



Health Insurance Legislation Amendment (2018 Measures No. 3) Regulations 2018

I, General the Honourable Sir Peter Cosgrove AK MC (Ret'd), Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following regulations.

Dated 25 October 2018

Peter Cosgrove
Governor-General

By His Excellency's Command

Greg Hunt
Minister for Health

Contents

1	Name.....	1
2	Commencement	1
3	Authority.....	1
4	Schedules.....	1
Schedule 1—Amendments		2
	<i>Health Insurance (Diagnostic Imaging Services Table) Regulations 2018</i>	2
	<i>Health Insurance (General Medical Services Table) Regulations 2018</i>	3
	<i>Health Insurance (Pathology Services Table) Regulations 2018</i>	40
	<i>Health Insurance Regulations 2018</i>	40

1 Name

This instrument is the *Health Insurance Legislation Amendment (2018 Measures No. 3) Regulations 2018*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	1 November 2018.	1 November 2018

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under the *Health Insurance Act 1973*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

Health Insurance (Diagnostic Imaging Services Table) Regulations 2018

1 At the end of Subdivision B of Division 1.2 of Schedule 1

Add:

1.2.14 Application of items—services provided with harvesting, storage, in vitro processing or injection of non-haematopoietic stem cells

An item in the table does not apply to a service mentioned in the item if the service is provided to a patient at the same time as, or in connection with, the harvesting, storage, in vitro processing or injection of non-haematopoietic stem cells.

2 Schedule 1 (items 56619, 56625, 56659 and 56665)

Repeal the items, substitute:

56619	Computed tomography—scan of extremities, one region (other than knee), or more than one region (which may include knee), without intravenous contrast medium, not being a service to which any of items 56620, 56626, 56660 or 56666 apply (R) (K) (Anaes.)	220.00
56620	Computed tomography—scan of knee, without intravenous contrast medium, not being a service to which any of items 56619, 56625, 56659 or 56665 apply (R) (K) (Anaes.)	220.00
56625	Computed tomography—scan of extremities, one region (other than knee), or more than one region (which may include knee), with intravenous contrast medium and with any scans of extremities before intravenous contrast injection, when performed, not being a service to which any of items 56620, 56626, 56660 or 56666 apply (R) (K) (Anaes.)	334.65
56626	Computed tomography—scan of knee, with intravenous contrast medium and with any scans of the knee before intravenous contrast injection, when performed, not being a service to which any of items 56619, 56625, 56659 or 56665 apply (R) (K) (Anaes.)	334.65
56659	Computed tomography—scan of extremities, one region (other than knee), or more than one region (which may include knee), without intravenous contrast medium, not being a service to which any of items 56620, 56626, 56660 or 56666 apply (R) (NK) (Anaes.)	112.10
56660	Computed tomography—scan of knee, without intravenous contrast medium, not being a service to which any of items 56619, 56625, 56659 or 56665 apply (R) (NK) (Anaes.)	112.10
56665	Computed tomography—scan of extremities, one region (other than knee), or more than one region (which may include knee), with intravenous contrast medium and with any scans of extremities before intravenous contrast injection, when performed, not being a service to which any of items 56620, 56626, 56660 or 56666 apply (R) (NK) (Anaes.)	167.40
56666	Computed tomography—scan of knee, with intravenous contrast	167.40

medium and with any scans of the knee before intravenous contrast injection, when performed, not being a service to which any of items 56619, 56625, 56659 or 56665 apply (R) (NK) (Anaes.)

3 Schedule 1 (items 57518 and 57521, column 2)

Omit “, knee”.

4 Schedule 1 (after item 57521)

Insert:

57522	Knee (NR) (K)	32.50
57523	Knee (R) (K)	43.40

5 Schedule 1 (items 57535 and 57536, column 2)

Omit “, knee”.

6 Schedule 1 (after item 57536)

Insert:

57537	Knee (NR) (NK)	16.25
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7 Schedule 1 (after item 57539)

Insert:

57540	Knee (R) (NK)	21.70
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8 Subdivision D of Division 2.3 of Schedule 1 (heading)

Repeal the heading, substitute:

Subdivision D—Subgroups 12 and 13 of Group I3**9 Schedule 1 (items 60100 and 60101)**

Repeal the items (including the Subgroup 14 heading).

10 Schedule 1 (items 63513 and 63514, column 2)

Omit “following radiographic examination”.

11 Schedule 1 (items 63560 and 63561, column 2)

Omit “16 years or older”, substitute “16 to 49 years”.

Health Insurance (General Medical Services Table) Regulations 2018**12 Clause 1.2.1 of Schedule 1**

Omit “item in Part 2”, substitute “item in the table”.

13 Subclause 1.2.5(1) of Schedule 1

Omit “11921 to 12003, 12201, 13030 to 13112”, substitute “11921 to 12004, 12201, 13030 to 13104, 13106 to 13110”.

14 Subclause 1.2.6(1) of Schedule 1

Omit “12201, 13030 to 13112”, substitute “12004, 12201, 13030 to 13104, 13106 to 13110”.

15 After clause 1.2.8 of Schedule 1

Insert:

1.2.8A Application of items—services provided with harvesting, storage, in vitro processing or injection of non-haematopoietic stem cells

An item in the table does not apply to a service mentioned in the item if the service is provided to a patient at the same time as, or in connection with, the harvesting, storage, in vitro processing or injection of non-haematopoietic stem cells.

16 Subclause 1.2.9(1) of Schedule 1

Omit “11222, 11224, 11225”, substitute “11224”.

17 Subclause 1.2.9(1) of Schedule 1

Omit “11506, 11509”, substitute “11505, 11506, 11507, 11508”.

18 Subclause 1.2.9(1) of Schedule 1

Omit “12207”, substitute “12204, 12205, 12207, 12208”.

19 Subclause 1.2.9(1) of Schedule 1

Omit “14053,”.

20 Subclause 2.35.2(1) of Schedule 1

Omit “12203, 12207,”.

21 Subclause 2.35.2(3) of Schedule 1

Omit “item 12250”, substitute “items 12203, 12204, 12205, 12207, 12208 and 12250”.

22 After clause 2.35.2 of Schedule 1

Insert:

2.35.2A Meaning of *Berlin Questionnaire*

In items 12203 and 12250:

Berlin Questionnaire means the questionnaire adapted from Table 2 in *Using the Berlin Questionnaire to identify patients at risk for the sleep apnea syndrome*, Netzer, et al, as published in the *Annals of Internal Medicine*, 1999 Oct 5;131(7):486-91, as existing on 1 November 2018.

2.35.2B Meaning of *Epworth Sleepiness Scale*

In items 12203 and 12250:

Epworth Sleepiness Scale means the *Epworth Sleepiness Scale*, developed by M.W. Johns, as existing on 1 November 2018.

Note: The *Epworth Sleepiness Scale* could in 2018 be viewed on the Epworth Sleepiness Scale website (<http://www.epworthsleepinessscale.com>).

2.35.2C Meaning of *OSA50*

In items 12203 and 12250:

OSA50 means the *OSA50 screening questionnaire*, developed by the Adelaide Institute for Sleep Health, as existing on 1 November 2018.

2.35.2D Meaning of *STOP-Bang*

In items 12203 and 12250:

STOP-Bang means the *STOP-Bang Questionnaire*, developed by Frances Chung MBBS, FRCPC, as existing on 1 November 2018.

Note: The *STOP-Bang Questionnaire* could in 2018 be viewed on the Official STOP-Bang Tool Website (<http://www.stopbang.ca>).

23 Schedule 1 (item 11219)

Repeal the item.

24 Schedule 1 (item 11221, column 2)

Omit “maximum of 2 examinations”, substitute “maximum of 3 examinations”.

25 Schedule 1 (item 11222)

Repeal the item.

26 Schedule 1 (item 11224, column 2)

Omit “maximum of 2 examinations”, substitute “maximum of 3 examinations”.

27 Schedule 1 (item 11225)

Repeal the item.

