Health Insurance (Section 3C General Medical Services – Transcatheter Aortic Valve Implantation) Determination 2018

made under subsection 3C(1) of the

Health Insurance Act 1973

Compilation No. 6

Compilation date:	1 July 2023
Includes amendments up to:	F2023L00348
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Prepared by the Office of Parliamentary Counsel, Canberra

About this compilation

This compilation

This is a compilation of the *Health Insurance (Section 3C General Medical Services – Transcatheter Aortic Valve Implantation) Determination 2018* that shows the text of the law as amended and in force on 1 July 2023 (the ***compilation date***).

The notes at the end of this compilation (the ***endnotes***) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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1. Name

This Determination is the *Health Insurance (Section 3C General Medical Services –Transcatheter Aortic Valve Implantation) Determination 2018.*

3. Authority

This Determination is made under subsection 3C(1) of the *Health Insurance Act 1973*.

5. Definitions

(1) In this Determination:

Act means the *Health Insurance Act 1973*.

Attendance means undertaking all of the following activities in relation to a TAVI Case Conference:

(a) retaining a record of the day the conference was held, and the times the conference started and ended;
(b) retaining a record of the names of the participants;
(c) provision of expertise to inform the recommendation resulting from the case conference;
(d) retaining a record of the recommendation resulting from the conference.

Coordination means undertaking all of the following activities in relation to a TAVI Case Conference:

(a) ensuring that the patient is aware of the purpose and nature of the patient's TAVI Case Conference and has consented to their TAVI Case Conference;
(b) recording the day the conference was held, and the times the conference started and ended;
(c) recording the names of the participants of the conference;
(d) provision of expertise to inform the recommendation resulting from the case conference;
(e) recording minutes of the TAVI Case Conference including the recommendation resulting from the conference;
(f) ensuring that the patient is aware of the recommendation.

relevant provisions means all provisions, of the Act and regulations made under the Act, and the *National Health Act 1953* and regulations made under the *National Health Act 1953*, relating to medical services, professional services or items.

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relevant service means a health service, as defined in subsection 3C(8) of the Act, that is specified in a Schedule.

Schedule means a Schedule to this Determination.

TAVI means Transcatheter Aortic Valve Implantation.

TAVI Case Conference means a process by which:

(a) there is a team of 3 or more participants, where:

(i) the first participant is a cardiothoracic surgeon; and

(ii) the second participant is an interventional cardiologist; and

(iii) the third participant is a specialist or consultant physician who does not perform a service described in item 38495, 38514 or 38522 for the patient being assessed; and

(iv) either the first or the second participant is also a TAVI Practitioner; and

(b) the team assesses a patient's risk and technical suitability to receive the service described in item 38495, 38514 or 38522, taking into account matters such as:

(i) the patient's risk and technical suitability for a surgical aortic valve replacement; and

(ii) the patient's cognitive function and frailty; and

(c) the result of the assessment is that the team makes a recommendation about whether or not the patient is suitable to receive the service described in item 38495, 38514 or 38522; and

(d) the particulars of the assessment and recommendation are recorded in writing.

TAVI Hospital means a hospital, as defined by subsection 121-5(5) of the *Private Health Insurance Act 2007*, that is clinically accepted as being a suitable hospital in which the service described in item 38495, 38514 or 38522 may be performed.

TAVI Patient means a patient who, as a result of a TAVI Case Conference, has been assessed as having a high, intermediate or low risk for open surgical aortic valve replacement and is recommended as being suitable to receive the service described in item 38495, 38514 or 38522.

TAVI Practitioner means a cardiothoracic surgeon or interventional cardiologist who is accredited by the Cardiac Accreditation Services Limited.

