



# **Health Insurance (General Medical Services Table) Amendment Regulations 2010 (No. 3)<sup>1</sup>**

**Select Legislative Instrument 2010 No. 66**

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I, QUENTIN BRYCE, 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 14 April 2010

QUENTIN BRYCE  
Governor-General

By Her Excellency's Command

NICOLA ROXON  
Minister for Health and Ageing

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**1 Name of Regulations**

These Regulations are the *Health Insurance (General Medical Services Table) Amendment Regulations 2010 (No. 3)*.

**2 Commencement**

These Regulations commence on 1 May 2010.

**3 Amendment of *Health Insurance (General Medical Services Table) Regulations 2009***

Schedule 1 amends the *Health Insurance (General Medical Services Table) Regulations 2009*.

**Schedule 1 Amendments**

(regulation 3)

**[1] Schedule 1, Part 2, subrule 3 (1), definition of *after-hours period***

*substitute*

*after-hours period* means any of the following:

- (a) a public holiday;
- (b) a Sunday;
- (c) before 8 am, or after 12 noon, on a Saturday;
- (d) before 8 am, or after 6 pm, on any day other than a Saturday, Sunday or public holiday.

**[2] Schedule 1, Part 2, subrule 3 (1), after definition of *GPET***

*insert*

*immunisation recommended for a 4 year old child* means the immunisation recommended for a 4 year old child by the National Immunisation Program Schedule as in effect on 1 July 2007.

*Note* The National Immunisation Program Schedule can be viewed at <http://www.health.gov.au>.

**[3] Schedule 1, Part 2, subrule 3 (1), definition of *transitional hours***

*omit*

**[4] Schedule 1, Part 2, rule 5A, heading**

*substitute*

**5A General practitioners to whom Group A2 items and items 598 and 600 in Group A11 apply**

**[5] Schedule 1, Part 2, subrule 5A (2)**

*after*

A2

*insert*

or in item 598 or 600 in Group A11

**[6] Schedule 1, Part 2, subrules 6 (1) and (3)**

*omit*

1, 2, 97, 98, 448, 449, 601, 602, 603, 696, 697 and 698

*insert*

448, 449, 597, 598, 599 and 600

**[7] Schedule 1, Part 2, rule 7**

*substitute*

**7 Application of items 448 and 449**

Items 448 and 449 do not apply to a service provided by a medical practitioner if the practitioner:

- (a) routinely provides services to patients in after-hours periods at consulting rooms; or

- (b) provides the service (as a contractor, employee, member or otherwise) for a general practice or clinic that routinely provides services to patients in after-hours periods at consulting rooms.

**7A Application of items 597 to 600**

Items 597 to 600 do not apply to a service provided by a medical practitioner if:

- (a) the service is provided at consulting rooms; and
- (b) the practitioner:
  - (i) routinely provides services to patients in after-hours periods at consulting rooms; or
  - (ii) provides the service (as a contractor, employee, member or otherwise) for a general practice or clinic that routinely provides services to patients in after-hours periods at consulting rooms.

**[8] Schedule 1, Part 2, subrule 9 (1)**

*omit*

1 to 338, 348 to 388, 410 to 417, 501 to 536, 601, 602, 603, 696, 697, 698, 700 to 799,

*insert*

3 to 96, 104 to 338, 348 to 388, 410 to 417, 501 to 536, 597 to 600, 700 to 779,

**[9] Schedule 1, Part 2, paragraph 9 (1) (e)**

*substitute*

- (e) the provision of appropriate preventive health care;
- (f) the recording of the clinical details of the service or services provided to the patient.

**[10] Schedule 1, Part 2, rule 11, table**

<i>Item</i>	<i>omit</i>	<i>insert</i>
1	4, 13, 19	4
3	24, 25, 33	24
5	37, 38, 40	37
7	47, 48, 50	47
9	58, 81, 87	58
10	59, 83, 89,	59,
11	60, 84, 90,	60,
12	65, 86, 91,	65,
23	5003, 5007	5003
25	5023, 5026	5023
27	5043, 5046	5043
29	5063, 5064	5063
31	5220, 5240	5220
32	5223, 5243	5223
33	5227, 5247	5227
34	5228, 5248	5228

**[11] Schedule 1, Part 2, subrule 12 (1)***omit*

occasion.

*insert*

occasion, except for items 160 to 164, which may be provided by 1 or more medical practitioners.

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**[12] Schedule 1, Part 2, subrule 12 (2)***omit*

1 to 164, 173 to 338, 348 to 698

*insert*

3 to 96, 104 to 147, 173 to 338, 348 to 536, 597 to 600

**[13] Schedule 1, Part 2, after subrule 12 (2)***insert*

(2A) For items 160 to 164:

- (a) if the personal attendance is not continuous, the occasion on which the service is provided is taken to be the total time of the attendance; and
- (b) subject to paragraph (a), if personal attendance on a single patient is provided by 1 or more medical practitioners concurrently, each practitioner may claim an attendance fee.

**[14] Schedule 1, Part 2, subrule 12 (4)***omit*

727,

*insert*

723, 732,

**[15] Schedule 1, Part 2, subrule 13 (3)***omit*

727, 900 to 10816,

*insert*

723, 732, 900 to 2677,

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**[16] Schedule 1, Part 2, rules 20 to 28***substitute***20 Application of items 701, 703, 705 and 707 to certain patients only**

- (1) The following health assessments may be performed under items 701, 703, 705 and 707:
- (a) a Healthy Kids Check, in accordance with rule 21, for a patient if the patient is:
    - (i) at least 3 years old and under 5 years old; and
    - (ii) receiving or has received the immunisation recommended for a 4 year old child; and
    - (iii) not an in-patient of a hospital;
  - (b) a Type 2 Diabetes Risk Evaluation, in accordance with rule 22, for a patient if the patient:
    - (i) is at least 40 years old and under 50 years old; and
    - (ii) has a high risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool; and
    - (iii) is not an in-patient of a hospital;
  - (c) a 45 year old Health Assessment, in accordance with rule 23, for a patient if the patient is:
    - (i) at least 45 years old and under 50 years old; and
    - (ii) at risk of developing a chronic disease; and
    - (iii) not an in-patient of a hospital or a care recipient in a residential aged care facility;
  - (d) an Older Person's Health Assessment, in accordance with rule 24, for a patient if the patient is:
    - (i) at least 75 years old; and
    - (ii) not an in-patient of a hospital or a care recipient in a residential aged care facility;
  - (e) a Comprehensive Medical Assessment, in accordance with rule 24A, for a patient if the patient is a permanent resident of a residential aged care facility;

- (f) a health assessment, in accordance with rule 25, for a person with an intellectual disability, if the patient is not an in-patient of a hospital or a care recipient in a residential aged care facility;
- (g) a health assessment, in accordance with rule 26, for a patient if the patient is a refugee or humanitarian entrant, with eligibility for Medicare, and the person:
  - (i) either:
    - (A) holds a relevant visa that the person has held for less than 12 months at the time of the assessment; or
    - (B) first entered Australia less than 12 months before the assessment is performed; and
  - (ii) is not an in-patient of a hospital or a care recipient in a residential aged care facility.

*Note* The Australian Type 2 Diabetes Risk Assessment Tool can be viewed at <http://www.health.gov.au>.

(2) In this rule:

***relevant visa*** means any of the following visas granted under the *Migration Act 1958*:

- (a) Subclass 070 Bridging (Removal Pending) visa;
- (b) Subclass 200 (Refugee) visa;
- (c) Subclass 201 (In-country Special Humanitarian) visa;
- (d) Subclass 202 (Global Special Humanitarian) visa;
- (e) Subclass 203 (Emergency Rescue) visa;
- (f) Subclass 204 (Woman at Risk) visa;
- (g) Subclass 695 (Return Pending) visa;
- (h) Subclass 786 (Temporary (Humanitarian Concern)) visa;
- (i) Subclass 866 (Protection) visa.



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**20A Application of item 715 to certain patients only**

- (1) The following health assessments may be performed under item 715:
  - (a) an Aboriginal and Torres Strait Islander child health assessment, in accordance with rule 27, for a patient if the patient is:
    - (i) of Aboriginal or Torres Strait Islander descent; and
    - (ii) under 15 years old; and
    - (iii) not an in-patient of a hospital;
  - (b) an Aboriginal and Torres Strait Islander adult health assessment, in accordance with rule 27A, for a patient if the patient is:
    - (i) of Aboriginal or Torres Strait Islander descent; and
    - (ii) at least 15 years old and under 55 years old; and
    - (iii) not an in-patient of a hospital or a care recipient in a residential aged care facility;
  - (c) an Aboriginal and Torres Strait Islander Older Person's Health Assessment, in accordance with rule 27B, for a patient if the patient is:
    - (i) of Aboriginal or Torres Strait Islander descent; and
    - (ii) at least 55 years old; and
    - (iii) not an in-patient of a hospital or a care recipient in a residential aged care facility.
- (2) For this rule and item 715, a person is of Aboriginal or Torres Strait Islander descent if the person identifies himself or herself as being of that descent.

