



Statutory Rules 1996 No. 106<sup>1</sup>

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## **Health Insurance (1995–96 General Medical Services Table) Regulations<sup>2</sup> (Amendment)**

I, THE GOVERNOR-GENERAL of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Health Insurance Act 1973*.

Dated 13 June 1996.

WILLIAM DEANE  
Governor-General

By His Excellency's Command,

MICHAEL WOOLDRIDGE  
Minister for Health and Family Services

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### **1. Commencement**

1.1 These Regulations commence on 1 July 1996.

### **2. Amendment**

2.1 The Health Insurance (1995–96 General Medical Services Table) Regulations are amended as set out in these Regulations.

**3. Schedule (Part 1—Rules of interpretation)****3.1 Subrule 1 (1):**

Insert the following definition:

“**comprehensive hyperbaric medicine facility**” means a separate hospital area that, on a 24 hour basis:

- (a) is equipped and staffed so that it is capable of providing to a patient:
  - (i) hyperbaric oxygen therapy at a treatment pressure of at least 2.8 atmospheric pressure absolute (180 kilopascal gauge pressure); and
  - (ii) mechanical ventilation and invasive cardiovascular monitoring within a multiplace chamber for the duration of the hyperbaric treatment; and
- (b) is supported by:
  - (i) at least 1 specialist anaesthetist, consultant physician or medical practitioner who holds the Diploma of Diving and Hyperbaric Medicine of the South Pacific Underwater Medicine Society, and who is rostered and immediately available to the hyperbaric facility during normal working hours; and
  - (ii) a registered medical practitioner who is present in the hospital and immediately available to the facility at all times when patients are being treated at the hyperbaric facility; and
  - (iii) a registered nurse with specific training in hyperbaric patient care to the published standards of the Hyperbaric Technicians and Nurses Association, and who is present during hyperbaric oxygen therapy; and
- (c) has defined admission and discharge policies;”.

3.2 Subrule 10 (2):

Omit “11303,” and “13315,”.

3.3 Subrule 10 (2):

Omit “13000, 13003, 13012,”, substitute “13030,”.

3.4 Subrule 11 (2):

Omit “11303,” and “13315,”.

3.5 Subrule 11 (2):

Omit “13000, 13003, 13012,”, substitute “13030,”.

3.6 Subrule 12 (2):

After “11300,”, insert “11303,”.

3.7 Subrule 12 (2):

After “12533,”, insert “13020, 13025,”.

3.8 Subrule 12 (2):

After “13221,”, insert “13750, 13755, 13760,”.

3.9 Subrule 22 (2):

Omit “75200 to 75609”, substitute “75150 to 75621”.

3.10 Rule 29:

Omit “16570”, substitute “16570, 16571”.

3.11 Rule 32:

Omit the rule.

**4. Schedule (Part 2—Services and Fees)**

4.1 Item 11603:

Omit “(unilateral or bilateral)”, substitute “(unilateral or bilateral), excluding the cavernosal artery and dorsal artery of the penis,”.

4.2 Item 11918:

Omit “with simultaneous measurement”, substitute “in conjunction with imaging, with measurement”.

4.3 Item 11918:

Omit “and all associated imaging,”, substitute “including all imaging associated with cystometrography,”.

4.4 Items 13000, 13003 and 13012:

Omit the items, substitute:

“13020	Hyperbaric oxygen therapy performed in a comprehensive hyperbaric medicine facility for a period in the hyperbaric chamber of between 1 hour 30 minutes and 3 hours, including any associated attendance	\$190.00
13025	Hyperbaric oxygen therapy performed in a comprehensive hyperbaric medicine facility for a period in the hyperbaric chamber greater than 3 hours, including any associated attendance—per hour (or part of an hour)	\$85.00
13030	Hyperbaric oxygen therapy performed in a comprehensive hyperbaric medicine facility where the medical practitioner is pressurised in the hyperbaric chamber for the purpose of providing continuous life saving emergency treatment, including any associated attendance—per hour (or part of an hour)	\$120.00”.