Note: The following terms are defined in subsection 3(1) of the Act:

- clinically relevant service
- general medical services table
- item
- practitioner
- professional service

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(2) Unless the contrary intention appears, a reference in this Determination to a provision of the Act or the *National Health Act 1953* or regulations made under the Act or under the *National Health Act 1953* as applied, adopted or incorporated in relation to specifying a matter is a reference to those provisions as in force from time to time and any other reference to provisions of an Act or regulations is a reference to those provisions as in force from time to time.

6. Treatment of relevant services

For subsection 3C(1) of the Act a relevant service specified in Schedule 1 to this Determination, provided in accordance with this Determination and as a clinically relevant service, is to be treated, for the relevant provisions, as if:

(a) it were both a professional service and a medical service; and

(b) there were an item in the general medical services table that:

(i) related to the service; and

(ii) specified for the service a fee in relation to each State, being the fee specified in the Schedule in relation to the service.

7. Application of items 38495, 38514 and 38522

Medicare benefit is not payable if the service described in item 38495, 38514 or 38522 is provided at the same time as, or in connection with, the provision of a pain pump for post-surgical pain management.

8. Meaning of symbol (H)

An item in this Schedule including the symbol ***(H)*** applies only to a service performed or provided in a hospital.

9. Indexation

(1) At the start of 1 July 2023 (the ***indexation day***), each amount covered by subsection (2) is replaced by the amount worked out using the following formula:

$1.036 \times$ the amount of the fee immediately before the indexation day

Note: The indexed fees could in 2023 be viewed on the Department of Health and Aged Care's MBS Online website (http://www.health.gov.au).

(2) The amounts covered by this subsection are the fee for each item in Schedule 1 of this Determination.

(3) An amount worked out under subsection (1) is to be rounded up or down to the nearest 5 cents (rounding down if the amount is an exact multiple of 2.5 cents).

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Schedule 1 – relevant services

Group A33 – Transcatheter Aortic Valve Implantation Case Conference		
Item	**Service**	**Fee ($)**
6080	Coordination of a TAVI Case Conference by a TAVI Practitioner where the TAVI Case Conference has a duration of 10 minutes or more. (Not payable more than once per patient in a five year period.)	53.80
6081	Attendance at a TAVI Case Conference by a specialist or consultant physician who does not also perform the service described in item 6080 for the same case conference where the TAVI Case Conference has a duration of 10 minutes or more. (Not payable more than twice per patient in a five year period.)	40.15

Group T8 – Surgical Operations		
Subgroup 6 – Cardio-Thoracic		
Item	**Service**	**Fee ($)**
38495	TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if: (a) the TAVI Patient is at high risk for surgery; and (b) the service: (i) is performed by a TAVI Practitioner in a TAVI Hospital; and (ii) includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; not being a service which has been rendered within 5 years of a service to which this item or item 38514 or 38522 applies (H) (Anaes.) (Assist.)	1,514.10
38514	TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if: (a) the TAVI Patient is at intermediate risk for surgery; and (b) the service: (i) is performed by a TAVI Practitioner in a TAVI Hospital; and (ii) includes all intraoperative diagnostic imaging that	1,514.10

Group A33 – Transcatheter Aortic Valve Implantation Case Conference		
Item	**Service**	**Fee ($)**
	the TAVI Practitioner performs upon the TAVI Patient; not being a service which has been rendered within 5 years of a service to which this item or item 38495 or 38522 applies (H) (Anaes.) (Assist.)	
38522	TAVI, for the treatment of symptomatic severe native calcific aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if: (a) the TAVI Patient is at low risk for surgery; and (b) the service: (i) is performed by a TAVI Practitioner in a TAVI Hospital; and (ii) includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; not being a service which has been rendered within 5 years of a service to which this item or item 38495 or 38514 applies (H) (Anaes.) (Assist.)	1,514.10
38523	Percutaneous transcatheter delivery of dual-filter cerebral embolic protection system during a TAVI procedure, for the reduction of postoperative embolic ischaemic strokes, if: (a) the service is performed upon a TAVI Patient in a TAVI Hospital; and (b) where the service is performed by the practitioner performing the TAVI procedure, the service includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient (H) (Anaes.) (Assist.)	275.20

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes
Endnote 2—Abbreviation key
Endnote 3—Legislation history
Endnote 4—Amendment history

Abbreviation key—Endnote 2
The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4
Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes
The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments
A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and "(md not incorp)" is added to the amendment history.