**21 Healthy Kids Check**

- (1) A Healthy Kids Check is the assessment of:
  - (a) a patient's physical health, general wellbeing and development; and
  - (b) whether any medical intervention is required for the patient.
- (2) The following may perform a Healthy Kids Check:
  - (a) a medical practitioner (including a general practitioner);

- (b) a practice nurse or a registered Aboriginal health worker on behalf, and under the supervision, of a medical practitioner.
- (3) If a practice nurse or a registered Aboriginal health worker performs a Healthy Kids Check for a patient and identifies any problems, the patient must be reviewed by the patient's usual medical practitioner, who must arrange referrals and follow-up services as required.
- (4) A Healthy Kids Check for a patient must include the following basic physical examinations and assessments:
  - (a) measurement of the patient's height and weight to calculate the patient's body mass index and position on the growth curve;
  - (b) eyesight;
  - (c) hearing;
  - (d) oral health (teeth and gums);
  - (e) toileting;
  - (f) allergies.
- (5) A Healthy Kids Check for a patient must also include:
  - (a) information collection, including taking a patient history and performing examinations and investigations, as required; and
  - (b) making an overall assessment of the patient; and
  - (c) initiating interventions or referrals, as appropriate; and
  - (d) giving health advice and information to the patient's parent or carer, using the *Get Set 4 Life — habits for healthy kids* guide.

*Note* The *Get Set 4 Life — habits for health kids* guide can be viewed at <http://www.health.gov.au>.
- (6) The person performing a Healthy Kids Check must:
  - (a) note if a copy of the guide mentioned in paragraph (5) (d) has been given to the patient's parent or carer; and
  - (b) record evidence that the immunisation recommended for a 4 year old child has been given to the patient.

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- (7) The immunisation recommended for a 4 year old child may be given to a patient when he or she has a Healthy Kids Check, and may be claimed separately.
  - (8) The Healthy Kids Check must not be provided more than once to an eligible person.

## **22 Type 2 Diabetes Risk Evaluation**

- (1) A Type 2 Diabetes Risk Evaluation must include:
  - (a) a review of the risk factors underlying a patient's high risk score as identified by the Australian Type 2 Diabetes Risk Assessment Tool; and
  - (b) initiating interventions, if appropriate, to address risk factors or to exclude diabetes.

*Note* The Australian Type 2 Diabetes Risk Assessment Tool can be viewed at <http://www.health.gov.au>.

- (2) The Type 2 Diabetes Risk Evaluation for a patient must also include:
  - (a) assessing the patient's high risk score as determined by the Australian Type 2 Diabetes Risk Assessment Tool (to be completed by the patient within 3 months before performing the Type 2 Diabetes Risk Evaluation); and
  - (b) updating the patient's history and performing physical examinations and clinical investigations; and

*Note* Guidelines for examination and assessment include the Royal Australian College of Surgeons publications '*Putting Prevention into Practice*' and '*Guidelines for Preventive Activities in General Practice*'. These documents can be viewed at <http://www.racgp.org.au>.

- (c) making an overall assessment of the patient's risk factors and the results of examinations and investigations; and
  - (d) initiating interventions, if appropriate, including referrals and follow-up services relating to the management of any risk factors identified; and

- (e) giving the patient advice and information, including strategies to achieve lifestyle and behaviour changes if appropriate.
- (3) A Type 2 Diabetes Risk Evaluation must not be provided more than once every 3 years to an eligible person.
- (4) In this rule:
  - risk factors* includes:
    - (a) lifestyle risk factors (for example smoking, physical inactivity or poor nutrition); and
    - (b) biomedical risk factors (for example high blood pressure, impaired glucose metabolism or excess weight); and
    - (c) a family history of a chronic disease.

## **23        45 year old Health Assessment**

- (1) A 45 year old Health Assessment is an assessment for a patient if the patient, in the clinical judgment of the attending medical practitioner based on the identification of a specific risk factor, is at risk of developing a chronic disease.
- (2) The 45 year old Health Assessment must include:
  - (a) information collection, including taking a patient's history and performing examinations and investigations, as required; and
  - (b) making an overall assessment of the patient; and
  - (c) initiating interventions or referrals, as appropriate; and
  - (d) giving health advice and information to the patient.
- (3) The medical practitioner providing the assessment is responsible for the overall health assessment of the patient.
- (4) A 45 year old Health Assessment must not be given more than once to an eligible person.
- (5) In this rule:
  - chronic disease* means a disease that has been, or is likely to be, present for at least 6 months, including asthma, cancer, cardiovascular illness, diabetes mellitus, a mental health condition, arthritis or a musculoskeletal condition.

*specific risk factors* includes:

- (a) lifestyle risk factors (for example smoking, physical inactivity, poor nutrition or alcohol misuse); and
- (b) biomedical risk factors (for example high cholesterol, high blood pressure, impaired glucose metabolism or excess weight); and
- (c) a family history of a chronic disease.

## **24 Older Person's Health Assessment**

- (1) An Older Person's Health Assessment is the assessment of:
  - (a) a patient's health and physical, psychological and social function; and
  - (b) whether preventive health care and education should be offered to the patient, to improve the patient's health and physical, psychological and social function.
- (2) An Older Person's Health Assessment must include:
  - (a) personal attendance by a medical practitioner; and
  - (b) measurement of the patient's blood pressure, pulse rate and rhythm; and
  - (c) assessment of the patient's medication; and
  - (d) assessment of the patient's continence; and
  - (e) assessment of the patient's immunisation status for influenza, tetanus and pneumococcus; and
  - (f) assessment of the patient's physical functions, including the patient's activities of daily living and whether or not the patient has had a fall in the last 3 months; and
  - (g) assessment of the patient's psychological function, including the patient's cognition and mood; and
  - (h) assessment of the patient's social function, including:
    - (i) the availability and adequacy of paid, and unpaid, help; and
    - (ii) whether the patient is responsible for caring for another person.
- (3) An Older Person's Health Assessment must also include:
  - (a) keeping a record of the health assessment; and

- (b) offering the patient a written report on the health assessment, with recommendations about matters covered by the health assessment; and
  - (c) offering the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees) a copy of the report or extracts of the report relevant to the carer.
- (4) An Older Person's Health Assessment must not be provided more than once every 12 months to an eligible person.

**24A Comprehensive Medical Assessment for permanent resident of residential aged care facility**

- (1) A Comprehensive Medical Assessment of a permanent resident of a residential aged care facility includes an assessment of the resident's health and physical and psychological function.
- (2) A Comprehensive Medical Assessment must include:
  - (a) a personal attendance by a medical practitioner; and
  - (b) taking a detailed patient history of the resident; and
  - (c) conducting a comprehensive medical examination of the resident; and
  - (d) developing a list of diagnoses and medical problems based on the medical history and examination; and
  - (e) giving a written copy of a summary of the outcomes of the assessment to the residential aged care facility for the resident's medical records.
- (3) A Comprehensive Medical Assessment must also include:
  - (a) making a written summary of the Comprehensive Medical Assessment; and
  - (b) giving a copy of the summary to the residential aged care facility; and
  - (c) offering the resident a copy of the summary.
- (4) A Comprehensive Medical Assessment may be provided:
  - (a) on admission to a residential aged care facility, if a Comprehensive Medical Assessment has not already been provided in another residential aged care facility in the last 12 months; and

(b) at 12 month intervals after that assessment.

- (5) A Comprehensive Medical Assessment may be performed in conjunction with a consultation for another purpose, but must be claimed separately.

**25 Health assessment for a person with an intellectual disability**

- (1) A health assessment for a person with an intellectual disability is an assessment of:
- (a) the patient's physical, psychological and social function; and
  - (b) whether any medical intervention and preventive health care is required.
- (2) The health assessment for a person with an intellectual disability must include the following matters to the extent that they are relevant to the patient:
- (a) checking dental health (including dentition);
  - (b) conducting an aural examination (including arranging a formal audiometry if an audiometry has not been conducted within the last 5 years);
  - (c) assessing ocular health (arrange review by an ophthalmologist or optometrist if a comprehensive eye examination has not been conducted within the last 5 years);
  - (d) assessing nutritional status (including weight and height measurements) and a review of growth and development;
  - (e) assessing bowel and bladder function (particularly for incontinence or chronic constipation);
  - (f) assessing medications including:
    - (i) non-prescription medicines taken by the patient, prescriptions from other doctors, medications prescribed but not taken, interactions, side effects and review of indications; and
    - (ii) advice to carers on the common side-effects and interactions; and

- (iii) consideration of the need for a formal medication review;
- (g) checking immunisation status (including influenza, tetanus, hepatitis A and B, measles, mumps, rubella and pneumococcal vaccinations) with reference to the Australian Immunisation Handbook, for appropriate vaccination schedules;

*Note* The Australian Immunisation Handbook can be viewed at <http://www.health.gov.au>.

