



Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020

made under subsection 3C(1) of the

Health Insurance Act 1973

Compilation No. 1

Compilation date: 1 July 2021

Includes amendments up to: F2021L00426

Registered: 13 July 2021

Prepared by the Office of Parliamentary Counsel, Canberra

About this compilation

This compilation

This is a compilation of the *Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020* that shows the text of the law as amended and in force on 1 July 2021 (the *compilation date*).

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

Table of Contents

Part 1	Preliminary	1
1.	Name	1
3.	Authority	1
5	Definitions	1
6.	Additional definitions for telehealth items	1
Part 2	Midwifery services	3
7.	Interpretation	3
8.	Treatment of midwifery services	3
9.	Collaborative arrangements	3
10.	General requirements	3
11.	Other requirement for telehealth midwifery services	4
12.	Labour and delivery	5
Part 3	Nurse practitioner services	5
13.	Treatment of nurse practitioner services - general	5
14.	Treatment of nurse practitioner services - pathology	6
15.	Collaborative arrangements and scope of practice	6
16.	General requirements	6
17.	Requirements for pathology items	7
18.	Other requirements for telehealth nurse practitioner services	7
Schedule 1	Midwifery services and fees	9
Part 1	Midwifery services and fees	9
Part 2	Telehealth midwifery services and fees	11
Schedule 2	Nurse practitioner services and fees	13
Part 1	Nurse practitioner pathology services and fees	13
Part 2	Nurse practitioner services and fees	13
Part 3	Telehealth nurse practitioner services and fees	14

Part 1 Preliminary

1. Name

This instrument is the *Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020*.

3. Authority

This instrument is made under subsection 3C(1) of the *Health Insurance Act 1973*.

5 Definitions

(1) In this instrument:

Act means the *Health Insurance Act 1973*.

relevant provisions means all provisions, relating to professional services or medical services, of:

- (a) the Act and regulations made under the Act; and
- (b) the *National Health Act 1953* and regulations made under that Act.

Note The following terms are defined in subsection 3(1) of the Act:

- general medical services table
- participating midwife
- participating nurse practitioner
- pathology services table

- (2) Unless the contrary intention appears, a reference in this instrument to a provision of the Act or the *National Health Act 1953* or regulations made under the Act or under the *National Health Act 1953* as applied, adopted or incorporated in relation to specifying a matter is a reference to those provisions as in force from time to time and any other reference to provisions of an Act or regulations is a reference to those provisions as in force from time to time.

6. Additional definitions for telehealth items

(1) In an item in Part 2 of Schedule 1 or Part 3 of Schedule 2:

care recipient means a person approved as a care recipient under Part 2.3 of the *Aged Care Act 1997*.

telehealth eligible area means an area classified as a telehealth eligible area by the Minister.

Note A diagram showing telehealth eligible areas can be viewed by searching ‘telehealth eligible areas’ at www.mbsonline.gov.au.

participating in a video consultation means participating in a consultation via video conference with a specialist or consultant physician practising in their specialty where:

-
- (a) there is an item that relates to the specialist or consultant physician's service; and
- (b) the specialist or consultant physician's service is rendered in Australia.

residential care service has the same meaning as in the *Aged Care Act 1997*.

Note The following terms are defined in subsection 3(1) of the Act:

- consultant physician
- specialist

Part 2 Midwifery services

7. Interpretation

(1) In this Part:

collaborative arrangement, for a participating midwife's patient, means a collaborative arrangement mentioned in section 5 of the *Health Insurance Regulations 2018*.

delivery includes episiotomy and repair of tears.

(2) For this Part, a participating midwife is a member of a practice that provides a patient's antenatal care if the midwife:

- (a) participates (whether as a partner, employee or otherwise) in the provision of professional services as part of the practice; or
- (b) provides relief services to the practice; or
- (c) provides professional services as part of the practice as a locum.

8. Treatment of midwifery services

For subsection 3C(1) of the Act, a midwifery service provided in accordance with this instrument is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the general medical services table that:
 - (i) related to the service; and
 - (ii) mentioned, for the service, a fee in relation to each State, being the fee mentioned in the item in Schedule 1 for the service.

