| 15950 | Kilovoltage planningSimple complexity single‑field radiation therapy simulation and dosimetry for treatment planning without imaging for field setting, if:(a) both of the following apply in relation to the simulation:(i) localisation is based on clinical mark‑up and image‑based simulation is not required;(ii) patient set‑up and immobilisation techniques are suitable for two‑dimensional radiation therapy treatment, with wide margins and allowance for movement; and(b) all of the following apply in relation to the dosimetry:(i) the planning process is required to deliver a prescribed dose to a point, either at depth or on the surface of the patient;(ii) based on review and assessment by a radiation oncologist, the planning process does not require the differential of dose between target, organs at risk and normal tissue dose;(iii) delineation of structures is not possible or required, and field borders will delineate the treatment volume;(iv) doses are calculated in reference to a point, either at depth or on the surface of the patient, from tables, charts or data from a treatment planning systemApplicable once per course of treatment | 203.70 |
| 15952 | Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to one anatomical site (excluding orbital structures where there is placement of an internal eye shield), other than a service to which item 15954 applies | 54.85 |
| 15954 | Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to 2 or more anatomical sites (excluding orbital structures where there is placement of an internal eye shield) | Amount under clause 5.3.1 |
| 15956 | Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to orbital structures where there is placement of an internal eye shield | 67.45 |
| Subgroup 4—Brachytherapy |
| 15958 | Simple placement or insertion of any of the following kinds of brachytherapy device, without image guidance:(a) intracavitary vaginal cylinder, vaginal ovoids, vaginal ring or vaginal mould;(b) surface mould or applicator, with catheters fixed to or embedded into mould or applicator, on external surface of body;including the removal of applicators, catheters or needles | 106.40 |
| 15960 | Complex construction and manufacture of a personalised brachytherapy applicator or mould, derived from three‑dimensional image volume datasets, to treat intracavitary, intraoral or intranasal site, including the removal of applicators, catheters or needles | 146.80 |
| 15962 | Complex insertion of any of the following kinds of brachytherapy device, with image guidance and if a radiation oncologist is in attendance at the initiation of the service:(a) intrauterine tubes with or without ovoids, ring or cylinder;(b) endocavity applicators;(c) intraluminal catheters for treatment of bronchus, trachea, oesophagus, nasopharynx, bile duct;(d) endovascular catheters for treatment of vessels;including the removal of applicators, catheters or needles(Anaes.) | 319.15 |
| 15964 | Complex insertion and removal of hybrid intracavitary and interstitial brachytherapy applicators, or intracavitary and multi‑catheter applicators, with image guidance and if a radiation oncologist is in attendance at the initiation of the service (Anaes.) | 425.60 |
| 15966 | Complex insertion of any of the following kinds of interstitial brachytherapy implants not requiring surgical exposure, with image guidance, and if a radiation oncologist is in attendance during the service:(a) catheters or needles for temporary implants;(b) radioactive sources for permanent implants;(c) breast applicators, single channel and multi‑channel strut devices;including the removal of applicators, catheters or needles (Anaes.) | 531.95 |
| 15968 | Complex insertion of any of the following interstitial brachytherapy implants requiring surgical exposure (other than a service to which item 15900 applies), if a radiation oncologist is in attendance at the initiation of the service:(a) catheters, needles or applicators to a region requiring surgical exposure;(b) radioactive sources for permanent implants;(c) surface moulds during intraoperative brachytherapy;(d) plastic catheters or stainless steel needles, requiring surgical exposure;including implantation and removal of applicators, catheters or needles(Anaes.) | 833.80 |
| 15970 | Simple level dosimetry for brachytherapy plans prescribed to surface or depth from catheter and library plans, if:(a) the planning process is required to deliver a prescribed dose to a three‑dimensional volume, and relative to a single line or multiple channel delivery applicator; and(b) the planning process does not require the differential of dose between the target, organs at risk and normal tissue dose; and(c) delineation of structures is not required; and(d) dose calculations are performed in reference to the surface or a point at depth (two‑dimensional plan) from tables, charts or data from a treatment planning system library planApplicable once per course of treatment | 138.35 |
| 15972 | Simple level dosimetry re‑planning of an initial brachytherapy plan described in item 15970 if treatment adjustments to that initial plan are inadequate to satisfy treatment protocol requirementsApplicable once per course of treatment | 69.20 |
| 15974 | Intermediate level dosimetry calculated on a volumetric dataset for intracavitary or intraluminal or endocavity applicators, for brachytherapy plans that have three‑dimensional image datasets acquired as part of simulation, if:(a) the planning process is required to deliver the prescribed dose to a three‑dimensional volume, and relative to multiple line for channel delivery applicators (excluding interstitial catheters and needles and multi‑catheter devices); and(b) based on review and assessment by a radiation oncologist, the planning process requires the differential of dose between target, organs at risk and normal tissue dose using avoidance strategies (which include placement of sources and/or dwell‑times or tissue packing); and(c) delineation of structures is required as part of the planning process to produce a dose‑volume histogram integral to the avoidance strategies; and(d) dose calculations are performed on a personalised basis, which must include three‑dimensional dose calculation to target and organ‑at‑risk volumes; and(e) dose calculations and the dose‑volume histogram are approved and recorded with the planApplicable once per course of treatment | 927.75 |
| 15976 | Intermediate level dosimetry re‑planning of an initial brachytherapy plan described in item 15974 if treatment adjustments to that initial plan are inadequate to satisfy treatment protocol requirementsApplicable once per course of treatment | 463.90 |
| 15978 | Complex level dosimetry for brachytherapy plans that contain multiple needles, catheters or radiation sources, calculated on the three‑dimensional volumetric dataset, if:(a) the planning process is required to deliver a prescribed dose to a target volume relative to multiple channel delivery applicators, needles or catheters or radiation sources; and(b) based on review and assessment by a radiation oncologist, the planning process requires the differential of doses between the target, organs at risk and normal tissue dose using avoidance strategies (which include the placement of sources and/or dwell times or tissue packing; and(c) delineation of structures is required as part of the planning process, in order to produce a dose‑volume histogram to review and assess the plan; and(d) dose calculations are performed on a personalised basis, which must include three‑dimensional dose calculation to target and organ at risk volumes; and(e) dose calculations and the dose‑volume histogram are approved and recorded with the planApplicable once per course of treatment | 1,078.10 |
| 15980 | Complex level dosimetry re‑planning of an initial brachytherapy plan described in item 15978 if treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirementsApplicable once per course of treatment | 539.10 |
| 15982 | Brachytherapy treatment, if:(a) the service is performed by radiation therapists and medical physicists; and(b) a radiation oncologist is in attendance during the service; and(c) the treatment is to implement a brachytherapy treatment plan described in any of items 15970, 15972, 15974, 15976, 15978 and 15980 | 404.25 |
| 15984 | Verification of position of brachytherapy applicators, needles, catheters or radioactive sources, if:(a) a two‑dimensional or three‑dimensional volumetric image set, or a validated in‑vivo dosimetry measurement, is required to facilitate an adjustment to the applicators, needles, catheters or dosimetry plan; and(b) decisions using the acquired images are based on action algorithms and enacted immediately prior to, or during, treatment, where treatment is preceded by manipulation or adjustment of delivery applicator or adjustment of the dosimetry plan; and(c) the service is associated with a service to which any of the following items apply:(i) items 15958 to 15968;(ii) item 15982 | 148.95 |