28 Schedule 1 (items 11503, 11506, 11509 and 11512)

Repeal the items, substitute:

11503	<p>Complex measurement of properties of the respiratory system, including the lungs and respiratory muscles, that is performed:</p> <ul style="list-style-type: none"> (a) in a respiratory laboratory; and (b) under the supervision of a consultant respiratory physician who is responsible for staff training, supervision, quality assurance and the issuing of written reports on tests performed; and (c) using any of the following tests: <ul style="list-style-type: none"> (i) measurement of absolute lung volumes by any method; (ii) measurement of carbon monoxide diffusing capacity by 	138.65
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	<p>any method;</p> <p>(iii) measurement of airway or pulmonary resistance by any method;</p> <p>(iv) inhalation provocation testing, including pre-provocation spirometry and the construction of a dose response curve, using a recognised direct or indirect bronchoprovocation agent and post-bronchodilator spirometry;</p> <p>(v) provocation testing involving sequential measurement of lung function at baseline and after exposure to specific sensitising agents, including drugs, or occupational asthma triggers;</p> <p>(vi) spirometry performed before and after simple exercise testing undertaken as a provocation test for the investigation of asthma, in premises equipped with resuscitation equipment and personnel trained in Advanced Life Support;</p> <p>(vii) measurement of the strength of inspiratory and expiratory muscles at multiple lung volumes;</p> <p>(viii) simulated altitude test involving exposure to hypoxic gas mixtures and oxygen saturation at rest and/or during exercise with or without an observation of the effect of supplemental oxygen;</p> <p>(ix) calculation of pulmonary or cardiac shunt by measurement of arterial oxygen partial pressure and haemoglobin concentration following the breathing of an inspired oxygen concentration of 100% for a duration of 15 minutes or greater;</p> <p>(x) if the measurement is for the purpose of determining eligibility for pulmonary arterial hypertension medications subsidised under the Pharmaceutical Benefits Scheme or eligibility for the provision of portable oxygen—functional exercise test by any method (including 6 minute walk test and shuttle walk test);</p> <p>each occasion at which one or more tests are performed</p> <p>Not applicable to a service performed in association with a spirometry or sleep study service to which item 11505, 11506, 11507, 11508, 11512, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies</p> <p>Not applicable to a service to which item 11507 applies</p>	
11505	<p>Measurement of spirometry, that:</p> <p>(a) involves a permanently recorded tracing, performed before and after inhalation of a bronchodilator; and</p> <p>(b) is performed to confirm diagnosis of:</p> <p>(i) asthma; or</p> <p>(ii) chronic obstructive pulmonary disease (COPD); or</p> <p>(iii) another cause of airflow limitation;</p> <p>each occasion at which 3 or more recordings are made</p> <p>Applicable only once in any 12 month period</p>	41.10
11506	<p>Measurement of spirometry, that:</p> <p>(a) involves a permanently recorded tracing, performed before and after inhalation of a bronchodilator; and</p> <p>(b) is performed to:</p> <p>(i) confirm diagnosis of chronic obstructive pulmonary disease (COPD); or</p>	20.55

	(ii) assess acute exacerbations of asthma; or (iii) monitor asthma and COPD; or (iv) assess other causes of obstructive lung disease or the presence of restrictive lung disease;	
	each occasion at which recordings are made	
11507	Measurement of spirometry: (a) that includes continuous measurement of the relationship between flow and volume during expiration or during expiration and inspiration, performed before and after inhalation of a bronchodilator; and (b) fractional exhaled nitric oxide (FeNO) concentration in exhaled breath; if: (c) the measurement is performed: (i) under the supervision of a specialist or consultant physician; and (ii) with continuous attendance by a respiratory scientist; and (iii) in a respiratory laboratory equipped to perform complex lung function tests; and (d) a permanently recorded tracing and written report is provided; and (e) 3 or more spirometry recordings are performed unless difficult to achieve for clinical reasons; each occasion at which one or more such tests are performed Not applicable to a service associated with a service to which item 11503, 11512 or 22018 applies	100.20

11508	<p>Maximal symptom-limited incremental exercise test using a calibrated cycle ergometer or treadmill, if:</p> <ul style="list-style-type: none"> (a) the test is performed for the evaluation of: <ul style="list-style-type: none"> (i) breathlessness of uncertain cause from tests performed at rest; or (ii) breathlessness out of proportion with impairment due to known conditions; or (iii) functional status and prognosis in a patient with significant cardiac or pulmonary disease for whom complex procedures such as organ transplantation are considered; or (iv) anaesthetic and peri-operative risks in a patient undergoing major surgery who is assessed as substantially above average risk after standard evaluation; and (b) the test has been requested by a specialist or consultant physician following professional attendance on the patient by the specialist or consultant physician; and (c) a respiratory scientist and a medical practitioner are in constant attendance during the test; and (d) the test is performed in a respiratory laboratory equipped with airway management and defibrillator equipment; and (e) there is continuous measurement of at least the following: <ul style="list-style-type: none"> (i) work rate; (ii) pulse oximetry; (iii) respired oxygen and carbon dioxide partial pressures and respired volumes; (iv) ECG; (v) heart rate and blood pressure; and (f) interpretation and preparation of a permanent report is provided by a consultant respiratory physician who is also responsible for the supervision of technical staff and quality assurance 	290.80
11512	<p>Measurement of spirometry:</p> <ul style="list-style-type: none"> (a) that includes continuous measurement of the relationship between flow and volume during expiration or during expiration and inspiration, performed before and after inhalation of a bronchodilator; and (b) that is performed with a respiratory scientist in continuous attendance; and (c) that is performed in a respiratory laboratory equipped to perform complex lung function tests; and (d) that is performed under the supervision of a consultant physician practising respiratory medicine who is responsible for staff training, supervision, quality assurance and the issuing of written reports; and (e) for which a permanently recorded tracing and written report is provided; and (f) for which 3 or more spirometry recordings are performed; each occasion at which one or more such tests are performed <p>Not applicable for a service associated with a service to which item 11503, 11507 or 22018 applies</p>	61.75

29 Schedule 1 (items 11602, 11604 and 11605, column 2)

Omit “or 32501”.

30 Schedule 1 (items 11820 and 11823, column 3)

Omit “2,039.20”, substitute “1,229.35”.

31 Schedule 1 (items 12000 and 12003)

Repeal the items, substitute:

12000	Skin prick testing for aeroallergens by a specialist or consultant physician in the practice of the specialist or consultant physician’s specialty, including all allergens tested on the same day, not being a service associated with a service to which item 12001, 12002, 12005, 12012, 12017, 12021, 12022 or 12024 applies	38.95
12001	Skin prick testing for aeroallergens, including all allergens tested on the same day, not being a service associated with a service to which item 12000, 12002, 12005, 12012, 12017, 12021, 12022 or 12024 applies. Applicable only once in any 12 month period	38.95
12002	Repeat skin prick testing of a patient for aeroallergens, including all allergens tested on the same day, if: (a) further testing for aeroallergens is indicated in the same 12 month period to which item 12001 applies to a service for the patient; and (b) the service is not associated with a service to which item 12000, 12001, 12005, 12012, 12017, 12021, 12022 or 12024 applies Applicable only once in any 12 month period	38.95
12003	Skin prick testing for food and latex allergens, including all allergens tested on the same day, not being a service associated with a service to which item 12012, 12017, 12021, 12022 or 12024 applies	38.95
12004	Skin testing for medication allergens (antibiotics or non-general anaesthetics agents) and venoms (including prick testing and intradermal testing with a number of dilutions), including all allergens tested on the same day, not being a service associated with a service to which item 12012, 12017, 12021, 12022 or 12024 applies	58.85
12005	Skin testing: (a) performed by or on behalf of a specialist or consultant physician in the practice of the specialist or consultant physician’s specialty; and (b) for agents used in the perioperative period (including prick testing and intradermal testing with a number of dilutions), to investigate anaphylaxis in a patient with a history of prior anaphylactic reaction or cardiovascular collapse associated with the administration of an anaesthetic; and (c) including all allergens tested on the same day; and (d) not being a service associated with a service to which item 12000, 12001, 12002, 12003, 12012, 12017, 12021, 12022 or 12024 applies	79.20

32 Schedule 1 (item 12203)

Repeal the item, substitute:

12203	<p>Overnight diagnostic assessment of sleep, for a period of at least 8 hours duration, for a patient aged 18 years or more, to confirm diagnosis of a sleep disorder, if:</p> <p>(a) either:</p> <ul style="list-style-type: none">(i) the patient has been referred by a medical practitioner to a qualified sleep medicine practitioner or a consultant respiratory physician who has determined that the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea based on a STOP-Bang score of 4 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more; or(ii) following professional attendance on the patient (either face-to-face or by video conference) by a qualified sleep medicine practitioner or a consultant respiratory physician, the qualified sleep medicine practitioner or consultant respiratory physician determines that assessment is necessary to confirm the diagnosis of a sleep disorder; and <p>(b) the overnight diagnostic assessment is performed to investigate:</p> <ul style="list-style-type: none">(i) suspected obstructive sleep apnoea syndrome where the patient is assessed as not suitable for an unattended sleep study; or(ii) suspected central sleep apnoea syndrome; or(iii) suspected sleep hypoventilation syndrome; or(iv) suspected sleep-related breathing disorders in association with non-respiratory co-morbid conditions including heart failure, significant cardiac arrhythmias, neurological disease, acromegaly or hypothyroidism; or(v) unexplained hypersomnolence which is not attributed to inadequate sleep hygiene or environmental factors; or(vi) suspected parasomnia or seizure disorder where clinical diagnosis cannot be established on clinical features alone (including associated atypical features, vigilance behaviours or failure to respond to conventional therapy); or(vii) suspected sleep related movement disorder, where the diagnosis of restless legs syndrome is not evident on clinical assessment; and <p>(c) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</p> <p>(d) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures:</p> <ul style="list-style-type: none">(i) airflow;(ii) continuous EMG;(iii) anterior tibial EMG;(iv) continuous ECG;(v) continuous EEG;(vi) EOG;(vii) oxygen saturation;(viii) respiratory movement (chest and abdomen);(ix) position; and	588.00
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- (e) polygraphic records are:
 - (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and
 - (ii) stored for interpretation and preparation of report; and
- (f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and
- (g) the overnight diagnostic assessment is not provided to the patient on the same occasion that a service mentioned in any of items 11000 to 11005, 11503, 11700 to 11709, 11713 or 12250 is provided to the patient

