



Health Insurance (General Practice COVID-19 Treatment) Determination 2022

made under subsection 3C(1) of the

Health Insurance Act 1973

Compilation No. 3

Compilation date: 31 December 2022

Includes amendments up to: F2022L01632

Registered: 20 January 2023

Prepared by the Office of Parliamentary Counsel, Canberra

About this compilation

This compilation

This is a compilation of the *Health Insurance (General Practice COVID-19 Treatment) Determination 2022* that shows the text of the law as amended and in force on 31 December 2022 (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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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1. Name

This instrument is the *Health Insurance (General Practice COVID-19 Treatment) Determination 2022*.

3. Authority

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

4. Cessation

Unless earlier revoked, this instrument ceases as if revoked on 31 December 2023 at 11.59pm.

5. Definitions

(1) In this instrument:

Act means the *Health Insurance Act 1973*.

admitted patient means a patient who is receiving a service that is provided:

- (a) as part of an episode of hospital treatment; or
- (b) as part of an episode of hospital-substitute treatment in respect of which the person to whom the treatment is provided chooses to receive a benefit from a private health insurer.

COVID-19 oral antiviral treatment means an oral antiviral treatment for the treatment of COVID-19 infection which has been approved for supply in Australia by the Therapeutic Goods Administration.

general medical services table means the table prescribed under section 4 of the Act as in force from time to time.

phone attendance means a professional attendance by telephone where the health practitioner:

- (a) has the capacity to provide the full service through this means safely and in accordance with professional standards; and
- (b) is satisfied that it is clinically appropriate to provide the service to the patient; and
- (c) maintains an audio link with the patient.

relevant provisions means all provisions, of the Act and regulations made under the Act, and the *National Health Act 1953* and regulations made under the *National Health Act 1953*, relating to medical services, professional services or items.

relevant service means a health service, as defined in subsection 3C(8) of the Act, that is specified in a Schedule.

Schedule means a Schedule to this instrument.

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

- clinically relevant service;
- general medical services table;
- hospital-substitute treatment;
- hospital treatment;
- item;
- medical practitioner;
- professional service.

- (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.
- (3) In this instrument, a **general practitioner** includes a kind of medical practitioner specified in clause 1.1.3 of the general medical services table.

6. Treatment of relevant service

For subsection 3C(1) of the Act, a relevant service, provided in accordance with this instrument and as a clinically relevant service, 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. specified for the service a fee in relation to each State, being the fee specified in the Schedule in relation to the service.

7. Application of COVID-19 Treatment Items

- (1) An item in a Schedule of this Determination only applies to a service mentioned in the item if the patient's COVID-19 infection has been confirmed by either:
- (a) laboratory testing; or
 - (b) a COVID-19 rapid antigen self test which has been approved for supply in Australia by the Therapeutic Goods Administration, where:
 - (i) the treating practitioner makes a record in the patient's notes that the relevant state and territory reporting requirements have been met, if applicable, and either:
 - A. confirms the patient has reported the positive test result to the relevant state or territory public health unit where reporting requirements are in place from time to time; or
 - B. assists the patient to report the positive result to the relevant state or territory public health unit where reporting requirements are in place from time to time.
- (2) An item in a Schedule of this Determination only applies to a service performed by a medical practitioner who:
- (a) is located at a medical practice with capacity for in person assessment where appropriate; or

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- (b) has a formal agreement with a medical practice to provide personal attendance services.

8. Limitation of COVID-19 Treatment

- (1) An item in a Schedule of this Determination does not apply to a service mentioned in the item if the person is an admitted patient.
- (2) An item in a Schedule of this Determination does not apply to a service if it is performed in association with any other attendance service on the same occasion by the same medical practitioner.

Schedule – relevant services

Group A46— COVID-19 management support service

Item	Description	Fee (\$)
93716	<p>Phone attendance by a general practitioner lasting at least 20 minutes for the assessment and management of a person with COVID-19 infection of recent onset, for the purposes of determining the patient's eligibility for receiving a COVID-19 oral antiviral treatment, where the service includes any of the following that are clinically relevant:</p> <ul style="list-style-type: none"> (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan, including follow up arrangements; (d) providing any necessary treatment, including prescribing a COVID-19 oral antiviral treatment; (e) providing appropriate preventive health care for one or more related issues; <p>with appropriate documentation</p>	90.50
93717	<p>Phone attendance by a medical practitioner (other than a general practitioner) lasting at least 25 minutes for the assessment and management of a person with COVID-19 infection of recent onset, for the purposes of determining the patient's eligibility for receiving a COVID-19 oral antiviral treatment, where the service includes any of the following that are clinically relevant:</p> <ul style="list-style-type: none"> (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan, including follow up arrangements; (d) providing any necessary treatment, including prescribing a COVID-19 oral antiviral treatment; (e) providing appropriate preventive health care for one or more related issues; <p>with appropriate documentation</p>	44.70

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 how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and “(md not incorp)” is added to 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 (General Practice COVID-19 Treatment) Determination 2022	18 July 2022 (F2022L00992)	19 July 2022 (s 2(1) item 1)	
Health Insurance (General Practice COVID-19 Treatment) Amendment Determination (No. 1) 2022	9 Aug 2022 (F2022L01051)	10 Aug 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2022 Measures No. 4) Determination 2022	28 Sept 2022 (F2022L01263)	Sch 1 (item 3): 30 Sept 2022 (s 2(1) item 2)	—
Health Insurance Legislation Amendment (2022 Measures No. 5) Determination 2022	12 Dec 2022 (F2022L01632)	Sch 1 (item 1): 31 Dec 2022 (s 2(1) item 1)	—

Endnotes

Endnote 4—Amendment history

Endnote 4—Amendment history

Provision affected	How affected
s 2	rep LA s 48D
s 4	am F2022L01263; F2022L01632
s 7	am F2022L01051