- (h) checking exercise opportunities (with the aim of moderate exercise for at least 30 minutes each day);
- (i) checking whether the support provided for activities of daily living adequately and appropriately meets the patient's needs, and considering formal review if required;
- (j) considering the need for breast examination, mammography, papanicolaou smears, testicular examination, lipid measurement and prostate assessment as for the general population;
- (k) checking for dysphagia and gastro-oesophageal disease (especially for patients with cerebral palsy) and arranging for investigation or treatment as required;
- (l) assessing risk factors for osteoporosis (including diet, exercise, Vitamin D deficiency, hormonal status, family history, medication and fracture history) and arranging for investigation or treatment as required;
- (m) for a patient diagnosed with epilepsy — reviewing seizure control (including anticonvulsant drugs) and considering referral to a neurologist at appropriate intervals;
- (n) screening for thyroid disease at least every 2 years (or yearly for patients with Down syndrome);
- (o) for a patient without a definitive aetiological diagnosis — considering referral to a genetic clinic every 5 years;
- (p) assessing or reviewing treatment for co-morbid mental health issues;
- (q) considering timing of puberty and management of sexual development, sexual activity and reproductive health;
- (r) considering whether there are any signs of physical, psychological or sexual abuse.



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- (3) A health assessment for a person with an intellectual disability must also include:
- (a) keeping a record of the health assessment; and
  - (b) offering the patient a written report on the health assessment; and
  - (c) offering the patient's carer (if any, and if the medical practitioner considers it appropriate and the patient agrees) a copy of the report or extracts of the report; and
  - (d) offering relevant disability professionals (if the medical practitioner considers it appropriate and the patient or, if appropriate, the patient's carer, agrees) a copy of the report or extracts of the report.
- (4) A health assessment for a person with an intellectual disability must not be provided more than once every 12 months to an eligible person.

**26 Health assessment for a refugee or other humanitarian entrant**

- (1) A health assessment for a refugee or other humanitarian entrant is the assessment of:
- (a) the patient's health and physical, psychological and social function; and
  - (b) whether preventive health care and education should be offered to the patient to improve their health and physical, psychological or social function.
- (2) A health assessment for a refugee or other humanitarian entrant must include:
- (a) a personal attendance by a medical practitioner; and
  - (b) taking the patient's history; and
  - (c) examining the patient; and
  - (d) performing or arranging any required investigations; and
  - (e) assessing the patient, using the information gained in paragraphs (b), (c) and (d); and
  - (f) developing a management plan addressing the patient's health care needs, health problems and relevant conditions; and

- (g) making or arranging any necessary interventions and referrals.
- (3) A health assessment for a refugee or other humanitarian entrant must also include:
  - (a) keeping a record of the health assessment; and
  - (b) offering to provide the patient with a written report of the health assessment.
- (4) A health assessment for a refugee or other humanitarian entrant must not be provided to a patient more than once.

**27      Aboriginal and Torres Strait Islander child health assessment**

- (1) An Aboriginal and Torres Strait Islander child health assessment is the assessment of:
  - (a) a patient's health and physical, psychological and social function; and
  - (b) whether preventive health care, education and other assistance should be offered to the patient, or the patient's parent or carer, to improve the patient's health and physical, psychological or social function.
- (2) An Aboriginal and Torres Strait Islander child health assessment must include:
  - (a) a personal attendance by a medical practitioner; and
  - (b) taking the patient's history, including the following:
    - (i) mother's pregnancy history;
    - (ii) birth and neo-natal history;
    - (iii) breastfeeding history;
    - (iv) weaning, food access and dietary history;
    - (v) physical activity engaged in;
    - (vi) previous presentations, hospital admissions and medication use;
    - (vii) relevant family medical history;
    - (viii) immunisation status;
    - (ix) vision and hearing (including neo-natal hearing screening);

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- (x) development (including achievement of age-appropriate milestones);
  - (xi) family relationships, social circumstances and whether the person is cared for by another person;
  - (xii) exposure to environmental factors (including tobacco smoke);
  - (xiii) environmental and living conditions;
  - (xiv) educational progress;
  - (xv) stressful life events experienced;
  - (xvi) mood (including incidence of depression and risk of self-harm);
  - (xvii) substance use;
  - (xviii) sexual and reproductive health;
  - (xix) dental hygiene (including access to dental services); and
- (c) examination of the patient, including the following:
- (i) measurement of the patient's height and weight to calculate the patient's body mass index and position on the growth curve;
  - (ii) newborn baby check (if not previously completed);
  - (iii) vision (including red reflex in a newborn);
  - (iv) ear examination (including otoscopy);
  - (v) oral examination (including gums and dentition);
  - (vi) trachoma check, if indicated;
  - (vii) skin examination, if indicated;
  - (viii) respiratory examination, if indicated;
  - (ix) cardiac auscultation, if indicated;
  - (x) development assessment, to determine whether age-appropriate milestones have been achieved, if indicated;
  - (xi) assessment of parent and child interaction, if indicated;
  - (xii) other examinations in accordance with national or regional guidelines or specific regional needs, or as indicated by a previous child health assessment; and

- (d) performing or arranging any required investigation, in particular considering the need for the following tests:
  - (i) haemoglobin testing for those at a high risk of anaemia;
  - (ii) audiometry, especially for school age children; and
- (e) assessing the patient using the information gained in the child health assessment; and
- (f) making or arranging any necessary interventions and referrals, and documenting a strategy for the good health of the patient; and
- (g) both:
  - (i) keeping a record of the health assessment; and
  - (ii) offering the patient, or the patient's parent or carer, a written report on the health assessment, with recommendations on matters covered by the health assessment (including a strategy for the good health of the patient).

**27A      Aboriginal and Torres Strait Islander adult health assessment**

- (1) An Aboriginal and Torres Strait Islander adult health assessment is the assessment of:
  - (a) a patient's health and physical, psychological and social function; and
  - (b) whether preventive health care, education and other assistance should be offered to the patient to improve their health and physical, psychological or social function.
- (2) An Aboriginal and Torres Strait Islander adult health assessment must include:
  - (a) personal attendance by a medical practitioner; and
  - (b) taking the patient's history, including the following:
    - (i) current health problems and risk factors;
    - (ii) relevant family medical history;
    - (iii) medication use (including medication obtained without prescription or from other doctors);

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- (iv) immunisation status, by reference to the appropriate current age and sex immunisation schedule;
  - (v) sexual and reproductive health;
  - (vi) physical activity, nutrition and alcohol, tobacco or other substance use;
  - (vii) hearing loss;
  - (viii) mood (including incidence of depression and risk of self-harm);
  - (ix) family relationships and whether the patient is a carer, or is cared for by another person; and
  - (c) examination of the patient, including the following:
    - (i) measurement of the patient's blood pressure, pulse rate and rhythm;
    - (ii) measurement of height and weight to calculate the patient's body mass index and, if indicated, measurement of waist circumference for central obesity;
    - (iii) oral examination (including gums and dentition);
    - (iv) ear and hearing examination (including otoscopy and, if indicated, a whisper test);
    - (v) urinalysis (by dipstick) for proteinuria; and
  - (d) performing or arranging any required investigation, in particular considering the need for the following tests (in accordance with national or regional guidelines or specific regional needs):
    - (i) fasting blood sugar and lipids (by laboratory-based test on venous sample) or, if necessary, random blood glucose levels;
    - (ii) papanicolaou smear;
    - (iii) examination for sexually transmitted infection (by urine or endocervical swab for chlamydia and gonorrhoea, especially for those 15 to 35 years old);
    - (iv) mammography, if eligible (by scheduling appointments with visiting services or facilitating direct referral); and
  - (e) assessing the patient using the information gained in the health assessment; and

- (f) making or arranging any necessary interventions and referrals, and documenting a simple strategy for the good health of the patient.
- (3) An Aboriginal and Torres Strait Islander adult health assessment must also include:
  - (a) keeping a record of the health assessment; and
  - (b) offering the patient a written report on the health assessment, with recommendations on matters covered by the health assessment (including a simple strategy for the good health of the patient).

**27B      Aboriginal and Torres Strait Islander Older Person's Health Assessment**

- (1) An Aboriginal and Torres Strait Islander Older Person's Health Assessment is the assessment of:
  - (a) a patient's health and physical, psychological and social function; and
  - (b) whether preventive health care and education should be offered to the patient, to improve the patient's health and physical, psychological or social function.
- (2) An Aboriginal and Torres Strait Islander Older Person's Health Assessment must include:
  - (a) personal attendance by a medical practitioner; and
  - (b) measurement of the patient's blood pressure, pulse rate and rhythm; and
  - (c) assessment of the patient's medication; and
  - (d) assessment of the patient's continence; and
  - (e) assessment of the patient's immunisation status for influenza, tetanus and pneumococcus; and
  - (f) assessment of the patient's physical functions, including the patient's activities of daily living and whether or not the patient has had a fall in the last 3 months; and
  - (g) assessment of the patient's psychological function, including the patient's cognition and mood; and

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- (h) assessment of the patient's social function, including:
    - (i) the availability and adequacy of paid, and unpaid, help; and
    - (ii) whether the patient is responsible for caring for another person.
  - (3) An Aboriginal and Torres Strait Islander Older Person's Health Assessment must also include:
    - (a) keeping a record of the health assessment; and
    - (b) offering the patient a written report on the health assessment, with recommendations on matters covered by the health assessment; and
    - (c) offering the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees) a copy of the report or extracts of the report relevant to the carer.

