

## **EXPLANATORY STATEMENT**

### **Select Legislative Instrument 2006 No. 272**

Issued by the Authority of the Minister for Health and Ageing

*Health Insurance Act 1973*

*Health Insurance (General Medical Services Table) Regulations 2006*

Subsection 133(1) of the *Health Insurance Act 1973* (the Act) provides that the Governor-General may make regulations, not inconsistent with the Act, prescribing all matters required or permitted by the Act to be prescribed, or necessary or convenient to be prescribed for carrying out or giving effect to the Act.

The Act provides, in part, for payments 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 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.

Subsection 4(2) of the Act provides that, unless sooner repealed, regulations made under section 4 cease to be in force and are taken to have been repealed on the next day following the 15<sup>th</sup> sitting day of the House of Representatives after the end of a period of 12 months beginning on the day on which the regulations are notified on the Federal Register of Legislative Instruments.

A table of general medical services is currently prescribed by the *Health Insurance (General Medical Services Table) Regulations 2005* (the 2005 Regulations). The 2005 Regulations were notified on the Federal Register of Legislative Instruments on 26 October 2005 and commenced on 1 November 2005.

The purpose of the Regulations is to repeal the 2005 Regulations and to prescribe a new table of general medical services for the 12 month period commencing on 1 November 2006. The new table will set out the items of general medical services which are eligible for Medicare benefits, the amount of fees applicable in respect of each item and rules for interpretation of the table.

The Regulations will make a number of changes to the existing table as part of the ongoing management of the table. The changes include:

- provision of a general fee increase of 2.1% for all items in the table, excluding items in Group A2 which relate to other medical practitioners (with the exception of emergency attendance after hours items), item 173 (acupuncture), Group A19 (Practice Incentive Payments other than non referral);
- the introduction of 121 new items;
- the amendment to the descriptors for 133 items to accurately reflect current clinical practice;
- additional fee increases to 23 items;
- the removal of three items which no longer reflect current clinical practice; and

- the introduction of eight items that were provided for under *Health Insurance Determination HS/01/2005*.

These changes have been recommended by reviews conducted by the Medical Services Advisory Committee (MSAC) and ongoing reviews by the Medicare Benefits Consultative Committee. The reviews are designed to ensure that the table reflects current medical practice and encourages best practice.

The MSAC has assessed the evidence supporting the safety, effectiveness and cost-effectiveness of a number of medical technologies. Consequently any new items where new technologies have been introduced or where items have been amended to include an existing technology have been assessed by MSAC.

Broadly, consultation on the Regulations was conducted with the Australian Medical Association, relevant professional medical groups and Medicare Australia. Relevant professional medical craft groups consulted included the Australian Society of Anaesthetists, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Australian Practice Nurses Association, the Royal Australian and New Zealand College of Ophthalmologists, the Royal Australasian College of Surgeons, the Royal College of Pathologists of Australasia, the Australian Society of Geriatric Medicine, the Cardiac Society of Australia and New Zealand, the Neurosurgical Society of Australia and the Royal Australian and New Zealand College of Psychiatrists.

Details of the Regulations are set out in the Attachment.

The Act specifies no conditions that need to be met before the power to make the Regulations may be exercised.

The Regulations are a legislative instrument for the purposes of the *Legislative Instruments Act 2003*.

The Regulations commence on 1 November 2006.

Authority: Subsection 133(1) of the  
*Health Insurance Act 1973*

## ATTACHMENT

**DETAILS OF THE *HEALTH INSURANCE (GENERAL MEDICAL SERVICES TABLE) REGULATIONS 2006***

Regulation 1 provides for the Regulations to be referred to as the *Health Insurance (General Medical Services Table) Regulations 2006*.

Regulation 2 provides for the Regulations to commence on 1 November 2006.

Regulation 3 repeals the *Health Insurance (General Medical Services Table) Regulations 2005*.

Regulation 4 defines, for the purpose of the Regulations, ‘Act’ to mean the *Health Insurance Act 1973* and ‘this table’ to mean the table of general medical services set out in Schedule 1.

