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

made under subsection 3C(1) of the

Health Insurance Act 1973

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This compilation was rectified to take into account a retrospective amendment made by F2025L00946. The original compilation and any other previous compilations for this point in time are available in the replacement history on the Federal Register of Legislation.

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 - COVID-19 Telehealth and Telephone Attendances) Determination 2020* that shows the text of the law as amended and in force on 16 July 2021 (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. The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. Any uncommenced amendments affecting the law are accessible on the Register (www.legislation.gov.au).

Application, saving and transitional provisions

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.

Presentational changes

The *Legislation Act 2003* provides for First Parliamentary Counsel to make presentational changes to a compilation. Presentational changes are applied to give a more consistent look and feel to legislation published on the Register, and enable the user to more easily navigate those documents.

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. Any modifications affecting the law are accessible on the Register.

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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

Contents

Part 1—Preliminary 1

1 Name 1
3 Authority 1
4 Cessation 1
5 Definitions....1
7 Treatment of relevant services 5
8 Application of items - general....6
9 Referrals by medical practitioners under a shared care plan....8

Schedule 1 – GP and medical practitioners services 9

Schedule 2 – Specialist, consultant physician and consultant psychiatrist services 47

Schedule 3 – Allied health services 74

Schedule 4 – Nurse practitioner, midwife Aboriginal and Torres Strait Islander health practitioner and dental practitioner services 102

Endnotes 108

Endnote 1—About the endnotes 108

Endnote 2—Abbreviation key 109

Endnote 3—Legislation history 110

Endnote 4—Amendment history 113

Rectified Authorised Version registered 08/10/2025 F2021C00888

Part 1—Preliminary

1 Name

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

3 Authority

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

4 Cessation

Unless earlier revoked this instrument ceases as if revoked on 31 December 2021.

5 Definitions

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

- clinically relevant service
- consultant physician
- general medical services table
- hospital treatment
- hospital-substitute treatment
- item
- dental practitioner
- participating midwife
- participating nurse practitioner
- professional service

(1) In this instrument:

Aboriginal and Torres Strait Islander health practitioner has the meaning given by Part 7 of the general medical services table.

Act means the *Health Insurance Act 1973*.

admitted patient means a patient who is receiving a service that is provided:

(a) as part of an episode of hospital treatment; or

(b) as part of an episode of hospital-substitute treatment in respect of which the person to whom the treatment is provided chooses to receive a benefit from a private health insurer.

Allied Health Determination means the *Health Insurance (Allied Health Services) Determination 2014*.

Rectified Authorised Version registered 08/10/2025 F2021C00888

concessional beneficiary has the same meaning as in section 84(1) of the *National Health Act 1953*.

consultant psychiatrist means a consultant physician in the practice of the consultant physician's specialty of psychiatry.

contribute to a multidisciplinary care plan has the meaning given by clause 2.16.3 of the general medical services table.

coordinating a review of team care arrangements has the meaning given by clause 2.16.5 of the general medical services table.

coordinating the development of team care arrangements has the meaning given by clause 2.16.4 of the general medical services table.

eating disorder treatment and management plan has the same meaning as in the general medical services table.

eligible Aboriginal health worker has the meaning given by section 4 of the Allied Health Determination.

eligible Aboriginal and Torres Strait Islander health practitioner has the meaning given by section 4 of the Allied Health Determination.

eligible allied health practitioner means:

(a) an eligible Aboriginal health worker;

(b) an eligible Aboriginal and Torres Strait Islander health practitioner;

(c) an eligible diabetes educator;

(d) an eligible audiologist;

(e) an eligible dietitian;

(f) an eligible mental health worker;

(g) an eligible occupational therapist;

(h) an eligible exercise physiologist;

(i) an eligible physiotherapist;

(j) an eligible podiatrist;

(k) an eligible chiropractor;

(l) an eligible osteopath;

(m) an eligible psychologist; or

(n) an eligible speech pathologist.

eligible audiologist has the meaning given by section 4 of the Allied Health Determination.

eligible chiropractor has the meaning given by section 4 of the Allied Health Determination.

eligible clinical psychologist has the meaning given by section 4 of the Allied Health Determination.

eligible diabetes educator has the meaning given by section 4 of the Allied Health Determination.

Rectified Authorised Version registered 08/10/2025 F2021C00888

eligible dietitian has the meaning given by section 4 of the Allied Health Determination.

eligible exercise physiologist has the meaning given by section 4 of the Allied Health Determination.

eligible mental health worker has the meaning given by section 4 of the Allied Health Determination.

eligible occupational therapist has the meaning given by section 4 of the Allied Health Determination.

eligible orthoptist has the meaning given by section 4 of the Allied Health Determination.

eligible osteopath has the meaning given by section 4 of the Allied Health Determination.

eligible physiotherapist has the meaning given by section 4 of the Allied Health Determination.

eligible psychologist has the meaning given by section 4 of the Allied Health Determination.

eligible podiatrist has the meaning given by section 4 of the Allied Health Determination.

eligible social worker has the meaning given by section 4 of the Allied Health Determination.

eligible speech pathologist has the meaning given by section 4 of the Allied Health Determination.

focussed psychological strategies has the meaning given by clause 2.20.1 of the general medical services table.

GP mental health treatment plan has the meaning given by section 4 of the Allied Health Determination.

multidisciplinary care plan*:*

(a) for items 92026, 92027, 92070, 92071, 92057, 92058, 92101 and 92102—has the meaning given by clause 2.16.6 of the general medical services table; and

(b) for items 93201 and 93203—has the meaning given by clause 4.1.1.

non-directive pregnancy support counselling means counselling provided to a person, who is currently pregnant or who has been pregnant in the preceding 12 months, by a health professional in which:

(a) information and issues relating to pregnancy are discussed; but

(b) the health professional does not impose his or her views or values about what the person should or should not do in relation to the pregnancy.