**28        Restrictions on health assessments in items 701, 703, 705, 707 and 715**

- (1) A health assessment mentioned in rules 20 and 20A must not include a health screening service.
- (2) A separate consultation must not be performed in conjunction with a health assessment, unless clinically necessary.
- (3) A health assessment must be performed by the patient's usual medical practitioner, if reasonably practicable.
- (4) Practice nurses and registered Aboriginal health workers may assist medical practitioners in performing a health assessment, in accordance with accepted medical practice, and under the supervision of the medical practitioner.
- (5) For subrule (4), assistance may include activities associated with:
  - (a) information collection, and
  - (b) at the direction of the medical practitioner — provision to patients of information on recommended interventions.

(6) In this rule:

*health screening service* has the same meaning as in subsection 19 (5) of the Act.

**[17] Schedule 1, Part 2, rule 29, heading**

*substitute*

**29 Limitation on items 721, 723, 729, 731 and 732**

**[18] Schedule 1, Part 2, subrule 29 (2)**

*substitute*

(2) Items 721, 723, 729, 731 and 732 apply in the circumstances mentioned in the following table.

Item	Items of this table	Circumstances
1	721	<p>(a) in the 3 months before performance of the service, being a service to which item 729, 731 or 732 (for review of a GP management plan) applies but had not been performed for the patient; and</p> <p>(b) the service is performed not more than once in a 12 month period</p>
2	723	<p>(a) in the 3 months before performance of the service, being a service to which item 732 (for co-ordinating a review of team care arrangements, a multi-disciplinary community care plan or a multi-disciplinary discharge care plan) applies but had not been performed for the patient; and</p> <p>(b) the service is performed not more than once in a 12 month period</p>
3	729	<p>(a) either:</p> <p>(i) in the 3 months before performance of the service, being a service to which item 731 or 732 applies but had not been performed for the patient; or</p>



Item	Items of this table	Circumstances
		(ii) in the 12 months before performance of the service, being a service that has not been performed for the patient: <ul style="list-style-type: none"> <li>(A) by the medical practitioner who performs the service to which item 729 would, but for this item, apply; and</li> <li>(B) for which a payment has been made under item 721 or 723; and</li> </ul>
4	731	(b) the service is performed not more than once in a 3 month period <ul style="list-style-type: none"> <li>(a) in the 3 months before performance of the service, being a service to which item 721, 723, 729 or 732 applies but had not been performed for the patient; and</li> <li>(b) the service is performed not more than once in a 3 month period</li> </ul>
5	732	Each service may be performed: <ul style="list-style-type: none"> <li>(a) once in a 3 month period; and</li> <li>(b) on the same day</li> </ul>

**[19] Schedule 1, Part 2, rule 31***omit***[20] Schedule 1, Part 2, subrule 33 (1)***omit*

items 725 and 727,

*insert*

items 732 and 2712,

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**[21] Schedule 1, Part 2, rule 34, heading**

*substitute*

**34 Review of GP management plan**

**[22] Schedule 1, Part 2, subrule 34 (1)**

*substitute*

- (1) For item 732, a review of a GP management plan is a process by which the medical practitioner:
  - (a) reviews the matters mentioned in subrule 30 (1); and
  - (b) if different arrangements need to be made, makes amendments to the plan that:
    - (i) state the new arrangements; and
    - (ii) provide for a further review of the amended plan by a date stated in the plan.

**[23] Schedule 1, Part 2, rule 35, heading**

*substitute*

**35 Co-ordinating review of GP management plan or team care arrangements**

**[24] Schedule 1, Part 2, subrule 35 (1)**

*substitute*

- (1) For item 732, co-ordinating a review of a GP management plan or of team care arrangements is a process by which the medical practitioner:
  - (a) in consultation with at least 2 collaborating providers, each of whom provides a different kind of treatment or service, and 1 of whom may be another medical practitioner, reviews the matters mentioned in subrule 30 (1) and subrule 32 (2), as applicable; and

- (b) if different arrangements need to be made, makes amendments to the plan, or to the document mentioned in paragraph 32 (1) (b), that:
- (i) state the new arrangements; and
  - (ii) provide for the review of the amended plan or document by a date stated in the plan or document.

**[25] Schedule 1, Part 2, subrule 38 (1), table**

*substitute*

Item	Items in this table	Description of patient
1	721 and 732 (if the service is for the creation or review of a GP management plan)	The patient: <ul style="list-style-type: none"> <li>(a) is a private in-patient of a hospital; or</li> <li>(b) is not a public in-patient of a hospital or a care recipient in a residential aged care facility</li> </ul>
2	723 and 732 (if the service is for the creation or review of team care arrangements)	The patient: <ul style="list-style-type: none"> <li>(a) requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least 1 of whom is a medical practitioner; and</li> <li>(b) either:               <ul style="list-style-type: none"> <li>(i) is a private in-patient of a hospital; or</li> <li>(ii) is not a public in-patient of a hospital or a care recipient in a residential aged care facility</li> </ul> </li> </ul>
3	729	The patient: <ul style="list-style-type: none"> <li>(a) requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least 1 of whom is a medical practitioner; and</li> <li>(b) is not a care recipient in a residential aged care facility</li> </ul>

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Item	Items in this table	Description of patient
4	731	<p>The patient:</p> <p>(a) requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least 1 of whom is a medical practitioner; and</p> <p>(b) is a care recipient in a residential aged care facility</p>

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**[26] Schedule 1, Part 2, rule 39***omit*

For the items mentioned in Subgroup 2 of Group A15,

*insert*

For this table,

**[27] Schedule 1, Part 2, rule 40***omit*

746, 749, 757, 768, 771 and 773,

*insert*

735, 739, 743, 747, 750 and 758,

**[28] Schedule 1, Part 2, rule 41***omit*

734, 736, 738, 775, 778 and 779,

*insert*

735, 739, 743, 747, 750 and 758,

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**[29] Schedule 1, Part 2, subrule 43 (1)**

*omit*

734, 736, 738, 740, 742, 744, 746, 749 and 757,

*insert*

735, 739 and 743,

**[30] Schedule 1, Part 2, subrule 43 (2)**

*omit*

759, 762, 765, 768, 771, 773, 775, 778 and 779,

*insert*

747, 750 and 758,

**[31] Schedule 1, Part 2, rule 63**

*substitute*

**63 Application of items 5000 to 5267**

- (1) Items 5000, 5020, 5040, 5060, 5200, 5203, 5207 and 5208 apply only to a professional attendance that is provided:
  - (a) on a public holiday; or
  - (b) on a Sunday; or
  - (c) before 8am, or after 1pm, on a Saturday; or
  - (d) before 8am, or after 8pm, on any other day.
- (2) Items 5003, 5010, 5023, 5028, 5043, 5049, 5063, 5067, 5220, 5223, 5227, 5228, 5260, 5263, 5265, and 5267 apply only to a professional attendance that is provided in an after-hours period.

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**[32] Schedule 1, Part 2, after rule 64***insert***64A Application of item 10986**

- (1) For item 10986, the only health assessment that may be provided is a Healthy Kids Check, in accordance with rule 21, for a patient if the patient is:
  - (a) at least 3 years old and under 5 years old; and
  - (b) receiving or has received the immunisation recommended for a 4 year old child; and
  - (c) not an in-patient of a hospital.
- (2) Item 10986 applies only if:
  - (a) the practice nurse or registered Aboriginal health worker providing the assessment is appropriately qualified and trained to perform the services provided; and
  - (b) the medical practitioner under whose supervision the treatment is provided retains responsibility for clinical outcomes and for the health and safety of the patient.
- (3) A Healthy Kids Check, in accordance with rule 21, provided under item 10986:
  - (a) must not be provided more than once to an eligible person; and
  - (b) must not be provided to a patient who has previously received a Healthy Kids Check, in accordance with rule 21, under items 701, 703, 705, or 707.

**64B Restrictions on item 10986**

- (1) A health assessment mentioned in rule 64A must not include a health screening service.
- (2) A separate consultation must not be conducted in conjunction with a health assessment unless clinically necessary.
- (3) In this rule:  
***health screening service*** has the same meaning as in subsection 19 (5) of the Act.

**[33] Schedule 1, Part 2, rule 71, definition of *GP management plan***

*omit*

725.

*insert*

732 (for coordination of a review of a GP management plan under item 721).

**[34] Schedule 1, Part 2, rule 71, definition of *person with a chronic disease***

*omit*

725, 725, 729 or 731.

*insert*

729, 731 or 732.

**[35] Schedule 1, Part 2, rule 71, definition of *team care arrangements***

*omit*

727.