Applicable only once in any 12 month period

12204	<p>Overnight assessment of positive airway pressure, for a period of at least 8 hours duration, for a patient aged 18 years or more, if:</p> <ul style="list-style-type: none"> (a) the necessity for an intervention sleep study is determined by a qualified sleep medicine practitioner or consultant respiratory physician where a diagnosis of a sleep-related breathing disorder has been made; and (b) the patient has not undergone positive airway pressure therapy in the previous 6 months; and (c) following professional attendance on the patient by a qualified sleep medicine practitioner or a consultant respiratory physician (either face-to-face or by video conference), the qualified sleep medicine practitioner or consultant respiratory physician establishes that the sleep-related breathing disorder is responsible for the patient's symptoms; and (d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (e) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: <ul style="list-style-type: none"> (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement; (ix) position; and (f) polygraphic records are: <ul style="list-style-type: none"> (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of a report; and (g) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and 	588.00
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Schedule 1 Amendments

	(h) the overnight assessment is not provided to the patient on the same occasion that a service mentioned in any of items 11000 to 11005, 11503, 11700 to 11709, 11713 or 12250 is provided to the patient	
	Applicable only once in any 12 month period	
12205	Follow-up study for a patient aged 18 years or more with a sleep-related breathing disorder, following professional attendance on the patient by a qualified sleep medicine practitioner or consultant respiratory physician, if: (a) either: (i) there has been a recurrence of symptoms not explained by known or identifiable factors such as inadequate usage of treatment, sleep duration or significant recent illness; or (ii) there has been a significant change in weight or changes in co-morbid conditions that could affect sleep-related breathing disorders and other means of assessing treatment efficacy (including review of data stored by a therapy device used by the patient) are unavailable, or have been equivocal; and (b) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (c) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures: (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen); (ix) position; and (d) polygraphic records are: (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of report; and (e) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (f) the follow-up study is not provided to the patient on the same occasion that a service mentioned in any of items 11000 to 11005, 11503, 11700 to 11709, 11713 or 12250 is provided to the patient	588.00
	Applicable only once in any 12 month period	

33 Schedule 1 (item 12207)

Repeal the item, substitute:

12207	<p>Overnight investigation, for a patient aged 18 years or more, for a sleep-related breathing disorder, following professional attendance by a qualified sleep medicine practitioner or a consultant respiratory physician (either face-to-face or by video conference), if:</p> <ul style="list-style-type: none"> (a) the patient is referred by a medical practitioner; and (b) the necessity for the investigation is determined by a qualified sleep medicine practitioner before the investigation; and (c) there is continuous monitoring and recording, in accordance with current professional guidelines, of the following measures: <ul style="list-style-type: none"> (i) airflow; (ii) continuous EMG; (iii) anterior tibial EMG; (iv) continuous ECG; (v) continuous EEG; (vi) EOG; (vii) oxygen saturation; (viii) respiratory movement (chest and abdomen) (ix) position; and (d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (e) polygraphic records are: <ul style="list-style-type: none"> (i) analysed (for assessment of sleep stage, arousals, respiratory events and assessment of clinically significant alterations in heart rate and limb movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of report; and (f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and (g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items 11000 to 11005, 11503, 11700 to 11709, 11713 or 12250 is provided to the patient; and (h) previous studies have demonstrated failure of continuous positive airway pressure or oxygen; and (i) if the patient has severe cardio-respiratory failure—a further investigation is indicated in the same 12 month period to which items 12204 and 12205 apply to a service for the patient, for the adjustment or testing, or both, of the effectiveness of a positive pressure ventilatory support device (other than continuous positive airway pressure) in sleep <p>Applicable only once in any 12 month period</p>	588.00
12208	<p>Overnight investigation for sleep apnoea for a period of at least 8 hours duration, for a patient aged 18 years or more, if:</p> <ul style="list-style-type: none"> (a) a qualified sleep medicine practitioner or consultant respiratory physician has determined that the investigation is necessary to confirm the diagnosis of a sleep disorder; and (b) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and (c) there is continuous monitoring and recording, in accordance with current professional guidelines, of the following measures: <ul style="list-style-type: none"> (i) airflow; 	588.00

- (ii) continuous EMG;
 - (iii) anterior tibial EMG;
 - (iv) continuous ECG;
 - (v) continuous EEG;
 - (vi) EOG;
 - (vii) oxygen saturation;
 - (viii) respiratory movement (chest and abdomen);
 - (ix) position; and
- (d) polygraphic records are:
- (i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and
 - (ii) stored for interpretation and preparation of report; and
- (e) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and
- (f) a further investigation is indicated in the same 12 month period to which item 12203 applies to a service for the patient because insufficient sleep was acquired, as evidenced by a sleep efficiency of 25% or less, during the previous investigation to which that item applied; and
- (g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items 11000 to 11005, 11503, 11700 to 11709, 11713 or 12250 is provided to the patient

Applicable only once in any 12 month period

34 Schedule 1 (items 12210, 12213, 12215 and 12217)

Repeal the items, substitute:

12210	Overnight paediatric investigation, for a period of at least 8 hours in duration, for a patient less than 12 years of age, if: <ul style="list-style-type: none">(a) the patient is referred by a medical practitioner; and(b) the necessity for the investigation is determined by a qualified sleep medicine practitioner before the investigation; and(c) there is continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following are made, in accordance with current professional guidelines:<ul style="list-style-type: none">(i) airflow;(ii) continuous EMG;(iii) ECG;(iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);(v) EOG;(vi) oxygen saturation;(vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);(viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and(d) a sleep technician, or registered nurse with sleep technology	701.85
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training, is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and

- (e) polygraphic records are:
- (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and
 - (ii) stored for interpretation and preparation of report; and
- (f) interpretation and report are provided by a qualified sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient

For each particular patient—applicable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period

12213	<p>Overnight paediatric investigation, for a period of at least 8 hours in duration, for a patient aged at least 12 years but less than 18 years, if:</p> <p>(a) the patient is referred by a medical practitioner; and</p> <p>(b) the necessity for the investigation is determined by a qualified sleep medicine practitioner before the investigation; and</p> <p>(c) there is continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following are made, in accordance with current professional guidelines:</p> <ul style="list-style-type: none"> (i) airflow; (ii) continuous EMG; (iii) ECG; (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads); (v) EOG; (vi) oxygen saturation; (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen); (viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and <p>(d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</p> <p>(e) polygraphic records are:</p> <ul style="list-style-type: none"> (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and (ii) stored for interpretation and preparation of report; and <p>(f) interpretation and report are provided by a qualified sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient</p> <p>For each particular patient—applicable only in relation to each of the first 3 occasions the investigation is performed in any 12 month period</p>	632.30
12215	<p>Overnight paediatric investigation, for a period of at least 8 hours in</p>	701.85

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- duration, for a patient less than 12 years of age, if:
- (a) the patient is referred by a medical practitioner; and
 - (b) the necessity for the investigation is determined by a qualified sleep medicine practitioner before the investigation; and
 - (c) there is continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following are made, in accordance with current professional guidelines:
 - (i) airflow;
 - (ii) continuous EMG;
 - (iii) ECG;
 - (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);
 - (v) EOG;
 - (vi) oxygen saturation;
 - (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);
 - (viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and
 - (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and
 - (e) polygraphic records are:
 - (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and
 - (ii) stored for interpretation and preparation of report; and
 - (f) interpretation and report are provided by a qualified sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and
 - (g) a further investigation is indicated in the same 12 month period to which item 12210 applies to a service for the patient, for a patient using Continuous Positive Airway Pressure (CPAP) or non-invasive or invasive ventilation, or supplemental oxygen, in either or both of the following circumstances:
 - (i) there is ongoing hypoxia or hypoventilation on the third study to which item 12210 applied for the patient, and further titration of respiratory support is needed to optimise therapy;
 - (ii) there is clear and significant change in clinical status (for example lung function or functional status) or an intervening treatment that may affect ventilation in the period since the third study to which item 12210 applied for the patient, and repeat study is therefore required to determine the need for or the adequacy of respiratory support