Other Medical Practitioner Determination means the *Health Insurance (Section 3C General Medical Services - Other Medical Practitioner) Determination 2018*.

patient at risk of COVID-19 virus means a person who:

Rectified Authorised Version registered 08/10/2025 F2021C00888

(a) is required to self-isolate or self-quarantine in accordance with guidance issued by the Australian Health Protection Principal Committee in relation to COVID-19; or

(b) is at least 70 years old; or

(c) if the person identifies as being of Aboriginal or Torres Strait Islander descent—is at least 50 years old; or

(d) is pregnant; or

(e) is the parent of a child aged under 12 months; or

(f) is being treated for a chronic health condition; or

(g) is immune compromised; or

(h) meets the current national triage protocol criteria for suspected COVID-19 infection.

person who is experiencing homelessness means when a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:

(a) is in a dwelling that is inadequate; or

(b) has no tenure, or if their initial tenure is short and not extendable; or

(c) does not allow them to have control of, and access to space for social relations.

person who is in a COVID-19 Commonwealth declared hotspot means a patient who, at the time of accessing the service, is located in an area determined by the Commonwealth Chief Medical Officer to be a COVID-19 hotspot.

person who is in a flood affected area means a patient who, at the time of accessing the telehealth or telephone service, is located within a State or Territory local government area which is declared as a natural disaster area due to flood by a State or Territory Government.

phone attendance means a professional attendance by telephone where the health practitioner:

(a) has the capacity to provide the full service through this means safely and in accordance with professional standards; and

(b) is satisfied that it is clinically appropriate to provide the service to the patient; and

(c) maintains an audio link with the patient.

preparing a GP management plan, for items 92024 and 92068, has the meaning given by clause 2.16.7 of the general medical services table.

psychiatrist assessment and management plan means a psychiatrist assessment and management plan made under item 92435 or 92475 in this instrument or item 291 of the general medical services table.

referring practitioner, in relation to a referral, means the person making the referral.

Rectified Authorised Version registered 08/10/2025 F2021C00888

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.

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.

reviewing a GP management plan, for items 92028 and 92072, has the meaning given by clause 2.16.8 of the general medical services table.

Schedule means a Schedule to this instrument.

shared care plan has the meaning given by section 9B of the Allied Health Determination.

single course of treatment has the meaning given by clause 1.1.6 of the general medical services table.

telehealth attendance means a professional attendance by video conference where the rendering health practitioner:

(a) has the capacity to provide the full service through this means safely and in accordance with relevant professional standards; and

(b) is satisfied that it is clinically appropriate to provide the service to the patient; and

(c) maintains a visual and audio link with the patient; and

(d) is satisfied that the software and hardware used to deliver the service meets the applicable laws for security and privacy.

(2) Unless the contrary intention appears, a reference in this instrument to a provision of the Act or the *National Health Act 1953* or a legislative instrument 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 instrument is a reference to those provisions as in force from time to time.

(3) In this instrument, a ***general practitioner*** includes a kind of medical practitioner specified in clause 1.1.3 of the general medical services table.

7 Treatment of relevant services

A health service provided in accordance with this Determination 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

Rectified Authorised Version registered 08/10/2025 F2021C00888

(ii) specified for the service a fee in relation to each State, being the fee specified in the item in Schedule 2 relating to the service.

Note: For this Determination, an internal Territory is deemed to form part of the State of New South Wales—see subsection 3C(7) of the Act.

8 Application of items - general

(1) An item in a Schedule does not apply to a service mentioned in the item if the patient is an admitted patient.

(2) Clause 1.2.2 of the general medical services table shall have effect as if all items in Schedule 2 of this determination, other than items 91850, 91853, 91855 and 91857, were specified in the clause.

(3) An item in Subgroup 3 or 10 of Group A40, Subgroups 1 to 4 of Group M18 or Subgroups 6 to 9 of Group M18 of the Schedules does not apply to a service provided to a patient who has already been provided, in the calendar year, with 10 services to which any of those items or the following items apply:

(a) an item in Subgroup 2 of Group A20 of the general medical services table;

(b) items 283, 285, 286, 287, 371 and 372 of the Other Medical Practitioner Determination; or

(c) items 80000 to 80015, 80100 to 80115, 80125 to 80140 or 80150 to 80165 of the Allied Health Determination; or

(d) items 941, 942, 2733, 2735, 93375, 93376, 93381, 93382, 93383, 93374, 93385 and 93386 apply.

(5) Subject to subsection (6), an item in a Schedule only applies to a service that is an attendance by a single health professional on a single patient.

Note: Health professionals who can provide services under this instrument include general practitioners, medical practitioners, specialists and consultant physicians, allied health professionals and participating nurses and midwives.

(6) Subsection (5) does not apply to items 92455 to 92457 and 92495 to 92497.

(7) The following items do not apply if the person providing the service specified in the item and the patient have the capacity to undertake an attendance by telehealth:

(a) an item in any of Subgroups 2, 7 to 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36 and 38 of Group A40;

(b) an item in Subgroup 2 of Group T4;

(c) an item in any of Subgroups 6 to 10, 12, 14, 16, 18, 21, 22, 24 and 26 of Group M18;

(d) an item in Subgroup 2 of Group M19; or

(e) an item in Subgroup 2 of Group O1.

Rectified Authorised Version registered 08/10/2025 F2021C00888

(8) An item in Schedule 1 applies to a service performed by the patient's usual medical practitioner.

(9) Subsection 8(8) does not apply to a service provided to:

(a) a person who is under the age of 12 months; or

(b) a person who is experiencing homelessness; or

(c) a person who is in a COVID-19 Commonwealth declared hotspot; or

(ca) a person who is in COVID-19 isolation because of a State or Territory public health order; or

(cb) a person who is in COVID-19 quarantine because of a State or Territory public health order; or

(d) a person who receives the service from a medical practitioner located at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service; or

(e) a person who is in a flood affected area.

(10) Subsection 8(8) does not apply to an item listed in Subgroup 15, 16, 29, 39, 40 or 41 of Group A40.

(11) For the purpose of subsection 8(8):

patient's usual medical practitioner means a medical practitioner (other than a specialist or consultant physician) who:

(a) has provided at least one service to the patient in the past 12 months; or

(b) is located at a medical practice at which at least one service to the patient was provided, or arranged by, in the past 12 months.

