

# **Health Insurance (1999-2000 General Medical Services Table) Amendment Regulations 2000 (No. 1) 2000 No. 60**

## **EXPLANATORY STATEMENT**

### **STATUTORY RULES 2000 No. 60**

Issued by authority of the Minister for Health and Aged Care

*Health Insurance Act 1973*

Health Insurance (1999-2000 General Medical Services Table) Amendment Regulations 2000 (No. 1)

Section 133 of the *Health Insurance Act 1973* (the Act) provides that the Governor-General may make regulations for the purposes of the Act.

The Act provides for payments by way of Medicare benefits and payments for hospital services.

Section 4 of the Act provides that the regulations may prescribe a table of medical services, other than diagnostic imaging services and pathology services (the table). The Health Insurance (1999-2000 General Medical Services Table) Regulations 1999 currently prescribe such a table.

Section 9 of the Act provides that Medicare benefits shall be calculated by reference to the fees for medical services set out in the table.

The Regulations amend the current table of general medical services by increasing the fee levels for attendances by general practitioners. The fee level increases resulted from an agreement between the Government and the profession under the General Practice Memorandum of Understanding (MoU). The increase is to ensure that the general practitioner rebate payments meet the three-year guaranteed minimum outlays as agreed to in the MoU. The increase has been calculated to equate to an increase of 2.27 percent on general practitioner attendance items.

Other changes to the table result from ongoing reviews by the Medicare Benefits Consultative Committee designed to ensure that the table reflects current medical practice. These include insertion of new services, deletion of obsolete services, amendment of fees to reflect an appropriate remuneration for the service and the amendment of existing item descriptions for correction or clarification.

Details of the Regulations are set out in the Attachment.

The Regulations came into effect on 1 May 2000.

## **ATTACHMENT**

### **Details of the Health Insurance (1999-2000 General Medical Services Table) Amendment Regulations 2000 (No. 1)**

Regulation 1 provides for the Regulations to be referred to as the *Health Insurance (1999-2000 General Medical Services Table) Amendment Regulations 2000 (No. 1)*.

Regulation 2 provides for the Regulations to commence on 1 May 2000.

Regulation 3 provides for the Health Insurance (1999-2000 General Medical Services Table) Regulation 1999 to be amended as set out in Schedule 1.

#### **Schedule 1 Amendments**

##### **Part 1 - Rules of Interpretation**

Item 1 amends rule 7 relating to derived fee levels for general practitioner attendances to reflect the increase in fee levels that addressed the underspend as agreed under the General Practice Memorandum of Understanding.

Item 2 amends rule 11 to include item 11332 as a service that may be provided by a person other than a medical practitioner. If a medical practitioner does not personally undertake the procedure, an employee of that practitioner, in accordance with accepted medical practice, must perform it under the medical practitioner's supervision.

Item 3 amends rule 1 5 to reflect a printing error in the Principal Regulations. Reference in the derived fee for item 15103 was incorrectly recorded as item 15000. The correct item is 15100.

Item 4 amends rule 48 to reflect the requirement for qualified sleep medicine practitioners to be accredited. On 1 March 1999 Rule 48 came into effect to recognise qualified sleep medicine practitioners for Medicare benefits purposes. This rule provided for a particular level of competence in providing sleep studies services. Mandatory training requirements apply for future sleep medicine practitioners. The rule provided for a mechanism for an assessment process for existing practitioners. It required all medical practitioners who wish to be recognised as qualified sleep medicine practitioners for Medicare benefits purposes to submit an application for assessment by the Credentialling Subcommittee of the Specialist Advisory Committee in Thoracic and Sleep Medicine of the Royal Australasian College of Physicians. Practitioners could be assessed as:

- \* having sufficient training and experience in sleep medicine; or
- \* having substantial training or experience but requiring further training or experience as specified by the Credentialling Subcommittee; or
- \* having insufficient training or experience.

Practitioners assessed as being in the first category (full recognition) were eligible for Medicare benefits without restriction.