*insert*

732 (for a review of team care arrangements under item 723).

**[36] Schedule 1, Part 2, rule 72**

*substitute*

**72 Application of items 10998 and 10999**

Items 10998 and 10999 apply to the taking of a papanicolaou smear from a person by a practice nurse only if:

- (a) the nurse is appropriately qualified and trained to take a papanicolaou 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.

**[37] Schedule 1, Part 3, items 1 and 2**

*omit*

**[38] Schedule 1, Part 3, item 4, column 2**

*substitute*

Professional attendance by a general practitioner (not being an attendance at consulting rooms or a residential aged care facility and not being a service to which any other item in this table applies) that requires a short patient history and, if necessary, limited examination and management — an attendance on 1 or more patients at 1 place on 1 occasion — each patient

**[39] Schedule 1, Part 3, items 13 and 19**

*omit*

**[40] Schedule 1, Part 3, item 23, column 2**

*substitute*

Professional attendance by a general practitioner at consulting rooms (not being a service to which any other item in this table applies), lasting less than 20 minutes and including any of the following that are clinically relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation — each attendance



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**[41] Schedule 1, Part 3, item 24, column 2***substitute*

Professional attendance by a general practitioner (not being an attendance at consulting rooms or a residential aged care facility and not being a service to which any other item in this table applies), lasting less than 20 minutes and including any of the following that are clinically relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation — an attendance on 1 or more patients at 1 place on 1 occasion — each patient

**[42] Schedule 1, Part 3, items 25 and 33***omit***[43] Schedule 1, Part 3, item 35, column 2***substitute*

Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (not being a service to which any other item in this table applies), lasting less than 20 minutes and including any of the following that are clinically relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient

**[44] Schedule 1, Part 3, item 36***substitute*

- 36 Professional attendance by a general practitioner at consulting rooms (not being a service to which any other item in this table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: 66.45
- (a) taking a detailed patient history;
  - (b) performing a clinical examination;
  - (c) arranging any necessary investigation;
  - (d) implementing a management plan;
  - (e) providing appropriate preventive health care;
- for 1 or more health-related issues, with appropriate documentation — each attendance

**[45] Schedule 1, Part 3, item 37, column 2***substitute*

Professional attendance by a general practitioner (not being an attendance at consulting rooms or a residential aged care facility and not being a service to which any other item in this table applies), lasting at least 20 minutes and including any of the following that are clinically relevant:

- (a) taking a detailed patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation — an attendance on 1 or more patients at 1 place on 1 occasion — each patient

**[46] Schedule 1, Part 3, items 38 and 40***omit*

**[47] Schedule 1, Part 3, item 43, column 2***substitute*

Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (not being a service to which any other item in this table applies), lasting at least 20 minutes and including any of the following that are clinically relevant:

- (a) taking a detailed patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient

**[48] Schedule 1, Part 3, item 44***substitute*

44	<p>Professional attendance by a general practitioner at consulting rooms (not being a service to which any other item in this table applies), lasting at least 40 minutes and including any of the following that are clinically relevant:</p> <ul style="list-style-type: none"> <li>(a) taking an extensive patient history;</li> <li>(b) performing a clinical examination;</li> <li>(c) arranging any necessary investigation;</li> <li>(d) implementing a management plan;</li> <li>(e) providing appropriate preventive health care;</li> </ul> <p>for 1 or more health-related issues, with appropriate documentation — each attendance</p>	97.80
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**[49] Schedule 1, Part 3, item 47, column 2***substitute*

Professional attendance by a general practitioner (not being an attendance at consulting rooms or a residential aged care facility and not being a service to which any other item in this table applies), lasting at least 40 minutes and including any of the following that are clinically relevant:

- (a) taking an extensive patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation — an attendance on 1 or more patients at 1 place on 1 occasion — each patient

**[50] Schedule 1, Part 3, items 48 and 50***omit***[51] Schedule 1, Part 3, item 51, column 2***substitute*

Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (not being a service to which any other item in this table applies), lasting at least 40 minutes and including any of the following that are clinically relevant:

- (a) taking an extensive patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient

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**[52] Schedule 1, Part 3, item 58, column 2***substitute*

Professional attendance (not being an attendance at consulting rooms or a residential aged care facility and not being a service to which any other item in this table applies), lasting not more than 5 minutes — an attendance on 1 or more patients at 1 place on 1 occasion — each patient, by:

- (a) a medical practitioner (not being a general practitioner); or
- (b) a general practitioner to whom rule 5A applies

**[53] Schedule 1, Part 3, item 59, column 2***substitute*

Professional attendance (not being an attendance at consulting rooms or a residential aged care facility and not being a service to which any other item in this table applies), lasting more than 5 minutes but not more than 25 minutes — an attendance on 1 or more patients at 1 place on 1 occasion — each patient, by:

- (a) a medical practitioner (not being a general practitioner); or
- (b) a general practitioner to whom rule 5A applies

**[54] Schedule 1, Part 3, item 60, column 2***substitute*

Professional attendance (not being an attendance at consulting rooms or a residential aged care facility and not being a service to which any other item in this table applies) lasting more than 25 minutes, but not more than 45 minutes — an attendance on 1 or more patients at 1 place on 1 occasion — each patient, by:

- (a) a medical practitioner (not being a general practitioner); or
- (b) a general practitioner to whom rule 5A applies

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**[55] Schedule 1, Part 3, item 65, column 2***substitute*

Professional attendance (not being an attendance at consulting rooms or a residential aged care facility and not being a service to which any other item in this table applies) lasting more than 45 minutes — an attendance on 1 or more patients at 1 place on 1 occasion — each patient, by:

- (a) a medical practitioner (not being a general practitioner); or
- (b) a general practitioner to whom rule 5A applies

**[56] Schedule 1, Part 3, items 81 to 91***omit***[57] Schedule 1, Part 3, items 97 and 98***omit***[58] Schedule 1, Part 3, items 160 to 164, column 2***omit*

death requiring continuous attendance on the patient to the exclusion of all other patients

*insert*

death

(Item is subject to rule 12)

**[59] Schedule 1, Part 3, item 193, column 2***substitute*

Professional attendance by a general practitioner who is a qualified medical acupuncturist, at a place other than a hospital, lasting less than 20 minutes and including any of the following that are clinically relevant:

- (a) taking a patient history;

- 
- (b) performing a clinical examination;
  - (c) arranging any necessary investigation;
  - (d) implementing a management plan;
  - (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation, at which acupuncture is performed by the qualified medical acupuncturist by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture is performed

**[60]      Schedule 1, Part 3, item 195, column 2**

*substitute*

Professional attendance by a general practitioner who is a qualified medical acupuncturist, on 1 or more patients at a hospital, lasting less than 20 minutes and including any of the following that are clinically relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation, at which acupuncture is performed by the qualified medical acupuncturist by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture is performed

**[61] Schedule 1, Part 3, item 197***substitute*

- |     |  |       |
|-----|--|-------|
| 197 | Professional attendance by a general practitioner who is a qualified medical acupuncturist, at a place other than a hospital, lasting at least 20 minutes and including any of the following that are clinically relevant: | 66.45 |
|-----|--|-------|
- (a) taking a detailed patient history;
  - (b) performing a clinical examination;
  - (c) arranging any necessary investigation;
  - (d) implementing a management plan;
  - (e) providing appropriate preventive health care;
- for 1 or more health-related issues, with appropriate documentation, at which acupuncture is performed by the qualified medical acupuncturist by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture is performed

**[62] Schedule 1, Part 3, item 199***substitute*

- |     |  |       |
|-----|--|-------|
| 199 | Professional attendance by a general practitioner who is a qualified medical acupuncturist, at a place other than a hospital, lasting at least 40 minutes and including any of the following that are clinically relevant: | 97.80 |
|-----|--|-------|
- (a) taking an extensive patient history;
  - (b) performing a clinical examination;
  - (c) arranging any necessary investigation;
  - (d) implementing a management plan;
  - (e) providing appropriate preventive health care;
- for 1 or more health-related issues, with appropriate documentation, at which acupuncture is performed by the qualified medical acupuncturist by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture is performed



**[63] Schedule 1, Part 3, item 411, column 2***substitute*

Professional attendance by a public health physician in the practice of his or her specialty of public health medicine at consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation

(Item is subject to rule 17)

**[64] Schedule 1, Part 3, item 412***substitute*

412 Professional attendance by a public health physician in the practice of his or her specialty of public health medicine at consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant: 78.10

- (a) taking a detailed patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation

(Item is subject to rule 17)

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**[65] Schedule 1, Part 3, item 413***substitute*

- 413 Professional attendance by a public health physician in 115.05  
the practice of his or her specialty of public health  
medicine at consulting rooms, lasting at least 40 minutes  
and including any of the following that are clinically  
relevant:
- (a) taking an extensive patient history;
  - (b) performing a clinical examination;
  - (c) arranging any necessary investigation;
  - (d) implementing a management plan;
  - (e) providing appropriate preventive health care;
- for 1 or more health-related issues, with appropriate  
documentation
- (Item is subject to rule 17)