(c) is a participant in the Approved Medical Deputising Service program if:

(i) the Approved Medical Deputising Service provider has a formal agreement in place with a medical practice to provide after-hours services to its patients; and

(ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months; or

(d) is a general practitioner employed by an Approved Medical Deputising Service provider, if:

(i) the Approved Medical Deputising Service provider has a formal agreement in place with a medical practice to provide after-hours services to its patients; and

(ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months; or

(e) is a medical practitioner employed by an accredited Medical Deputising Service, if:

Rectified Authorised Version registered 08/10/2025 F2021C00888

(i) the accredited Medical Deputising Service has a formal agreement in place with a medical practice to provide after-hours services to its patients; and

(ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months.

For the purpose of this subsection, service means a personal attendance on the patient and excludes telehealth and phone attendances.

9 Referrals by medical practitioners under a shared care plan

(1) This Section applies to items 91166 to 93013, 93048, 93061, 93284 and 93286 in Schedule 3.

(2) For an item mentioned in subsection (1), where the referral is by a medical practitioner as part of a shared care plan, the shared care plan must have been prepared on or before 30 June 2021.

Rectified Authorised Version registered 08/10/2025 F2021C00888

Schedule 1 – GP and medical practitioners services

Division 1.1 – Services and fees – COVID-19 medical practitioner attendances via telehealth and phone

1.1.1 Application of COVID-19 medical practitioner telehealth and phone services - general

(1) For items 91794, 91806, 91807, 91808, 92717, 92720, 92723, 92726, 92733, 92736, 92739 and 92742 ***eligible area*** has the meaning given by section 4 of the Other Medical Practitioner Determination.

(2) Clause 2.20.7(2)(a) of the general medical services table shall have effect as if items 91818, 91819, 91842 and 91843 were also specified in subparagraph 2.20.7(2)(a)(i).

1.1.2 Application of items in Subgroups 3 and 10 of Group A40 - COVID-19 Focussed Psychological Strategies services

(1) An item in Subgroup 3 or 10 of Group A40 only applies to a service which:

(a) is clinically indicated under a GP mental health treatment plan or a psychiatrist assessment and management plan; and

(b) is provided by a medical practitioner 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 or items 283, 285, 286, 287, 371 and 372 of the Other Medical Practitioner Determination applies .

1.1.3 Application of items in Subgroup 11 and 12 of Group A40

(1) A health assessment (the ***current assessment***) may be performed under an item in Subgroup 11 or 12 of Group A40 for a patient who:

(a) has not been provided a health assessment under item 715 of the general medical services table or item 228 of the Other Medical Practitioner Determination within 9 months of the current assessment; and

(b) has not been provided a health assessment under an item in Subgroup 11 or 12 of Group A40 within 9 months of the current assessment; and

(c) identifies as being of Aboriginal or Torres Strait Islander descent.

(2) A health assessment mentioned in an item in Subgroup 11 or 12 of Group A40 must not include a health screening service.

(3) A separate consultation must not be performed in conjunction with a health assessment, unless clinically necessary.

(4) A health assessment must be performed by the patient's usual practitioner, if reasonably practicable.

Rectified Authorised Version registered 08/10/2025 F2021C00888

(5) Practice nurses, Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners may assist practitioners in performing a health assessment, in accordance with accepted medical practice, and under the supervision of the practitioner.

(6) For the purposes of subclause (5), assistance may include activities associated with:
   (a) information collection; and
   (b) at the direction of the practitioner—provision to patients of information on recommended interventions.

(7) In this clause:

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

practitioner means a general practitioner or a medical practitioner.

1.1.3A Application of items 92026, 92027, 92057, 92058, 92070, 92071, 92101 and 92102

(1) Items 92026, 92027, 92057, 92058, 92070, 92071, 92101 and 92102 only apply if:
   (a) the practitioner has the capacity to provide the full service by telephone or video conference, as appropriate, safely and in accordance with professional standards;
   (b) is satisfied that it is clinically appropriate to provide the service;
   (c) for items 92070, 92071, 92101 and 92102 - maintains an audio link with the person to whom advice is being given; and
   (d) for items 92026, 92027, 92057 and 92058 - maintains a video and audio link with the person to whom advice is being given and is satisfied that the software and hardware used to deliver the service meets the applicable laws for security and privacy.

1.1.4 Application of items 92024 to 92028 and 92068 to 92072

(1) Items 92024 and 92068 apply only to a service for a patient who suffers from at least one medical condition that has been (or is likely to be) present for at least 6 months or is terminal.

(2) Items 92025 to 92028 and 92069 to 92072 apply only to a service for a patient who suffers from at least one medical condition that:
   (a) has been (or is likely to be) present for at least 6 months or is terminal; and
   (b) requires ongoing care from at least 3 persons who provide treatment or a service to the patient but who are not family carers of the patient, each of whom provides a different kind of treatment or service to the patient, and at least one of whom is a medical practitioner.

1.1.5 Application of items in relation to items 92024, 92025, 92028, 92068, 92069 and 92072

(1) The following items do not apply to a service mentioned in the item that is provided by a general practitioner or medical practitioner, if the service is provided on the same

Rectified Authorised Version registered 08/10/2025 F2021C00888

day for the same patient for whom the practitioner provides a service mentioned in item 92024, 92025, 92028, 92068, 92069 and 92072:

(a) any items specified in paragraphs 2.16.11(a), (b), (c), and (d) of the general medical services table;

(b) any items in Division 1.2 or Division 1.10 of the Other Medical Practitioner Determination; and

(c) items 91790, 91800, 91801, 91802, 91890, 91891, 91792, 91803, 91804, 91805, 91892, 91893, 91794, 91806, 91807, 91808, 92210 and 92211.

1.1.6 Limitation on items 92024 to 92028 and 92068 to 92072

(1) This clause applies to the performances of services for a patient for whom exceptional circumstances do not exist.

(2) Items 92024 to 92028 and 92068 to 92072 apply in the circumstances mentioned in table below.

