

Health Insurance (General Medical Services Table) Amendment Regulations 2005 (No. 1)¹

Select Legislative Instrument 2005 No. 66

I, PHILIP MICHAEL JEFFERY, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Health Insurance Act 1973*.

Dated 22 April 2005

P. M. JEFFERY Governor-General

By His Excellency's Command

JULIE BISHOP
Minister for Ageing

1 Name of Regulations

These Regulations are the *Health Insurance (General Medical Services Table) Amendment Regulations 2005 (No. 1).*

2 Commencement

These Regulations commence on 1 May 2005.

3 Amendment of Health Insurance (General Medical Services Table) Regulations 2004

Schedule 1 amends the *Health Insurance (General Medical Services Table) Regulations 2004.*

Schedule 1 Amendments

(regulation 3)

[1] Schedule 1, Part 2, rule 8, heading

substitute

8 Interpretation of items 104 to 131 and 291 to 388

[2] Schedule 1, Part 2, subrule 8 (1)

omit
300 to 388,
insert

291 to 388,

[3] Schedule 1, Part 2, rule 86

substitute

86 Application of items 10998 and 10999

- (1) For items 10998 and 10999:
 - enrolled nurse has the meaning given by subrule 84 (1).
 - general practice has the meaning given by subrule 84 (1).
 - *practice location* has the meaning given by subrule 83 (4).
 - practice nurse has the meaning given by subrule 84 (1).
 - *regional, rural or remote area* has the meaning given by subrule 83 (4).
 - **Rural, Remote and Metropolitan Areas Classification** has the meaning given by subrule 3 (1).
- (2) Items 10998 and 10999 apply to the taking of a cervical smear from a person by a practice nurse only if:
 - (a) the practice nurse is appropriately qualified and trained to take a cervical smear; and
 - (b) the medical practitioner under whose supervision the smear is taken retains responsibility for the health, safety and clinical outcomes of the person.

87 Meaning of *foreign body* in items 35360 to 35363

For items 35360, 35361, 35362 and 35363, *foreign body* does not include an instrument inserted for the purpose of a service being rendered.

88 Limitation on items 291, 293 and 10942

- (1) For any particular patient, items 291 and 293 are applicable not more than once in a 12 month period.
- (2) For any particular patient, item 10942 is applicable not more than twice in a 12 month period.

89 Application of items 30440, 30451, 30492 and 30495

A service described in item 30440, 30451, 30492 or 30495 does not include imaging.

Note The imaging services associated with these services are described in the diagnostic imaging services table.

[4] Schedule 1, Part 3, before item 300

insert in Group A8

- 291 Professional attendance of more than 45 minutes duration at consulting rooms by a consultant physician in the practice of his or her specialty of psychiatry, if:
 - (a) the attendance follows referral of the patient to the consultant for an assessment or management by a medical practitioner in general practice (including a general practitioner, but not a specialist or consultant physician); and
 - (b) during the attendance, the consultant:
 - (i) uses an outcome tool (if clinically appropriate);
 - (ii) carries out a mental state examination; and
 - (iii) makes a psychiatric diagnosis; and
 - (c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring medical practitioner without ongoing treatment by the consultant; and
 - (d) within 2 weeks after the attendance, the consultant:
 - (i) prepares a written diagnosis of the patient; and
 - (ii) prepares a written management plan for the patient that:
 - (A) covers the next 12 months; and
 - (B) is appropriate to the patient's diagnosis; and
 - (C) comprehensively evaluates the patient's biological, psychological and social issues; and
 - (D) addresses the patient's diagnostic psychiatric issues; and

- (E) makes management recommendations addressing the patient's biological, psychological and social issues; and
- (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and
- (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to:
 - (A) the patient; and
 - (B) the patient's carer (if any), if the patient agrees);

(Item is subject to rule 88)