Regulation 5 provides that the new table of general medical services and rules of interpretation are set out in Schedule 1.

In addition to re-making the table contained in the *Health Insurance (General Medical Services Table) Regulations 2005*, the Regulations will include:

- provision of a general fee increase of 2.1% for all items in the table, excluding items in Group A2 which relate to other medical practitioners (with the exception of emergency attendance after hours items), item 173 (acupuncture), Group A19 (Practice Incentive Payments other than non referral);
- the introduction of 121 new items;
- the amendment to the descriptors for 133 items to accurately reflect current clinical practice;
- additional fee increases to 23 items;
- the removal of three items which no longer reflect current clinical practice; and
- the introduction of eight items that were provided for under *Health Insurance Determination HS/01/2005*.

**PART 2 - Rules of interpretation**

The following amendments to rules and insertion of new rules will be made:

**Rule 7**

Subrule 7(1) will be amended to indicate that rule 7 applies to new items 6007 to 6015 and 17610 to 17680. Rule 7 defines the meaning of “professional attendance” in certain items following the referral of the patient to the medical practitioner.

**Rule 8**

Subrule 8(1) will be amended to add items 6007 to 6015, 17640, 17645, 17650 and 17655. Rule 8 provides interpretation of a reference to “attendance on a patient” in certain items.

**Rule 11**

The amendment to subrule 11(2) will add items 2713 and 6007 to 6015 to the list of items to be provided in the course of a personal attendance by a single medical practitioner on a single patient on a single occasion.

**Rule 12**

Subrule 12(3) will be amended to include items 2710, 2712, 2713 and 6007 to 6015 as these items are services that must be provided by medical practitioners. Rule 12 provides interpretation for personal attendances by certain medical practitioners.

**Rule 12AA**

The insertion of rule 12AA will allow health checks of 45-49 year olds, at risk of developing a chronic disease or a terminal condition, to be provided by a medical practitioner.

**Rule 14**

Rule 14, which defines conditions under which specific Australian standards for audiology services items (11309, 11312, 11315, 11318 and 11321), will be deleted. Standards are covered under general Australian standards for audiology.

**Rule 45A**

Rule 45A will be amended to remove reference to previous EPC Multidisciplinary Care Planning which is now no longer relevant. Rule 45A provides limitations on items 721, 723, 725, 727, 729 and 731.

**Rule 58C**

The amendment to rule 58C will delete “(a) the attendance is by a specialist, or consultant physician, in relation to whom the Medicare Australia CEO has received a written notice from the Royal Australasian College of Physicians stating that the person meets the skills requirements for providing services to which the item applies” and insert “(a) the attendance is by a specialist, or consultant physician, in the specialty of geriatric medicine or rehabilitation medicine for the purposes of the Act”.

**Rule 62**

The amendment to rule 62 will better reflect current models of care. Rule 62 provides for the requirements for a cycle of care of patients with diabetes mellitus.

**Rule 63**

The amendment to rule 63 will replace the term “3+ visit plan” with “cycle of care” to reflect current terminology and clarify the requirements for the application of items for the Asthma Cycle of Care.

**Rule 63A**

Rule 63A will be amended to remove the restriction that only those medical practitioners who are recognised Fellows of the Faculty of Pain Medicine at the Australian and New Zealand College of Anaesthetists can access Subgroups 1 (Pain Medicine Attendances) and 2 (Pain Medicine Case Conferences) of Group A24 and to remove the restriction that only those medical practitioners who are recognised Fellows of the Australasian Chapter of Palliative Medicine at the Royal Australasian College of Physicians can access Subgroups 3 (Palliative Medicine Attendances) and 4 (Palliative Medicine Case Conferences) of Group A24.

**Rule 63AA**

The insertion of rule 63AA will define the meaning of ‘outer metropolitan area’ and ‘outer metropolitan specialist trainee’ under the Outer Metropolitan Specialist Trainees Program as they relate to items 5906, 5908, 5910 and 5912.