Limitation on items 92024 to 92028 and 92068 to 92072

Item	Column 1 Item of the table	Column 2 Circumstances
1	92024 and 92068	(a) In the 3 months before performance of the service, being a service to which item 729, 731, 732, 231, 731, 233, 92026, 92027, 92028, 92070, 92071, 92072, or item 93469 or 93475 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* applies (for reviewing a GP management plan) applies but had not been performed for the patient; and (b) the service is not performed more than once in a 12 month period; and (c) the service is not performed by a general practitioner: (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the general practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner
2	92025 and 92069	(a) In the 3 months before performance of the service, being a service to which item 732, 233, 92028, 92072, or item 93469 or 93475 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* applies(for coordinating a review of team care arrangements, a multi-disciplinary community care plan or a multi-disciplinary discharge care plan) applies but had not been performed for the patient; and

Rectified Authorised Version registered 08/10/2025 F2021C00888

Limitation on items 92024 to 92028 and 92068 to 92072		
Item	**Column 1** **Item of the table**	**Column 2** **Circumstances**
		(b) the service is performed not more than once in a 12 month period; and (c) the service is not performed by a general practitioner: (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the general practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner
3	92026 and 92070	(a) either: (i) in the 3 months before performance of the service, being a service to which item 731, 732, 232, 233, 92027, 92028, 92071, 92072, or item 93469 or 93475 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* applies but had not been performed for the patient; or (ii) in the 12 months before performance of the service, being a service that has not been performed for the patient: (A) by the general practitioner who performs the service to which item 729, 92026 or 92070 would, but for this item, apply; and (B) for which a payment has been made under item 721 or 723 of the general medical services table or 92024, 92025, 92068, 92069; and (b) the service is performed not more than once in a 3 month period
4	92027 and 92071	(a) In the 3 months before performance of the service, being a service to which item 721, 723, 729, 732, 229, 230, 231, 233, 92024, 92025, 92026, 92028, 92068, 92069, 92070, 92070, or item 93469 or 93475 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* applies but had not been performed for the patient; and (b) the service is performed not more than once in a 3 month period
5	92028 and 92072	(a) In the 3 months before performance of the service, being a service to which item 93469 or 93475 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* applies but had not been performed for the patient; and (b) once in a 3 month period; and

Rectified Authorised Version registered 08/10/2025 F2021C00888

Limitation on items 92024 to 92028 and 92068 to 92072		
Item	**Column 1** **Item of the table**	**Column 2** **Circumstances**
		(c) on the same day; but (d) may not be performed by a general practitioner: (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the general practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the general practitioner

(3) In this clause ***exceptional circumstances***, for a patient, means there has been a significant change in the patient's clinical condition or care circumstances that necessitates the performance of the service for the patient.

1.1.7 Meaning of item descriptors for items 92055 to 92059 and 92099 to 92103

(1) For items 92055 to 92059 and 92099 to 92103, the following terms have the same meaning as in Division 2.16 of the general medical services table as if the reference to a general practitioner were a reference to a medical practitioner:

(a) ***preparation of a GP management plan***;

(b) ***coordinate the development of team care arrangements***;

(c) ***multidisciplinary care plan***;

(d) ***contribute to a multidisciplinary care plan***;

(e) ***coordinating a review of team care arrangements***; and

(f) ***reviewing a GP management plan***.

(2) For items 92059 and 92103 ***associated medical practitioner*** means a medical practitioner who, if not engaged in the same general practice as the medical practitioner mentioned in the item, performs the service mentioned in the item at the request of the patient (or the patient's guardian).

1.1.8 Application of items 92055 to 92059 and 92099 to 92103

(1) Items 92055, 92056, 92059, 92099, 92100 and 92103 do not apply to a service mentioned in those items that is provided by a medical practitioner, if the service is provided on the same day for the same patient for whom the practitioner provides a service mentioned in the following items:

Rectified Authorised Version registered 08/10/2025 F2021C00888

(a) any items specified in paragraphs 2.16.11(a), (b), (c), and (d) of the general medical services table;

(b) any items in Division 1.2 or Division 1.10 of the Other Medical Practitioner Determination; and

(c) items 91790, 91800, 91801, 91802, 91890, 91891, 91792, 91803, 91804, 91805, 91892, 91893, 91794, 91806, 91807, 91808, 92210 and 92211.

(2) Items 92055 and 92099 apply only to a service for a patient who suffers from at least one medical condition that has been (or is likely to be) present for at least 6 months or is terminal.

(3) Items 92056 to 92059 and 92100 to 92103 apply only to a service for a patient who suffers from at least one medical condition that:

(a) has been (or is likely to be) present for at least 6 months or is terminal; and

(b) requires ongoing care from at least 3 persons who provide treatment or a service to the patient but who are not family carers of the patient, each of whom provides a different kind of treatment or service to the patient, and at least one of whom is a medical practitioner.

1.1.9 Limitation on 92055 to 92059 and 92099 to 92103

(1) This clause applies to the performances of services for a patient for whom exceptional circumstances do not exist.

(2) Items 92055 to 92059 and 92099 to 92103 apply in the circumstances mentioned in table below.

(3) In this clause, ***exceptional circumstances***, for a patient, means there has been a significant change in the patient's clinical condition or care circumstances that necessitates the performance of the service for the patient.

Limitation on items 92055 to 92059 and 92099 to 92103

Item	Column 1 Item of the table	Column 2 Circumstances
1	92055 and 92099	(a) In the 3 months before performance of the service, being a service to which item 729, 731 or 732 of the general medical services table, item 231, 232 or 233 of the Other Medical Practitioner Determination, item 93469 or 93475 of the Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020 or item 92026, 92027, 92028, 92057, 92058, 92059, 92070, 92071, 92072, 92101, 92102 or 92103 applies (for reviewing a GP management plan) but had not been performed for the patient; and (b) a service to which item 721 of the general medical services table or 229 of the Other Medical Practitioner Determination or items 92024, 92055,