- 293 Professional attendance of more than 30 minutes but not more than 45 minutes duration at consulting rooms by a consultant physician in the practice of his or her specialty of psychiatry, if:
 - (a) the patient is being managed by a medical practitioner in accordance with a management plan prepared by the consultant in accordance with item 291; and
 - (b) the attendance follows referral of the patient to the consultant for review of the management plan by the medical practitioner managing the patient; and
 - (c) during the attendance, the consultant:
 - (i) uses an outcome tool (if clinically appropriate);
 - (ii) carries out a mental state examination; and
 - (iii) makes a psychiatric diagnosis; and
 - (iv) reviews the management plan; and
 - (d) within 2 weeks after the attendance, the consultant:
 - (i) prepares a written diagnosis of the patient; and
 - (ii) revises the management plan; and
 - (iii) gives the referring medical practitioner a copy of the diagnosis and the revised management plan; and

- (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to:
 - (A) the patient; and
 - (B) the patient's carer (if any), if the patient agrees);

(Item is subject to rule 88)

[5] Schedule 1, Part 3, before item 2501

insert in Subgroup 1

- 2497 Professional attendance at consulting rooms by a general practitioner:
- 14.10
- (a) involving taking a patient's selective history, examining the patient and implementing a management plan in relation to 1 or more problems; or
- (b) being an attendance of less than 5 minutes duration;

at which a cervical smear is taken from a woman between the ages of 20 and 69 years (inclusive) who has not had a cervical smear in the last 4 years

[6] Schedule 1, Part 3, before item 2600

insert in Subgroup 1

2598 Professional attendance at consulting rooms of less than 5 minutes duration by a medical practitioner who practices in general practice (other than a general practitioner):

- (a) involving taking a patient's selective history, examining the patient and implementing a management plan in relation to 1 or more problems;
- (b) at which a cervical smear is taken from a woman between the ages of 20 and 69 years (inclusive) who has not had a cervical smear in the last 4 years

[7] Schedule 1, Part 3, item 10916

substitute

10916 Professional attendance, being the first in a course of attention, of not more than 15 minutes duration (not being a service associated with a service to which item 10940, 10941 or 10942 applies)

30.15

[8] Schedule 1, Part 3, after item 10941

insert

10942 Testing of residual vision to provide optimum visual performance for a patient who has best corrected visual acuity of 6/15 or N.12 in the better eye or a horizontal visual field of less than 120 degrees and within 10 degrees above and below the horizontal median, involving 1 or more of the following:

30.15

- (a) spectacle correction;
- (b) determination of contrast sensitivity;
- (c) determination of glare sensitivity;
- (d) prescription of magnification aids;

not being a service associated with a service to which item 10916, 10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928, 10929 or 10930 applies

(Item is subject to rule 88)

[9] Schedule 1, Part 3, after item 10998

insert

Service provided by a practice nurse, being the taking of a cervical smear from a woman between the ages of 20 and 69 years (inclusive) who has not had a cervical smear in the last 4 years, if:

10.20

- (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and
- (b) the service is provided at, or from, a practice location in a regional, rural or remote area; and
- (c) the person is not an admitted patient of a hospital or approved day hospital facility

[10] Schedule 1, Part 3, item 11820

substitute

Capsule endoscopy to investigate an episode of obscure gastrointestinal bleeding, using a capsule endoscopy device approved by the Therapeutic Goods Administration (including administration of the capsule, imaging, image reading and interpretation, and all attendances for providing the service on the day the capsule is administered) if:

1 730.25

- (a) the service is performed by a specialist or consultant physician with endoscopic training that is recognised by The Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy; and
- (b) the patient to whom the service is provided:
 - (i) is aged 10 years or over; and
 - (ii) has recurrent or persistent bleeding; and
 - (iii) is anaemic or has active bleeding; and
- (c) an upper gastrointestinal endoscopy and a colonoscopy have been performed on the patient and have not identified the cause of the bleeding; and
- (d) the service is performed within 6 months after the upper gastrointestinal endoscopy and colonoscopy

substitute

14124 Laser photocoagulation using laser light within the wave length of 510-1064nm in the treatment of haemangiomas of infancy, including any associated consultation — if a 7th or subsequent session (including any sessions to which items 14100 to 14118 and 30213 apply) is indicated in a 12 month period that commences on the date of the 1st session (Anaes.)