9. Collaborative arrangements

For a patient, an item in Schedule 1 applies only if the service mentioned in that item is provided to the patient in accordance with a collaborative arrangement applying to that patient.

10. General requirements

(1) An item in Schedule 1 applies to a service only if:

- (a) the service is provided in the course of a personal attendance on a single patient on a single occasion by a single participating midwife; and
- (b) the midwife:
 - (i) is not employed by the proprietor of a hospital that is not a private hospital; or
 - (ii) both:
 - (A) is employed by the proprietor of a hospital that is not a private hospital; and

-
- (B) provides the service otherwise than in the course of employment by that proprietor.
- (2) Subsection (1) applies whether or not another person provides essential assistance to the participating midwife in accordance with accepted clinical practice.
- (3) An item in Schedule 1 does not apply to a service provided for a patient if the patient is not in attendance.

Examples — patient not in attendance

- 1 Completing patient records.
 - 2 Issuing repeat prescriptions.
 - 3 Telephone attendances.
- (4) In items 82100 to 82115 and 82130 to 82140 in Part 1 of Schedule 1:
professional attendance includes the provision, for a patient, of any of the following services:
- (a) evaluating the patient's condition or conditions including, if applicable, evaluation using a health screening service mentioned in subsection 19(5) of the Act;
 - (b) formulating a plan for the management and, if applicable, for the treatment of the patient's condition or conditions;
 - (c) giving advice to the patient about the patient's condition or conditions and, if applicable, about treatment;
 - (d) if authorised by the patient — giving advice to another person, or other persons, about the patient's condition or conditions and, if applicable, about treatment;
 - (e) providing appropriate preventive health care;
 - (f) recording the clinical details of the service or services provided to the patient.
- (5) However, a **professional attendance** does not include the supply of a vaccine to a patient if:
- (a) the vaccine is supplied to the patient in connection with a professional attendance mentioned in any of items 82100 to 82115 and 82130 to 82140 in Part 1 of Schedule 1; and
 - (b) the cost of the vaccine is not subsidised by the Commonwealth or a State.

11. Other requirement for telehealth midwifery services

- (1) An item in Part 2 of Schedule 1 only applies to a service where no other service described in an item in subsection (2) is provided to the patient on the same occasion.
- (2) The items are:
- (a) another item in Part 2 of Schedule 1 of this instrument;
 - (b) an item in Part 3 of Schedule 2 of this instrument;

-
- (c) item 2100, 2122, 2125, 2126, 2137, 2138, 2143, 2147, 2179, 2195, 2199, 2220, 10983 or 10984 of the general medical services table.
- (3) Items 82150, 82151 and 82152 do not apply to a service if the patient, specialist or consultant physician travels to a place to satisfy the requirement in sub-subparagraph (c)(i)(B) of the item.

12. Labour and delivery

- (1) Items 82120 and 82125 in Part 1 of Schedule 1 apply only to a service provided by a participating midwife during a period of exclusive care of a patient in labour.
- (2) Items 82120 and 82125 in Part 1 of Schedule 1 do not apply if, before labour, the patient's care is transferred to an obstetrician or medical practitioner who provides obstetric services, for the obstetrician or practitioner to manage the labour and delivery.
- (3) Item 82120 in Part 1 of Schedule 1 applies to a service provided by a participating midwife (the *first midwife*) who manages a patient's confinement, but does not undertake the delivery, only if:
- (a) the patient's care was transferred from the first midwife to another participating midwife because labour had exceeded 12 hours; or
 - (b) there was a clinical need to transfer the patient's care to an obstetrician or medical practitioner who provides obstetric services; or
 - (c) the patient's care was transferred from the first midwife to another participating midwife in exceptional circumstances.
- (4) Item 82125 in Part 1 of Schedule 1 applies to services provided by a participating midwife (the *second midwife*) who manages a patient's confinement, but does not undertake the delivery, only if:
- (a) the patient's care was transferred from the second midwife to another participating midwife because labour had exceeded 24 hours; or
 - (b) there was a clinical need to transfer the patient's care to an obstetrician or medical practitioner who provides obstetric services.