Rectified Authorised Version registered 08/10/2025 F2021C00888

Limitation on items 92055 to 92059 and 92099 to 92103		
Item	**Column 1 Item of the table**	**Column 2 Circumstances**
		92068 or 92099 applies has not been performed in the past 12 months; and (c) the service is not performed more than once in a 12 month period; and (d) the service is not performed by a person: (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the medical practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24 of the Other Medical Practitioner Determination applies because of the treatment of the palliative patient by the medical practitioner
2	92056 and 92100	(a) In the 3 months before performance of the service, being a service to which item 732 of the general medical services table or item 233 of the Other Medical Practitioner Determination, item 93469 or 93475 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* or item 92028, 92059, 92072 or 92103 applies (for coordinating a review of team care arrangements, a multi-disciplinary community care plan or a multi-disciplinary discharge care plan) but had not been performed for the patient; and (b) a service to which item 723 of the general medical services table or 230 of the Other Medical Practitioner Determination or items 92025, 92026, 92069 or 92100 applies is performed not more than once in a 12 months; and (c) the service is performed not more than once in a 12 month period; and (d) the service is not performed by a person: (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the medical practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24 of the Other Medical Practitioner Determination applies because of the treatment of the palliative patient by the general practitioner
3	92057 and 92101	(a) either: (i) in the 3 months before performance of the service, being a service to which item 731 or 732 of the general medical services table or item 232 or 233 of the Other Medical Practitioner Determination, item 93469 or 93475 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* or item 92027, 92028, 92058, 92059, 92071, 92072, 92102 or 92103 applies but had not been performed for the patient; or

Rectified Authorised Version registered 08/10/2025 F2021C00888

Limitation on items 92055 to 92059 and 92099 to 92103		
Item	**Column 1 Item of the table**	**Column 2 Circumstances**
		(ii) in the 12 months before performance of the service, being a service that has not been performed for the patient: (A) by the medical practitioner who performs the service to which item 729 of the general medical services table or item 231 of the Other Medical Practitioner Determination or item 92026, 92057, 92070 or 92101 would, but for this item, apply; and (B) for which a payment has been made under item 721 or 723 of the general medical services table or item 229 or 230 of the Other Medical Practitioner Determination or item 92024, 92025, 92055, 92066, 92068, 92069, 92099 or 92100; and (b) a service to which item 729 of the general medical services table or 231 of the Other Medical Practitioner Determination or item 92026, 92057, 92070 or 92101 applies is performed not more than once in a 3 month period; and (c) the service is performed not more than once in a 3 month period.
4	92058 and 92102	(a) In the 3 months before performance of the service, being a service to which item 721, 723, 729 or 732 of the general medical services table or item 229, 230, 231 or 233 of the Other Medical Practitioner Determination, item 93469 or 93475 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* or item 92024, 92025, 92026, 92028, 92055, 92056, 92057, 92059, 92068, 92069, 92070, 92072, 92099, 92100, 92101, 92103 applies but had not been performed for the patient; and (b) a service to which item 731 of the general medical services table or item 92027 or 92071 applies is performed not more than once in a 3 month period; and (c) the service is performed not more than once in a 3 month period.

Rectified Authorised Version registered 08/10/2025 F2021C00888

Limitation on items 92055 to 92059 and 92099 to 92103		
Item	**Column 1 Item of the table**	**Column 2 Circumstances**
5	92059 and 92103	Each service may be performed if a service to which item 732 of the general medical services table, item 93469 or 93475 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* or item 92028 or 92072 has not been claimed in the past three months; (a) once in a 3 month period; and (b) on the same day; but (c) may not be performed by a person: (i) who is a recognised specialist in palliative medicine; and (ii) who is treating a palliative patient that has been referred to the general practitioner; and (iii) to which an item in Subgroup 3 or 4 of Group A24 of the Other Medical Practitioner Determination applies because of the treatment of the palliative patient by the general practitioner

1.1.9A Application of items in subgroups 15 and 16 of Group A40

(1) A service to which an item in subgroups 15 or 16 of Group A40 applies:

(a) must not be provided by a general practitioner or medical practitioner who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and

(b) may be used to address any pregnancy related issue.

(2) An item in Subgroup 15 or 16 does not apply if a patient has already been provided, for the same pregnancy, with 3 services to which any of the following items apply:

(a) an item in Subgroup 15 or 16; or

(b) item 792 of the Other Medical Practitioner Determination, item 4001 of the general medical services table, item 81000, 81005 or 81010 of the Allied Health Determination or item 93026 or 93029.

1.1.10 Application of items in subgroups 17 and 18 of Group A40

(1) In an item in Subgroup 17 or 18 of Group A40:

eligible allied health provider has the meaning given in Part 7 of the general medical service table.

risk assessment has the meaning given in clause 2.6.2 of the general medical service table.

Rectified Authorised Version registered 08/10/2025 F2021C00888

eligible disability has the meaning given in clause 2.6.1 of the general medical services table.

(2) A service for an item in Subgroup 17 or 18 of Group A40 must not be provided to a patient if a service under any of the following items has previously been provided to the patient:

(a) an item in Subgroup 17 or 18 of Group A40; or

(b) item 92434 or 92474; or

(c) item 135, 137, 139 or 289 of the general medical services table.

1.1.11 Application of items in Subgroup 19 and 20 of Group A40

(1) Subject to subclause (2), for an item in Subgroup 19 or 20 of Group A40:

associated focussed psychological strategies has the meaning given in clause 2.20.1 of the general medical services table.

associated general practitioner has the meaning given in clause 2.20.5 of the general medical services table.

mental disorder has the meaning given in clause 2.20.1 of the general medical services table.

preparation of a GP mental health treatment plan has the meaning given in clause 2.20.3 of the general medical services table.

(2) In items 92118 to 92135:

associated medical practitioner 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 items 92118 to 92135, performs the service mentioned in the item at the request of the patient (or the patient's guardian).

preparation of a GP mental health treatment plan has the meaning given in clause 2.20.3 of the general medical services table, as if the reference to the term "general practitioner" were a reference to the term "medical practitioner".

review of a GP mental health treatment plan has the meaning given in clause 2.20.4 of the general medical services table, as if the reference to the term "general practitioner" were a reference to the term "medical practitioner".