Endnote 2—Abbreviation key

ad = added or inserted

am = amended

amdt = amendment

c = clause(s)

C[x] = Compilation No. x

Ch = Chapter(s)

def = definition(s)

Dict = Dictionary

disallowed = disallowed by Parliament

Div = Division(s)

ed = editorial change

exp = expires/expired or ceases/ceased to have effect

F = Federal Register of Legislation

gaz = gazette

LA = *Legislation Act 2003*

LIA = *Legislative Instruments Act 2003*

(md) = misdescribed amendment can be given effect

(md not incorp) = misdescribed amendment cannot be given effect

mod = modified/modification

No. = Number(s)

o = order(s)

Ord = Ordinance

orig = original

par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)

pres = present

prev = previous

(prev…) = previously

Pt = Part(s)

r = regulation(s)/rule(s)

reloc = relocated

renum = renumbered

rep = repealed

rs = repealed and substituted

s = section(s)/subsection(s)

Sch = Schedule(s)

Sdiv = Subdivision(s)

SLI = Select Legislative Instrument

SR = Statutory Rules

Sub-Ch = Sub-Chapter(s)

SubPt = Subpart(s)

underlining = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Section 3C General Medical Services – Transcatheter Aortic Valve Implantation) Determination 2018	6 Dec 2018 (F2018L01670)	1 Jan 2019 (s 2)	
Health Insurance (Section 3C General Medical Services – Medicare Indexation) Amendment Determination 2019	11 Apr 2019 (F2019L00605)	Sch 1 (items 19–21): 1 July 2019 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Section 3C General Medical and Diagnostic Imaging Services – Medicare Indexation) Determination 2020	18 June 2020 (F2020L00748)	Sch 1 (items 9–11): 1 July 2020 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Section 3C General Medical and Diagnostic Imaging Services – Medicare Indexation) Determination 2021	8 Apr 2021 (F2021L00426)	Sch 1 (items 77–79): 1 July 2021 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Transcatheter Aortic Valve Implantation) Amendment (Limit to Intermediate and High Risk Surgical Patients) Determination 2021	17 Dec 2021 (F2021L01837)	1 Mar 2022 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Transcatheter Aortic Valve Implantation) Amendment (Low Risk Surgical Patients and CEP Device) Determination 2022	8 Apr 2022 (F2022L00570)	1 July 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Indexation) Determination 2023	24 Mar 2023 (F2023L00348)	Sch 1 (item 1): 1 July 2023 (s 2(1) item 1)	—

Endnote 4—Amendment history

Provision affected	How affected
s 2	rep LA s 48D
s 4	rep LA s 48C
s 5	am F2021L01837
	ed C4
	am F2022L00570
	ed C5
s 7	am F2021L01837; F2022L00570
s 8	ad F2021L01837
s 9	ad F2023L00348
	ed C6
Schedule 1	
Schedule 1	am F2019L00605; F2020L00748; F2021L00426; F2021L01837; F2022L00570

Endnote 5—Editorial changes

In preparing this compilation for registration, the following kinds of editorial change(s) were made under the *Legislation Act 2003*.

Subsection 9(1)

Kind of editorial change

Update to a reference of a law or a provision

Details of editorial change

Schedule 1 item 1 of the *Health Insurance Legislation Amendment (Indexation) Determination 2023* instructs to insert section 9 after section 8.

The newly inserted subsection 9(1) refers to "subclause (2)" instead of "subsection (2)".

This compilation was editorially changed to update a reference from "subclause (2)" to "subsection (2)" in subsection 9(1).