**[66] Schedule 1, Part 3, item 415, column 2***substitute*

- Professional attendance by a public health physician in  
the practice of his or her specialty of public health  
medicine at other than consulting rooms, lasting less  
than 20 minutes and including any of the following that  
are clinically relevant:
- (a) taking a patient history;
  - (b) performing a clinical examination;
  - (c) arranging any necessary investigation;
  - (d) implementing a management plan;
  - (e) providing appropriate preventive health care;
- for 1 or more health-related issues, with appropriate  
documentation
- (Item is subject to rule 17)

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**[67] Schedule 1, Part 3, item 416, column 2***substitute*

Professional attendance by a public health physician in the practice of his or her specialty of public health medicine at other than consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant:

- (a) taking a detailed patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation

(Item is subject to rule 17)

**[68] Schedule 1, Part 3, item 417, column 2***substitute*

Professional attendance by a public health physician in the practice of his or her specialty of public health medicine at other than consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant:

- (a) taking an extensive patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation

(Item is subject to rule 17)

**[69] Schedule 1, Part 3, Group A11, heading**  
*substitute*

**Group A11 — Urgent attendances after hours**

**[70] Schedule 1, Part 3, after Group A11, heading**  
*insert*

- |     |   |        |
|-----|---|--------|
| 597 | Professional attendance by a general practitioner on not more than 1 patient on 1 occasion — each attendance (other than an attendance in unsociable hours) in an after-hours period if:  | 123.30 |
|     | (a) the attendance is requested by the patient or a responsible person in, or not more than 2 hours before the start of, the same unbroken after-hours period, and the patient's condition requires urgent medical treatment; and   |        |
|     | (b) if the attendance is performed at consulting rooms — it must be necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance  |        |
|     | (Item is subject to rule 7A)  |        |
| 598 | Professional attendance by a medical practitioner (other than a general practitioner) or a general practitioner to whom rule 5A applies, on not more than 1 patient on 1 occasion — each attendance (other than an attendance in unsociable hours) in an after-hours period if: | 104.75 |
|     | (a) the attendance is requested by the patient or a responsible person in, or not more than 2 hours before the start of, the same unbroken after-hours period, and the patient's condition requires urgent medical treatment; and   |        |
|     | (b) if the attendance is at consulting rooms — it must be necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance  |        |
|     | (Item is subject to rule 7A)  |        |

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599	Professional attendance by a general practitioner on not more than 1 patient on 1 occasion — each attendance in unsociable hours if: <ul style="list-style-type: none"> <li>(a) the attendance is requested by the patient or a responsible person in, or not more than 2 hours before the start of, the same unbroken after-hours period, and the patient's condition requires urgent medical treatment; and</li> <li>(b) if the attendance is at consulting rooms — it must be necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance</li> </ul> (Item is subject to rule 7A)	141.75
600	Professional attendance by a medical practitioner (other than a general practitioner) or a general practitioner to whom rule 5A applies, on not more than 1 patient on 1 occasion — each attendance in unsociable hours if: <ul style="list-style-type: none"> <li>(a) the attendance is requested by the patient or a responsible person in, or not more than 2 hours before the start of, the same unbroken after-hours period, and the patient's condition requires urgent medical treatment; and</li> <li>(b) if the attendance is at consulting rooms — it must be necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance</li> </ul> (Item is subject to rule 7A)	124.25

**[71]      Schedule 1, Part 3, items 601 to 698**

*omit*

**[72] Schedule 1, Part 3, items 700 to 719***substitute*

- |     |  |        |
|-----|--|--------|
| 701 | Attendance by a medical practitioner (including a general practitioner, but not including a specialist or a consultant physician) to perform a brief health assessment, lasting not more than 30 minutes and including:  | 55.00  |
|     | <ul style="list-style-type: none"> <li>(a) collection of relevant information, including taking a patient history; and</li> <li>(b) a basic physical examination; and</li> <li>(c) initiating interventions and referrals as indicated; and</li> <li>(d) providing the patient with preventive health care advice and information</li> </ul> |        |
|     | (Item is subject to rules 20 and 28)   |        |
| 703 | Attendance by a medical practitioner (including a general practitioner, but not including a specialist or a consultant physician) to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes, including:   | 127.80 |
|     | <ul style="list-style-type: none"> <li>(a) detailed information collection, including taking a patient history; and</li> <li>(b) an extensive physical examination; and</li> <li>(c) initiating interventions and referrals as indicated; and</li> <li>(d) providing a preventive health care strategy for the patient</li> </ul>            |        |
|     | (Item is subject to rules 20 and 28)   |        |

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705	<p>Attendance by a medical practitioner (including a general practitioner, but not including a specialist or a consultant physician) to perform a long health assessment, lasting at least 45 minutes but less than 60 minutes, including:</p> <ul style="list-style-type: none"> <li>(a) comprehensive information collection, including taking a patient history; and</li> <li>(b) an extensive examination of the patient's medical condition and physical function; and</li> <li>(c) initiating interventions and referrals as indicated; and</li> <li>(d) providing a basic preventive health care management plan for the patient</li> </ul> <p>(Item is subject to rules 20 and 28)</p>	176.30
707	<p>Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) to perform a prolonged health assessment (lasting at least 60 minutes) including:</p> <ul style="list-style-type: none"> <li>(a) comprehensive information collection, including taking a patient history; and</li> <li>(b) an extensive examination of the patient's medical condition, and physical, psychological and social function; and</li> <li>(c) initiating interventions or referrals as indicated; and</li> <li>(d) providing a comprehensive preventive health care management plan for the patient</li> </ul> <p>(Item is subject to rules 20 and 28)</p>	249.10
715	<p>Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) at consulting rooms or in another place other than a hospital or residential aged care facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent — not more than once in a 9 month period</p> <p>(Item is subject to rules 20A and 28)</p>	196.65

**[73]      Schedule 1, Part 3, items 721 and 723**

*omit*

734 to 779

*insert*

735 to 758

**[74]      Schedule 1, Part 3, items 725 and 727**

*omit*

**[75]      Schedule 1, Part 3, item 729**

*omit*

734 to 779

*insert*

735 to 758

**[76]      Schedule 1, Part 3, item 729**

*omit*

rule 29

*insert*

rules 29 and 38

**[77]      Schedule 1, Part 3, item 731**

*omit*

734 to 779

*insert*

735 to 758



**[78] Schedule 1, Part 3, after item 731***insert*

- |     |   |       |
|-----|---|-------|
| 732 | Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) to review or coordinate a review of:  | 66.80 |
|     | <ul style="list-style-type: none"> <li>(a) a GP management plan prepared by a medical practitioner (or an associated medical practitioner) to which item 721 applies; or</li> <li>(b) team care arrangements which have been coordinated by the medical practitioner (or an associated medical practitioner) to which item 723 applies</li> </ul> |       |
|     | (Item is subject to rules 29, 34, 35 and 38)  |       |

**[79] Schedule 1, Part 3, items 734 to 779***substitute*

- |     |  |        |
|-----|--|--------|
| 735 | Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and coordinate:                      | 65.40  |
|     | <ul style="list-style-type: none"> <li>(a) a community case conference; or</li> <li>(b) a multidisciplinary case conference in a residential aged care facility; or</li> <li>(c) a multidisciplinary discharge case conference;</li> </ul> |        |
|     | if the conference lasts for at least 15 minutes, but for less than 20 minutes (not being a service associated with a service to which items 721 to 732 apply)  |        |
| 739 | Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and coordinate:                      | 112.10 |
|     | <ul style="list-style-type: none"> <li>(a) a community case conference; or</li> <li>(b) a multidisciplinary case conference in a residential aged care facility; or</li> </ul>   |        |

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	<p>(c) a multidisciplinary discharge case conference;  if the conference lasts for at least 20 minutes, but for less than 40 minutes (not being a service associated with a service to which items 721 to 732 apply)</p>	
743	<p>Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to organise and coordinate:</p> <p>(a) a community case conference; or  (b) a multidisciplinary case conference in a residential aged care facility; or  (c) a multidisciplinary discharge case conference;  if the conference lasts for at least 40 minutes (not being a service associated with a service to which items 721 to 732 apply)</p>	186.85
747	<p>Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in:</p> <p>(a) a community case conference; or  (b) a multidisciplinary case conference in a residential aged care facility; or  (c) a multidisciplinary discharge case conference;  if the conference lasts for at least 15 minutes, but for less than 20 minutes (not being a service associated with a service to which items 721 to 732 apply)</p>	48.10
750	<p>Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in:</p> <p>(a) a community case conference; or  (b) a multidisciplinary case conference in a residential aged care facility; or  (c) a multidisciplinary discharge case conference;  if the conference lasts for at least 20 minutes, but for less than 40 minutes (not being a service associated with a service to which items 721 to 732 apply)</p>	82.40