Applicable only once in the same 12 month period to which item 12210 applies

12217	Overnight paediatric investigation for a period of at least 8 hours in duration for a patient aged at least 12 years but less than 18 years, if:	632.30
	(a) the patient is referred by a medical practitioner; and	

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- (b) the necessity for the investigation is determined by a qualified sleep medicine practitioner before the investigation; and
 - (c) there is continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following are made, in accordance with current professional guidelines:
 - (i) airflow;
 - (ii) continuous EMG;
 - (iii) ECG;
 - (iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);
 - (v) EOG;
 - (vi) oxygen saturation;
 - (vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);
 - (viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and
 - (d) a sleep technician, or registered nurse with sleep technology training, is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and
 - (e) polygraphic records are:
 - (i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and
 - (ii) stored for interpretation and preparation of report; and
 - (f) interpretation and report are provided by a qualified sleep medicine practitioner based on reviewing the direct original recording of polygraphic data from the patient; and
 - (g) a further investigation is indicated in the same 12 month period to which item 12213 applies to a service for the patient, for a patient using Continuous Positive Airway Pressure (CPAP) or non-invasive or invasive ventilation, or supplemental oxygen, in either or both of the following circumstances:
 - (i) there is ongoing hypoxia or hypoventilation on the third study to which item 12213 applied for the patient, and further titration is needed to optimise therapy;
 - (ii) there is clear and significant change in clinical status (for example lung function or functional status) or an intervening treatment that may affect ventilation in the period since the third study to which item 12213 applied for the patient, and repeat study is therefore required to determine the need for or the adequacy of respiratory support

Applicable only once in the same 12 month period to which item 12213 applies

35 Schedule 1 (item 12250)

Repeal the item, substitute:

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|-------|--|--------|
| 12250 | Overnight investigation of sleep for a period of at least 8 hours of a patient aged 18 years or more to confirm diagnosis of obstructive sleep apnoea, if:
(a) either:
(i) the patient has been referred by a medical practitioner to a qualified sleep medicine practitioner or a consultant respiratory physician who has determined that the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea based on a STOP-Bang score of 4 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more; or
(ii) following professional attendance on the patient (either face-to-face or by video conference) by a qualified sleep medicine practitioner or a consultant respiratory physician, the qualified sleep medicine practitioner or consultant respiratory physician determines that investigation is necessary to confirm the diagnosis of obstructive sleep apnoea; and
(b) during a period of sleep, there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures:
(i) airflow;
(ii) continuous EMG;
(iii) continuous ECG;
(iv) continuous EEG;
(v) EOG;
(vi) oxygen saturation;
(vii) respiratory effort; and
(c) the investigation is performed under the supervision of a qualified sleep medicine practitioner; and
(d) either:
(i) the equipment is applied to the patient by a sleep technician; or
(ii) if this is not possible—the reason it is not possible for the sleep technician to apply the equipment to the patient is documented and the patient is given instructions on how to apply the equipment by a sleep technician supported by written instructions; and
(e) polygraphic records are:
(i) analysed (for assessment of sleep stage, arousals, respiratory events and cardiac abnormalities) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and
(ii) stored for interpretation and preparation of report; and
(f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and
(g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items 11000 to 11005, 11503, 11700 to 11709, 11713 and 12203 is provided to the patient | 335.30 |
|-------|--|--------|

Applicable only once in any 12 month period

36 Schedule 1 (after item 13104)

Insert:

13105	Haemodialysis for a patient with end-stage renal disease if:	592.00
	(a) the service is provided by a registered nurse, an Aboriginal health worker or an Aboriginal and Torres Strait Islander health practitioner on behalf of a medical practitioner; and	
	(b) the service is supervised by the medical practitioner (either in person or remotely); and	
	(c) the patient's care is managed by a nephrologist; and	
	(d) the patient is treated or reviewed by the nephrologist every 3 to 6 months (either in person or remotely); and	
	(e) the patient is not an admitted patient of a hospital; and	
	(f) the service is provided in a Modified Monash 7 area	

37 Schedule 1 (item 13110)

Repeal the item, substitute:

13110	Indwelling peritoneal catheter (Tenckhoff or similar) for dialysis—removal of (including catheter cuffs) (Anaes.)	228.50
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38 Schedule 1 (item 13112)

Repeal the item.

39 Schedule 1 (items 14050 and 14053)

Repeal the items, substitute:

14050	UVA or UVB phototherapy administered in a whole body cabinet or hand and foot cabinet including associated consultations other than the initial consultation, if treatment is initiated and supervised by a specialist in the specialty of dermatology	52.75
	Applicable not more than 150 times in a 12 month period	

40 Schedule 1 (items 14100, 14106, 14109, 14112, 14115, 14118 and 14124)

Repeal the items, substitute:

14100	Laser photocoagulation using laser radiation in the treatment of vascular abnormalities of the head or neck, including any associated consultation, if:	152.50
	(a) the abnormality is visible from 3 metres; and	
	(b) photographic evidence demonstrating the need for this service is documented in the patient notes;	
	to a maximum of 4 sessions (including any sessions to which this item or any of items 14106 to 14118 apply) in any 12 month period (Anaes.)	

Schedule 1 Amendments

14106	Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), if the abnormality is visible from 3 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which this item or any of items 14100 to 14118 apply) in any 12 month period—area of treatment less than 150 cm ² (Anaes.)	160.15
14115	Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which this item or any of items 14100 to 14118 apply) in any 12 month period—area of treatment 150 cm ² to 300 cm ² (Anaes.)	256.50
14118	Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which this item or any of items 14100 to 14115 apply) in any 12 month period—area of treatment more than 300 cm ² (Anaes.)	325.75
14124	Laser photocoagulation using laser radiation in the treatment of vascular malformations, infantile haemangiomas, café-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, if: (a) a seventh or subsequent session (including any sessions to which this item or any of items 14100 to 14118 apply) is indicated in a 12 month period commencing on the day of the first session; and (b) photographic evidence demonstrating the need for this service is documented in the patient notes (Anaes.)	152.50

41 Schedule 1 (item 18360, column 2)

After “(Botox)”, insert “or Clostridium Botulinum Type A Toxin Haemagglutinin Complex (Dysport)”.

42 Subclause 2.44.5(2) of Schedule 1

Omit “or 21981”.

43 Schedule 1 (item 21965, column 2)

Omit “it can be shown that”.

44 Schedule 1 (item 21981)

Repeal the item.

45 Schedule 1 (item 21997, column 2)

Omit “it can be demonstrated that”.

46 Clause 2.45.7 of Schedule 1

Omit “30205”, substitute “30202”.

47 Schedule 1 (item 30097)

Repeal the item, substitute:

30097	Personal performance of a Synacthen Stimulation Test, including associated consultation, by a medical practitioner with resuscitation training and access to facilities where life support procedures can be implemented, if: <ul style="list-style-type: none"> (a) serum cortisol at 8.30 am to 9.30 am on any day in the preceding month has been measured at greater than 100 nmol/L but less than 400 nmol/L; or (b) the patient is acutely unwell and adrenal insufficiency is suspected 	97.15
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48 Schedule 1 (item 30176, column 2)

Omit “if it can be demonstrated that there is an anterior abdominal wall defect that is a consequence of the surgical removal of large intra-abdominal or pelvic tumours”, substitute “if the patient has previously had a massive intra-abdominal or pelvic tumour surgically removed”.

49 Schedule 1 (items 30185 and 30186)

Repeal the items.

50 Schedule 1 (item 30190)

Repeal the item, substitute:

30190	Angiofibromas, trichoepitheliomas or other severely disfiguring tumours of the face or neck (excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts), suitable for laser ablation as confirmed by the opinion of a specialist in the specialty of dermatology—removal of, by carbon dioxide laser or erbium laser ablation, including associated resurfacing (10 or more tumours) (Anaes.)	397.75
30191	Angiofibromas, trichoepithelioma, epidermal naevi, xanthelasma, pyogenic granuloma, genital angiokeratomas, hereditary haemorrhagic telangiectasia and other severely disfiguring or recurrently bleeding tumours (excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts), treatment of, with carbon dioxide/erbium or other appropriate laser (or curettage and fine point diathermy for pyogenic granuloma only), if confirmed by the opinion of a specialist in the specialty of dermatology, one or more lesions.	63.50

51 Schedule 1 (items 30195 to 30205)

Repeal the items, substitute:

30196	Malignant neoplasm of skin or mucous membrane proven that has been: <ul style="list-style-type: none"> (a) proven by histopathology; or (b) confirmed by the opinion of a specialist in the specialty of dermatology where a specimen has been submitted for histologic confirmation; 	126.30
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Schedule 1 Amendments

	removal of, by serial curettage, or carbon dioxide laser or erbium laser excision-ablation, including any associated cryotherapy or diathermy (Anaes.)	
30202	Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by the opinion of a specialist in the specialty of dermatology—removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles	48.35

52 Schedule 1 (item 30207, column 2)

Omit “hydrocortisone or similar”, substitute “glucocorticoid”.

