



Health Insurance (General Medical Services Table) Amendment Regulations 2011 (No. 1)¹

Select Legislative Instrument 2011 No. 100

I, QUENTIN BRYCE, Governor-General of the Commonwealth of Australia, 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 16 June 2011

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 2011 (No. 1)*.

2 Commencement

These Regulations commence as follows:

- (a) on 1 July 2011 — regulations 1 to 3 and Schedule 1;
- (b) on 1 October 2011 — regulation 4 and Schedule 2.

3 Amendment of *Health Insurance (General Medical Services Table) Regulations 2010*

Schedule 1 amends the *Health Insurance (General Medical Services Table) Regulations 2010*.

4 Amendment of *Health Insurance (General Medical Services Table) Regulations 2010*

Schedule 2 amends the *Health Insurance (General Medical Services Table) Regulations 2010*.

2	<i>Health Insurance (General Medical Services Table) Amendment Regulations 2011 (No. 1)</i>	2011, 100
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Schedule 1 Amendments commencing on 1 July 2011

(regulation 3)

[1] Schedule 1, subclause 1.2.2 (1)

omit

147,

insert

137, 141 to 147,

[2] Schedule 1, subclause 1.2.3 (1)

omit

16401, 16404, 16406, 16590, 16591 and 17610 to 17680.

insert

13209, 16401, 16404, 16406, 16590, 16591 and 17610 to 17690.

[3] Schedule 1, subclause 1.2.4 (1)

substitute

- (1) Use this clause for items 3 to 96, 104 to 111, 113 to 147, 173 to 287, 289 to 338, 348 to 388, 390 to 536, 597 to 600, 2497 to 2819, 2821 to 2840, 3005 to 3014, 3016 to 3028, 4001 to 6015, 6017 to 10816, 11012, 11015, 11018, 11021, 11212, 11304, 11500, 11600, 11627, 11701, 11724, 11921, 12000, 12003, 12201, 13030, 13100, 13103, 13104, 13106, 13109, 13110, 13112, 13209, 13290, 13292, 13300, 13303, 13306, 13309, 13312, 13318, 13319, 13400, 13500, 13503, 13506, 13700, 13815, 13818, 13830, 13839, 13842, 13847, 13848, 13851, 13854, 13857, 13870, 13873, 13876, 13881, 13882, 13885, 13888, 14100, 14106, 14109, 14112, 14115, 14118, 14124, 14200, 14203, 14206, 14209, 14212, 14215, 14224, 15600, 16003 to 16398, 16400 to 16512, 16515 to 17608 and 17610 to 51318.

[4] Schedule 1, subclause 1.2.4 (3)*substitute*

- (3) A personal attendance by the medical practitioner on the patient includes any of the following:
- (a) a telepsychiatry consultation to which any of items 353 to 361 applies;
 - (b) the planning, management and supervision of the patient on home dialysis to which item 13104 applies;
 - (c) a video conferencing consultation to which any of the items in the following table apply.

Table 1.2.4

Items							
104	141	304	318	2801	6009	16406	17625
105	143	306	319	2806	6011	16500	17640
110	291	308	348	2814	6013	16590	17645
116	293	310	350	3005	6015	16591	17650
119	296	312	352	3010	13209	17610	17655
132	300	314	385	3014	16401	17615	17690
133	302	316	386	6007	16404	17620	

[5] Schedule 1, subclause 1.2.5 (1)*substitute*

- (1) Use this clause for items 3 to 98, 100 to 111, 113 to 148, 150 to 287, 289 to 388, 390 to 723, 732, 900 to 2819, 2821 to 3014, 3016 to 6015, 6017 to 10816, 11012, 11015, 11018, 11021, 11212, 11304, 11500, 11600, 11627, 11701, 11722, 11724, 11820, 11823, 11921, 12000, 12003, 12201, 13030, 13100, 13103, 13104, 13106, 13109, 13110, 13112, 13209, 13290, 13292, 13300, 13303, 13306, 13309, 13312, 13318, 13319, 13400, 13500, 13503, 13506, 13700, 13815, 13818, 13830, 13839, 13842, 13847, 13848, 13851, 13854, 13857, 13870, 13873, 13876, 13881, 13882, 13885, 13888, 14100, 14106, 14109, 14112, 14115, 14118, 14124, 14200, 14203, 14206, 14209, 14212, 14215, 14224, 15600, 16003 to 16398, 16400 to 16512, 16515 to 16573, 16590, 16591, 16600 to 17608 and 17610 to 51318.