(3) For the purpose of Subgroups 19 and 20 in Group A40, the preparation of a GP mental health treatment plan includes the preparation of a written plan by a general practitioner for the patient that includes referral and treatment options, including, subject to the applicable limitations:

(a) psychological therapies provided to the patient by a clinical psychologist (items 91166, 91167, 91181 and 91182 and items in Group M6 of the Allied Health Determination); and

Rectified Authorised Version registered 08/10/2025 F2021C00888

(b) focussed psychological strategies services provided to the patient by a general practitioner mentioned in paragraph 2.20.7(1)(b) of the general medical services table to provide those services (items 2721 to 2727); and

(c) focussed psychological strategies services provided to the patient by an allied mental health professional (items 91169 to 91176 and 91183 to 91188 and items 80100 to 80171 of the Allied Health Determination; and

(d) items 91818, 91819, 91842 and 91843.

(4) Items in Subgroup 19 and 20 of Group A40 apply only to a patient with a mental disorder.

(5) Items 92112, 92113, 92114, 92116, 92117, 92118, 92119, 92120, 92122, 92123, 92124, 92125, 92126, 92128, 92129, 92130, 92131, 92132, 92134, 92135 apply only to a patient in the community.

(6) Unless exceptional circumstances exist, items 92112, 92113, 92116, 92117, 92118, 92119, 92122, 92123, 92124, 92125, 92128, 92129, 92130, 92131, 92134 and 92135 cannot be claimed:

(a) with a service to which the following items apply:

(i) items 735 to 758 or 2713 of the general medical services table; or

(ii) items 92115, 92121, 92127 or 92133; or

(iii) items 235 to 240 or 279 of the Other Medical Practitioner Determination; or

(b) more than once in a 12 month period from the provision of any of the items for a particular patient.

(7) Items 92114, 92126, 92120 and 92132 apply only if one of the following services has been provided to the patient:

(a) the preparation of a GP mental health treatment plan under:

(i) items 2700, 2701, 2715 or 2717 of the general medical services table; or

(ii) items 272, 276, 281, 282 of the Other Medical Practitioner Determination; or

(iii) items 92112, 92113, 92116, 92117, 92124, 92125, 92128, 92129, 92118, 92119, 92122, 92123, 92130, 92131, 92134 or 92135; or

(b) a psychiatrist assessment and management plan.

(8) Items 92114, 92126, 92120 and 92132 do not apply:

(a) to a service to which the following items apply:

(i) items 735 to 758 of the general medical services table; or

(ii) items 92133 or 92121; or

(iii) items 92115, 92127, 92121 and 92133; or

(iv) items 235 to 240 or 279 of the Other Medical Practitioners Determination.

(b) unless exceptional circumstances exist for the provision of the service:

(i) more than once in a 3 month period; or

Rectified Authorised Version registered 08/10/2025 F2021C00888

(ii) within 4 weeks following the preparation of a GP mental health treatment plan under:

(A) items 2700, 2701, 2715 or 2717 of the general medical services table; or

(B) items 272, 276, 281 or 282 of the Other Medical Practitioner Determination; or

(C) items 92112, 92113, 92116, 92117, 92124, 92125, 92128, 92129, 92118, 92119, 92122, 92123, 92130, 92131, 92134 or 92135; or

(iii) within 3 months following the provision of a service under item 2712 of the general medical services table, item 277 of the Other Medical Practitioner Determination or items 92114, 92126, 92120 or 92132.

(9) Items 92115, 92127, 92121 and 92133 do not apply in association with a service to which the following items apply:

(a) items 2700, 2701, 2712, 2715, 2717 of the general medical service table; or

(b) items 272, 276, 277, 281, 282 of the Other Medical Practitioner Determination; or

(c) items 92112, 92113, 92114, 92116, 92117, 92124, 92125, 92126, 92128, 92129, 92130, 92131, 92132, 92134, 92135, 92118, 92119, 92120, 92122 or 92123.

(10) Items 92116, 92117, 92128, 92129, 92122, 92123, 92134, 92135, 92148, 92149, 92152, 92153, 92156, 92157, 92160 and 92161 apply only if the general practitioner or 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.

(11) In this clause:

exceptional circumstances means a significant change in:

(a) the patient's clinical condition; or

(b) the patient's care circumstances.

1.1.12 Application of items in Subgroups 29 and 30 of Group A40

(1) In an item in Subgroups 29 and 30 of Group A40:

patient's medical condition requires urgent assessment has the meaning given in subclause 2.14.1(1) of the general medical services table.

responsible person, for a patient:

(a) includes a spouse, parent, carer or guardian of the patient; but

(b) does not include:

(i) the attending medical practitioner; or

Rectified Authorised Version registered 08/10/2025 F2021C00888

(ii) an employee of the attending medical practitioner; or

(iii) a person contracted by, or an employee or member of, the general practice of which the attending medical practitioner is a contractor, employee or member; or

(iv) a call centre; or

(v) a reception service.

(2) Items in Subgroups 29 and 30 apply to a service only if the practitioner keeps a record of the assessment of the patient.

1.1.13 Limitations on eating disorder services

(1) Items in Subgroups 21, 22, 25 and 26 of Group A40 do not apply if performed in association with a service to which items 279 of the Other Medical Practitioner Determination, 2713 of the general medical services table or items 92115, 92121, 92127 or 92133 applies.

(2) For any particular patient, items in Subgroup 1 and 2 of Schedule 1 to the Eating Disorder Services Determination and items in Subgroup 21 to 24 of Group A40 are applicable not more than once (in total for all items) in a 12 month period from the provision of any of the items.

1.1.14 Application of items in Subgroups 21 and 22 of Group A40

(1) For any particular patient:

(a) items in Subgroups 21 and 22 of Group A40 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 Subgroups 21 and 22 of Group A40 do not apply in association with a service to which items 235 to 244 of the Other Medical Practitioner Determination apply.

1.1.15 Application of items in Subgroups 23 and 24 of Group A40

(1) Items 92163 and 92167 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, 91836, 92422, 92423, 92431 or 92432 applies.

1.1.16 Application of items in Subgroups 25 and 26 of Group A40

(1) In items 92170, 92171, 92176 and 92177:

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).

Rectified Authorised Version registered 08/10/2025 F2021C00888

1.1.16A Eligible patients for eating disorders items

(1) For an item in Subgroup 27 or 28 of Group A40, a patient is an **eligible patient** if the patient meets the requirements for a patient specified in clause 2.31.2 of the general medical services table.