53 Schedule 1 (items 30210, 30213 and 30214)

Repeal the items, substitute:

30210	Keloid and other skin lesions, extensive, multiple injections of glucocorticoid preparations, if undertaken in the operating theatre of a hospital on a patient less than 16 years of age (H) (Anaes.)	162.95
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54 Schedule 1 (items 30308 to 30310)

Repeal the items, substitute:

30310	Partial or subtotal thyroidectomy (H) (Anaes.) (Assist.)	798.65
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55 Schedule 1 (item 30313)

Repeal the item.

56 Schedule 1 (items 30315 to 30324)

Repeal the items, substitute:

30315	Minimally invasive parathyroidectomy. Removal of one or more parathyroid adenoma through a small cervical incision for an image localised adenoma, including thymectomy. Applicable only once per occasion on which the service is provided. Not applicable to a service performed in association with a service to which item 30317, 30318 or 30320 applies. (H) (Anaes.) (Assist.)	1,139.90
30317	Redo parathyroidectomy. Cervical re-exploration for persistent or recurrent hyperparathyroidism, including thymectomy and cervical exploration of the mediastinum. Applicable only once per occasion on which the service is provided. Not applicable to a service performed in association with a service to which item 30315, 30318 or 30320 applies. (H) (Anaes.) (Assist.)	1,364.90
30318	Open parathyroidectomy, exploration and removal of one or more adenoma or hyperplastic glands via a cervical incision including thymectomy and cervical exploration of the mediastinum (when	1,139.90

	performed). Applicable only once per occasion on which the service is provided. Not applicable to a service performed in association with a service to which item 30315, 30317 or 30320 applies. (H) (Anaes.) (Assist.)	
30320	Removal of a mediastinal parathyroid adenoma via sternotomy or mediastinal thorascopic approach. Applicable only once per occasion on which the service is provided. Not applicable to a service performed in association with a service to which item 30315, 30317 or 30318 applies. (H) (Anaes.) (Assist.)	1,364.90
30323	Excision of phaeochromocytoma or extra-adrenal paraganglioma via endoscopic or open approach (H) (Anaes.) (Assist.)	1,364.90
30324	Excision of an adrenocortical tumour or hyperplasia via endoscopic or open approach (H) (Anaes.) (Assist.)	1,364.90

57 Schedule 1 (items 31000 to 31002)

Repeal the items, substitute:

31000	Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—6 or fewer sections (Anaes.)	580.90
31001	Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—7 to 12 sections (inclusive) (Anaes.)	726.05
31002	Mohs surgery of skin tumour located on the head, neck, genitalia, hand, digits, leg (below knee) or foot, utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—13 or more sections (Anaes.)	871.30
31003	Mohs surgery of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—6 or fewer sections Not applicable to a service performed in association with a service to which item 31000 applies (Anaes.)	580.90
31004	Mohs surgery of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—7 to 12 sections (inclusive) Not applicable to a service performed in association with a service to	726.05

Schedule 1 Amendments

	which item 31001 applies (Anaes.)	
31005	Mohs surgery of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure, if the specialist is recognised by the Australasian College of Dermatologists as an approved Mohs surgeon—13 or more sections Not applicable to a service performed in association with a service to which item 31002 applies (Anaes.)	871.30

58 Schedule 1 (item 31340, column 2)

After “31002,”, insert “31003, 31004, 31005,”.

59 Schedule 1 (item 31346)

Repeal the item, substitute:

31346	Liposuction (suction assisted lipolysis) to one regional area for contour problems of abdominal, upper arm or thigh fat because of repeated insulin injections, if: (a) the lesion is subcutaneous; and (b) the lesion is 50 mm or more in diameter; and (c) photographic and/or diagnostic imaging evidence demonstrating the need for this service is documented in the patient notes (Anaes.)	210.95
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60 Schedule 1 (item 32501)

Repeal the item.

61 Schedule 1 (items 32520, 32522, 32523, 32526, 32528, 32529, column 2, paragraph (c))

Omit “32501,”.

62 Schedule 1 (item 35533, column 2, paragraph (b))

Omit “anomalies associated with major congenital anomalies”, substitute “an anomaly associated with a major congenital anomaly”.

63 Schedule 1 (item 35534)

Repeal the item, substitute:

35534	Vulvoplasty or labioplasty, in a patient aged 18 years or more, performed by a specialist in the practice of the specialist’s specialty, for a structural abnormality that is causing significant functional impairment, if the patient’s labium extends more than 8 cm below the vaginal introitus while the patient is in a standing resting position (H) (Anaes.)	349.85
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64 Schedule 1 (item 36500)

Repeal the item.

65 Schedule 1 (after item 36668)

Insert:

36671	<p>Percutaneous tibial nerve stimulation, initial treatment protocol, for the treatment of overactive bladder, by a specialist urologist, gynaecologist or urogynaecologist, if:</p> <ul style="list-style-type: none"> (a) the patient has been diagnosed with idiopathic overactive bladder; and (b) the patient has been refractory to, is contraindicated or otherwise not suitable for conservative treatments (including anti-cholinergic agents); and (c) the patient is contraindicated or otherwise not a suitable candidate for botulinum toxin type A therapy; and (d) the patient is contraindicated or otherwise not a suitable candidate for sacral nerve stimulation; and (e) the patient is willing and able to comply with the treatment protocol; and (f) the initial treatment protocol comprises 12 sessions, delivered over a 3 month period; and (g) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes. <p>Applicable only once, unless the patient achieves at least a 50% reduction in overactive bladder symptoms from baseline at any time during the 3 month treatment period.</p> <p>Not applicable to a service associated with a service to which item 36672 or 36673 applies</p>	200.00
36672	<p>Percutaneous tibial nerve stimulation, tapering treatment protocol, for the treatment of overactive bladder, including any associated consultation at the time the percutaneous tibial nerve stimulation treatment is administered, if:</p> <ul style="list-style-type: none"> (a) the patient responded to the percutaneous tibial nerve stimulation initial treatment protocol and has achieved at least a 50% reduction in overactive bladder symptoms from baseline at any time during the treatment period for the initial treatment protocol; and (b) the tapering treatment protocol comprises no more than 5 sessions, delivered over a 3 month period, and the interval between sessions is adjusted with the aim of sustaining therapeutic benefit of the treatment; and (c) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes. <p>Not applicable to a service associated with a service to which item 36671 or 36673 applies</p>	200.00
36673	<p>Percutaneous tibial nerve stimulation, maintenance treatment protocol, for the treatment of overactive bladder, including any associated consultation at the time the percutaneous tibial nerve stimulation treatment is administered, if:</p> <ul style="list-style-type: none"> (a) the patient responded to the percutaneous tibial nerve stimulation initial treatment protocol and to the tapering treatment protocol, and has achieved at least a 50% reduction in overactive bladder symptoms from baseline at any time during the treatment period for the initial treatment protocol; and (b) the maintenance treatment protocol comprises no more than 12 	200.00

sessions, delivered over a 12 month period, and the interval between sessions is adjusted with the aim of sustaining therapeutic benefit of the treatment; and

- (c) each session lasts for a minimum of 45 minutes, of which neurostimulation lasts for 30 minutes.

Not applicable to service associated with a service to which item 36671 or 36672 applies

66 Schedule 1 (items 40300 to 40351)

Repeal the items.

67 Schedule 1 (item 42587, column 2)

After “Trichiasis”, insert “(due to causes other than trachoma)”.

68 Schedule 1 (after item 42587)

Insert:

42588	Trichiasis (due to trachoma), treatment of by cryotherapy, laser or electrolysis—each eyelid (Anaes.)	51.95
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69 Schedule 1 (item 42783)

Repeal the item.

70 Schedule 1 (item 42785)

Omit “2 treatments”, substitute “3 treatments”.

71 Schedule 1 (items 42786 and 42789)

Repeal the items.

72 Schedule 1 (item 42791)

Omit “2 treatments”, substitute “3 treatments”.

73 Schedule 1 (item 42792)

Repeal the item.

74 Schedule 1 (item 42872)

Omit “for paretic states”, substitute “by skin excision, to correct for a reduced field of vision caused by paretic, involuntal, or traumatic eyebrow descent/ptosis to a position below the superior orbital rim”.