Part 3 Nurse practitioner services

13. Treatment of nurse practitioner services - general

Subject to section 14, for subsection 3C(1) of the Act, a nurse practitioner service provided in accordance with this instrument is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the general medical services table that:
 - (i) related to the service; and
 - (ii) mentioned, for the service, a fee in relation to each State, being the fee mentioned in the item in Schedule 2 relating to the service.

14. Treatment of nurse practitioner services - pathology

For subsection 3C(1) of the Act, a nurse practitioner service described in Part 1 of Schedule 2 provided in accordance with this instrument is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the pathology services table that:
 - (i) related to the service; and
 - (ii) mentioned, for the service, a fee in relation to each State, being the fee mentioned in the item in Part 1 of Schedule 2 relating to the service.

Note 1 A participating nurse practitioner performing a service described in items 73828 to 73837 must be the patient's treating practitioner in order for medicare benefit to be payable — see subsection 16A(7A) of the Act.

15. Collaborative arrangements and scope of practice

- (1) For a patient, an item in Schedule 2 applies only if the service mentioned in that item is:
 - (a) provided to the patient in accordance with a collaborative arrangement applying to that patient; and
 - (b) within the scope of practice of the participating nurse practitioner who provides the service.

- (2) In this section:

collaborative arrangement, for a participating nurse practitioner's patient, means a collaborative arrangement mentioned in section 7 of the *Health Insurance Regulations 2018*.

16. General requirements

- (1) An item in Schedule 2, except an item in Part 1 of Schedule 2, applies to a service only if:
 - (a) the service is provided in the course of a personal attendance on a single patient on a single occasion by a single participating nurse practitioner; and
 - (b) the nurse practitioner:
 - (i) is not employed by the proprietor of a hospital that is not a private hospital; or
 - (ii) both:
 - (A) is employed by the proprietor of a hospital that is not a private hospital; and
 - (B) provides the service otherwise than in the course of employment by that proprietor.
- (2) Subsection (1) applies whether or not another person provides essential assistance to the participating nurse practitioner in accordance with accepted clinical practice.

-
- (3) An item in Schedule 2, except an item in Part 1 of Schedule 2, does not apply to a service provided for a patient if the patient is not in attendance.

Examples — patient not in attendance

- 1 Completing patient records.
- 2 Issuing repeat prescriptions.
- 3 Telephone attendances.

- (4) In Part 2 of Schedule 2:

professional attendance includes the provision, for a patient, of any of the following services:

- (a) evaluating the patient's condition or conditions including, if applicable, evaluation using a health screening service mentioned in subsection 19 (5) of the Act;
 - (b) formulating a plan for the management and, if applicable, for the treatment of the patient's condition or conditions;
 - (c) giving advice to the patient about the patient's condition or conditions and, if applicable, about treatment;
 - (d) if authorised by the patient — giving advice to another person, or other persons, about the patient's condition or conditions and, if applicable, about treatment;
 - (e) providing appropriate preventive health care;
 - (f) recording the clinical details of the service or services provided to the patient.
- (5) However, a **professional attendance** does not include the supply of a vaccine to a patient if:
- (a) the vaccine is supplied to the patient in connection with a professional attendance mentioned in Part 2 of Schedule 2; and
 - (b) the cost of the vaccine is not subsidised by the Commonwealth or a State.

17. Requirements for pathology items

An item in Part 1 of Schedule 2 applies to a service only if the participating nurse practitioner who renders the service:

- (a) is not employed by the proprietor of a hospital that is not a private hospital; or
- (b) both:
 - (i) is employed by the proprietor of a hospital that is not a private hospital; and
 - (ii) provides the service otherwise than in the course of employment by that proprietor.