Practitioners requiring further training or experience (provisional recognition) were eligible for their services to attract Medicare benefits for two years following assessment to allow them to undertake and complete the additional requirements. If after that period they had not completed the training or obtained the experience as specified, their services would no longer attract Medicare benefits.

Practitioners failing the assessment were unable to attract Medicare benefits for their services. The College has a well-established appeals mechanism, which applied to the assessment made by the Credentialling Subcommittee. Following the assessment process, a number of practitioners lodged appeals with the College, all of which have now been heard.

The outcome of the appeals was that some practitioners gained full recognition with a number of practitioners achieving provisional recognition.

Rule 48(b) required two conditions to be satisfied:

- \* a person to have been assessed by the Credentialling Subcommittee before 1 March 1999;
- \* a person to have been assessed as already possessing substantial training or experience.

Those who appealed a decision of the Credentialling Subcommittee had not been assessed before 1 March 1999 as having substantial training or experience in sleep medicine but requiring further training or experience to be competent in independent clinical assessment and management of patients with sleep disorders. Rule 48(b) did not contemplate the situation of a person who successfully appealed a decision of the Credentialling Subcommittee.

Therefore Rule 48 did not cover practitioners who achieved provisional recognition on appeal and therefore had no access to items 12203 and 12207 on the Medicare Benefits Schedule.

The amendment to Rule 48 allows access to providers of sleep medicine services who have achieved provisional recognition on appeal to provide the services described in items 12203 and 12207 for a period of two years following the granting of provisional recognition.

## **Part 2 - Services and Fees**

Item 5 amended the descriptions of existing items in the table to reflect current medical practice. The amendments relate to items covering:

- \* Multidisciplinary care plans and case conferences - clarifies the intent that the items are intended for use in the community,
- \* General surgery, procedures covering incision of haematomas and abscesses - allows for the differentiation between services requiring admission to hospital and those provided on a non in-patient basis and deleted the specialist/general practitioner fee differential,
- \* General surgery - includes amended descriptions of services relating to breast surgery to reflect a new item structure for breast surgery as agreed with the Royal Australasian College of Surgeons, the Royal Australian and New Zealand College of Radiologists and the Australian Medical Association, and
- \* Correction of hallux valgus - amends description to reflect the current clinical procedure undertaken by practitioners.

Item 6 introduced new items for:

- \* oto-acoustic audiometry - undertaken for the detection of permanent congenital hearing impairment in children with specific risk factors. This item has been agreed with the Division of Paediatrics of the Royal Australasian College of Physicians,
- \* 153 Sm-lexidronam therapy - a therapy for the relief of bone pain due to skeletal metastases from carcinoma of the breast or prostate. An item for this service was introduced on 22 December 1999 via a Ministerial Determination under section 3 of the Health Insurance Act.

The item was, negotiated through the Medicare Benefits Consultative Committee in conjunction with the Australian and New Zealand Association of Physicians in Nuclear Medicine,

\* Breast surgery - a range of new items reflecting modern practice in the treatment of breast cancer. The restructure was undertaken on a cost neutral basis and agreed with the Royal Australasian College of Surgeons, the Royal Australian and New Zealand College of Radiologists and the Australian Medical Association,

\* Bums surgery - new structure for conjoint surgery for treatment of bums to more than 15 percent of total body surface. The items were negotiated with the Australian Society of Plastic Surgeons and the Australian and New Zealand Bums Association,

\* Plastic surgery - new items to cover revision by both open surgery and liposuction, of previous flap repair involving free tissue transfer involving microvascular techniques. The new procedures were negotiated through the Australian Society of Plastic Surgeons,

\* Orthopaedic surgery - due to changes in surgical techniques, new items were negotiated with the Australian Society of Orthopaedic Surgeons to cover the combined arthroscopic and open procedure for patello-femoral stabilisation of the knee and correction of hallux valgus by combined osteotomy and tendon transfer. '

Item 7 omitted services that no longer reflect current medical practice.

Item 8 amended fee levels for general practitioner attendances, not calculated by rule 7, to reflect the agreed fee increases under the General Practice Memorandum of Understanding and the cost neutral restructure of the breast surgery items.