**Rule 64A**

Insertion of rule 64A will allow the administration of Infliximab provided by a medical practitioner who is registered by the CEO of Medicare Australia to participate in the arrangements made under paragraph 100 (1) (b) of the *National Health Act 1953*.

**Rule 64B**

Insertion of rule 64B will provide for the meaning of the terms ‘midwife’, ‘nurse’, ‘practice location’ and ‘registered Aboriginal Health Worker’ for new item 16400 (Antenatal check).

**Rule 64C**

Insertion of rule 64C will define the application of new item 16400 covering antenatal care provided by appropriately trained and qualified midwives, nurses and registered Aboriginal Health Workers, for and on behalf of a medical practitioner in regional and remote areas.

**Rule 76A**

Insertion of rule 76A will provide definition of the terms ‘mental disorder’ and ‘outcome measurement tool’ used in rules 77 to 78 and Group A20.

**Rule 77A**

Insertion of rule 77A will define the meaning of ‘preparation of a GP mental health care plan’ to assist general practitioners undertake early intervention, assessment and management of patients with mental disorders and to streamline access to appropriate psychological interventions in primary care.

**Rule 77B**

The insertion of rule 77B will clarify the application of items 2710, 2712 and 2713.

**Rule 78**

The amendment to rule 78 will place Subgroup 2 (Focused Psychological Strategies) within Group A20 (GP Mental Health Care) to allow patients with either a 3 Step Mental Health Plan, a GP Mental Health Care Plan or Psychiatrist Assessment and Management Plan to be referred for Focussed Psychological Strategy Services provided by a GP.

**Rule 78A**

Insertion of rule 78A will define the application of new item 4001 for pregnancy support counselling.

**Rule 81**

Amendment to rule 81 will extend the coverage range for items 18350 to 18373 to reflect new items 18372 and 18373.

**Rule 84A**

The insertion of rule 84A will clarify the application of items 10994 and 10995 to provide more practice nurses to undertake a wider range of procedures including pap smears and other preventative checks.

**Rule 86**

The amendment of rule 86 will remove reference to ‘practice location’ and the meaning of ‘regional, rural and remote area’ to improve access to services under items 10998 and 10999 (Practice Nurse pap smears).

**Rule 96**

The insertion of rule 96 will clarify the application of items 38470 to 38766.

**Rule 97**

The insertion of Rule 97 will clarify the application of items 2497, 2501, 2503, 2504, 2506, 2507, 2509, 2598, 2600, 2603, 2606, 2610, 2613 and 2616.

**Rules 9, 17, 34, 61 and 73**

Rules 9, 17, 34, 61 and 73 will be amended to reflect a general fee increase that has been applied to certain items.

**PART 3 - Services and fees****Professional Attendances*****GP Health checks***

A new general practitioner item 717 will be introduced for a health check for people 45-49 years of age who may be at risk of developing a chronic disease or a terminal condition.

***Neurosurgery Consultations***

Five new items: 6007, 6009, 6011, 6013 and 6015 will introduce a time-based consultation structure specific to neurosurgeons that provides for an initial specialist referred consultation and a range of subsequent time based consultations, reflecting increasingly complex attendances, which may apply during a single course of treatment.

***Psychiatry***

New items 296, 297 and 299 will be introduced to improve access to psychiatric services by encouraging an increase in the number of new patients seen by each psychiatrist, while acknowledging that ongoing care of patients with severe mental illness is integral to the role of the psychiatrist. Use of the items by one psychiatrist does not preclude usage by another psychiatrist for the same patient.

Items 300, 302, 304, 306, 308, 310, 312, 314, 316, 318 and 319 will be amended to allow reference to new psychiatry consultation item 296.

***Specialist Trainee Program***

New items 5906, 5908, 5910 and 5912 will be introduced to provide Medicare rebates for patients seeing specialist trainees participating in the Outer Metropolitan Specialist Trainee Program.

***Asthma Incentive***

Items 2546, 2547, 2552, 2553, 2558, 2559, 2664, 2666, 2668, 2673, 2675 and 2677 will be amended to substitute the term "3+ visit plan" with "cycle of care" to reflect current terminology.