[6] Schedule 1, subclause 1.2.5 (4)*substitute*

- (4) A personal attendance by the medical practitioner on the patient includes any of the following:
- (a) a telepsychiatry consultation to which any of items 353 to 361 applies;
 - (b) the planning, management and supervision of the patient on home dialysis to which item 13104 applies;
 - (c) a video conferencing consultation to which any of the items in the following table apply.

Table 1.2.5

Items							
104	141	304	318	2801	6009	16406	17625
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132	300	314	385	3014	16401	17615	17690
133	302	316	386	6007	16404	17620	

[7] Schedule 1, subclause 1.2.8 (1)*after*

12217,

insert

12250,

[8] Schedule 1, Group A4 table, item 135*omit***[9] Schedule 1, after Division 2.5***insert***Division 2.5A Group A29 — Early intervention services for children with autism, pervasive developmental disorder or disability****2.5A.1 Meaning of *eligible allied health provider* and *risk assessment***

In items 135, 137 and 139:

eligible allied health provider means any of the following:

- (a) an audiologist;
- (b) an occupational therapist;
- (c) a participating optometrist;
- (d) an orthoptist;
- (e) a physiotherapist;
- (f) a psychologist;
- (g) a speech pathologist.

risk assessment means an assessment of:

- (a) the risk to the patient of a contributing co-morbidity; and
- (b) environmental, physical, social and emotional risk factors that may apply to the patient or to another individual.

2.5A.2 Meaning of *eligible disability*

In items 137 and 139:

eligible disability means any of the following:

- (a) sight impairment that results in vision of less than or equal to 6/18 vision or equivalent field loss in the better eye, with correction;
- (b) hearing impairment that results in:
 - (i) a hearing loss of 40 decibels or greater in the better ear, across 4 frequencies; or
 - (ii) permanent conductive hearing loss and auditory neuropathy;
- (c) cerebral palsy;
- (d) Down syndrome;
- (e) Fragile X syndrome.

Group A29 — Early intervention services for children with autism, pervasive developmental disorder or disability

Item	Description	Fee (\$)
135	<p>Professional attendance of at least 45 minutes duration at consulting rooms or hospital, by a consultant physician in the practice of his or her specialty of paediatrics, following referral of the patient to the consultant by a medical practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient aged under 13 years with autism or any other pervasive developmental disorder, if the consultant paediatrician does all of the following:</p> <ul style="list-style-type: none"> (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan, which must include the following: <ul style="list-style-type: none"> (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary — medical recommendations; (c) provides a copy of the treatment and management plan to: <ul style="list-style-type: none"> (i) the referring medical practitioner; and 	253.90

Group A29 — Early intervention services for children with autism, pervasive developmental disorder or disability

Item	Description	Fee (\$)
	(ii) one or more allied health providers, if appropriate, for the treatment of the patient; (not being an attendance on a patient for whom payment has previously been made under this item or item 137, 139 or 289)	
137	Professional attendance of at least 45 minutes duration at consulting rooms or hospital, by a specialist or consultant physician (not including a general practitioner) following referral of the patient to the consultant by a medical practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with an eligible disability if the specialist or consultant physician does all of the following: <ul style="list-style-type: none"> (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan, which must include the following: <ul style="list-style-type: none"> (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary — medication recommendations; (c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient; (not being an attendance on a patient for whom payment has previously been made under this item or item 135, 139 or 289)	253.90
139	Professional attendance of at least 45 minutes duration at consulting rooms only, by a general practitioner (not including a specialist or consultant physician) for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with an eligible disability if the general practitioner does all of the following: <ul style="list-style-type: none"> (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); 	125.00

Group A29 — Early intervention services for children with autism, pervasive developmental disorder or disability

Item	Description	Fee (\$)
	(b) develops a treatment and management plan, which must include the following: <ul style="list-style-type: none"> (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary — medication recommendations; (c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient;	
	(not being an attendance on a patient for whom payment has previously been made under this item or item 135, 137 or 289)	

[10] Schedule 1, after clause 2.10.3

insert

2.10.4 Meaning of *eligible allied health provider* and *risk assessment*

In item 289:

eligible allied health provider means any of the following:

- (a) an audiologist;
- (b) an occupational therapist;
- (c) a participating optometrist;
- (d) an orthoptist;
- (e) a physiotherapist;
- (f) a psychologist;
- (g) a speech pathologist.

risk assessment means an assessment of:

- (a) the risk to the patient of a contributing co-morbidity; and
- (b) environmental, physical, social and emotional risk factors that may apply to the patient or to another individual.