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758	<p>Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a multidisciplinary case conference team, to participate in:</p> <ul style="list-style-type: none"> <li>(a) a community case conference; or</li> <li>(b) a multidisciplinary case conference in a residential aged care facility; or</li> <li>(c) a multidisciplinary discharge case conference;</li> </ul> <p>if the conference lasts for at least 40 minutes (not being a service associated with a service to which items 721 to 732 apply)</p>	137.35
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**[80]      Schedule 1, Part 3, item 2501, column 2**  
*substitute*

Professional attendance by a general practitioner at consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation, and at which a papanicolaou smear is taken from a person at least 20 years old and not older than 69 years old, who has not had a papanicolaou smear in the last 4 years

**[81]      Schedule 1, Part 3, item 2503, column 2**  
*substitute*

Professional attendance by a general practitioner at a place other than consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant:

- (a) taking a patient history;

- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation, and at which a papanicolaou smear is taken from a person at least 20 years old and not older than 69 years old, who has not had a papanicolaou smear in the last 4 years

**[82] Schedule 1, Part 3, item 2504**

*substitute*

2504	<p>Professional attendance by a general practitioner at consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant:</p> <ul style="list-style-type: none"> <li>(a) taking a detailed patient history;</li> <li>(b) performing a clinical examination;</li> <li>(c) arranging any necessary investigation;</li> <li>(d) implementing a management plan;</li> <li>(e) providing appropriate preventive health care;</li> </ul> <p>for 1 or more health-related issues, with appropriate documentation, and at which a papanicolaou smear is taken from a person at least 20 years old and not older than 69 years old, who has not had a papanicolaou smear in the last 4 years</p>	66.45
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**[83] Schedule 1, Part 3, item 2506, column 2**

*substitute*

Professional attendance by a general practitioner at a place other than consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant:

- (a) taking a detailed patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;

- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation, and at which a papanicolaou smear is taken from a person at least 20 years old and not older than 69 years old, who has not had a papanicolaou smear in the last 4 years

**[84] Schedule 1, Part 3, item 2507**

*substitute*

2507	Professional attendance by a general practitioner at consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant:	97.80
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- (a) taking an extensive patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation, and at which a papanicolaou smear is taken from a person at least 20 years old and not older than 69 years old, who has not had a papanicolaou smear in the last 4 years

**[85] Schedule 1, Part 3, item 2509, column 2**

*substitute*

Professional attendance by a general practitioner at a place other than consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant:

- (a) taking an extensive patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;

(e) providing appropriate preventive health care;  
for 1 or more health-related issues, with appropriate documentation, and at which a papanicolaou smear is taken from a person at least 20 years old and not older than 69 years old, who has not had a papanicolaou smear in the last 4 years

**[86]      Schedule 1, Part 3, item 2517, column 2**  
*substitute*

Professional attendance by a general practitioner at consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation, and completes the minimum requirements of a cycle of care for a patient with established diabetes mellitus

**[87]      Schedule 1, Part 3, item 2518, column 2**  
*substitute*

Professional attendance by a general practitioner at a place other than consulting rooms, lasting less than 20 minutes and including any of the following that are clinically relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;

(e) providing appropriate preventive health care;  
for 1 or more health-related issues, with appropriate  
documentation, and completes the minimum  
requirements of a cycle of care for a patient with  
established diabetes mellitus

**[88]      Schedule 1, Part 3, item 2521**

*substitute*

2521	<p>Professional attendance by a general practitioner at consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant:</p> <ul style="list-style-type: none"> <li>(a) taking a detailed patient history;</li> <li>(b) performing a clinical examination;</li> <li>(c) arranging any necessary investigation;</li> <li>(d) implementing a management plan;</li> <li>(e) providing appropriate preventive health care;</li> </ul> <p>for 1 or more health-related issues, with appropriate documentation, and that completes the minimum requirements of a cycle of care for a patient with established diabetes mellitus</p>	66.45
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**[89]      Schedule 1, Part 3, item 2522, column 2**

*substitute*

Professional attendance by a general practitioner at a place other than consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant:

- (a) taking a detailed patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;

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(e) providing appropriate preventive health care;  
for 1 or more health-related issues, with appropriate  
documentation, and that completes the minimum  
requirements of a cycle of care for a patient with  
established diabetes mellitus

**[90] Schedule 1, Part 3, item 2525**

*substitute*

2525	Professional attendance by a general practitioner at consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant: <ul style="list-style-type: none"><li>(a) taking an extensive patient history;</li><li>(b) performing a clinical examination;</li><li>(c) arranging any necessary investigation;</li><li>(d) implementing a management plan;</li><li>(e) providing appropriate preventive health care;</li></ul> for 1 or more health-related issues, with appropriate documentation, and that completes the minimum requirements of a cycle of care for a patient with established diabetes mellitus	97.80
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**[91] Schedule 1, Part 3, item 2526, column 2**

*substitute*

Professional attendance by a general practitioner at a place other than consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant:

- (a) taking an extensive patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;



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(e) providing appropriate preventive health care;  
for 1 or more health-related issues, with appropriate  
documentation, and that completes the minimum  
requirements of a cycle of care for a patient with  
established diabetes mellitus

**[92]      Schedule 1, Part 3, item 2546, column 2**  
*substitute*

Professional attendance by a general practitioner at  
consulting rooms, lasting less than 20 minutes and  
including any of the following that are clinically  
relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate  
documentation, and that completes the minimum  
requirements of the Asthma Cycle of Care

**[93]      Schedule 1, Part 3, item 2547, column 2**  
*substitute*

Professional attendance by a general practitioner at a  
place other than consulting rooms, lasting less than  
20 minutes and including any of the following that are  
clinically relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate  
documentation, and that completes the minimum  
requirements of the Asthma Cycle of Care

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**[94] Schedule 1, Part 3, item 2552***substitute*

- 2552 Professional attendance by a general practitioner at consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant: 66.45
- (a) taking a detailed patient history;
  - (b) performing a clinical examination;
  - (c) arranging any necessary investigation;
  - (d) implementing a management plan;
  - (e) providing appropriate preventive health care;
- for 1 or more health-related issues, with appropriate documentation, and that completes the minimum requirements of the Asthma Cycle of Care

**[95] Schedule 1, Part 3, item 2553, column 2***substitute*

- Professional attendance by a general practitioner at a place other than consulting rooms, lasting at least 20 minutes and including any of the following that are clinically relevant:
- (a) taking a detailed patient history;
  - (b) performing a clinical examination;
  - (c) arranging any necessary investigation;
  - (d) implementing a management plan;
  - (e) providing appropriate preventive health care;
- for 1 or more health-related issues, with appropriate documentation, and that completes the minimum requirements of the Asthma Cycle of Care

**[96] Schedule 1, Part 3, item 2558***substitute*

- 2558 Professional attendance by a general practitioner at consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant: 97.80
- (a) taking an extensive patient history;
  - (b) performing a clinical examination;
  - (c) arranging any necessary investigation;
  - (d) implementing a management plan;
  - (e) providing appropriate preventive health care;
- for 1 or more health-related issues, with appropriate documentation, and that completes the minimum requirements of the Asthma Cycle of Care

**[97] Schedule 1, Part 3, item 2559, column 2***substitute*

Professional attendance by a general practitioner at a place other than consulting rooms, lasting at least 40 minutes and including any of the following that are clinically relevant:

- (a) taking an extensive patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation, and that completes the minimum requirements of the Asthma Cycle of Care

**[98] Schedule 1, Part 3, item 2712, column 2***omit*

Assessment and Management Plan

*insert*

Assessment and Management Plan

(Item is subject to rule 33)

**[99] Schedule 1, Part 3, items 5003 and 5007***substitute*

5003	Professional attendance by a general practitioner (not being an attendance at consulting rooms, a hospital or a residential aged care facility and not being a service to which any other item in this table applies) that requires a short patient history and, if necessary, limited examination and management — an attendance on 1 or more patients on 1 occasion — each patient	Amount under rule 11
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**[100] Schedule 1, Part 3, item 5020, column 2***substitute*

Professional attendance by a general practitioner at consulting rooms (not being a service to which any other item in this table applies), lasting less than 20 minutes and including any of the following that are clinically relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation — each attendance

**[101] Schedule 1, Part 3, items 5023 and 5026***substitute*

5023	Professional attendance by a general practitioner (not being an attendance at consulting rooms, a hospital or a residential aged care facility and not being a service to which any other item in this table applies), lasting less than 20 minutes and including any of the following that are clinically relevant:	Amount under rule 11
	<ul style="list-style-type: none"> <li>(a) taking a patient history;</li> <li>(b) performing a clinical examination;</li> <li>(c) arranging any necessary investigation;</li> <li>(d) implementing a management plan;</li> </ul>	

(e) providing appropriate preventive health care;  
for 1 or more health-related issues, with appropriate  
documentation — an attendance on 1 or more patients  
on 1 occasion — each patient