4.5 Item 13315:

Omit the item.

4.6 After item 13709, insert in subgroup 8 of Group T1:

“13750	Therapeutic haemapheresis for the removal of plasma or cellular (or both) elements of blood, utilising continuous or intermittent flow techniques; including morphological tests for cell counts and viability studies, if performed; continuous monitoring of vital signs, fluid balance, blood volume and other parameters with continuous registered nurse attendance under the supervision of a consultant physician, not being a service associated with a service to which item 13755 applies—each day	\$100.35
13755	Donor haemapheresis for the collection of blood products for transfusion, utilising continuous or intermittent flow techniques; including morphological tests for cell counts and viability studies; continuous monitoring of vital signs, fluid balance, blood volume and other parameters; with continuous registered nurse attendance under the supervision of a consultant physician; not being a service associated with a service to which item 13750 applies—each day	\$100.35
13760	In vitro processing (and cryopreservation) of bone marrow or peripheral blood for autologous stem cell transplantation as an adjunct to high dose chemotherapy for chemosensitive intermediate or high grade non-Hodgkin's lymphoma at high risk of relapse following first line chemotherapy, or Hodgkin's disease which has relapsed following, or is refractory to, chemotherapy; performed under the supervision of a consultant physician—each day	\$560.00”.

4.7 After item 18032, insert in subgroup 2 of Group T6:

“18035 Administration of an anaesthetic in connection with a change of dressing or change of plaster undertaken in a hospital or approved day hospital facility (Anaes. = 3B + 2T) \$69.75”.

4.8 Items 18216, 18219, 18230 and 18232:

Omit “Intrathecal, epidural or caudal”, substitute “Intrathecal or epidural”.

4.9 Item 30378:

Omit “association”, substitute “conjunction”.

4.10 Item 30378:

Omit “exceeds 45 minutes”, substitute “is between 45 minutes and 2 hours”.

4.11 Items 32706 and 32709:

Omit the items, substitute:

“32708 Aortic bypass for occlusive disease using a straight non-bifurcated graft (Anaes. 17731 = 15B + 16T) \$1,043.70

32710 Aortic bypass for occlusive disease using a bifurcated graft with 1 or both anastomoses to the iliac arteries (Anaes. 17733 = 15B + 18T) \$1,159.65

32711 Aortic bypass for occlusive disease using a bifurcated graft with 1 or both anastomoses to the common femoral or profunda femoris arteries (Anaes. 17735 = 15B + 20T) \$1,275.60”.

4.12 After item 32769, insert:

“33050	Bypass grafting to replace a popliteal aneurysm using vein, including harvesting vein (when it is the ipsilateral long saphenous vein) (Anaes. 17724 = 8B + 16T)	\$1,068.50
33055	Bypass grafting to replace a popliteal aneurysm using a synthetic graft (Anaes. 17722 = 8B + 14T)	\$857.00
33070	Aneurysm in the extremities, ligation, suture closure or excision of, without bypass grafting (Anaes. 17720 = 8B + 12T)	\$618.30
33075	Aneurysm in the neck, ligation, suture closure or excision of, without bypass grafting (Anaes. 17722 = 10B + 12T)	\$786.45
33080	Intra-abdominal or pelvic aneurysm, ligation, suture closure or excision of, without bypass grafting (Anaes. 17729 = 15B + 14T)	\$960.05”.

4.13 Item 33115:

Omit “\$1,087.75”, substitute “\$1,043.70”.

4.14 Item 33118:

Omit “\$1,242.30”, substitute “\$1,159.65”.

4.15 Item 33121:

Omit “\$1,242.30”, substitute “\$1,275.60”.

4.16 After item 33172, insert:



“33175	Ruptured aneurysm in the extremities, ligation, suture closure or excision of, without bypass grafting (Anaes. 17721 = 8B + 13T)	\$865.00
33178	Ruptured aneurysm in the neck, ligation, suture closure or excision of, without bypass grafting (Anaes. 17723 = 10B + 13T)	\$1,100.00
33181	Ruptured intra-abdominal or pelvic aneurysm, ligation, suture closure or excision of, without bypass grafting (Anaes. 17730 = 15B + 15T)	\$1,345.00”.