[11] Schedule 1, Group A8 table, item 289*substitute*

- 289 Professional attendance of at least 45 minutes duration at consulting rooms or hospital, by a consultant physician in the practice of his or her specialty of psychiatry, following referral of the patient to the consultant by a medical practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with autism or any other pervasive developmental disorder, if the consultant psychiatrist does all of the following: 253.90
- (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider);
 - (b) develops a treatment and management plan which must include the following:
 - (i) an assessment and diagnosis of the patient's condition;
 - (ii) a risk assessment;
 - (iii) treatment options and decisions;
 - (iv) if necessary — medication recommendations;
 - (c) provides a copy of the treatment and management plan to the referring practitioner;
 - (d) provides a copy of the treatment and management plan to 1 or more allied health providers, if appropriate, for the treatment of the patient;
- (not being an attendance on a patient for whom payment has previously been made under this item or item 135, 137 or 139)

[12] Schedule 1, Division 2.18, heading*substitute***Division 2.18 Group A17 — Domiciliary and residential medication management reviews**

[13] Schedule 1, Group A20 table, item 2710

after

medical

insert

practitioner

[14] Schedule 1, Group A10 table, item 10907

after

10915 applies.

insert

The appropriate fee for the purpose of paragraph 23A (2) (c) of the *Health Insurance Act 1973* is the fee mentioned in item 10900.

[15] Schedule 1, clause 2.31.1, definition of *eligible area*, subparagraph (c) (v)

substitute

(v) East Metropolitan Perth;

[16] Schedule 1, clause 2.31.1, definition of *eligible area*, subparagraph (c) (xxii)

substitute

(xxii) South West Metropolitan Perth;

[17] Schedule 1, after subclause 2.34.2 (1)

insert

(1A) In item 12250:

qualified sleep medicine practitioner:

(a) means a qualified adult sleep medicine practitioner; and

(b) does not include a qualified paediatric sleep medicine practitioner.

[18] Schedule 1, Group D1 table, after item 12217*insert*

- 12250 Overnight investigation for sleep apnoea for a period of at least 8 hours duration for a patient aged 18 years or more, if all of the following requirements are met: 322.60
- (a) the patient has, before the overnight investigation, been referred to a qualified sleep medicine practitioner by a medical practitioner whose clinical opinion is that there is a high probability that the patient has obstructive sleep apnoea;
 - (b) the investigation takes place after the qualified sleep medicine practitioner has:
 - (i) confirmed the necessity for the investigation; and
 - (ii) communicated this confirmation to the referring medical practitioner;
 - (c) during a period of sleep, the investigation involves recording a minimum of seven physiological parameters which must include:
 - (i) continuous electro-encephalogram (EEG); and
 - (ii) continuous electro-cardiogram (ECG); and
 - (iii) airflow; and
 - (iv) thoraco-abdominal movement; and
 - (v) oxygen saturation; and
 - (vi) 2 or more of the following:
 - (A) electro-oculogram (EOG);
 - (B) chin electro-myogram (EMG);
 - (C) body position;
 - (d) in the report on the investigation, the qualified sleep medicine practitioner uses the data specified in paragraph (c) to:
 - (i) analyse sleep stage, arousals and respiratory events; and
 - (ii) assess clinically significant alteration in heart rate;
 - (e) the qualified sleep medicine practitioner:
 - (i) before the investigation takes place, establishes quality assurance procedures for data acquisition; and

-
- (ii) personally analyses the data and writes the report on the results of the investigation

Payable only once in a 12 month period

[19] Schedule 1, Group D1 table, item 11332

omit

Down's Syndrome;

insert

Down Syndrome;

[20] Schedule 1, Division 2.36

substitute

Division 2.36 Therapeutic procedures

2.36.1 Definition

In this Division:

medical college has the meaning given by section 3GC of the Act.

specialist trainee under the supervision of a medical practitioner means a medical practitioner who is:

- (a) enrolled in and undertaking a training program with a medical college; and
- (b) supervised by a medical practitioner who is present at all times while the specialist trainee provides a medical service.

