

Health Insurance (General Medical Services Table) Amendment Regulations 2003 (No. 1) 2003 No. 69

EXPLANATORY STATEMENT

STATUTORY RULES 2003 No. 69

Issued by the Authority of the Minister for Health and Ageing

Health Insurance Act 1973

Health Insurance (General Medical Services Table) Amendment Regulations 2003 (No. 1)

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

Section 10 of the Act provides for payment of Medicare benefits in respect of professional services rendered to eligible persons.

Section 9 of the Act provides that Medicare benefits shall be calculated by reference to the fees for medical services, including diagnostic imaging services, set out in prescribed Tables.

Subsection 4(1) of the Act provides that the regulations may prescribe a table of medical services (other than diagnostic imaging services and pathology services) that sets out items of medical services, the amount of fees applicable in respect of each item and rules for interpretation of the table. The Health Insurance (General Medical Services Table) Regulations 2002 currently prescribe such a table.

The purpose of the Regulations is to amend the current table of medical services. The amendments contain changes made as part of the ongoing management of the General Medical Services Table, and also incorporate changes to items in the table resulting from reviews by the Medicare Benefits Consultative Committee. These reviews are designed to ensure that the table reflects current medical practice and encourages best practice.

The changes include amendments to rules of interpretation in relation to, for example, the cleft lip and cleft palate scheme for clarification purposes, and the introduction of new items, such as the Percutaneous Transluminal Coronary Rotational Atherectomy procedure into the table. Some existing radiation oncology items have been deleted and replaced with new items aligned with the key types of cancers, to facilitate data collection on the utilisation of radiotherapy. A number of items have been amended, for example some plastic surgery items, to clarify the original intent of the items and to prevent inappropriate practice. There has been a minor change in one fee for an ophthalmology attendance item to align it with comparable optometric attendance items, resulting in a minor increase.

Details of the amendments are set out in the Attachment.

The Amendment Regulations commenced on 1 May 2003.

ATTACHMENT

DETAILS OF THE HEALTH INSURANCE (GENERAL MEDICAL SERVICES TABLE) AMENDMENT REGULATIONS 2003 (No. 1)

Regulation 1 provides for the Regulations to be referred to as the *Health Insurance (General Medical Services Table) Amendment Regulations 2003 (No. 1)*.

Regulation 2 provides for the Regulations to commence on 1 May 2003.

Regulation 3 provides for the amendment of the *Health Insurance (General Medical Services Table) Regulations 2002*.

Listed below are the amendments (including new items) that have been agreed to by the Minister for Health and Ageing relating to reviews undertaken by the Department with the medical profession. Also included are minor amendments for purposes of clarification and consistency of expression, and to correct typographical errors.

Schedule 1 - Table of General Medical Services

Part 2 - Rules of Interpretation

Item 1 has deleted '172,193 to' from sub-rule 6(1) to appropriately refer to all professional attendance items.

Item 2 has deleted sub-rules 15(6) and (7) as a consequence of the deletion of the items to which they refer (15204,15208 - Item 19 refers).

Item 3 has inserted a new sub-rule (9) after sub-rule (8) to explain the method of calculating derived fees for new radiation oncology items 15230, 15233, 15236, 15239, 15242, 15260, 15263, 15266, 15269 and 15272, which are aligned with the key types of cancer, and which result from the splitting of existing radiation oncology items.

Item 4 has inserted a new rule 16A after rule 16, which clarifies the link between cleft lip and cleft palate services and the patients who receive them, and which states:

An item in Group C1, C2 or C3 applies only to a service provided to a prescribed dental patient.

(A note follows referring to section 3 of the Act for the meaning of *prescribed dental patient*).

Item 5 has deleted 'practitioner practising as a dentist' in rule 17 and has replaced it with 'practitioner' to more accurately describe the range of practitioners providing cleft lip and cleft palate services.

Item 6 has inserted a new rule 75 after rule 74 restricting the use of injections of botulinum toxin to registered users under appropriate arrangements. It states:

Each of items 18350 to 18370 applies only to a service provided by a medical practitioner who is registered by the Commission to participate in the arrangements, made under paragraph 100 (1)(b) of the *National Health Act 1953*, for the purpose of providing an adequate pharmaceutical service for persons requiring treatment with botulinum toxin.