1.1.17 Application of items in Subgroups 27 and 28 of Group A40

(1) For an item in Subgroup 27 or 28 of Group A40, the 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;

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

(j) focal psychodynamic therapy.

(2) An item in Subgroup 27 or 28 of Group A40 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, items 283, 285, 286, 287, 371 and 372 of the Other Medical Practitioner Determination or items 91820, 91821, 91844 and 91845 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 Other Medical Practitioner Determination or items 91820, 91821, 91844 and 91845 applies.

(3) An item in Subgroup 27 or 28 of Group A40 does not apply to a service providing a treatment to a patient under an eating disorder treatment and management plan if:

(a) the service is provided more than 12 months after the plan is prepared; or

(b) the patient has already been provided with 40 services under the plan; or

(c) the service is provided after the patient has already been provided with 10 services under the plan but before a recommendation by a reviewing

Rectified Authorised Version registered 08/10/2025 F2021C00888

practitioner is given that additional services should be provided under the plan; or

(d) the service is provided after the patient has already been provided with 20 services under the plan but before recommendations that additional services should be provided under the plan are given by each of the following:

(i) a medical practitioner (other than a specialist or consultant physician);

(ii) a consultant physician practising in the specialty of psychiatry or paediatrics; or

(e) the service is provided after the patient has already been provided with 30 services under the plan but before a recommendation is given by a reviewing practitioner that additional services should be provided.

(4) A reviewing practitioner may recommend that additional services be provided under a plan only if:

(a) the recommendation is made as part of a service to which an item in Subgroup 3 of Group A36 of the general medical services table or Subgroup 25 or 26 of Group A40 of the COVID-19 Determination applies; and

(b) the service is provided:

(i) for the purposes of paragraph (3)(c)—after the patient has been provided with 10 services under the plan; and

(ii) for the purposes of paragraph (3)(d)—after the patient has been provided with 20 services under the plan; and

(iii) for the purposes of paragraph (3)(e)—after the patient has been provided with 30 services under the plan; and

(c) the practitioner records the recommendation in the patient's records.

(5) For the purposes of this clause, in counting the services providing treatments under a plan, only count the services to which any of the following apply:

(a) items 283, 285, 286, 287, 371 and 372;

(b) items 2721, 2723, 2725 and 2727;

(c) items in Groups M6, M7 and M16 other than items 82350 and 82351;

(d) items 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281 and 90282;

(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.

1.1.18 Application of items in Subgroups 39 and 40 of Group A40

(1) An item in Subgroup 39 or 40 of Group A40 does not apply to a service described in the item if the service is provided to a patient for the purpose of, or in relation to, assisted reproductive technology or antenatal care.

Rectified Authorised Version registered 08/10/2025 F2021C00888

(2) An item in Subgroup 39 or 40 of Group A40 only applies to a service performed by a medical practitioner (other than a specialist or consultant physician) who:

(a) is located at a medical practice; or

(b) has a formal agreement with a medical practice to provide personal attendance services.

Group A40 – COVID-19 services		
Item	**Description**	**Fee ($)**
Subgroup 1 – COVID-19 general practice telehealth services		
91790	Telehealth attendance by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management.	21.05
91800	Telehealth attendance by a general practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care.	46.00
91801	Telehealth attendance by a general practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care.	89.10
91802	Telehealth attendance by a general practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care.	131.15
91792	Telehealth attendance by a medical practitioner (not including a general practitioner) of not more than 5 minutes.	12.90
91803	Telehealth attendance by a medical practitioner (not including a general practitioner) of more than 5 minutes in duration but not more than 25 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history;	24.70

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care.	
91804	Telehealth attendance by a medical practitioner (not including a general practitioner) of more than 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care.	44.70
91805	Telehealth attendance by a medical practitioner (not including a general practitioner) of at least 45 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care.	71.75
91794	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes.	16.80
91806	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 25 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care.	36.80
91807	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 25 minutes in duration but not more than 45 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care.	71.25
91808	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an	104.90

Rectified Authorised Version registered 08/10/2025 F2021C00888

	eligible area, of at least 45 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care.	
Subgroup 2 – COVID-19 general practice phone services		
91890	Phone attendance by a general practitioner lasting less than 6 minutes for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management	21.05
91891	Phone attendance by a general practitioner lasting at least 6 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care	46.00
91892	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting less than 6 minutes for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management	12.90
91893	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 6 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care	24.70
Subgroup 3 – COVID-19 Focussed Psychological Strategies telehealth services		
91818	Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	113.50
91819	Telehealth attendance by a general practitioner, for the purpose of	162.45

Rectified Authorised Version registered 08/10/2025 F2021C00888

	providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.	
91820	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	90.80
91821	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.	130.00
Subgroup 10 – COVID-19 Focussed Psychological Strategies phone services		
91842	Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	113.50
91843	Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.	162.45
91844	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental	90.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	
91845	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (b) the service lasts at least 40 minutes.	130.00
Subgroup 11— Health Assessments for Aboriginal and Torres Strait Islander People - Telehealth Service		
92004	Telehealth attendance by a general practitioner for a health assessment of a patient. Only if items 93470 or 93479 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* is also not applicable within that same 9 month period.	259.80
92011	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) for a health assessment. Only if items 93470 or 93479 of the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020* is also not applicable within that same 9 month period.	207.85
Subgroup 13 —GP management plans, team care arrangements and multidisciplinary care plans via telehealth attendance		
92024	Telehealth attendance by a general practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 735 to 758 of the general medical services table or items 235 to 240 of the Other Medical Practitioner Determination apply).	176.55
92025	Telehealth attendance by a general practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 of the general medical services table or items 235 to 240 of the Other Medical Practitioner Determination apply).	139.90