2.36.2 Medical services that may be provided by medical practitioner or specialist trainee*Medical services — items*

- (1) A medical service set out in the following items may be provided by a medical practitioner or a specialist trainee under the supervision of a medical practitioner:
- (a) items 13015 to 16018;
 - (b) items 16600 to 16636;
 - (c) items 18213 to 18298;
 - (d) items 20100 to 51318.

Medical services taken to be provided by supervising medical practitioner

- (2) If a medical service set out in an item mentioned in paragraph (1) (a), (b), (c) or (d) is provided by a specialist trainee under the supervision of a medical practitioner, the medical service is taken to have been provided by the supervising medical practitioner.

[21] Schedule 1, Group T2 table, items 15360 and 15363*omit***[22] Schedule 1, Group T2 table, item 15541***omit***[23] Schedule 1, clauses 2.42.3 and 2.42.4***omit***[24] Schedule 1, Group T7 table, items 18350 to 18373***omit*

[25] Schedule 1, after Division 2.42*insert***Division 2.42A Group T11 — Botulinum toxin****2.42A.1 Injection of botulinum toxin**

- (1) Items 18350 to 18373 apply only to a service provided by a medical practitioner registered by the Medicare Australia CEO to participate in the arrangements made under paragraph 100 (1) (b) of the *National Health Act 1953* for the purpose of providing an adequate pharmaceutical service for individuals requiring treatment with botulinum toxin.
- (2) If the cost of the botulinum toxin injection supplied in connection with a service described in each of items 18350 to 18373 is not subsidised by the Commonwealth or a State, the service is taken not to include the supply of that toxin.

2.42A.2 Limitation of items 18360 and 18364

A service mentioned in item 18360 or 18364 is applicable to the first 4 treatments, not exceeding 2 for each limb, on any day.

Group T11 — Botulinum toxin

Item	Description	Fee (\$)
18350	Botulinum toxin (Botox), injection of, for hemifacial spasm in a patient who is at least 12 years, including all such injections on any 1 day	120.10
18351	Botulinum toxin (Dysport), injection of, for hemifacial spasm in a patient who is at least 18 years, including all such injections on any 1 day	120.10
18352	Botulinum toxin (Botox or Dysport), injection of, for cervical dystonia (spasmodic torticollis), including all such injections on any 1 day	240.30

Group T11 — Botulinum toxin

Item	Description	Fee (\$)
18354	Botulinum toxin (Botox or Dysport), injection of, for dynamic equinus foot deformity due to spasticity in an ambulant cerebral palsy patient 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, including all such injections on any 1 day for all or any of the muscles subserving 1 functional activity and supplied by 1 motor nerve — applicable only to the first 2 treatments of each limb of the patient on any 1 day (Anaes.)	120.10
18356	Botulinum toxin (Botox or Dysport), injection of, for dynamic equinovarus foot deformity due to spasticity in an ambulant cerebral palsy patient 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, including all such injections on any 1 day for all or any of the muscles subserving 1 functional activity and supplied by 1 motor nerve — applicable only to the first 2 treatments of each limb of the patient on any 1 day (Anaes.)	120.10
18358	Botulinum toxin (Botox or Dysport), injection of, for dynamic equinovalgus foot deformity due to spasticity in an ambulant cerebral palsy patient 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, including all such injections on any 1 day for all or any of the muscles subserving 1 functional activity and supplied by 1 motor nerve — applicable only to the first 2 treatments of each limb of the patient on any 1 day (Anaes.)	120.10
18360	Botulinum toxin (Botox), injection of, for focal spasticity in adults, including all such injections for all or any of the muscles subserving 1 functional activity and supplied by 1 motor nerve	120.10

Group T11 — Botulinum toxin

Item	Description	Fee (\$)
18361	Botulinum toxin (Botox), injection of, for the treatment of moderate to severe upper limb spasticity due to cerebral palsy, in a patient who is at least 2 years but less than 18 years, in association with either: (a) physiotherapy or occupational therapy or both; or (b) electrical stimulation or ultrasound for muscle localisation; including all injections for any or all of the muscles sub-serving one functional activity supplied by one motor nerve — with a maximum of four treatments per patient on any one day, and with a maximum of two treatments per limb (Anaes.)	120.10
18362	Botulinum toxin (Botox), injection of, for severe primary hyperhidrosis of the axillae, including all such injections on any 1 day (Anaes.)	237.35
18364	Botulinum toxin (Dysport), injection of, for spasticity of the arm in adults after a stroke, including all injections for all or any of the muscles subserving 1 functional activity and supplied by 1 motor nerve	120.10
18366	Botulinum toxin (Botox), injection of, for strabismus in children and adults, including all such injections on any 1 day and associated electromyography (Anaes.)	150.50
18368	Botulinum toxin (Botox), injection of, for spasmodic dysphonia, including all such injections on any 1 day	256.90
18370	Botulinum toxin (Botox), injection of, for blepharospasm in a patient who is at least 12 years, including all such injections on any 1 day (Anaes.)	43.35
18371	Botulinum toxin (Dysport), injection of, for blepharospasm in a patient who is at least 18 years, including all such injections on any 1 day (Anaes.)	43.35
18372	Botulinum toxin (Botox), injection of, for the treatment of essential bilateral blepharospasm, in a patient who is at least 12 years of age, including all such injections on any 1 day (Anaes.)	120.10