7 Schedule 1 (item 37220, column 2, subparagraph (c)(i))

Omit “15338”, substitute “15966”.

8 Schedule 1 (item 37227, column 2)

Omit “15331 or 15332”, substitute “15966”.

9 Clause 7.1.1 of Schedule 1

Insert:

***Australian Register of Therapeutic Goods*** means the register maintained under section 9A of the *Therapeutic Goods Act 1989*.

***radiation oncologist*** has the meaning given by clause 5.3.2.

10 Clause 7.1.1 of Schedule 1 (definition of *registered vaccine*)

Omit “being the Register maintained under section 9A of the *Therapeutic Goods Act 1989*,”.

Health Insurance Regulations 2018

11 Section 46

Omit “Subgroup 3, 4 or 5 of”.

12 Paragraph 51(1)(a)

Omit “15000 to 15600”, substitute “15900 to 15984”.

13 Subsection 52(1)

Omit “15000 to 15600”, substitute “15900 to 15984”.

14 Paragraph 80(a)

Omit “3”, substitute “2”.

15 After paragraph 80(a)

Insert:

 (ab) kilovoltage equipment, that is, equipment that is primarily used in the rendering of a service specified in any item in Subgroup 3 of Group T2 in the general medical services table;

16 Paragraph 80(b)

Omit “table;”, substitute “table.”.

17 Paragraph 80(c)

Repeal the paragraph.