129.40

[12] Schedule 1, Part 3, item 14218

substitute

14218 Implanted infusion pump, refilling of reservoir with a therapeutic agent or agents for infusion to the subarachnoid or epidural space, with or without re-programming a programmable pump, for the management of chronic intractable pain

83.05

[13] Schedule 1, Part 3, item 30195

substitute

30195 Benign neoplasm of skin, other than viral verrucae (common warts), seborrheic keratoses, cysts and skin tags, treatment by electrosurgical destruction, simple curettage or shave excision, or laser photocoagulation, not being a service to which item 30196, 30197, 30202, 30203 or 30205 applies (1 or more lesions) (Anaes.)

[14]	Schedule 1, Part 3, item 30375 substitute	
30375	Caecostomy, enterostomy, colostomy, enterotomy, colotomy, cholecystostomy, gastrostomy, gastrotomy, reduction of intussusception, removal of Meckel's diverticulum, suture of perforated peptic ulcer, simple repair of ruptured viscus, reduction of volvulus, pyloroplasty (adult) or drainage of pancreas (H) (Anaes.) (Assist.)	442.25
[15]	Schedule 1, Part 3, items 30403 and 30405	
	substitute	
30403	Ventral, incisional, or recurrent hernia or burst abdomen, repair of, with or without mesh (H) (Anaes.) (Assist.)	433.15
30405	Ventral or incisional hernia (other than recurrent inguinal or femoral hernia), repair of, requiring muscle transposition, mesh hernioplasty or resection of strangulated bowel (H) (Anaes.) (Assist.)	760.35
[16]	Schedule 1, Part 3, item 30440	
	substitute	
30440	Cholangiogram, percutaneous transhepatic, and insertion of biliary drainage tube, using interventional imaging techniques, not being a service associated with a service to which item 30451 applies (Anaes) (Assist)	446.60

(Item is subject to rule 89)

[17]	Schedule 1, Part 3, item 30451	
	substitute	
30451	Biliary drainage tube, exchange of, using interventional imaging techniques, not being a service associated with a service to which item 30440 applies (Anaes.) (Assist.)	227.10
	(Item is subject to rule 89)	
[18]	Schedule 1, Part 3, items 30491, 30493 and 30-	494
	substitute	
30491	Bile duct, endoscopic stenting of (including endoscopy and dilatation) (Anaes.)	471.20
30492	Bile duct, percutaneous stenting of (including dilatation when performed), using interventional imaging techniques (H) (Anaes.)	668.00
	(Item is subject to rule 89)	
30493	Biliary manometry (Anaes.)	282.75
30494	Endoscopic biliary dilatation (H) (Anaes.)	356.75
30495	Percutaneous biliary dilatation for biliary stricture using interventional imaging techniques (H) (Anaes.)	668.00
	(Item is subject to rule 89)	
[19]	Schedule 1, Part 3, item 30514	
	substitute	
30514	Morbid obesity, surgical reversal, by any method, of procedure to which item 30511 or 30512 applies (H) (Anaes.) (Assist.)	1 306.00

[20] Schedule 1, Part 3, items 31255 to 31295

substitute

Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from nose, eyelid, lip, ear, digit or genitalia, if:

187.85

- (a) the carcinoma is not more than 10 mm in diameter; and
- (b) the removal is by the rapeutic surgical excision (other than shave excision) and suture; and
- (c) the initial specimen removed is sent for histological examination and malignancy is confirmed;

(Anaes.)

31256 Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from nose, eyelid, lip, ear, digit or genitalia, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:

187.85

- (a) the previous carcinoma was not more than 10 mm in diameter; and
- (b) the removal is performed by the practitioner who removed the previous carcinoma; and
- (c) the removal is by surgical excision (other than shave excision) and suture; and
- (d) the specimen excised is sent for histological examination;