Group T11 — Botulinum toxin

Item	Description	Fee (\$)
18373	Botulinum toxin (Dysport), injection of, for the treatment of essential bilateral blepharospasm in a patient who is at least 18 years of age, including all such injections on any 1 day (Anaes.)	120.10

[26] Schedule 1, subclause 2.43.5 (2)*after*

21965

insert

or 21981

[27] Schedule 1, Group T10 table, item 21981*omit*

in association with the management of anaesthesia agents

[28] Schedule 1, clause 2.44.3*omit***[29] Schedule 1, Group T8 table, item 37218***substitute*

37217	Prostate, implantation of gold fiducial markers into the prostate gland or prostate surgical bed (Anaes.)	133.05
37218	Prostate, needle biopsy of, or injection into, excluding insertion of radioopaque markers (Anaes.)	133.05

[30] Schedule 1, Group T8 table, items 38321 to 38330*omit*

[31] Schedule 1, Group T8 table, item 41767*omit*

transpalatal removal (Anaes.) (Assist.)

insert

removal of (Anaes.) (Assist.)

[32] Schedule 1, Group T8 table, item 41861*omit*

papillomata

insert

benign lesions of the larynx

[33] Schedule 1, Group T8 table, item 47915*omit*

including

insert

with

[34] Schedule 1, Group T8 table, item 47916*substitute*

47916	Ingrowing nail of toe, partial resection of nail, with destruction of nail matrix by phenolisation, electrocautery, laser, sodium hydroxide or acid but not including excision of nail bed (Anaes.)	81.90
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[35] Schedule 1, Group T8 table, items 49833 to 49838*substitute*

49833	Foot, correction of hallus valgus by osteotomy of first metatarsal with or without internal fixation and with or without excision of exostoses associated with the first metatarsophalangeal joint — unilateral (H) (Anaes.) (Assist.)	498.20
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49836	Foot, correction of hallus valgus by osteotomy of first metatarsal with or without internal fixation and with or without excision of exostoses associated with the first metatarsophalangeal joint — bilateral (H) (Anaes.) (Assist.)	860.50
49837	Foot, correction of hallus valgus by osteotomy of first metatarsal and transfer of adductor hallicus tendon, with or without internal fixation and with or without excision of exostoses associated with the first metatarsal joint — unilateral (H) (Anaes.) (Assist.)	622.75
49838	Foot, correction of hallus valgus by osteotomy of first metatarsal and transfer of adductor hallicus tendon, with or without internal fixation and with or without excision of exostoses associated with the first metatarsal joint — bilateral (H) (Anaes.) (Assist.)	1075.40

[36] Dictionary, after definition of *delivery*

insert

eligible allied health provider:

- (a) for items 135, 137 and 139 — see clause 2.5A.1; and
- (b) for item 289 — see clause 2.10.4.

[37] Dictionary, after definition of *eligible area*

insert

eligible disability, for items 137 and 139 — see clause 2.5A.2.

[38] Dictionary, definition of *qualified sleep medicine practitioner*

omit

12217

insert

12250

[39] Dictionary, after definition of *reviewing a GP management plan*

insert

risk assessment:

- (a) for items 135, 137 and 139 — see clause 2.5A.1; and
- (b) for item 289 — see clause 2.10.4.

[40] Dictionary, after definition of *SLA*

insert

specialist trainee under the supervision of a medical practitioner, for Division 2.36 — see clause 2.36.1.

Schedule 2 Amendment commencing on 1 October 2011

(regulation 4)

[1] Schedule 1, Group A17 table, item 900

after

community pharmacy

insert

or accredited pharmacist

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>.