18. Other requirements for telehealth nurse practitioner services

- (1) An item in Part 3 of Schedule 2 only applies to a service where no other service described in an item in subsection (2) is provided to the patient on the same occasion.
- (2) The items are:

-
- (a) another item in Part 3 of Schedule 2 of this instrument;
 - (b) an item in Part 2 of Schedule 1 of this instrument;
 - (c) item 2100, 2122, 2125, 2126, 2137, 2138, 2143, 2147, 2179, 2195, 2199, 2220, 10983 or 10984 of the general medical services table.
- (3) Items 82220, 82221 and 82222 do not apply to a service if the patient, specialist or consultant physician travels to a place to satisfy the requirement in sub-subparagraph (c)(i)(B) of the item.

Schedule 1 Midwifery services and fees

Part 1 Midwifery services and fees

Group M13 – Midwifery services

Subgroup 1 – MBS items for participating midwives

Item	Service	Fee (\$)
82100	Initial antenatal professional attendance by a participating midwife, lasting at least 40 minutes, including all of the following: <ul style="list-style-type: none">(a) taking a detailed patient history;(b) performing a comprehensive examination;(c) performing a risk assessment;(d) based on the risk assessment — arranging referral or transfer of the patient’s care to an obstetrician;(e) requesting pathology and diagnostic imaging services, when necessary;(f) discussing with the patient the collaborative arrangements for her maternity care and recording the arrangements in the midwife’s written records in accordance with section 6 of the <i>Health Insurance Regulations 2018</i> Payable only once for any pregnancy	55.55
82105	Short antenatal professional attendance by a participating midwife, lasting up to 40 minutes	33.60
82110	Long antenatal professional attendance by a participating midwife, lasting at least 40 minutes	55.55
82115	Professional attendance by a participating midwife, lasting at least 90 minutes, for assessment and preparation of a maternity care plan for a patient whose pregnancy has progressed beyond 20 weeks, if: <ul style="list-style-type: none">(a) the patient is not an admitted patient of a hospital; and(b) the participating midwife undertakes a comprehensive assessment of the patient; and(c) the participating midwife develops a written maternity care plan that contains:<ul style="list-style-type: none">(i) outcomes of the assessment; and(ii) details of agreed expectations for care during pregnancy, labour and delivery; and(iii) details of any health problems or care needs; and(iv) details of collaborative arrangements that apply to the patient; and	331.90

Group M13 – Midwifery services

Subgroup 1 – MBS items for participating midwives

Item	Service	Fee (\$)
	(v) details of any medication taken by the patient during the pregnancy, and any additional medication that may be required by the patient; and (vi) details of any referrals or requests for pathology services or diagnostic imaging services for the patient during the pregnancy, and any additional referrals or requests that may be required for the patient; and (d) the maternity care plan is explained and agreed with the patient; and (e) the fee does not include any amount for the management of labour and delivery (Includes any antenatal attendance provided on the same occasion) Payable only once for any pregnancy	
82120	Management of confinement for up to 12 hours by a participating midwife, including delivery (if undertaken), if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by a participating midwife who: (i) provided the patient’s antenatal care; or (ii) is a member of a practice that provided the patient’s antenatal care (Includes all attendances related to the confinement by the participating midwife) Payable once only for any pregnancy, unless paragraph 8(3)(c) of this instrument applies.	783.85
82125	Management of confinement, including delivery (if undertaken), when care is transferred from 1 participating midwife to another participating midwife (the <i>second participating midwife</i>), if: (a) the patient is an admitted patient of a hospital; and (b) the patient’s confinement is for longer than 12 hours; and (c) the second participating midwife: (i) has provided the patient’s antenatal care; or (ii) is a member of a practice that provided the patient’s antenatal care (Includes all attendances related to the confinement by the second participating midwife) Payable only once for any pregnancy.	783.85
82130	Short postnatal professional attendance by a participating midwife, lasting up to 40 minutes, within 6 weeks after delivery	55.55
82135	Long postnatal professional attendance by a participating midwife, lasting at least 40 minutes, within 6 weeks after delivery	81.70

Group M13 – Midwifery services

Subgroup 1 – MBS items for participating midwives

Item	Service	Fee (\$)
82140	Postnatal professional attendance by a participating midwife on a patient, not less than 6 weeks but not more than 7 weeks after delivery of a baby, including: <ul style="list-style-type: none">(a) a comprehensive examination of the patient and baby to ensure normal postnatal recovery; and(b) referral of the patient to a general practitioner for the ongoing care of the patient and baby Payable only once for any pregnancy	55.55