31257	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from nose, eyelid, lip, ear, digit or genitalia, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	187.85
	(a) the previous carcinoma was not more than 10 mm in diameter; and	
	(b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and	
	(c) the removal is by surgical excision (other than shave excision) and suture; and	
	(d) the specimen excised is sent for histological examination;	
	(Anaes.)	
31258	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from nose, eyelid, lip, ear, digit or genitalia, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	187.85
	(a) the carcinoma is not more than 10 mm in diameter; and	
	(b) the removal is by surgical excision (other than shave excision) and suture; and	
	(c) the specimen excised is sent for histological examination and malignancy is confirmed;	
	not being a service to which item 31295 applies (Anaes.)	
31260	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from nose, eyelid, lip, ear, digit or genitalia, if:	267.85
	(a) the carcinoma is more than 10 mm in diameter; and	
	(b) the removal is by therapeutic surgical excision (other than shave excision) and suture; and	
	 (c) the initial specimen removed is sent for histological examination and malignancy is confirmed; 	
	(Anaes)	

31261	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from nose, eyelid, lip, ear, digit or genitalia, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	267.85
	(a) the previous carcinoma was more than 10 mm in diameter; and	
	(b) the removal is performed by the practitioner who removed the previous carcinoma; and	
	(c) the removal is by surgical excision (other than shave excision) and suture; and	
	(d) the specimen excised is sent for histological examination;	
	(Anaes.)	
31262	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from nose, eyelid, lip, ear, digit or genitalia, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	267.85
	(a) the previous carcinoma was more than 10 mm in diameter; and	
	(b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and	
	(c) the removal is by surgical excision (other than shave excision) and suture; and	
	(d) the specimen excised is sent for histological examination;	
	(Anaes.)	
31263	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from nose, eyelid, lip, ear, digit or genitalia, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	267.85
	(a) the carcinoma is more than 10 mm in diameter; and	
	(b) the removal is by surgical excision (other than shave excision) and suture; and	
	(c) the specimen excised is sent for histological examination and malignancy is confirmed;	
	not being a service to which item 31295 applies (Anaes.)	

31265	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from the face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), if:	156.50
	(a) the carcinoma is not more than 10 mm in diameter; and	
	(b) the removal is by therapeutic surgical excision (other than shave excision) and suture; and	
	 (c) the initial specimen removed is sent for histological examination and malignancy is confirmed; 	
	(Anaes.)	
31266	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	156.50
	(a) the previous carcinoma was not more than 10 mm in diameter; and	
	(b) the removal is performed by the practitioner who removed the previous carcinoma; and	
	(c) the removal is by surgical excision (other than shave excision) and suture; and	
	(d) the specimen excised is sent for histological examination;	
	(Anaes.)	
31267	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	156.50
	(a) the previous carcinoma was not more than 10 mm in diameter; and	
	(b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and	
	(c) the removal is by surgical excision (other than shave excision) and suture; and	
	(d) the specimen excised is sent for histological examination;	
	(Anaes.)	
2005, 66	Health Insurance (General Medical Services Table) Amendment Regulations 2005 (No. 1)	15

31268	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	156.50
	(a) the carcinoma is not more than 10 mm in diameter; and	
	(b) the removal is by surgical excision (other than shave excision) and suture; and	
	(c) the specimen excised is sent for histological examination and malignancy is confirmed;	
	not being a service to which item 31295 applies (Anaes.)	
31270	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), if:	219.15
	(a) the carcinoma is more than 10 mm and not more than 20 mm in diameter; and	
	(b) the removal is by therapeutic surgical excision (other than shave excision) and suture; and	
	 (c) the initial specimen removed is sent for histological examination and malignancy is confirmed; 	
	(Anaes.)	
31271	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	219.15
	(a) the previous carcinoma was more than 10 mm and not more than 20 mm in diameter; and	
	(b) the removal is performed by the practitioner who removed the previous carcinoma; and	
	(c) the removal is by surgical excision (other than shave excision) and suture; and	
	(d) the specimen excised is sent for histological examination;	
	(Anaes.)	

31272	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	219.15
	(a) the previous carcinoma was more than 10 mm and not more than 20 mm in diameter; and	
	(b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and	
	(c) the removal is by surgical excision (other than shave excision) and suture; and	
	(d) the specimen excised is sent for histological examination;	
	(Anaes.)	
31273	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	219.15
	(a) the carcinoma is more than 10 mm and not more than 20 mm in diameter; and	
	(b) the removal is by surgical excision (other than shave excision) and suture; and	
	(c) the specimen excised is sent for histological examination and malignancy is confirmed;	
	not being a service to which item 31295 applies (Anaes.)	
31275	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), if:	253.90
	(a) the carcinoma is more than 20 mm in diameter; and	
	(b) the removal is by therapeutic surgical excision (other than shave excision) and suture; and	
	 (c) the initial specimen removed is sent for histological examination and malignancy is confirmed; 	
	(Anaes.)	