Part 3 - Services and Fees

Reviews of the services in the table undertaken since November 2002 relate to ophthalmology, acupuncture, vascular investigations and procedures, radiation oncology, therapeutic nuclear medicine, regional and nerve blocks, anaesthesia, general surgery, vascular surgery, urology, plastic surgery, orthopaedic surgery, and cleft lip and cleft palate services.

Ophthalmology

Item 7 has grouped references in item 106 to items 10801 to 10816, which were previously individually listed.

Item 8 has corrected the existing fee for ophthalmology attendance item 106 from \$57.15 to \$57.55 to align it with comparable optometry attendance items.

Item 10 has amended items 11024 and 11027 to clarify that the service may not involve the use of multifocal multichannel objective perimetry, as the effectiveness of this procedure has not been accepted by the Medical Services Advisory Committee.

Item 11 has amended item 11221 to clarify that the service may not involve the use of multifocal multichannel objective perimetry, for the reason outlined in Item 10.

Item 12 has amended item 11222 to clarify that the service may not involve the use of multifocal multichannel objective perimetry, for the reason outlined in Item 10. It also clarifies the intent of the clinical conditions in (b) and (c) of the item, which describe the circumstances under which further examinations can be claimed, as these had previously been open to interpretation.

Item 13 has amended item 11224 to clarify that the service may not involve the use of multifocal multichannel objective perimetry, for the reason outlined in Item 10.

Item 14 has amended item 11225 to clarify that the service may not involve the use of multifocal multichannel objective perimetry, for the reason outlined in Item 10. It also clarifies the intent of the clinical conditions in (b) and (c) of the item, which describe the circumstances under which further examinations can be claimed, as these had previously been open to interpretation.

Acupuncture

Item 9 has amended existing acupuncture items 193 and 195 to clarify the intent of the items and the cross-referencing to other items within the items. It has also introduced two new items 197 and 199 to allow for longer consultations at which acupuncture takes place. This brings acupuncture items into alignment with comparable general practice attendance items.

Vascular investigations and procedures

Item 15 has amended item 11603 for consistency of expression, to more accurately Grossreference, and to clarify that this item which is a diagnostic item, is not to be used in conjunction with sclerotherapy items 32500 and 32501.

Item 16 has amended item 11606 for the same reasons as outlined in Item 15.

Item 17 has amended item 11609 for the same reasons as outlined in Item 15.

Radiation oncology

Item 19 has deleted four existing radiation oncology items numbered 15203 to 15208, which have been split into twenty replacement items as outlined in Item 20.

Item 20 has introduced twenty new radiation oncology items numbered 15215 to 15272, which are aligned with the key types of cancer, to facilitate data collection on the utilisation of radiotherapy in cancer treatment.

Therapeutic nuclear medicine

Item 21 has amended item 16003 to clarify that the service may not involve the use of selective internal radiation therapy, as the safety and efficacy of this procedure has not been accepted by the Medical Services Advisory Committee.

Regional and nerve blocks

Item 22 has amended item 18290 to prevent the inappropriate use of botulinum toxin under this item.

Item 23 has amended item 18292 to prevent the inappropriate use of botulinum toxin under this item.

Item 24 has introduced five new items numbered 18350 to 18358 and has renumbered item 42827 to become item 18370 to allow the use of botulinum toxin for the treatment of specific indications approved by the Therapeutic Goods Administration. The renumbered item has also been amended to read 'botulinum' instead of 'botulinus' for consistency of expression.

Anaesthesia

Item 25 has introduced a new item numbered 20440 for initiation of the management of anaesthesia for percutaneous bone marrow biopsy of the sternum to differentiate this service from the more complex open procedures.

Item 26 has introduced three new items numbered 21112, 21114 and 21116 for initiation of the management of anaesthesia for percutaneous bone marrow biopsy of the anterior iliac crest, percutaneous bone marrow biopsy of the posterior iliac crest, and percutaneous bone marrow harvesting from the pelvis, to differentiate these services from the more complex open procedures.

General surgery

Item 27 has amended item 30165 to ensure that the service cannot be performed within 12 months after the end of a pregnancy of the patient.

Item 28 has amended item 30177 to ensure that the service cannot be performed within 12 months after the end of a pregnancy of the patient.

Item 29 has amended item 30195 by replacing the term 'Neoplastic skin lesions' with 'Benign neoplasm of skin' for consistency of expression with other items.