4.17 Item 33503:

Omit the item.

4.18 Item 33509:

Omit “\$966.30”, substitute “\$1,043.70”.

4.19 Item 33512:

Omit “\$1,043.55”, substitute “\$1,159.65”.

4.20 Item 33515:

Omit “\$1,120.85”, substitute “\$1,275.60”.

4.21 Item 33554:

Omit “\$103.85”, substitute “\$200.00”.

4.22 Item 33809:

Omit the item, substitute:

“33810	Inferior vena cava or iliac vein, closed thrombectomy by catheter via the femoral vein (Anaes. 17713 = 7B + 6T)	\$435.00
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33811 Inferior vena cava or iliac vein, open \$1,295.00”.  
removal of thrombus or tumour (Anaes.  
17723 = 15B + 8T)

4.23 Item 34521:

Omit “\$386.50”, substitute “\$580”.

4.24 Item 34527:

Omit “exposure,”, substitute “technique,”.

4.25 Item 34527:

Omit “delivery device (Anaes. 17709 = 5B + 4T)”, substitute  
“delivery device, including any associated percutaneous central vein  
catheterisation (Anaes. 17711 = 5B + 6T)”.

4.26 Item 34527:

Omit “\$303.65”, substitute “\$405”.

4.27 After item 34527, insert:

“34528 Central vein catheterisation by percutaneous \$200.00”.  
technique, using subcutaneous tunnel with  
pump or access port as with Hickman or  
Broviac catheter or other chemotherapy  
delivery device (Anaes. 17709 = 5B + 4T)

4.28 Item 34530:

After “procedure”, insert “in the operating theatre of a hospital or  
approved day hospital”.

4.29 Item 34530:

Omit “\$303.65”, substitute “\$150.00”.

4.30 After item 35200, insert:

“35202 Major arteries or veins in the neck, abdomen \$600.00”.  
or extremities, access to, as part of re-  
operation after prior surgery on these  
vessels (Anaes. 17720 = 12B + 8T)

4.31 Item 35318:

Omit the item, substitute:

“35317	Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by continuous infusion, using percutaneous approach, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35319 or 35320 applies) (Anaes. 17708 = 6B + 2T)	\$261.20
35319	Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by pulse spray technique, using percutaneous approach, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35317 or 35320 applies) (Anaes. 17711 = 6B + 5T)	\$468.30
35320	Peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents, by open exposure, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35317 or 35319 applies) (Anaes. 17713 = 6B + 7T)	\$629.10”.

4.32 Item 35327:

Omit “\$112.00”, substitute “\$300.00”.

4.33 Item 35518:

After “reproductive techniques”, insert “(Anaes. 17707 = 4B + 3T)”.

4.34 Item 35658:

After “hysterectomy”, insert “(Anaes. 17711 = 6B + 5T)”.

4.35 Items 36534, 36555, 36582, 37017, 37032 and 37035:

Omit the items.

4.36 Item 37414:

Omit the item, substitute:

“37415    Penis, injection of, for the investigation and                    \$34.20”.  
                 treatment of impotence—2 services only in  
                 a period of 36 consecutive months

4.37 Item 41500:

Omit “removal of foreign body in, otherwise”, substitute “foreign body (other than ventilating tube) in, removal of, other”.

4.38 Item 45638:

Omit “(Anaes. 17712 = 5B + 7T)”, substitute “(Anaes. 17711 = 5B + 6T)”.

4.39 Item 45641:

Omit “(Anaes. 17711 = 5B + 6T)”, substitute “(Anaes. 17713 = 5B + 8T)”.

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## NOTES

1. Notified in the *Commonwealth of Australia Gazette* on 20 June 1996.
2. Statutory Rules 1995 No. 298 as amended by 1995 No. 350.