***Diabetes Incentive***

Items 2517, 2518, 2521, 2522, 2525, 2526, 2620, 2622, 2624, 2631, 2633 and 2635 will be amended to better reflect current models of care.

***Optometric services***

Amendment to item 10907 will clarify that the appropriate fee for billing purposes of paragraph 23A (2)(c) of the *Health Insurance Act 1973*.

***Mental Health*****1. *GP Mental Health Care***

Three new items (2710, 2712, and 2713) will be introduced to improve access to and encourage a multidisciplinary approach to the care of people with mental disorders. More specifically, these items aim to encourage more GPs to undertake early intervention, assessment and management of patients with mental disorders and to streamline access to appropriate psychological interventions in primary care.

**2. *Focussed Psychological Strategies***

Amendment of 2721, 2723, 2725 and 2727. The changes will allow patients with either a 3 Step Mental Health Plan, a GP Mental Health Care Plan or Psychiatrist Assessment and Management Plan to be referred for Focussed Psychological Strategy services provided by a general practitioner. Currently, only patients with a 3 Step Mental Health Plan can be referred for Focussed Psychological Strategy services provided by a general practitioner.

**3. *GP Management Plans***

Amendments will be made to item numbers 721, 723, 729 and 731 to remove reference to previous Enhanced Primary Care Multidisciplinary Care Planning which are now no longer relevant.

***Cancer Case Conferencing***

Two new items 871 and 872 will be introduced for attendance by treating doctors at a cancer care case conference on his/her patient - one for doctors who participate only and the other for doctors who lead and coordinate the case conference (in or out of hospital).

***Pregnancy Counselling***

A new item 4001 will be introduced for the provision of non-directive pregnancy support counselling services by eligible medical practitioners, including a general practitioner, but not including a specialist or consultant physician.

***Cervical Smears***

Amendments will be made to items: 2497, 2501, 2503, 2504, 2506, 2507, 2509, 2598, 2600, 2603, 2606, 2610, 2613 and 2616 to link these items with new items (10994 and 10995) and amendments will be made to items 10998 and 10999 for pap smears provided by practice nurses on behalf of a general practitioner.

***Diagnostic Procedures and Investigations******Carbon-labelled urea breath test***

The descriptor for item 12533 will be amended to apply to a wider patient group. This follows an evaluation of the procedure for the diagnosis of *Helicobacter pylori* infection by the Medical Services Advisory Committee.

***Implantable Cardioverter Defibrillator testing***

New item 11727 will be introduced to cover the testing of an implantable cardioverter defibrillator.

## **Therapeutic Procedures**

### **Ophthalmology**

1. ***Botulinum toxin***

Two new items (18372 and 18373) for the treatment of bilateral blepharospasm will be introduced to reflect that the complexity involved in treatment is equal to that involved in the treatment of hemifacial spasm (items 18350 and 18351).

2. ***Tarsal Cartilage Excision***

Deletion of item 42578 as the service described will be subsumed by other items which provide for canthoplasty and ectropion/entropion services.

3. ***Paracentesis of Anterior and Posterior Eye Segments***

Item 42740 will be amended to clarify the anatomical terminology to appropriately reflect the intended service.

4. ***Laser Iridotomy and Capsulotomy***

Items 42785, 42786, 42788 and 42789 will be revised to clarify that the items for laser iridotomy and laser capsulotomy provide for a complete service.

5. ***Insertion and Removal of Radioactive Plaques for the Treatment of certain Ocular Tumours***

New items 42801 and 42802 will be introduced for the insertion and removal of radioactive plaques for the treatment of choroidal melanomas and an amendment will be made to item 15351 to reflect that this item can be claimed with or without application of a radioactive mould.

6. ***Strabismus Surgery***

Amendments will be made to items 42833, 42836, 42839, 42842, 42848 and 42851 to reflect that strabismus surgery is more complex and time-consuming in children aged 14 or under, and those patients that have had previous squint, retinal or extra ocular operations on the eye or eyes, or a patient with concurrent thyroid eye disease.