Item 30 has amended items 30196 to 30202 by replacing the term 'Cancer' with the term 'Malignant neoplasm' for consistency of expression with other items.

Item 31 has amended item 30203 by replacing the term 'Cancer' with the term 'Malignant neoplasm' and has corrected a typographical error, and has also amended item 30205 by replacing the term 'Cancer' with the term 'Malignant neoplasm' wherever it occurs in the description, for consistency of expression with other items.

Item 32 has amended items 31255 to 31290 to clarify that it is the specimen excised which is being sent for histological examination.

Item 33 has amended item 31295 to clarify that it is the specimen excised which is being sent for histological examination and confirmation of malignancy.

Item 34 has amended items 31300 to 31335 to clarify that it is the specimen excised which is being sent for histological examination.

Item 35 has introduced a new liposuction item 31346 for treatment of contour problems of abdominal fat caused by repeated insulin injections.

Vascular surgery

Item 36 has amended item 32500 to clarify that it is sclerosant which is being injected during the procedure.

Item 37 has amended item 32501 to clarify that it is sclerosant which is being injected during the procedure, and to clarify that the item cannot be used unless it has been demonstrated that truncal reflux does not exist on duplex examination.

Item 38 has introduced four new items, 35335, 35338, 35341, and 35344 for the interventional cardiac procedure - Percutaneous Transluminal Coronary Rotational Atherectomy (PTCRA), following a Medical Services Advisory Committee recommendation.

Urology

Item 18 has renumbered item 11918 to become 11919 to encourage more accurate use of item numbers. References as a consequence of this re-numbering are noted in Item 55.

Item 39 has deleted a reference in item 36836 to the deleted item 36839 and has replaced it with a reference to the new item 36840 (Item 40 below refers).

Item 40 has deleted item 36839 and has replaced it with a new items 36840 to clarify appropriate usage of items in relation to the bladder and the prostate.

Item 41 has introduced a new item 37224 to complement item 36840 and to clarify appropriate usage of items in relation to the bladder and the prostate.

Plastic surgery

Item 43 has amended item 45528 to exclude its use for correction of trauma caused by previous elective cosmetic surgery and has corrected references to other items within the item.

Item 44 has amended breast ptosis items 45557 and 45558 to define the correction method (mastopexy) and to restrict the use of items to a period not less than 1 year and not more than 7 years after the end of the most recent pregnancy of the patient.

Item 45 has amended liposuction item 45585 to clarify that the item is intended to treat specified conditions and has introduced a new liposuction item 45586 for patients with buffalo hump resulting from an endocrine disorder or pharmacological treatment of a medical condition.

Item 46 has amended item 45588 to clarify the conditions for which it can be used and to exclude its use for correction of trauma caused by previous elective cosmetic surgery.

Item 47 has amended item 4563 8 to exclude its use for correction of trauma caused by previous elective cosmetic surgery.

Orthopaedic surgery

Item 48 has amended item 48636 to exclude the use of the intradiscal electrothermal annuloplasty (IDETA) procedure under this item because it has not been recommended by the Medical Services Advisory Committee.

Cleft lip and cleft palate services

Item 49 has amended item 75156 to clarify that referral by an accredited orthodontist is required.

Item 50 has amended item 75206 to clarify that referral by an accredited orthodontist is required and also to clarify the type of practitioner eligible to perform the service.

Item 51 has amended item 75612 to clarify that referral by an accredited orthodontist is required.

Item 52 has amended item 75615 to clarify that referral by an accredited orthodontist is required.

Item 53 has amended item 75618 to clarify that referral by an accredited orthodontist is required.

Item 54 has amended item 75621 to clarify that referral by an accredited orthodontist is required.

Miscellaneous amendments

Item 42 has deleted items 41869 and 42830 which relate to the use of botulinum toxin, which are the subject of a new Ministerial Determination specifying appropriate conditions, and has deleted item 42827 which has been re-numbered as 18370 (Item 24 refers).

Item 55 contains minor amendments which have corrected references to a re-numbered item, errors of spelling and expression and which clarify in items 31205 to 31220, 31225 to 31240, 31250, 31345 and 31350 that it is the specimen excised which is being sent for examination. It has also corrected practitioner coding references in cleft lip and cleft palate items 75021, 75023 and 75203.