31276 Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:

253.90

- (a) the previous carcinoma was more than 20 mm in diameter; and
- (b) the removal is performed by the practitioner who removed the previous carcinoma; and
- (c) the removal is by surgical excision (other than shave excision) and suture; and
- (d) the specimen excised is sent for histological examination;

(Anaes.)

31277 Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:

253.90

- (a) the previous carcinoma was more than 20 mm in diameter; and
- (b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and
- (c) the removal is by surgical excision (other than shave excision) and suture; and
- (d) the specimen excised is sent for histological examination;

31278	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from face, neck (anterior to the sternomastoid muscles) or lower leg (mid calf to ankle), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the carcinoma is more than 20 mm in diameter; and (b) the removal is by surgical excision (other than shave excision) and suture; and (c) the specimen excised is sent for histological examination and malignancy is confirmed;	253.90
	not being a service to which item 31295 applies (Anaes.)	
31280	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from an area of the body not covered by item 31255 or 31265, if:	132.75
	(a) the carcinoma is not more than 10 mm in diameter; and	
	(b) the removal is by therapeutic surgical excision (other than shave excision) and suture; and	
	 (c) the initial specimen removed is sent for histological examination and malignancy is confirmed; 	
	(Anaes.)	
31281	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from an area of the body not covered by item 31255 or 31265, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	132.75
	(a) the previous carcinoma was not more than 10 mm in diameter; and	
	(b) the removal is performed by the practitioner who removed the previous carcinoma; and	
	(c) the removal is by surgical excision (other than shave excision) and suture; and	
	(d) the specimen excised is sent for histological examination;	
	(Anaes.)	

31282	Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from an area of the body not covered by item 31255 or 31265, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	132.75
	(a) the previous carcinoma was not more than 10 mm in diameter; and	
	(b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and	
	(c) the removal is by surgical excision (other than shave excision) and suture; and	
	(d) the specimen excised is sent for histological examination;	
	(Anaes.)	
31283	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from an area of the body not covered by item 31255 or 31265, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:	132.75
	(a) the carcinoma is not more than 10 mm in diameter; and	
	(b) the removal is by surgical excision (other than shave excision) and suture; and	
	(c) the specimen excised is sent for histological examination and malignancy is confirmed;	
	(Anaes.)	
31285	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from an area of the body not covered by item 31260 or 31270, if:	180.75
	(a) the carcinoma is more than 10 mm and not more than 20 mm in diameter; and	
	(b) the removal is by therapeutic surgical excision (other than by shave excision) and suture; and	
	 (c) the initial specimen removed is sent for histological examination and malignancy is confirmed; 	
	(Anaes.)	

31286 Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from an area of the body not covered by item 31260 or 31270, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:

180.75

- (a) the previous carcinoma was more than 10 mm and not more than 20 mm in diameter; and
- (b) the removal is performed by the practitioner who removed the previous carcinoma; and
- (c) the removal is by surgical excision (other than shave excision) and suture; and
- (d) the specimen excised is sent for histological examination;

(Anaes.)

31287 Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from an area of the body not covered by item 31260 or 31270, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:

180.75

- (a) the previous carcinoma was more than 10 mm and not more than 20 mm in diameter; and
- (b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and
- (c) the removal is by surgical excision (other than shave excision) and suture; and
- (d) the specimen excised is sent for histological examination;

31288 180.75 Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from an area of the body not covered by item 31260 or 31270, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the carcinoma is more than 10 mm and not more than 20 mm in diameter; and (b) the removal is by surgical excision (other than shave excision) and suture; and (c) the specimen excised is sent for histological examination and malignancy is confirmed; (Anaes.) 31290 208.65 Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal of, from an area of the body not covered by item 31260 or 31275, if: (a) the carcinoma is more than 20 mm in diameter; and (b) the removal is by the rapeutic surgical excision (other than shave excision) and suture; and (c) the initial specimen removed is sent for histological examination and malignancy is confirmed; (Anaes.) 31291 Basal cell carcinoma or squamous cell carcinoma, 208.65 residual, removal of, from an area of the body not covered by item 31260 or 31275, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was more than 20 mm in diameter; and (b) the removal is performed by the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision (other than shave excision) and suture; and (d) the specimen excised is sent for histological

examination;

