Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019

made under subsection 3C(1) of the

Health Insurance Act 1973

Compilation No. 4

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About this compilation

This compilation

This is a compilation of the *Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019* that shows the text of the law as amended and in force on 1 July 2020 (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 Legislation 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 series page on the Legislation 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 series page on the Legislation 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.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 instrument is the *Health Insurance (Section 3C General Medical Services – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019*.

3. Authority

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

4. Definitions

(1) In this instrument:

Act means the *Health Insurance Act 1973*.

COVID-19 Determination means the *Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 2020.*

eating disorder examination questionnaire means the *Eating Disorder Examination*, 17th edition, as developed by the Centre for Research on Eating Disorders at Oxford (Fairburn et al), as existing on 1 November 2019.

Note: The *Eating Disorder Examination* could in 2019 be viewed on the Centre for Research on Eating Disorders at Oxford's website www.credo-oxford.com/pdfs/EDE_17.0D.pdf.

eating disorder psychological treatment service means a service to which any of the following applies:

(a) items 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281 and 90282 of Schedule 1 of this instrument;

(b) items 2721, 2723, 2725, 2727 in the general medical services table;

(c) items 283, 285, 286, 287, 371 and 372 in the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018*;

(d) items in Groups M6, M7 and M16 (excluding items 82350 and 82351) of the *Health Insurance (Allied Health Services) Determination 2014*.

(e) items 91166, 91167, 91169, 91170, 91172, 91173, 91175, 91176, 91181 to 91188, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 92182, 92184, 92186, 92188, 92194, 92196, 92198, 92200, 93076, 93079, 93084, 93087, 93092, 93095, 93100, 93103, 93110, 93113, 93118, 93121, 93126, 93129, 93134 and 93137 of the COVID-19 Determination.

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eating disorder treatment and management plan means a service to which an item in Subgroups 1 or 2 of Schedule 1 of this instrument or an item in Subgroups 21 to 24 of Group A40 of the COVID-19 Determination applies.

eligible patient means a patient who:

(a) has a clinical diagnosis of anorexia nervosa; or

(b) meets the **eligibility criteria**, and has a clinical diagnosis of any of the following conditions:

(i) bulimia nervosa;

(ii) binge-eating disorder;

(iii) other specified feeding or eating disorder.

eligibility criteria, for a patient, is:

(a) the patient has been assessed as having an eating disorder examination questionnaire score of 3 or more; and

(b) the patient's condition is characterised by rapid weight loss, or frequent binge eating or inappropriate compensatory behaviour as manifested by 3 or more occurrences per week; and

(c) the patient has at least two of the following indicators:

(i) clinically underweight with a body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorder;

(ii) current or high risk of medical complications due to eating disorder behaviours and symptoms;

(iii) serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function;

(iv) the person has been admitted to a hospital for an eating disorder in the previous 12 months;

(v) inadequate treatment response to evidence based eating disorder treatment over the past six months despite active and consistent participation.

general practitioner has a meaning affected by clause 1.1.3 of the general medical services table.

Modified Monash 4 area, Modified Monash 5 area, Modified Monash 6 area and ***Modified Monash 7 area*** have the meanings given in Part 7 of the general medical services table.

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.

residential aged care facility has the meaning given in Part 7 of the general medical services table.

Schedule means a Schedule to this instrument.

telehealth eligible area has the meaning given in Part 7 of the general medical services table for items in Subgroups 2 and 3 of this instrument.

Note: A number of expressions used in this instrument are defined in the Act, including the following:

- clinically relevant service;
- consultant physician
- general medical services table;
- item;
- medical practitioner;
- professional service.

(2) Unless the contrary intention appears, a reference in this instrument 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.

5. Treatment of relevant services

For subsection 3C(1) of the Act, a relevant health service, provided in accordance with this instrument and as a clinically relevant health 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 health service; and

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

6. Application of general provisions of the general medical services table

(1) Clause 1.2.1 of the general medical services table shall have effect as if an item in Schedule 1 of this instrument were specified in Schedule 1 of the general medical services table.

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(2) Clause 1.2.2 of the general medical services table shall have effect as if items 90260, 90261, 90262, 90263, 90266, 90267, 90268 and 90269 of Schedule 1 of this instrument were specified in subclause 1.2.2(1) of the general medical services table.

(3) Clauses 1.2.5 of the general medical services table shall have effect as if an item in Schedule 1 of this instrument were specified in subclause 1.2.5(1) of the general medical services table.