### **Orthopaedics**

1. ***Discectomy, Laminectomy, Meniscectomy***

Amend items 39124, 39139, 40300, 40301, 40303, 40306, 40309, 40312, 40318, 40324, 40327, 40330, 40333, 40342, 45755, 45869, 48636, 48654, 48657, 49503, 49506, 49560, 49561 and 49562 by the insertion of the words “partial or total” to clarify the service described in these items.

2. ***Reconstruction of Cruciate Ligament or Ligaments***

Amend items 49539 and 49542 to clarify that the items can be claimed for one or both ligaments.

3. ***Joint Revision***

New items 49116, 49117, 49210, 49211, 49716 and 49717 will be introduced to allow for revision services for the elbow, ankle and wrist joints. There are no current items to provide for these services.

### **Paediatric Orthopaedics**

1. ***Treatment of Fractures***

23 new items 50500, 50504, 50508, 50512, 50516, 50520, 50524, 50528, 50532, 50536, 50540, 50544, 50548, 50552, 50556, 50560, 50564, 50568, 50572, 50576, 50580, 50584 and 50588 will provide for the increased complexity and time involved in treating limb fractures



(upper and lower arm, the elbow and the upper and lower leg) in paediatric patients with open growth plates requiring any form of reduction.

Items 47405 and 47408 will be amended to clarify the intent of the items and specify that reduction must be performed.

2. ***Single Event Multi Level Surgery (SEMLS)***

12 new conjoint surgery items, 50450, 50451, 50455, 50456, 50460, 50461, 50465, 50466, 50470, 50471, 50475 and 50476 will be included to provide for six principal permutations of SEMLS for the treatment of diplegic Cerebral Palsy in paediatric patients. Each of the six permutations includes one item for the principal surgeon and an item for the conjoint surgeon.

One new item (49728) will also be included to provide for lengthening of the contracted gastrocnemius aponeurosis and soleus fascia, for the correction of equinus deformity in children with cerebral palsy.

3. ***Treatment of Scoliosis and Kyphosis***

New items 50600, 50604, 50608, 50612, 50616, 50620, 50624, 50628, 50632, 50636, 50640 and 50644 will be introduced to provide for the increased complexity and time involved in spine surgery for the treatment of scoliosis and kyphosis in paediatric patients. The 12 new items, including in and out of hospital provisions, are based on current items for the treatment of scoliosis and kyphosis.

Item 48609 will be deleted, as the service described is no longer current.

4. ***Hip Dysplasia and Dislocation***

Three new items will be introduced to provide for the treatment of hip dysplasia and dislocation in paediatric patients. The items will separately provide for examination and manipulation of the hip under anaesthesia associated either with arthrography of the hip or the application of a hip spica or brace. The new items, including in and out of hospital provisions, are based on current items for the treatment of hip dysplasia and dislocation.

***Synacthen Stimulation Testing***

New item 30097 will be introduced to cover the introduction of Synacthen Stimulation Testing to the General Medical Services Table from the Pathology Services Table. The Pathology Services Table Committee reviewed the procedures related to the *Health Insurance (Pathology Service Table) Regulations 2005* item 66689 and recommended that the procedure should only be performed by a doctor or pathologist trained in resuscitation and performed in a facility with life support procedures available if needed.

***Endovascular Coiling of Intracranial Aneurysms***

New item (35412) will be introduced for the endovascular coiling of intracranial aneurysms.

***Cytoscopy***

An amendment to item 36845 will allow the service to be claimed in a non-hospital setting. The Australian and New Zealand Association of Urological Surgeons have advised that when item 36845 was first introduced it was not appropriate to undertake this procedure without general anaesthetic, and thus the item was restricted to a hospital setting. However, it is now considered appropriate for this procedure to take place under local anaesthetic and therefore the item may now appropriately be performed in doctors' rooms.

***Infliximab***

New item 14245 will be added for the infusion of Infliximab for patients who have rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis. The introduction of these items will allow the administration of Infliximab consistent with the indications approved by the Pharmaceutical Benefits Advisory Committee and listed as a Section 100 drug.