Part 2 Telehealth midwifery services and fees

Group M13 – Midwifery services

Subgroup 2 – Telehealth attendances

Item	Service	Fee (\$)
82150	A professional attendance lasting less than 20 minutes (whether or not continuous) by a participating midwife that requires the provision of clinical support to a patient who: <ul style="list-style-type: none">a) is participating in a video consultation with a specialist practising in his or her speciality of obstetrics or a specialist or consultant physician practising in his or her speciality of paediatrics; andb) is not an admitted patient; andc) is located:<ul style="list-style-type: none">(i) both:<ul style="list-style-type: none">(A) within a telehealth eligible area; and(B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or(ii) in Australia if the patient is a patient of:<ul style="list-style-type: none">(A) an Aboriginal Medical Service; or(B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies.	29.45

82151	<p>A professional attendance lasting at least 20 minutes (whether or not continuous) by a participating midwife that requires the provision of clinical support to a patient who:</p> <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist practising in his or her speciality of obstetrics or a specialist or consultant physician practising in his or her speciality of paediatrics; and b) is not an admitted patient; and c) is located: <ul style="list-style-type: none"> (i) both: <ul style="list-style-type: none"> (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or (ii) in Australia if the patient is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies. 	55.85
82152	<p>A professional attendance lasting at least 40 minutes (whether or not continuous) by a participating midwife that requires the provision of clinical support to a patient who:</p> <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist practising in his or her speciality of obstetrics or a specialist or consultant physician practising in his or her speciality of paediatrics; and b) is not an admitted patient; and c) is located: <ul style="list-style-type: none"> (i) both: <ul style="list-style-type: none"> (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or (ii) in Australia if the patient is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies. 	82.15

Schedule 2 Nurse practitioner services and fees

Part 1 Nurse practitioner pathology services and fees

Group P9 – Simple basic pathology tests

Item	Service	Fee (\$)
73828	Semen examination for presence of spermatozoa by a participating nurse practitioner	6.90
73829	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count by a participating nurse practitioner - 1 test	4.55
73830	2 tests described in item 73829 by a participating nurse practitioner	6.35
73831	3 or more tests described in item 73829 by a participating nurse practitioner	8.15
73832	Microscopy of urine, excluding dipstick testing, by a participating nurse practitioner	4.55
73833	Pregnancy test by 1 or more immunochemical methods by a participating nurse practitioner	10.15
73834	Microscopy for wet film other than urine, including any relevant stain by a participating nurse practitioner	6.90
73835	Microscopy of Gram-stained film, including (if performed) a service described in item 73832 or 73834 by a participating nurse practitioner	8.65
73836	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method by a participating nurse practitioner	2.35
73837	Microscopy for fungi in skin, hair or nails by a participating nurse practitioner – 1 or more sites	6.90

Part 2 Nurse practitioner services and fees

Group M14 – Nurse practitioners

Subgroup 1 – Nurse practitioners

Item	Service	Fee (\$)
82200	Professional attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management	10.00

82205	Professional attendance by a participating nurse practitioner lasting less than 20 minutes and including any of the following: (a) taking a history; (b) undertaking clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for 1 or more health related issues, with appropriate documentation	21.80
82210	Professional attendance by a participating nurse practitioner lasting at least 20 minutes and including any of the following: (a) taking a detailed history; (b) undertaking clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for 1 or more health related issues, with appropriate documentation	41.35
82215	Professional attendance by a participating nurse practitioner lasting at least 40 minutes and including any of the following: (a) taking an extensive history; (b) undertaking clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for 1 or more health related issues, with appropriate documentation	60.95

Part 3 Telehealth nurse practitioner services and fees

Group M14 – Nurse practitioners

Subgroup 2 – Telehealth attendance

Item	Service	Fee (\$)
82220	A professional attendance lasting less than 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: a) is participating in a video consultation with a specialist or consultant physician; and b) is not an admitted patient; and c) is located: (i) both: (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or	29.45