(4) Clause 1.2.6 of the general medical services table shall have effect as if:

(a) (a) an item in Schedule 1 of this instrument were specified in subclause 1.2.6(1) of the general medical services table; and

(b) (b) items 90262, 90263, 90268, 90269, 90279, 90280, 90281 and 90282 of Schedule 1 of this instrument were specified in paragraph 1.2.6(3)(c) of the general medical services table.

(5) Clause 1.2.7 of the general medical services table shall have effect as if:

(a) (a) an item in Schedule 1 of this instrument were specified in subclause 1.2.7(1) of the general medical services table; and

(b) (b) items 90262, 90263, 90268, 90269, 90279, 90280, 90281 and 90282 of Schedule 1 of this instrument were specified in paragraph 1.2.7(4)(c) of the general medical services table.

(6) Clauses 1.2.8, 1.2.9 and 1.2.10 of the general medical services table shall have effect as if an item in Schedule 1 of this instrument were specified in those clauses of the general medical services table.

7. General application provisions

(1) Items in Schedule 1 of this instrument do not apply if the attendance is on a patient who is an admitted patient of a hospital.

(2) Items in Subgroups 1 and 3 of Schedule 1 of this instrument do not apply if performed in association with a service to which items 279 or 2713 of the general medical services table or an item in 92115, 92121, 92127 or 92133 of the COVID-19 Determination applies.

(3) For any particular patient, an **eating disorder treatment and management plan** expires at the end of a 12 month period following provision of that service.

(4) For any particular patient, items in Subgroup 1 and 2 of Schedule 1 of this instrument and items in Subgroups 21 to 24 of Group A40 and items 92422, 92423, 92431 and 92432 of the COVID-19 Determination are applicable not more than once (in total for all items) in a 12 month period from the provision of any of the items.

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8. Application of items in Subgroup 1 of Group A36

(1) For any particular patient:

(a) items in Subgroup 1 of Schedule 1 of this instrument do not apply in association with a service to which items 735 to 758 of the general medical services table apply; and

(b) items in Subgroup 1 of Schedule 1 of this instrument do not apply in association with a service to which items 235 to 244 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* apply.

(2) Items 90252, 90253, 90256 and 90257 of Schedule 1 of this instrument apply only if the medical practitioner providing the service has successfully completed mental health skills training accredited by the General Practice Mental Health Standards Collaboration.

Note: The General Practice Mental Health Standards Collaboration operates under the auspices of the Royal Australian College of General Practitioners.

9. Application of items in Subgroup 2 of Group A36

(1) Items 90261 and 90263 of Schedule 1 of this instrument do not apply if performed in association with a service to which items 110, 116, 119, 132 or 133 of the general medical services table or items 91824, 91825, 91826, 91834, 91835 or 91836 of the COVID-19 Determination applies.

(2) Items 90262 and 90263 of Schedule 1 of this instrument apply only to a service if the patient is:

(a) is located both:

(i) within a telehealth eligible area; and

(ii) at the time of the attendance—at least 15 kms by road from the medical practitioner; or

(b) is a care recipient in a residential aged care facility; or

(c) is a patient of:

(i) an Aboriginal Medical Service; and

(ii) an Aboriginal Community Controlled Health Service; for which a direction made under subsection 19(2) of the Act applies.

(3) Items 90262 and 90263 of Schedule 1 of this instrument do not apply if the patient or the medical practitioner travel to a place to satisfy the distance requirement in subparagraph 9(2)(a)(ii).

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10. Application of items in Subgroup 3 of Group A36

(1) In items 90264 and 90265 of Schedule 1 of this instrument:

associated medical practitioner working in general practice means a medical practitioner (not including a specialist or consultant physician) who, if not engaged in the same general practice as the medical practitioner mentioned in that item, performs the service mentioned in the item at the request of the patient (or the patient's guardian).

(2) Items 90268 and 90269 of Schedule 1 of this instrument apply only to a service if the patient is:

(a) is located both:

(i) within a telehealth eligible area; and

(ii) at the time of the attendance—at least 15 kms by road from the medical practitioner; or

(b) is a care recipient in a residential aged care facility; or

(c) is a patient of:

(i) an Aboriginal Medical Service; and

(ii) an Aboriginal Community Controlled Health Service; for which a direction made under subsection 19(2) of the Act applies.