***Antenatal check***

New item (16400) will be introduced covering antenatal care provided by appropriately trained and qualified midwives, nurses and registered Aboriginal Health Workers, for and on behalf of a medical practitioner in regional and remote areas.

***Deep Brain Stimulation for Parkinson's disease***

Items 40850, 40851, 40852, 40854, 40856, 40858, 40860, 40862 will be moved into the table from *Health Insurance Determination HS/01/2005*. The Medical Services Advisory Committee recommended that the provider and site restrictions operating under the determination be removed, and the items be included in the table.

***Artificial Intervertebral total Disc Replacement (AIDR)***

Three new items 48691, 48692 and 48693 will be introduced for lumbar single-level artificial intervertebral disc replacement.

Three spinal items (48660, 48669 and 48684) will be amended to state that they do not cover artificial intervertebral disc replacement.

***Anaesthesia Consultations***

Ten new items: 17610, 17615, 17620, 17625, 17640, 17645, 17650, 17655, 17680 and 17690 will introduce a time-based consultation structure specific to anaesthetists that remunerates them for their longer, more complex consultations, accommodates the range of services they provide and reflects current clinical practice.

The consultation structure includes pre-anaesthetic attendances performed by specialists and non-specialist anaesthetists. These items will supersede item 17603, which will be deleted. The structure provides for additional fee levels when consultations are in excess of 15 minutes and provided in the doctor's rooms. The structure also includes referred consultations for specialist anaesthetists providing other than pre-anaesthetic attendances.

***Coronary Pressure Wire***

New item 38241 will be introduced to cover the insertion of a Coronary Pressure Wire to measure fractional flow reserve and coronary flow reserve in patients with single or multi-vessel coronary artery disease to measure intermediate lesions (coronary artery stenosis of 30-70%) on coronary angiography. The introduction of this item follows an assessment of Coronary Pressure Wire by the Medical Services Advisory Committee.

***Implantable Drug Delivery System for Spasticity***

The descriptor for item 14233 will be amended to correct an error that occurred when the item was introduced on 1 May 2006, where 'analgesic' was named rather than 'baclofen'.

***Uterine Artery Embolisation***

New item 35410 will be introduced for uterine artery embolisation, following completion of an evaluation of the procedure by the Medical Services Advisory Committee which recommended that "Uterine Artery Embolisation be funded on an interim basis for the treatment of women with symptomatic uterine fibroids with a review within five years. Medical Services Advisory Committee recommends that patients be referred by a specialist gynaecologist."

***Implantable Bone Conduction Hearing System (IBCCHS)***

Two new items (41603 and 41604) will be introduced for the implantation of a titanium tube for IBCCHS devices, which are implanted into the skull (“osseo-integration”) in patients who are unable to wear a conventional air conduction aid, for either medical or audiological reasons. The current osseo-integration items (45794 and 45797), which are for the insertion of intra-oral or external prostheses such as an eye, ear or nose, will also be amended to state that they are not for the insertion of IBCCHS devices.

***Implantable Cardioverter Defibrillator***

New items 38384, 38387 and 38371 will be introduced for a new therapeutic procedure - implantable cardioverter defibrillation for the primary prevention of sudden cardiac death for patients who have moderate to severe chronic heart failure. Specifically it will allow for the insertion of the patches and the implantable cardioverter defibrillation device for a certain group of patients.

Access to these items is restricted to patients with a left ventricular ejection fraction of less than or equal to 30% at least one month after a myocardial infarct when the patient has received optimised medical therapy; or chronic heart failure associated with mild to moderate symptoms (NYHA II and III) and a left ventricular ejection fraction less than or equal to 35% when the patient has received optimised medical therapy.

Items for the implantation of an automatic defibrillator (38390 and 38393) will be amended to restrict the use of implantable cardioverter defibrillations to those patients that meet the criteria of new items 38384 and 38387.

***Vertebroplasty***

Items 35400 and 35402 will be amended to allow non-hospital services to be claimed from 1 November 2006.