75 Subdivision F of Division 2.45 of Schedule 1 (at the end of the heading)

Add “of Group T8”.

76 After clause 2.45.20 of Schedule 1

Insert:

2.45.20A Meaning of NOSE Scale

In items 45632 to 45650:

NOSE Scale means the *Nasal Obstruction Symptom Evaluation Scale*, developed by Stewart et al, as published in the *Otolaryngology-Head and Neck Surgery*, 130: 2, as existing on 1 November 2018.

77 Schedule 1 (item 45018, column 2)

Omit “items 40300 to 40351”, substitute “items 51011 to 51171”.

78 Schedule 1 (item 45019)

Repeal the item, substitute:

45019	<p>Full face chemical peel for severely sun-damaged skin, if:</p> <ul style="list-style-type: none"> (a) the damage affects at least 75% of the facial skin surface area; and (b) the damage involves photo-damage (dermatoheliosis); and (c) the photo-damage involves: <ul style="list-style-type: none"> (i) a solar keratosis load exceeding 30 individual lesions; or (ii) solar lentigines; or (iii) freckling, yellowing or leathering of the skin; or (iv) solar kertoses which have proven refractory to, or recurred following, medical therapies; and (d) at least medium depth peeling agents are used; and (e) the chemical peel is performed in the operating theatre of a hospital by a medical practitioner recognised as a specialist in the specialty of dermatology or plastic surgery. <p>Applicable once only in any 12 month period (H) (Anaes.)</p>	396.70
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79 Schedule 1 (item 45020)

Repeal the item.

80 Schedule 1 (item 45051)

Repeal the item, substitute:

45051	<p>Contour reconstruction by open repair of contour defects, due to deformity, if:</p> <ul style="list-style-type: none"> (a) contour reconstructive surgery is indicated because the deformity is secondary to congenital absence of tissue or has arisen from trauma (other than trauma from previous cosmetic surgery); and (b) insertion of a non-biological implant is required, other than one or more of the following: <ul style="list-style-type: none"> (i) insertion of a non-biological implant that is a component of another service specified in Group T8; (ii) injection of liquid or semisolid material; (iii) an oral and maxillofacial implant service to which item 52321 applies; (iv) a service to insert mesh; and (c) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes <p>(H) (Anaes.) (Assist.)</p>	473.75
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81 Schedule 1 (after item 45054)

Insert:

45060	Developmental breast abnormality, single stage correction of, if: (a) the correction involves either: (i) bilateral mastopexy for symmetrical tubular breasts; or (ii) surgery on both breasts with a combination of insertion of one or more implants (which must have at least a 10% volume difference), mastopexy or reduction mammoplasty, if there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least 20% in normally shaped breasts, or 10% in tubular breasts or in breasts with abnormally high inframammary folds; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes Applicable only once per occasion on which the service is provided (H) (Anaes.) (Assist.)	1,271.30
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45061	Developmental breast abnormality, 2 stage correction of, first stage, involving surgery on both breasts with a combination of insertion of one or more tissue expanders, mastopexy or reduction mammoplasty, if: (a) there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least: (i) 20% in normally shaped breasts; or (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes. Applicable only once per occasion on which the service is provided (H) (Anaes.) (Assist.)	1,271.30
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45062	Developmental breast abnormality, 2 stage correction of, second stage, involving surgery on both breasts with a combination of exchange of one or more tissue expanders for one or more implants (which must have at least a 10% volume difference), mastopexy or reduction mammoplasty, if: (a) there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least: (i) 20% in normally shaped breasts; or (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes. Applicable only once per occasion on which the service is provided (H) (Anaes.) (Assist.)	920.00
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82 Schedule 1 (item 45201, column 2)

After “31002,”, insert “31003, 31004, 31005,”.

83 Schedule 1 (item 45520, column 2)

After “nipple”, insert “, in the context of breast cancer or developmental abnormality of the breast”.

84 Schedule 1 (items 45522, 45524, 45527 and 45528)

Repeal the items, substitute:

45522	Reduction mammoplasty (unilateral) without surgical repositioning of the nipple: (a) excluding the treatment of gynaecomastia; and (b) not with insertion of any prosthesis (H) (Anaes.) (Assist.)	631.75
45523	Reduction mammoplasty (bilateral) with surgical repositioning of the nipple: (a) for patients with macromastia and experiencing pain in the neck or shoulder region; and (b) not with insertion of any prosthesis (H) (Anaes.) (Assist.)	1,350.70
45524	Mammoplasty, augmentation (unilateral) in the context of: (a) breast cancer; or (b) developmental abnormality of the breast, if there is a difference in breast volume, as demonstrated by an appropriate volumetric measurement technique, of at least: (i) 20% in normally shaped breasts; or (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds. Applicable only once per occasion on which the service is provided (H) (Anaes.) (Assist.)	741.65
45527	Breast reconstruction (unilateral), following mastectomy, using a permanent prosthesis (H) (Anaes.) (Assist.)	741.65
45528	Mammoplasty, augmentation, bilateral (other than a service to which item 45527 applies), if: (a) reconstructive surgery is indicated because of: (i) developmental malformation of breast tissue (excluding hypomastia); or (ii) disease of or trauma to the breast (other than trauma resulting from previous elective cosmetic surgery); or (iii) amastia secondary to a congenital endocrine disorder; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (H) (Anaes.) (Assist.)	1,112.35

85 Schedule 1 (item 45551, column 2)

Omit “fibrous capsule”, substitute “at least half of the fibrous capsule, not with insertion of any prosthesis. The excised specimen must be sent for histopathology and the volume removed must be documented in the histopathology report”.

86 Schedule 1 (items 45552, 45553, 45554, 45555, 45556, 45557, 45558 and 45559)

Repeal the items, substitute:

Schedule 1 Amendments

45553	Breast prosthesis, removal of and replacement with another prosthesis, following medical complications (for rupture, migration of prosthetic material or symptomatic capsular contracture), if: (a) either: (i) it is demonstrated by intra-operative photographs post-removal that removal alone would cause unacceptable deformity; or (ii) the original implant was inserted in the context of breast cancer or developmental abnormality; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (H) (Anaes.) (Assist.)	571.60
45554	Breast prosthesis, removal and replacement with another prosthesis, following medical complications (for rupture, migration of prosthetic material or symptomatic capsular contracture), including excision of at least half of the fibrous capsule or formation of a new pocket, or both, if: (a) either: (i) it is demonstrated by intra-operative photographs post-removal that removal alone would cause unacceptable deformity; or (ii) the original implant was inserted in the context of breast cancer or developmental abnormality; and (b) the excised specimen is sent for histopathology and the volume removed is documented in the histopathology report; and (c) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (H) (Anaes.) (Assist.)	699.45
45556	Breast ptosis, correction of (unilateral), in the context of breast cancer or developmental abnormality, if photographic evidence (including anterior, left lateral and right lateral views) and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes Applicable only once per occasion on which the service is provided (H) (Anaes.) (Assist.)	766.05
45558	Breast ptosis, correction by mastopexy of (bilateral), if: (a) at least two-thirds of the breast tissue, including the nipple, lies inferior to the infra-mammary fold where the nipple is located at the most dependent, inferior part of the breast contour; and (b) if the patient has been pregnant—the correction is performed not less than 1 year, or more than 7 years, after completion of the most recent pregnancy of the patient; and (c) photographic evidence (including anterior, left lateral and right lateral views), with a marker at the level of the inframammary fold, demonstrating the clinical need for this service, is documented in the patient notes Applicable only once per lifetime (H) (Anaes.) (Assist.)	1,148.95

87 Schedule 1 (items 45584, 45585, 45586, 45587 and 45588)

Repeal the items, substitute:

45584	Liposuction (suction assisted lipolysis) to one regional area (one limb or trunk), for treatment of post-traumatic pseudolipoma, if photographic and/or diagnostic imaging evidence demonstrating the clinical need for	631.75
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	this service is documented in the patient notes (H) (Anaes.)	
45585	Liposuction (suction assisted lipolysis) to one regional area (one limb or trunk), other than a service associated with a service to which item 31525 applies, if: (a) the liposuction is for: (i) the treatment of Barraquer-Simons syndrome, lymphoedema or macrodystrophia lipomatosa; or (ii) the reduction of a buffalo hump that is secondary to an endocrine disorder or pharmacological treatment of a medical condition; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (H) (Anaes.)	631.75
45587	Meloplasty for correction of facial asymmetry if: (a) the asymmetry is secondary to trauma (including previous surgery), a congenital condition or a medical condition (such as facial nerve palsy); and (b) the meloplasty is limited to one side of the face (H) (Anaes.) (Assist.)	890.85
45588	Meloplasty (excluding browlifts and chinlift platysmaplasties), bilateral, if: (a) surgery is indicated to correct a functional impairment due to a congenital condition, disease (excluding post-acne scarring) or trauma (other than trauma resulting from previous elective cosmetic surgery); and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (H) (Anaes.) (Assist.)	1,336.40