(3) Items 90268 and 90269 of Schedule 1 of this instrument do not only if the patient or the medical practitioner travels to a place to satisfy the distance requirement in subparagraph 10(2)(a)(ii).

11. Application of items in Subgroup 4 of Group A36

(1) For an item in Subgroup 4 of Schedule 1 of this instrument, an **eating disorder psychological treatment service** must involve the provision of any of the following mental health care management strategies:

(a) family based treatment (including whole family, parent based therapy, parent only or separated therapy)

(b) adolescent focused therapy;

(c) cognitive behavioural therapy;

(d) cognitive behavioural therapy-anorexia nervosa;

(e) cognitive behavioural therapy for bulimia nervosa and binge-eating disorder;

(f) specialist supportive clinical management;

(g) maudsley model of anorexia treatment in adults;

(h) interpersonal therapy for bulimia nervosa and binge-eating disorder;

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(i) dialectical behavioural therapy for bulimia nervosa and binge-eating disorder;

(j) focal psychodynamic therapy.

(2) An item in Subgroup 4 of Schedule 1 of this instrument applies to a service which is provided by a medical practitioner:

(a) whose name is entered in the register maintained by the Chief Executive Medicare under section 33 of the *Human Services (Medicare) Regulations 2017*; and

(b) who is identified in the register as a medical practitioner who can provide services to which Subgroup 2 of Group A20 of the general medical services table applies or items 283, 285, 286, 287, 371 and 372 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* applies; and

(c) who meets any training and skills requirements, as determined by the General Practice Mental Health Standards Collaboration for providing services to which Subgroup 2 of Group A20 of the general medical services table applies or items 283, 285, 286, 287, 371 and 372 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018* applies.

(3) An item in Subgroup 4 of Schedule 1 of this instrument does not apply to:

(a) a service which:

(i) is provided to a patient who, in 12 month period from the provision of an **eating disorder treatment and management plan,** has already been provided with 10 **eating disorder psychological treatment service**s; and

(ii) is provided before a medical practitioner has conducted a **patient review** (the *first review*) of the **eating disorder treatment and management plan** and recorded in the patient's records the medical practitioner's recommendation that the patient have additional **eating disorder psychological treatment service**s in the same 12 month period; and

(b) a service which:

(i) is provided to a patient who, in 12 month period from the provision of an **eating disorder treatment and management plan**, has already been provided with 20 **eating disorder psychological treatment service**s; and

(ii) is provided before a medical practitioner in general practice (not including a specialist or consultant physician) has conducted a **patient review** (the *second*

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review) of the **eating disorder treatment and management plan** and recorded in the patient's records the medical practitioner in general practice's recommendation that the patient have additional **eating disorder psychological treatment service**s in the same 12 month period; and

(iii) is provided before a consultant physician practising in the specialty of psychiatry or paediatrics has conducted a **patient review** (the *third review*) of the **eating disorder treatment and management plan** and recorded in the patient's records the consultant physician's recommendation that the patient have additional **eating disorder psychological treatment service**s in the same 12 month period; and

(c) a service which:

(i) is provided to a patient who, in 12 month period from the provision of an **eating disorder treatment and management plan**, has already been provided with 30 **eating disorder psychological treatment service**s; and

(ii) is provided before a medical practitioner has conducted a **patient review** (the *fourth review*) of the **eating disorder treatment and management plan** and recorded in the patient's records the medical practitioner's recommendation that the patient have additional **eating disorder psychological treatment service**s in the same 12 month period.

(4) For any particular patient, an item in Subgroup 4 of Schedule 1 of this instrument does not apply if the patient has had 40 **eating disorder psychological treatment service**s in a 12 month period commencing from the provision of an **eating disorder treatment and management plan.**

(5) An item in Subgroup 4 of Schedule 1 of this instrument does not apply if the patient's **eating disorder treatment and management plan** has expired under subsection 7(3).

(6) Items 90279, 90280, 90281 and 90282 of Schedule 1 of this instrument apply only to a service if the patient is:

(a) is located both:

(i) within a **telehealth eligible area**; and

(ii) at the time of the attendance—at least 15 kms by road from the medical practitioner.

(7) Items 90279, 90280, 90281 and 90282 of Schedule 1 of this instrument do not only if the patient or the medical practitioner travels to a place to satisfy the distance requirement in subparagraph 11(6)(a)(ii).