31292 Basal cell carcinoma or squamous cell carcinoma, residual, removal of, from an area of the body not covered by item 31260 or 31275, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:

208.65

- (a) the previous carcinoma was more than 20 mm in diameter; and
- (b) the removal is performed by a practitioner other than the practitioner who removed the previous carcinoma; and
- (c) the removal is by surgical excision (other than shave excision) and suture; and
- (d) the specimen excised is sent for histological examination;

(Anaes.)

31293 Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from an area of the body not covered by item 31260 or 31275, following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if:

208.65

- (a) the carcinoma is more than 20 mm in diameter; and
- (b) the removal is by surgical excision (other than shave excision) and suture; and
- (c) the specimen excised is sent for histological examination and malignancy is confirmed;

31295	Basal cell carcinoma or squamous cell carcinoma, recurrent, removal of, from the head or neck (anterior to the sternomastoid muscles), following the removal of a previous basal cell carcinoma or squamous cell carcinoma at that site, if: (a) the previous carcinoma was treated by previous surgery, serial cautery and curettage, radiotherapy or 2 prolonged freeze and thaw cycles of liquid nitrogen therapy; and (b) the removal is performed by: (i) a specialist in the practice of his or her specialty; or (ii) a practitioner other than the practitioner who removed the previous carcinoma; and (c) the removal is by surgical excision and suture; and (d) the specimen excised is sent for histological examination and malignancy is confirmed; (Anaes.)	248.50
[21]	Schedule 1, Part 3, after item 35330 insert	
35331	Retrieval of inferior vena caval filter, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.)	502.70
[22]	Schedule 1, Part 3, after item 35356 insert	
35360	Retrieval of foreign body in pulmonary artery, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) (Assist.)	702.70
24	Health Insurance (General Medical Services Table) Amendment Regulations 2005 (No. 1)	2005, 66

35361	Retrieval of foreign body in right atrium, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) (Assist.)	602.70
35362	Retrieval of foreign body in inferior vena cava or aorta, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) (Assist.)	502.70
35363	Retrieval of foreign body in peripheral vein or peripheral artery, percutaneous or by open exposure, not including associated radiological services or preparation, and not including aftercare (H) (Anaes.) (Assist.)	402.70
[23]	Schedule 1, Part 3, items 35567 to 35600	
	substitute	
35568	Sacrospinous colpopexy for the management of upper vaginal prolapse (H) (Anaes.) (Assist.)	530.00
35569	Plastic repair to enlarge vaginal orifice (H) (Anaes.)	136.45
35570	Anterior vaginal compartment repair by vaginal approach (involving repair of urethrocele and cystocele), with or without mesh, not being a service associated with a service to which item 35573, 35577 or 35578 applies (H) (Anaes.) (Assist.)	470.00
35571	Posterior vaginal compartment repair by vaginal approach involving repair of one or more of the following: (a) perineum; (b) rectocoele; (c) enterocoele;	470.00
	with or without mesh, not being a service associated with a service to which item 35573, 35577 or 35578 applies (H) (Anaes.) (Assist.)	
35572	Colpotomy, not being a service to which another item in this group applies (H) (Anaes.)	105.05