**[102] Schedule 1, Part 3, item 5028, column 2**  
*substitute*

Professional attendance by a general practitioner (not  
being a service to which any other item in this table  
applies), at a residential aged care facility to residents of  
the facility, lasting less than 20 minutes and including  
any of the following that are clinically relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate  
documentation — an attendance on 1 or more patients at  
1 residential aged care facility on 1 occasion — each  
patient

**[103] Schedule 1, Part 3, item 5040**  
*substitute*

5040	Professional attendance by a general practitioner at consulting rooms (not being a service to which any other item in this table applies), lasting at least 20 minutes and including any of the following that are clinically relevant:	77.75
	<ul style="list-style-type: none"> <li>(a) taking a detailed patient history;</li> <li>(b) performing a clinical examination;</li> <li>(c) arranging any necessary investigation;</li> <li>(d) implementing a management plan;</li> <li>(e) providing appropriate preventive health care;</li> </ul> <p>for 1 or more health-related issues, with appropriate documentation — each attendance</p>	

**[104] Schedule 1, Part 3, items 5043 and 5046***substitute*

- |      |   |                            |
|------|---|----------------------------|
| 5043 | Professional attendance by a general practitioner (not being an attendance at consulting rooms, a hospital or a residential aged care facility and not being a service to which any other item in this table applies), lasting at least 20 minutes and including any of the following that are clinically relevant: | Amount<br>under<br>rule 11 |
|------|---|----------------------------|
- (a) taking a detailed patient history;
  - (b) performing a clinical examination;
  - (c) arranging any necessary investigation;
  - (d) implementing a management plan;
  - (e) providing appropriate preventive health care;
- for 1 or more health-related issues, with appropriate documentation — an attendance on 1 or more patients on 1 occasion — each patient

**[105] Schedule 1, Part 3, item 5049, column 2***substitute*

Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (not being a service to which any other item in this table applies), lasting at least 20 minutes and including any of the following that are clinically relevant:

- (a) taking a detailed patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient

**[106] Schedule 1, Part 3, item 5060***substitute*

5060	Professional attendance by a general practitioner at consulting rooms (not being a service to which any other item in this table applies), lasting at least 40 minutes and including any of the following that are clinically relevant:	109.15
	<ul style="list-style-type: none"> <li>(a) taking an extensive patient history;</li> <li>(b) performing a clinical examination;</li> <li>(c) arranging any necessary investigation;</li> <li>(d) implementing a management plan;</li> <li>(e) providing appropriate preventive health care;</li> </ul>	
	for 1 or more health-related issues, with appropriate documentation — each attendance	

**[107] Schedule 1, Part 3, items 5063 and 5064***substitute*

5063	Professional attendance by a general practitioner (not being an attendance at consulting rooms, a hospital or a residential aged care facility and not being a service to which any other item in this table applies), lasting at least 40 minutes and including any of the following that are clinically relevant:	Amount under rule 11
	<ul style="list-style-type: none"> <li>(a) taking an extensive patient history;</li> <li>(b) performing a clinical examination;</li> <li>(c) arranging any necessary investigation;</li> <li>(d) implementing a management plan;</li> <li>(e) providing appropriate preventive health care;</li> </ul>	
	for 1 or more health-related issues, with appropriate documentation — an attendance on 1 or more patients on 1 occasion — each patient	

**[108] Schedule 1, Part 3, item 5067, column 2***substitute*

Professional attendance by a general practitioner at a residential aged care facility to residents of the facility (not being a service to which any other item in this table applies), lasting at least 40 minutes and including any of the following that are clinically relevant:

- (a) taking an extensive patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for 1 or more health-related issues, with appropriate documentation — an attendance on 1 or more patients at 1 residential aged care facility on 1 occasion — each patient

**[109] Schedule 1, Part 3, item 5220, column 2***substitute*

Professional attendance by a medical practitioner who is not a general practitioner (not being an attendance at consulting rooms, a hospital or a residential aged care facility and not being a service to which any other item in this table applies), lasting not more than 5 minutes — an attendance on 1 or more patients on 1 occasion — each patient

**[110] Schedule 1, Part 3, item 5223, column 2***substitute*

Professional attendance by a medical practitioner who is not a general practitioner (not being an attendance at consulting rooms, a hospital or a residential aged care facility and not being a service to which any other item in this table applies), lasting more than 5 minutes, but not more than 25 minutes — an attendance on 1 or more patients on 1 occasion — each patient



**[111] Schedule 1, Part 3, item 5227, column 2***substitute*

Professional attendance by a medical practitioner who is not a general practitioner (not being an attendance at consulting rooms, a hospital or a residential aged care facility and not being a service to which any other item in this table applies), lasting more than 25 minutes, but not more than 45 minutes — an attendance on 1 or more patients on 1 occasion — each patient

**[112] Schedule 1, Part 3, item 5228, column 2***substitute*

Professional attendance by a medical practitioner who is not a general practitioner (not being an attendance at consulting rooms, a hospital or a residential aged care facility and not being a service to which any other item in this table applies), lasting more than 45 minutes — an attendance on 1 or more patients on 1 occasion — each patient

**[113] Schedule 1, Part 3, items 5240 to 5248***omit***[114] Schedule 1, Part 3, Group M5, heading***substitute*

**Group M12 — Services provided by a practice nurse or a registered Aboriginal health worker on behalf of a medical practitioner**

10986	A Healthy Kids Check, in accordance with rule 21, provided by a practice nurse or registered Aboriginal health worker for a patient who is receiving or has received the immunisation recommended for a 4 year old child if:	55.00
	(a) the Healthy Kids Check is provided on behalf of, and under the supervision of, a medical practitioner (including a general practitioner, but not including a specialist or consultant physician); and	
	(b) the patient is not an in-patient of a hospital	
	(Item is subject to rules 64A and 64B)	

**[115] Schedule 1, Part 3, items 18354, 18356 and 18358***omit*

between the ages of 2 and 17 (inclusive)

*insert*

who is 2 years old or older, in accordance with the supply of the drugs under the Arrangements — Botulinum Toxin Program (PB 122 of 2008) as in force from time to time

**[116] Schedule 1, Part 3, item 30479, column 2***substitute*

Endoscopy with laser therapy or argon plasma coagulation, for the treatment of neoplasia, benign vascular lesions, strictures of the gastrointestinal tract, tumorous overgrowth through or over oesophageal stents, peptic ulcers, angiodysplasia, gastric antral vascular ectasia (GAVE) or post-polypectomy bleeding, 1 or more of (Anaes.)

**[117] Schedule 1, Part 3, item 32087, column 2***substitute*

Endoscopic examination of the colon up to the hepatic flexure by flexible fibreoptic sigmoidoscopy or fibreoptic colonoscopy for the removal of 1 or more polyps or the treatment of radiation proctitis, angiodysplasia or post-polypectomy bleeding by argon plasma coagulation, 1 or more of — not being a service to which item 32078 applies (Anaes.)

**[118] Schedule 1, Part 3, item 32093, column 2***substitute*

Endoscopic examination of the colon beyond the hepatic flexure by fibreoptic colonoscopy for the removal of 1 or more polyps, or the treatment of radiation proctitis, angiodysplasia or post-polypectomy bleeding by argon plasma coagulation, 1 or more of (Anaes.)

**[119] Schedule 1, Part 3, after item 36662***insert*

36663	Both:	624.70
	(a) percutaneous placement of sacral nerve lead or leads using fluoroscopic guidance, or open placement of sacral nerve lead or leads; and	
	(b) intra-operative test stimulation, to manage:	
	(i) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or	
	(ii) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment;	
	in a patient who is at least 18 years old (Anaes.)	
36664	Both:	561.00
	(a) percutaneous repositioning of sacral nerve lead or leads using fluoroscopic guidance, or open repositioning of sacral nerve lead or leads; and	
	(b) intra-operative test stimulation, to correct displacement or unsatisfactory positioning, if inserted for the management of:	
	(i) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or	
	(ii) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment;	
	in a patient who is at least 18 years old — not being a service to which item 36663 applies (Anaes.)	
36665	Sacral nerve electrode or electrodes, management and adjustment of the pulse generator by a medical practitioner, to manage detrusor over-activity or non-obstructive urinary retention — each day	118.50

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36666	Pulse generator, subcutaneous placement of, and placement and connection of extension wire or wires to sacral nerve electrode or electrodes, for the management of: (a) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (b) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment; in a patient who is at least 18 years old (Anaes.)	315.60
36667	Sacral nerve lead or leads, removal of, if the lead was inserted to manage: (a) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (b) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment; in a patient who is at least 18 years old (Anaes.)	147.75
36668	Pulse generator, removal of, if the pulse generator was inserted to manage: (a) detrusor over-activity that has been refractory to at least 12 months conservative non-surgical treatment; or (b) non-obstructive urinary retention that has been refractory to at least 12 months conservative non-surgical treatment; in a patient who is at least 18 years old (Anaes.)	147.75

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## Note

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