(8) For the purpose of this subsection:

patient review means a service to which an item in Subgroup 3 of Schedule 1 of this instrument or an item in Subgroup 25 or 26 of Group A40 of the COVID-19 Determination applies.

telehealth eligible area means an area that is a Modified Monash 4 area, Modified Monash 5 area, Modified Monash 6 area or Modified Monash 7 area.

12. Meaning of amount under section 12

(1) An **amount under section 12**, for an item mentioned in column 1 of table 12.1, means the sum of:

(a) the fee for the item mentioned in column 2 of the table; and

(b) either:

(i) if not more than 6 patients are attended at a single attendance—the amount mentioned in column 3 for the item, divided by the number of patients attended; or

(ii) if more than 6 patients are attended at a single attendance—the amount mentioned in column 4 for the item.

Table 12.1—amount under section 12

Item	Column 1 Item/s of the table	Column 2 Fee	Column 3 Amount if not more than 6 patients (to be divided by the number of patients) ($)	Column 4 Amount if more than 6 patients ($)
1	90272	The fee for item 90271	26.75	2.10
2	90274	The fee for item 90273	26.75	2.10
3	90276	The fee for item 90275	21.40	1.70
4	90278	The fee for item 90277	21.40	1.70

Schedule 1 – relevant services

Group A36—Eating Disorders Services

Column 1 Item	Column 2 Service	Column 3 Fee ($)
Subgroup 1—GP and medical practitioner eating disorders treatment and management plans		
90250	Professional attendance by a general practitioner who has not undertaken mental health skills training (not including a specialist or consultant physician), of at least 20 minutes but less than 40 minutes in duration for the preparation of a written **eating disorder treatment and management plan** for an **eligible patient**, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	73.95
90251	Professional attendance by a general practitioner who has not undertaken mental health skills training (not including a specialist or consultant physician), of at least 40 minutes in duration for the preparation of a written **eating disorder treatment and management plan** for an **eligible patient,** if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	108.85
90252	Professional attendance by a general practitioner who has undertaken mental health skills training (not including a specialist or consultant physician), of at least 20 minutes but less than 40 minutes in duration for the preparation of a written **eating disorder treatment and management plan** for an **eligible patient**, if: (a) the plan includes an opinion on diagnosis of the patient's	93.90

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	eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	
90253	Professional attendance by a general practitioner who has undertaken mental health skills training (not including a specialist or consultant physician), of at least 40 minutes in duration for the preparation of a written **eating disorder treatment and management plan** for an **eligible patient**, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	138.30
90254	Professional attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written **eating disorder treatment and management plan** for an **eligible patient**, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	59.15

90255	Professional attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written **eating disorder treatment and management plan** for an **eligible patient**, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	87.10
90256	Professional attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a written **eating disorder treatment and management plan** for an **eligible patient**, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	75.10
90257	Professional attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written **eating disorder treatment and management plan** for an **eligible patient**, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's	110.65

	carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	

Subgroup 2— Consultant psychiatrist and paediatrician eating disorders treatment plans

90260	Professional attendance of at least 45 minutes in duration at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of psychiatry for the preparation of an **eating disorder treatment and management plan** for an **eligible patient**, if: (a) the patient has been referred by a referring practitioner; and (b) during the attendance, the consultant psychiatrist: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (c) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that: (A) covers the next 12 months; and (B) is appropriate to the patient's diagnosis; and (C) comprehensively evaluates the patient's biological, psychological and social issues; and (D) addresses the patient's diagnostic psychiatric issues; and (E) makes management recommendations addressing the patient's biological, psychological and social issues; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees	473.80
90261	Professional attendance of at least 45 minutes in duration at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of paediatrics for the preparation of an **eating disorder treatment and management plan** for an **eligible patient**, if: (a) the patient has been referred by a referring practitioner; and (b) during the attendance, the consultant paediatrician undertakes an assessment that covers: (i) a comprehensive history, including psychosocial	276.25

	history and medication review; and (ii) comprehensive multi or detailed single organ system assessment; and (iii) the formulation of diagnoses; and (c) within 2 weeks after the attendance, the consultant paediatrician: (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that involves: (A) an opinion on diagnosis and risk assessment; and (B) treatment options and decisions; and (C) medication recommendations; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees	
90262	Professional attendance of at least 45 minutes in duration by video conference by a consultant physician in the practice of the consultant physician's specialty of psychiatry for the preparation of an **eating disorder treatment and management plan** for an **eligible patient**, if: (a) the patient has been referred by a referring practitioner; and (b) during the attendance, the consultant psychiatrist: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (c) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that: (A) covers the next 12 months; and (B) is appropriate to the patient's diagnosis; and (C) comprehensively evaluates the patient's biological, psychological and social issues; and (D) addresses the patient's diagnostic psychiatric issues; and (E) makes management recommendations addressing the patient's biological, psychological and social issues; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees	473.80