	(ii) in Australia if the patient is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies. 	
82221	A professional attendance lasting at least 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist or consultant physician; and b) is not an admitted patient; and c) is located: <ul style="list-style-type: none"> (i) both: <ul style="list-style-type: none"> (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or (ii) in Australia if the patient is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies. 	55.85
82222	A professional attendance lasting at least 40 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist or consultant physician; and b) is not an admitted patient; and c) is located: <ul style="list-style-type: none"> (i) both: <ul style="list-style-type: none"> (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or (ii) in Australia if the patient is a patient of: <ul style="list-style-type: none"> (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies. 	82.15

Subgroup 3 – Telehealth attendance at a residential aged care facility		
82223	A professional attendance lasting less than 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist or consultant physician; and b) either: <ul style="list-style-type: none"> (i) is a care recipient receiving care in a residential care service; or (ii) is at consulting rooms situated within such a complex if the patient is a care recipient receiving care in a residential aged care service; and c) the professional attendance is not provided at a self-contained unit. 	29.45
82224	A professional attendance lasting at least 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist or consultant physician; and b) either: <ul style="list-style-type: none"> (i) is a care recipient receiving care in a residential care service; or (ii) is at consulting rooms situated within such a complex if the patient is a care recipient receiving care in a residential aged care service; and c) the professional attendance is not provided at a self-contained unit. 	55.85
82225	A professional attendance lasting at least 40 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who: <ul style="list-style-type: none"> a) is participating in a video consultation with a specialist or consultant physician; and b) either: <ul style="list-style-type: none"> (i) is a care recipient receiving care in a residential care service; or (ii) is at consulting rooms situated within such a complex if the patient is a care recipient receiving care in a residential aged care service; and c) the professional attendance is not provided at a self-contained unit. 	82.15

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnotes

Endnote 2—Abbreviation key

Endnote 2—Abbreviation key

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	reloc = relocated
ed = editorial change	renum = renumbered
exp = expires/expired or ceases/ceased to have effect	rep = repealed
F = Federal Register of Legislation	rs = repealed and substituted
gaz = gazette	s = section(s)/subsection(s)
LA = <i>Legislation Act 2003</i>	Sch = Schedule(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sdiv = Subdivision(s)
(md) = misdescribed amendment can be given effect	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020	16 June 2020 (F2020L00732)	1 July 2020 (s 2(1) item 1)	
Health Insurance Legislation Amendment (Section 3C General Medical and Diagnostic Imaging Services – Medicare Indexation) Determination 2021	8 Apr 2021 (F2021L00426)	Sch 1 (items 294–315): 1 July 2021 (s 2(1) item 1)	—

Endnotes

Endnote 4—Amendment history

Endnote 4—Amendment history

Provision affected	How affected
Part 1	
s 2	rep LA s 48D
s 4	rep LA s 48C
Schedule 1	
Part 1	
Group M13 Table	am F2021L00426
Part 2	
Group M13 Table	am F2021L00426
Schedule 2	
Part 2	
Group M14 Table	am F2021L00426
Part 3	
Group M14 Table	am F2021L00426
	ed C1

Endnote 5—Editorial changes

In preparing this compilation for registration, the following kinds of editorial change(s) were made under the *Legislation Act 2003*.

Schedule 2 (item 82224, column 3)**Kind of editorial change**

Give effect to the misdescribed amendment as intended

Details of editorial change

Schedule 1 item 314 of the *Health Insurance Legislation Amendment (Section 3C General Medical and Diagnostic Imaging Services – Medicare Indexation) Determination 2021* instructs to omit “53.35” and substitute “55.85” in column 3 of item 82224 of Schedule 2.

The fee of “53.35” does not appear in column 3 of item 82224 of Schedule 2. However, the fee of “55.35” does appear.

This compilation was editorially changed to omit “55.35” and substitute “55.85” in column 3 of item 82224 of Schedule 2 to give effect to the misdescribed amendment as intended.