***Transluminal Stent Insertion***

An amendment will be made to item 38306 to clarify the intent and ensure proper claiming of the item by stating that the item should only be claimed once per occlusional site. Multiple claims for this item are only applicable when the stent is inserted into another occlusional site in the same artery or a different artery.

***Descending Thoracic Aorta Repair***

Item 38568 will be amended to clarify that this item may be performed by open exposure, percutaneous or endovascular means in order to better reflect current practice.

***Inter-Phalangeal Joint or Metacarpophalangeal Joint Repair***

An amendment to item 46330 will allow the item to better reflect current practice.

***Ear, Nose and Throat***

The item descriptor for item 41764 will be amended to include ‘unilateral or bilateral examination of’, to clarify that the item is intended to cover both unilateral and bilateral procedures and should only be claimed once per patient per day.

***Skin Flap Surgery***

New item (45207) will be provided for H-flap or double advancement flaps on an eyelid, eyebrow or forehead, which will ensure proper claiming of item 45200, 45203 and 45206. With the inclusion of this new item, the descriptors of items 45200, 45203, 45206 will be amended to clarify that H-flap or double advancement flap procedures should not be claimed under these items.

***Skin Flap items***

An amendment will be made to item 45239 for revision by incision and a new item 45240 will be introduced for revision by liposuction to better reflecting practice and ensure appropriate claiming of direct, indirect or local flap procedures.

***Flap items associated with breast reconstruction***

Items 45497- 45499 will be amended to clarify the intent of the item by including the words ‘or any autogenous breast reconstruction’. This will provide for the use of pedicle flaps under these items.

***Simultaneous Mastopexy and Augmentation***

Inclusion of a new item (45559) will provide for simultaneous mastopexy and augmentation for the treatment of tuberous, tubular or constricted breasts. A clinical need will have to be demonstrated for claims under this item. All claims under this item will be subject to the approval by the Medicare Claims Review Panel.

***Breast Prosthesis***

Items 45551 and 45552 will be amended to remove the word ‘complete’, as in certain circumstances a full capsulectomy cannot be performed.

Item 45553 will be introduced for instances where a breast prosthesis is replaced and a new pocket is not formed, and no excision of fibrous tissue is required. This item will provide for services not adequately covered under existing items.

Item 45554 will be amended to clarify that replacement of a prosthesis includes both removal and insertion of a new prosthesis.

***Breast Reconstruction***

Item 30178 will be amended to include an association with item 45562, and be renumbered to 45569, as the service is performed by plastic surgeons and related to items that are in Subgroup 13 - Plastic and Reconstructive Surgery.

An amendment to item 45530 will remove association with item 30178 and replace with reference to item 45569, as a result of item 30178 being renumbered to 45569.

An additional amendment to item 45530 will be needed to remove the requirement that 30178 should be claimed when the service is performed using the latissimus dorsi flap.

A new item 45570 will provide for closure of the abdomen and repair of the musculoaponeurotic layer, a service not provided adequately for under existing items.

***Reduction Mammoplasty***

An amendment to the item 45522 will be made to clarify the intent of the item by specifically excluding the treatment of Gynecomastia.

***Liposuction***

An amendment will be made to item 45585 to include macrodystrophia lipomastosa in the list of clinical indications for this item.

***High Dose Rate (HDR) Brachytherapy***

New item 37227 will be introduced for the payment of Medicare benefits to cover the placement of the catheters into the prostate as part of the HDR Brachytherapy procedure. The removal of the catheters following completion of the Brachytherapy is also covered under this item.

**Miscellaneous Services including Allied Health and Dental Services**

**Practice Nurses**

1. ***Preventative Checks***

New item numbers 10994 and 10995 will be introduced to provide more practice nurses to undertake a wider range of procedures including pap smears and other preventive checks.

2. ***Pap Smears***

Amendments will be made to item numbers 10998 and 10999 which cover the provision of pap smears by Practice Nurses on behalf of a general practitioner to allow the items to be claimed in all parts of Australia. This change will improve accessibility of pap smears for women and improve choice where there is limited access to female general practitioners.