90263	Professional attendance of at least 45 minutes in duration by video conference by a consultant physician in the practice of the consultant physician's specialty of paediatrics for the preparation of an **eating disorder treatment and management plan** for an **eligible patient**, if: (a) the patient has been referred by a referring practitioner; and (b) during the attendance, the consultant paediatrician undertakes an assessment that covers: (i) a comprehensive history, including psychosocial history and medication review; and (ii) comprehensive multi or detailed single organ system assessment; and (iii) the formulation of diagnoses; and (c) within 2 weeks after the attendance, the consultant paediatrician: (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that involves: (A) an opinion on diagnosis and risk assessment; and (B) treatment options and decisions; and (C) medication recommendations; and (iii) gives the referring practitioner a copy of the diagnosis and the management plan; and (iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees	276.25
Subgroup 3— Review of eating disorder treatment and management plans		
90264	Professional attendance by a general practitioner to review an **eligible patient**'s **eating disorder treatment and management plan** prepared by the general practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the general practitioner reviews the treatment efficacy of services provided under the **eating disorder treatment and management plan**, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the **eating disorder treatment and management plan**, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician	73.95

	practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	
90265	Professional attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review an **eligible patient**'s **eating disorder treatment and management plan** prepared by the medical practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the medical practitioner reviews the treatment efficacy of services provided under the **eating disorder treatment and management plan**, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the **eating disorder treatment and management plan**, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	59.15
90266	Professional attendance of at least 30 minutes in duration at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of psychiatry for an **eligible patient**, if: (a) the consultant psychiatrist reviews the treatment efficacy of services provided under the **eating disorder treatment and management plan**, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant psychiatrist: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the **eating disorder treatment and management** plan; and	296.20

	(d) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) revises the **eating disorder treatment and management**; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) is the patient's carer (if any), if the patient agrees	
90267	Professional attendance of at least 20 minutes in duration at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of paediatrics for an **eligible patient**, if: (a) the consultant paediatrician reviews the treatment efficacy of services provided under the **eating disorder treatment and management plan**, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant paediatrician reviews the **eating disorder treatment and management** plan, including a: (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (d) within 2 weeks after the attendance, the consultant paediatrician: (i) prepares a written diagnosis of the patient; and (ii) revises the **eating disorder treatment and management**; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) is the patient's carer (if any), if the patient agrees	138.30

90268	Professional attendance of at least 30 minutes in duration by video conference by a consultant physician in the practice of the consultant physician's specialty of psychiatry for an **eligible patient**, if: (a) the consultant psychiatrist reviews the treatment efficacy of services provided under the **eating disorder treatment and management plan**, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant psychiatrist: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the **eating disorder treatment and management** plan; and (d) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) revises the **eating disorder treatment and management**; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) is the patient's carer (if any), if the patient agrees	296.20
90269	Professional attendance of at least 20 minutes in duration by video conference by a consultant physician in the practice of the consultant physician's specialty of paediatrics for an **eligible patient**, if: (a) the consultant paediatrician reviews the treatment efficacy of services provided under the **eating disorder treatment and management plan**, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant paediatrician reviews the **eating disorder treatment and management** plan, including a: (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (d) within 2 weeks after the attendance, the consultant paediatrician:	138.30

	(i) prepares a written diagnosis of the patient; and (ii) revises the **eating disorder treatment and management**; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) is the patient's carer (if any), if the patient agrees	
Subgroup 4— GP and medical practitioner eating disorders psychological treatment servi		
90271	Professional attendance at consulting rooms by a general practitioner, for providing **eating disorder psychological treatment services** by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an **eligible patient** if treatment is clinically indicated under an **eating disorder treatment and management plan**	95.65
90272	Professional attendance at a place other than consulting rooms by a general practitioner, for providing **eating disorder psychological treatment services** by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an **eligible patient** if treatment is clinically indicated under an **eating disorder treatment and management plan**	Amount under section 12
90273	Professional attendance at consulting rooms by a general practitioner, for providing **eating disorder psychological treatment services** by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an **eligible patient** if treatment is clinically indicated under an **eating disorder treatment and management plan**	136.85
90274	Professional attendance at a place other than consulting rooms by a general practitioner, for providing **eating disorder psychological treatment services** by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an **eligible patient** if treatment is clinically indicated under an **eating disorder treatment and management plan**	Amount under section 12
90275	Professional attendance at consulting rooms by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing **eating disorder psychological treatment services** by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an **eligible patient** if treatment is clinically indicated under	76.50

