



Health Insurance Legislation Amendment (2015 Measures No. 2) Regulation 2015

Select Legislative Instrument No. 173, 2015

I, the Honourable Paul de Jersey AC QC, Administrator of the Government of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following regulation.

Dated 29 October 2015

Paul de Jersey
Administrator

By His Excellency's Command

Sussan Ley
Minister for Health

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1 Name

This is the *Health Insurance Legislation Amendment (2015 Measures No. 2) Regulation 2015*.

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	1 November 2015.	1 November 2015

Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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) Regulation 2015

1 Paragraph 2.16.2(1)(a) of Schedule 1

Repeal the paragraph.

2 Clause 2.16.4 of Schedule 1

Repeal the clause.

3 Division 2.28 of Schedule 1 (Group A10 table, Subgroup 2 (subheading))

Repeal the subheading, substitute:

Subgroup 2—Telehealth attendance

4 Clauses 2.30.2 and 2.30.3 of Schedule 1

Repeal the clauses.

5 Schedule 1 (item 10986)

Repeal the item.

6 Schedule 1 (cell at item 11719, column headed “Fee (\$)”)

Repeal the cell, substitute:

66.85

7 Schedule 1 (cell at item 11720, column headed “Fee (\$)”)

Repeal the cell, substitute:

66.85

8 Division 2.38 of Schedule 1 (Group T2 table, Subgroup 7 (subheading))

Repeal the subheading, substitute:

Subgroup 10—Intraoperative radiotherapy**9 Schedule 1 (item 15900, column headed “Description”, paragraph (g))**

Repeal the paragraph, substitute:

(g) has no contra-indications to breast irradiation

(H)

10 Schedule 1 (item 22060)

Repeal the item, substitute:

22060	Whole body perfusion, cardiac bypass, where the heart-lung machine or equivalent is continuously operated by a medical perfusionist, other than a service associated with anaesthesia to which an item in Subgroup 21 applies	396.00
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11 Schedule 1 (item 31516, column headed “Description”)

After “item 15900”, insert “(H)”.

12 Schedule 1 (item 32213, column headed “Description”, paragraph (b))

Repeal the paragraph, substitute:

(b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months

(H) (Anaes.)

13 Schedule 1 (item 32214, column headed “Description”, paragraph (b))

Repeal the paragraph, substitute:

(b) has faecal incontinence that has been refractory to conservative non-surgical treatment for at least 12 months

(H) (Anaes.) (Assist.)

14 Schedule 1 (item 37830)

After “second stage”, insert “, on a person 10 years of age or over”.

15 Schedule 1 (after item 37830)

Insert:

37831	Hypospadias, staged repair, second stage, on a person under 10 years of age (Anaes.) (Assist.)	898.90
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16 Schedule 1 (items 38615 and 38618)

Repeal the items, substitute:

38615	Insertion of a left or right ventricular assist device, for use as: (a) a bridge to cardiac transplantation in patients with refractory heart failure who are: (i) currently on a heart transplant waiting list; or (ii) expected to be suitable candidates for cardiac transplantation following a period of support on the ventricular assist device; or (b) acute post cardiectomy support for failure to wean from cardiopulmonary transplantation; or (c) cardio-respiratory support for acute cardiac failure which is likely to recover with short term support of less than 6 weeks; not being a service associated with the use of a ventricular assist device as destination therapy in the management of patients with heart failure who are not expected to be suitable candidates for cardiac transplantation	1 532.00
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	(H) (Anaes.) (Assist.)	
38618	<p>Insertion of a left and right ventricular assist device, for use as:</p> <p>(a) a bridge to cardiac transplantation in patients with refractory heart failure who are:</p> <p style="padding-left: 40px;">(i) currently on a heart transplant waiting list; or</p> <p style="padding-left: 40px;">(ii) expected to be suitable candidates for cardiac transplantation following a period of support on the ventricular assist device; or</p> <p>(b) acute post cardiectomy support for failure to wean from cardiopulmonary transplantation; or</p> <p>(c) cardio-respiratory support for acute cardiac failure which is likely to recover with short term support of less than 6 weeks;</p> <p>not being a service associated with the use of a ventricular assist device as destination therapy in the management of patients with heart failure who are not expected to be suitable candidates for cardiac transplantation</p> <p>(H) (Anaes.) (Assist.)</p>	1 909.60

17 Schedule 1 (item 39615, column headed “Description”)

Omit “cranioplasty and repair of”, substitute “repair of, by cranioplasty or endoscopic approach”.