88 Schedule 1 (items 45617, 45620, 45623 and 45624)

Repeal the items, substitute:

45617	Upper eyelid, reduction of, if: (a) the reduction is for any of the following: (i) skin redundancy that causes a visual field defect (confirmed by an optometrist or ophthalmologist) or intertriginous inflammation of the eyelid; (ii) herniation of orbital fat in exophthalmos; (iii) facial nerve palsy; (iv) post-traumatic scarring; (v) the restoration of symmetry of contralateral upper eyelid in respect of one of the conditions mentioned in subparagraphs (i) to (iv); and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	235.05
45620	Lower eyelid, reduction of, if: (a) the reduction is for: (i) herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring; or (ii) the restoration of symmetry of the contralateral lower eyelid in	326.05

Schedule 1 Amendments

	respect of one of these conditions; and (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	
45623	Ptosis of upper eyelid (unilateral), correction of, by: (a) sutured elevation of the tarsal plate on the eyelid retractors (Muller's or levator muscle or levator aponeurosis); or (b) sutured suspension to the brow/frontalis muscle; Not applicable to a service for repair of mechanical ptosis to which item 45617 applies (Anaes.) (Assist.)	723.05
45624	Ptosis of upper eyelid, correction of, by: (a) sutured elevation of the tarsal plate on the eyelid retractors (Muller's or levator muscle or levator aponeurosis); or (b) sutured suspension to the brow/frontalis muscle; if a previous ptosis surgery has been performed on that side (Anaes.) (Assist.)	937.40

89 Schedule 1 (items 45632, 45635, 45638, 45639, 45641 and 45644)

Repeal the items, substitute:

45632	Rhinoplasty, partial, involving correction of lateral or alar cartilages, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	511.95
45635	Rhinoplasty, partial, involving correction of bony vault only, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	587.60
45641	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose, with or without autogenous cartilage or bone graft from a local site (nasal), if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes	1,066.00

	(H) (Anaes.)	
45644	Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose involving autogenous bone or cartilage graft obtained from distant donor site, including obtaining of graft, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (H) (Anaes.) (Assist.)	1,279.45

90 Schedule 1 (item 45650)

Repeal the item, substitute:

45650	Rhinoplasty, revision of, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes (Anaes.)	147.80
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91 Schedule 1 (item 45652, column 2)

After “Rhinophyma”, insert “of a moderate or severe degree”.

92 Schedule 1 (item 45659)

Repeal the item, substitute:

45659	Correction of a congenital deformity of the ear if: (a) the patient is less than 18 years of age; and (b) the deformity is characterised by an absence of the antihelical fold and/or large scapha and/or large concha; and (c) photographic evidence demonstrating the clinical need for this service is documented in the patient notes (H) (Anaes.) (Assist.)	521.25
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93 Schedule 1 (item 45669, column 2)

After “Vermilionectomy”, insert “for biopsy-confirmed cellular atypia”.

94 Subdivision G of Division 2.45 of Schedule 1 (at the end of the heading)

Add “of Group T8”.

95 Schedule 1 (items 47681 to 47723)

Repeal the items.

96 Schedule 1 (items 48600 to 48694)

Repeal the items.

97 Subdivision H of Division 2.45 of Schedule 1 (heading)

Omit “Subgroup 15”, substitute “Subgroups 15, 16 and 17 of Group T8”.

98 After clause 2.45.23 of Schedule 1

Insert:

2.45.24 Application of items 51011 to 51171

Items 51011 to 51171 do not apply to a service performed in conjunction with a service to which another item in Group T8 (other than an item in Subgroup 17) applies if the service in the other item is for the purpose of spinal surgery.

2.45.25 Application of items 51061 to 51066

Items 51061 to 51066 do not apply to a service performed in conjunction with a service to which any of items 51020 to 51045 apply.

2.45.26 Meaning of *motion segment*

In items 51011 to 51171:

motion segment includes all anatomical structures (including traversing and exiting nerve roots) between, and including, the top of the pedicle above to the bottom of the pedicle below.

99 Schedule 1 (items 50608, 50612, 50620, 50632, 50636 and 50640)

Omit “items 48642 to 48675”, substitute “items 51011 to 51171”.

100 Division 2.45 of Schedule 1 (Group T8 table, at the end of the table)

Add:

Subgroup 17—Spinal surgery

51011	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, one motion segment, not being a service associated with a service to which item 51012, 51013, 51014 or 51015 applies (H) (Anaes.) (Assist.)	1,435.50
51012	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, 2 motion segments, not being a service associated with a service to which item 51011, 51013, 51014 or 51015 applies (H) (Anaes.) (Assist.)	1,913.80
51013	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, 3 motion segments, not being a service associated with a service to which item 51011, 51012, 51014 or 51015 applies (H) (Anaes.) (Assist.)	2,392.25

51014	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, 4 motion segments, not being a service associated with a service to which item 51011, 51012, 51013 or 51015 applies (H) (Anaes.) (Assist.)	2,870.70
51015	Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, more than 4 motion segments, not being a service associated with a service to which item 51011, 51012, 51013 or 51014 applies (H) (Anaes.) (Assist.)	3,349.15
51020	Simple fixation of part of one vertebra (not motion segment) including pars interarticularis, spinous process or pedicle, or simple interspinous wiring between 2 adjacent vertebral levels, not being a service associated with: (a) interspinous dynamic stabilisation devices; or (b) a service to which item 51021, 51022, 51023, 51024, 51025 or 51026 applies (H) (Anaes.) (Assist.)	765.45
51021	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, one motion segment, not being a service associated with a service to which item 51020, 51022, 51023, 51024, 51025 or 51026 applies (H) (Anaes.) (Assist.)	1,281.20
51022	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 2 motion segments, not being a service associated with a service to which item 51020, 51021, 51023, 51024, 51025 or 51026 applies (H) (Anaes.) (Assist.)	1,593.70
51023	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 3 or 4 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51024, 51025 or 51026 applies (H) (Anaes.) (Assist.)	1,896.60
51024	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 5 or 6 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51025 or 51026 applies (H) (Anaes.) (Assist.)	2,189.60
51025	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 7 to 12 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51026 applies (H) (Anaes.) (Assist.)	2,559.20
51026	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, more than 12 motion segments, not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51025 applies (H) (Anaes.) (Assist.)	2,801.90
51031	Spine, posterior and/or posterolateral bone graft to, one motion segment, not being a service associated with a service to which item 51032, 51033, 51034, 51035 or 51036 applies (H) (Anaes.) (Assist.)	941.45
51032	Spine, posterior and/or posterolateral bone graft to, 2 motion segments, not being a service associated with a service to which item 51031, 51033, 51034, 51035 or 51036 applies (H) (Anaes.) (Assist.)	1,129.75

Schedule 1 Amendments

51033	Spine, posterior and/or posterolateral bone graft to, 3 motion segments, not being a service associated with a service to which item 51031, 51032, 51034, 51035 or 51036 applies (H) (Anaes.) (Assist.)	1,318.05
51034	Spine, posterior and/or posterolateral bone graft to, 4 to 7 motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51035 or 51036 applies (H) (Anaes.) (Assist.)	1,412.20
51035	Spine, posterior and/or posterolateral bone graft to, 8 to 11 motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51034 or 51036 applies (H) (Anaes.) (Assist.)	1,506.30
51036	Spine, posterior and/or posterolateral bone graft to, 12 or more motion segments, not being a service associated with a service to which item 51031, 51032, 51033, 51034 or 51035 applies (H) (Anaes.) (Assist.)	1,600.50
51041	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), one motion segment, not being a service associated with a service to which item 51042, 51043, 51044 or 51045 applies (H) (Anaes.) (Assist.)	1,082.70
51042	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 2 motion segments, not being a service associated with a service to which item 51041, 51043, 51044 or 51045 applies (H) (Anaes.) (Assist.)	1,515.80
51043	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 3 motion segments, not being a service associated with a service to which item 51041, 51042, 51044 or 51045 applies (H) (Anaes.) (Assist.)	1,894.75
51044	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 4 motion segments, not being a service associated with a service to which item 51041, 51042, 51043 or 51045 applies (H) (Anaes.) (Assist.)	2,057.15
51045	Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), 5 or more motion segments, not being a service associated with a service to which item 51041, 51042, 51043 or 51044 applies (H) (Anaes.) (Assist.)	2,165.40
51051	Pedicle subtraction osteotomy, one motion segment, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51052, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (H) (Anaes.) (Assist.)	1,850.00
51052	Pedicle subtraction osteotomy, 2 motion segments, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies (H) (Anaes.) (Assist.)	2,250.00
51053	Vertebral column resection osteotomy performed through single posterior approach, one motion segment, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51054, 51055, 51056, 51057, 51058 or 51059 applies (H) (Anaes.) (Assist.)	2,560.00