35573	Anterior and posterior vaginal compartment repair by vaginal approach (involving anterior and posterior compartment defects), with or without mesh, not being a service associated with a service to which item 35577 or 35578 applies (H) (Anaes.) (Assist.)	705.00
35577	Manchester (Donald Fothergill) operation for genital prolapse, with or without mesh (H) (Anaes.) (Assist.)	572.30
35578	Le Fort operation for genital prolapse, not being a service associated with a service to which another item in this subgroup applies (H) (Anaes.) (Assist.)	572.30
35595	Laparoscopic or abdominal pelvic floor repair involving the fixation of the uterosacral and cardinal ligaments to rectovaginal and pubocervical fascia for symptomatic upper vaginal vault prolapse (H) (Anaes.) (Assist.)	980.00
35596	Fistula between genital and urinary or alimentary tracts, repair of, not being a service to which item 37029, 37333 or 37336 applies (H) (Anaes.) (Assist.)	580.25
35597	Sacral colpopexy, laparoscopic or open procedure, if graft or mesh is secured to the vault, the anterior and posterior compartments and to the sacrum for correction of symptomatic upper vaginal vault prolapse (H) (Anaes.) (Assist.)	1 250.00
35599	Stress incontinence, sling operation for, with or without mesh or tape, not being a service associated with a service to which item 30405 applies (H) (Anaes.) (Assist.)	572.30
[24]	Schedule 1, Part 3, items 35617 and 35618	
	substitute	
35617	Cervix, cone biopsy, amputation or repair of, not being a service to which item 35577 or 35578 applies (G) (Anaes.)	147.35
35618	Cervix, cone biopsy, amputation or repair of, not being a service to which item 35577 or 35578 applies (S) (Anaes.)	184.95
26	Health Insurance (General Medical Services Table) Amendment Regulations 2005 (No. 1)	2005, 66
	Amendment Negulations 2003 (No. 1)	

[25]	Schedule 1, Part 3, item 36606		
	substitute		
36605	Ureteric stent, insertion of, with removal of calculus from:	586.00	
	(a) the pelvicalyceal system; or		
	(b) ureter; or		
	(c) the pelvicalyceal system and ureter;		
	through a nephrostomy tube using interventional imaging techniques (H) (Anaes.)		
36606	Intestinal urinary reservoir, continent, formation of, including formation of non-return valves and implantation of ureters (1 or both) into reservoir (H) (Anaes.) (Assist.)	1 964.95	
36607	Ureteric stent, insertion of, with balloon dilatation of: (a) the pelvicalyceal system; or (b) ureter; or (c) the pelvicalyceal system and ureter;	586.00	
	through a nephrostomy tube using interventional imaging techniques (H) (Anaes.)		
36608	Ureteric stent, exchange of, percutaneously through the ileal conduit or bladder using interventional imaging techniques, not being a service associated with a service to which any of items 36811 to 36854 apply (H) (Anaes.)	227.10	
[26]	Schedule 1, Part 3, after item 36649		
	insert		
36650	Nephrostomy tube, removal of, using interventional imaging techniques, if the ureter has been stented with a double J ureteric stent and that stent is left in place (H) (Anaes.)	127.00	

2005, 66

[27] Schedule 1, Part 3, items 39125 to 39128 substitute 39125 252.90 Intrathecal or epidural spinal catheter, insertion or replacement of, and connection to a subcutaneous implanted infusion pump, for the management of chronic intractable pain (H) (Anaes.) (Assist.) 39126 307.05 All of the following: (a) infusion pump, subcutaneous implantation or replacement of; (b) connection of the pump to an intrathecal or epidural spinal catheter; (c) filling of reservoir with a therapeutic agent or agents; with or without programming the pump, for the management of chronic intractable pain (H) (Anaes.) (Assist.) 39127 Subcutaneous reservoir and spinal catheter, insertion of, 401.90 for the management of chronic intractable pain (H) (Anaes.) 39128 All of the following: 559.95 (a) infusion pump, subcutaneous implantation of; (b) intrathecal or epidural spinal catheter, insertion of; (c) connection of pump to catheter; (d) filling of reservoir with a therapeutic agent or agents; with or without programming the pump, for the management of chronic intractable pain (H) (Anaes.) (Assist.)

[28] Schedule 1, Part 3, item 39133

substitute

39133 Either: 135.30

- (a) subcutaneously implanted infusion pump, removal of; or
- (b) intrathecal or epidural spinal catheter, removal or repositioning of;

for the management of chronic intractable pain (H) (Anaes.)

Note

1. All legislative instruments and compilations are registered on the Federal Register of Legislative Instruments kept under the *Legislative Instruments Act 2003*. See www.frli.gov.au.