18 Schedule 1 (item 45051)

Repeal the item, substitute:

45051	<p>Contour reconstruction for open repair of contour defects, due to deformity, requiring insertion of a non-biological implant, if it can be demonstrated that contour reconstructive surgery is indicated because the deformity is secondary to congenital absence of tissue or has arisen from trauma (other than trauma from previous cosmetic surgery), excluding the following:</p> <p>(a) insertion of a non-biological implant that is a component of another service listed in Group T8;</p> <p>(b) injection of liquid or semisolid material;</p> <p>(c) oral and maxillofacial implant services provided under item 52321;</p>	473.75
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- (d) services to insert mesh
- (H) (Anaes.) (Assist.)

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19 Paragraph 1.2.7(2)(a) of Schedule 1

Omit “Bulk billing incentive for episodes consisting of a P10 service”, substitute “Bulk-billing incentive”.

20 After clause 2.5.1 of Schedule 1

Insert:

2.5.2 Limitations on items 72858 and 72859

- (1) Items 72858 and 72859 apply:
 - (a) only to a service that is covered by:
 - (i) item 65084 or 65087; or
 - (ii) item 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 or 72838; or
 - (iii) an item in Group P6 (other than item 73053, 73055 or 73057); and
 - (b) only if the treating practitioner and the approved pathology practitioner who provided the original opinion on the patient specimen agree that a second opinion is reasonably necessary for diagnostic purposes.
- (2) Items 72858 and 72859 do not apply if the accredited pathology laboratory in which the second opinion is provided is the same laboratory in which the original opinion was provided.

21 Schedule 1 (after item 72857)

Insert:

72858	A second opinion, provided in a written report, where the opinion and report together require no more than 30 minutes to complete, on a patient specimen, requested by a	180.00
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treating practitioner, where further information is needed for accurate diagnosis and appropriate patient management

72859	A second opinion, provided in a written report, where the opinion and report together require more than 30 minutes to complete, on a patient specimen, requested by a treating practitioner, where further information is needed for accurate diagnosis and appropriate patient management	370.00
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22 Schedule 1 (before item 73920)

Insert:

73899	Initiation of a patient episode that consists of a service described in item 72858 or 72859 in circumstances other than those mentioned in item 73900	5.95
73900	Initiation of a patient episode that consists of a service described in item 72858 or 72859 if the service is rendered in a prescribed laboratory	2.40

23 Subclause 2.12.1(2) of Schedule 1 (definition of *bulk-billed*)

Repeal the definition.

24 Division 2.13 of Schedule 1 (heading)

Repeal the heading, substitute:

Division 2.13—Group P13: bulk-billing incentive

25 Division 2.13 of Schedule 1 (note)

Repeal the note, substitute:

- Note: The payments mentioned in column 3 of Group P13 are additional payments for bulk-billing a patient episode consisting of:
- (a) a pathology service to which a Group P10 item described in column 2 applies; or
 - (b) a pathology service to which a Group P11 item described in column 2 applies.

26 Division 2.13 of Schedule 1 (Group P13 table, heading)

Repeal the heading, substitute:

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Group P13—Bulk-billing incentive

27 Schedule 1 (items 74992 to 74994)

Omit “bulk billed”, substitute “bulk-billed”.

28 Schedule 1 (item 74995)

After “to which item”, insert “73899, 73900,”.

29 Schedule 1 (items 74996 to 74999)

Omit “bulk billed”, substitute “bulk-billed”.

30 Part 5 of Schedule 1 (definition of *bulk-billed*)

Repeal the definition, substitute:

bulk-billed, for a pathology service, means:

- (a) a medicare benefit is payable to a person for the service; and
- (b) under an agreement entered into under section 20A of the Act:
 - (i) the person assigns to the practitioner by whom, or on whose behalf, the service is provided, his or her right to the payment of the medicare benefit; and
 - (ii) the practitioner accepts the assignment in full payment of his or her fee for the service provided.