51054	Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), one vertebra, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51053, 51055, 51056, 51057, 51058 or 51059 applies (H) (Anaes.) (Assist.)	1,365.00
51055	Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), 2 vertebrae, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51053, 51054, 51056, 51057, 51058 or 51059 applies (H) (Anaes.) (Assist.)	2,047.50
51056	Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), 3 or more vertebrae, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51053, 51054, 51055, 51057, 51058 or 51059 applies (H) (Anaes.) (Assist.)	2,388.75
51057	Vertebral body, en bloc excision of (complete spondylectomy), one vertebra, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51058 or 51059 applies (H) (Anaes.) (Assist.)	2,400.00
51058	Vertebral body, en bloc excision of (complete spondylectomy), 2 vertebrae, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51057 or 51059 applies (H) (Anaes.) (Assist.)	2,700.50
51059	Vertebral body, en bloc excision of (complete spondylectomy), 3 or more vertebrae, not being a service associated with: (a) anterior column fusion when at the same motion segment; or (b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51057 or 51058 applies (H) (Anaes.) (Assist.)	3,300.00
51061	Spine fusion, anterior and posterior, including spinal instrumentation at one motion segment, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51062, 51063, 51064, 51065 or 51066 applies (H) (Anaes.) (Assist.)	2,834.65
51062	Spine fusion, anterior and posterior, including spinal instrumentation at 2 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51063, 51064, 51065 or 51066 applies (H) (Anaes.) (Assist.)	3,674.35

Schedule 1 Amendments

51063	Spine fusion, anterior and posterior, including spinal instrumentation at 3 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51064, 51065 or 51066 applies (H) (Anaes.) (Assist.)	4,450.35
51064	Spine fusion, anterior and posterior, including spinal instrumentation at 4 to 7 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51063, 51065 or 51066 applies (H) (Anaes.) (Assist.)	4,952.85
51065	Spine fusion, anterior and posterior, including spinal instrumentation at 8 to 11 motion segments, posterior and/or posterolateral bone graft, and anterior column fusion, not being a service associated with a service to which item 51061, 51062, 51063, 51064 or 51066 applies (H) (Anaes.) (Assist.)	5,477.80
51066	Spine fusion, anterior and posterior, including spinal instrumentation at 12 or more motion segments, posterior and/or posterolateral bone graft, and anterior column fusion not being a service associated with a service to which item 51061, 51062, 51063, 51064 or 51065 applies (H) (Anaes.) (Assist.)	5,767.50
51071	Removal of intradural lesion, not being a service associated with a service to which item 51072 or 51073 applies (H) (Anaes.) (Assist.)	2,500.00
51072	Craniocervical junction lesion, transoral approach for, not being a service associated with a service to which item 51071 or 51073 applies (H) (Anaes.) (Assist.)	2,600.00
51073	Removal of intramedullary tumour or arteriovenous malformation, not being a service associated with a service to which item 51071 or 51072 applies (H) (Anaes.) (Assist.)	3,300.00
51102	Thoracoplasty in combination with thoracic scoliosis correction—3 or more ribs (H) (Anaes.) (Assist.)	1,183.40
51103	Odontoid screw fixation (H) (Anaes.) (Assist.)	2,079.75
51110	Spine, treatment of fracture, dislocation or fracture-dislocation, with immobilisation by calipers or halo, not including application of skull tongs or calipers as part of operative positioning (Anaes.)	753.25
51111	Skull calipers or halo, insertion of, as an independent procedure (H) (Anaes.)	320.15
51112	Plaster jacket, application of, as an independent procedure (Anaes.)	216.50
51113	Halo, application of, in addition to spinal fusion for scoliosis, or other conditions (H) (Anaes.)	240.05
51114	Halo-thoracic orthosis—application of both halo and thoracic jacket (H) (Anaes.)	423.75
51115	Halo-femoral traction, as an independent procedure (Anaes.)	423.75
51120	Bone graft, harvesting of autogenous graft, via separate incision or via subcutaneous approach, in conjunction with spinal fusion, other than for the purposes of bone graft obtained from the cervical, thoracic, lumbar or sacral spine (H) (Anaes.)	235.50

51130	Lumbar artificial intervertebral total disc replacement, at one motion segment only, including removal of disc and marginal osteophytes: (a) for a patient who: (i) has not had prior spinal fusion surgery at the same lumbar level; and (ii) does not have vertebral osteoporosis; and (iii) has failed conservative therapy; and (b) not being a service associated with a service to which item 51011, 51012, 51013, 51014 or 51015 applies (H) (Anaes.) (Assist.)	1,793.65
51131	Cervical artificial intervertebral total disc replacement, at one motion segment only, including removal of disc and marginal osteophytes, for a patient who: (a) has not had prior spinal surgery at the same cervical level; and (b) is skeletally mature; and (c) has symptomatic degenerative disc disease with radiculopathy; and (d) does not have vertebral osteoporosis; and (e) has failed conservative therapy (H) (Anaes.) (Assist.)	1,082.70
51140	Previous spinal fusion, re-exploration for, involving adjustment or removal of instrumentation up to 3 motion segments, not being a service associated with a service to which item 51141 applies (H) (Anaes.) (Assist.)	442.45
51141	Previous spinal fusion, re-exploration for, involving adjustment or removal of instrumentation more than 3 motion segments, not being a service associated with a service to which item 51140 applies (H) (Anaes.) (Assist.)	818.55
51145	Wound debridement or excision for post-operative infection or haematoma following spinal surgery (H) (Anaes.)	442.45
51150	Coccyx, excision of (H) (Anaes.) (Assist.)	445.40
51160	Anterior exposure of thoracic or lumbar spine, one motion segment, not being a service to which item 51165 applies (H) (Anaes.) (Assist.)	1,150.00
51165	Anterior exposure of thoracic or lumbar spine, more than one motion segment, not being a service to which item 51160 applies (H) (Anaes.) (Assist.)	1,450.00
51170	Syringomyelia or hydromyelia, craniotomy for, with or without duraplasty, intradural dissection, plugging of obex or local cerebrospinal fluid shunt (H) (Anaes.) (Assist.)	2,184.60
51171	Syringomyelia or hydromyelia, treatment by direct cerebrospinal fluid shunt (for example, syringosubarachnoid shunt, syringopleural shunt or syringoperitoneal shunt) (H) (Anaes.) (Assist.)	917.40

101 Division 2.57 of Schedule 1

Repeal the Division.

102 Clause 3.1 of Schedule 1

Insert:

Australian Type 2 Diabetes Risk Assessment Tool means the *Australian Type 2 Diabetes Risk Assessment Tool*, developed by the Baker Heart and Diabetes Institute, as existing on 1 November 2018.

Note: The *Australian Type 2 Diabetes Risk Assessment Tool* could in 2018 be viewed on the Department's website (<http://www.health.gov.au>).

Health Insurance (Pathology Services Table) Regulations 2018

103 At the end of Division 1.2 of Schedule 1

Add:

1.2.10 Application of items—services provided with harvesting, storage, in vitro processing or injection of non-haematopoietic stem cells

An item in the table does not apply to a service mentioned in the item if the service is provided to a patient at the same time as, or in connection with, the harvesting, storage, in vitro processing or injection of non-haematopoietic stem cells.

104 Schedule 1 (item 72851, column 3)

Omit “184.35”, substitute “565.00”.

105 Schedule 1 (item 72852, column 3)

Omit “245.80”, substitute “753.00”.

106 Schedule 1 (item 73805, column 2)

Omit “whether stained or not, or catalase test”, substitute “excluding dipstick testing”.

107 Clause 3.1 of Schedule 1 (item dealing with Urine—catalase test)

Repeal the item.

Health Insurance Regulations 2018

108 Subsection 28(1) (at the end of the cell at item 13, column 2)

Add “, 371, 372”.

109 Subsection 28(1) (at the end of the cell at item 23, column 2)

Add “, 2729, 2731”.

110 Subsection 28(1) (at the end of the table)

Add:

30 T1 13105

111 Subsection 39(2) (table)

Omit “57527, 57530, 57533, 57536, 57539”, substitute “57523, 57527, 57530, 57533, 57536, 57539, 57540”.

112 Section 42 (cell at table item 2, column 2)

Repeal the cell, substitute:

57521, 57523, 57527, 57536, 57539, 57540

113 Section 44 (table item 2, column 2)

Omit “57527, 57530, 57533, 57536”, substitute “57523, 57527, 57530, 57533, 57536, 57540”.