	an **eating disorder treatment and management plan**	
90276	Professional attendance at a place other than consulting rooms by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing **eating disorder psychological treatment services** by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an **eligible patient** if treatment is clinically indicated under an **eating disorder treatment and management plan**	Amount under section 12
90277	Professional attendance at consulting rooms by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing **eating disorder psychological treatment services** by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an **eligible patient** if treatment is clinically indicated under an **eating disorder treatment and management plan**	109.50
90278	Professional attendance at a place other than consulting rooms by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing **eating disorder psychological treatment services** by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an **eligible patient** if treatment is clinically indicated under an **eating disorder treatment and management plan**	Amount under section 12
90279	Professional attendance at consulting rooms by a general practitioner, for providing **eating disorder psychological treatment services** by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an **eligible patient** if treatment is clinically indicated under an **eating disorder treatment and management plan**, if: (a) the attendance is by video conference; and (b) the patient is not an admitted patient; and (c) the patient is located within a **telehealth eligible area**; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the general practitioner	95.65
90280	Professional attendance at consulting rooms by a general practitioner, for providing **eating disorder psychological treatment services** by a general practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an **eligible patient** if treatment is clinically indicated under an **eating disorder treatment and management plan**, if: (a) the attendance is by video conference; and	136.85

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	(b) the patient is not an admitted patient; and (c) the patient is located within a **telehealth eligible area**; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the general practitioner	
90281	Professional attendance at consulting rooms by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing **eating disorder psychological treatment services** by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 30 minutes but less than 40 minutes in duration, for an **eligible patient** if treatment is clinically indicated under an **eating disorder treatment and management plan**, if: (a) the attendance is by video conference; and (b) the patient is not an admitted patient; and (c) the patient is located within a **telehealth eligible area**; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the medical practitioner	76.50
90282	Professional attendance at consulting rooms by a medical practitioner (not including a general practitioner, specialist or consultant physician), for providing **eating disorder psychological treatment services** by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service, and lasting at least 40 minutes in duration, for an **eligible patient** if treatment is clinically indicated under an **eating disorder treatment and management plan**, if: (a) the attendance is by video conference; and (b) the patient is not an admitted patient; and (c) the patient is located within a **telehealth eligible area**; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the medical practitioner	109.50

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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 the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation "(md)" added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation "(md not incorp)" is added to the details of the amendment included in the amendment history.

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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 – Eating Disorders Treatment Plan and Psychological Treatment Services) Determination 2019	10 Oct 2019 (F2019L01318)	1 Nov 2019 (s 2(1) item 1)	
Health Insurance (Section 3C – Other Medical Practitioner and Telehealth) Amendment (Australian Statistical Geography Standard) Determination 2019	23 Oct 2019 (F2019L01367)	Sch 1: 1 Nov 2019 (s 2(1) item 2)	—
Health Insurance (Section 3C General Medical Services – GP and Allied Health COVID-19 Services) Amendment (Consequential) Determination 2020	30 Apr 2020 (F2020L00530)	Sch 3 (items 1–7): 30 Apr 2020 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Consequential Change to Incorporated GMST Clauses and Eye Movement Desensitisation and Reprocessing) Determination 2020	30 Apr 2020 (F2020L00535)	Sch 1 (items 1–10): 1 May 2020 (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 14–40): 1 July 2020 (s 2(1) item 1)	—

Endnote 4—Amendment history

Provision affected	How affected
s 2	rep LA s 48D
s 4	am F2019L01367; F2020L00530; F2020L00535
s 6	am F2020L00535
s 7	am F2019L01367; F2020L00530
s 9	am F2020L00530; F2020L00535
s 10	am F2020L00535
s 11	am F2020L00530
s 12	am F2020L00748
Schedule 1	
Schedule 1	am F2020L00748