Rectified Authorised Version registered 08/10/2025 F2021C00888

92026	Contribution by a general practitioner by telehealth, to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758 of the general medical services table or items 235 to 240 of the Other Medical Practitioner Determination apply).	86.15
92027	Contribution by a general practitioner by telehealth to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider. (other than a service associated with a service to which items 735 to 758 of the general medical services table or items 235 to 240 of the Other Medical Practitioner Determination apply).	86.15
92028	Telehealth attendance by a general practitioner to review or coordinate a review of: (a) a GP management plan prepared by a general practitioner (or an associated general practitioner) to which items 721 of the general medical services table, item 229 of the Other Medical Practitioner Determination, or item 92024, 92055, 92068 or 92099 applies; (b) team care arrangements which have been coordinated by the general practitioner (or an associated general practitioner) to which item 723 of the general medical services table, item 230 of the Other Medical Practitioner Determination, or item 92025 or 92069 applies	88.15
92055	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 735 to 758 of the general medical services table or items 235 to 240 in the Other Medical Practitioner Determination apply).	141.25
92056	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 of the general medical services table or items 235 to 240 of the Other Medical Practitioner Determination apply).	111.90
92057	Contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician) by telehealth to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another	68.90

Rectified Authorised Version registered 08/10/2025 F2021C00888

	provider (other than a service associated with a service to which any of items 735 to 758 of the general medical services table or items 235 to 240 of the Other Medical Practitioner Determination apply).	
92058	Contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician) by telehealth to: (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider (other than a service associated with a service to which items 735 to 758 of the general medical services table or items 235 to 240 of the Other Medical Practitioner Determination apply).	68.90
92059	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review or coordinate a review of: (a) a GP management plan prepared by a medical practitioner (or an associated medical practitioner) to which item 721 or item 229 of the general medical services table or item 92024, 92055, 92068 or 92099 applies; or (b) team care arrangements which have been coordinated by the medical practitioner (or an associated medical practitioner) to which item 723 of the general medical services table or item 230 of the Other Medical Practitioner Determination or item 92025, 92056, 92069 or 92100 applies	70.50
Subgroup 15 - GP Pregnancy Support Counselling - Telehealth Service		
92136	Telehealth attendance of at least 20 minutes in duration by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92137, 92138, 92139, 93026 or 93029 applies in relation to that pregnancy	93.75
92137	Telehealth attendance of at least 20 minutes in duration by a medical practitioner (not including a general practitioner, specialist or consultant physician) who is registered with the Chief Executive Medicare as meeting the credentialing	75.00

Rectified Authorised Version registered 08/10/2025 F2021C00888

	requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92136, 92138, 92139, 93026 or 93029 applies in relation to that pregnancy	
Subgroup 16 - GP Pregnancy Support Counselling - Phone Service		
92138	Phone attendance of at least 20 minutes in duration by a general practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination, or item 92136, 92137, 92139, 93026 or 93029 applies in relation to that pregnancy	93.75
92139	Phone attendance of at least 20 minutes in duration by a medical practitioner (not including a general practitioner, specialist or consultant physician) who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or item 4001 of the general medical services table, or item 792 of the Other Medical Practitioner Determination, or item 81000, 81005 or 81010 of the Allied Health Determination or item 92136, 92137, 92138, 93026 or 93029 applies in relation to that pregnancy	75.00
Subgroup 17 - GP, Specialist and Consultant Physician Autism Service - Telehealth Service		
92142	Telehealth attendance of at least 45 minutes in duration by a general practitioner for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with an eligible disability if the general practitioner does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider);	164.60

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(b) develops a treatment and management plan, which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medication recommendations; (c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient.	
Subgroup 19— GP Mental Health Treatment Plan - Telehealth Service		
92112	Telehealth attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	87.75
92113	Telehealth attendance, by a general practitioner who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	129.20
92114	Telehealth attendance by a general practitioner to review a GP mental health treatment plan which the general practitioner, or an associated general practitioner has prepared, or to review a psychiatrist assessment and management plan.	87.75
92115	Telehealth attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	87.75
92116	Telehealth attendance, by a general practitioner who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	111.45
92117	Telehealth attendance, by a general practitioner who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.	164.15
92118	Telehealth 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 GP mental health treatment plan for a patient.	70.20
92119	Telehealth attendance by a medical practitioner (not including	103.40

Rectified Authorised Version registered 08/10/2025 F2021C00888

	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 GP mental health treatment plan for a patient.	
92120	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a psychiatrist assessment and management plan.	70.20
92121	Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	70.20
92122	Telehealth 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 GP mental health treatment plan for a patient.	89.15
92123	Telehealth 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 GP mental health treatment plan for a patient.	131.35
Subgroup 20 — GP Mental Health Treatment Plan - Phone Service		
92126	Phone attendance by a general practitioner to review a GP mental health treatment plan which the general practitioner, or an associated general practitioner has prepared, or to review a psychiatrist assessment and management plan.	87.75
92127	Phone attendance by a general practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	87.75
92132	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a psychiatrist assessment and management plan.	70.20
92133	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) in relation to a mental disorder and of at least 20 minutes in	70.20

Rectified Authorised Version registered 08/10/2025 F2021C00888

	duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	
Subgroup 21— GP Eating Disorder Treatment and Management Plan – Telehealth Service		
92146	Telehealth attendance by a general practitioner 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 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.	87.75
92147	Telehealth attendance by a general practitioner 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 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.	129.20
92148	Telehealth attendance by a general practitioner 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	111.45

Rectified Authorised Version registered 08/10/2025 F2021C00888

	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.	
92149	Telehealth attendance by a general practitioner 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 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.	164.15
92150	Telehealth 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.	70.20
92151	Telehealth 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:	103.40

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(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.	
92152	Telehealth 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.	89.15
92153	Telehealth 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 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.	131.35
Subgroup 25— Review of an Eating Disorder Plan - Telehealth Service		

Rectified Authorised Version registered 08/10/2025 F2021C00888

92170	Telehealth 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 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.	87.75
92171	Telehealth 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	70.20

Rectified Authorised Version registered 08/10/2025 F2021C00888

	appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder.	
Subgroup 26—Review of an Eating Disorder Plan – Phone Service		
92176	Phone 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 practising in the specialty of psychiatry or paediatrics, where appropriate; and (e) 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.	87.75
92177	Phone 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	70.20

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (e) 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.	
Subgroup 27— GP - Eating Disorder Focussed Psychological Strategies – Telehealth Service		
92182	Telehealth attendance 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.	113.50
92184	Telehealth attendance 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.	162.45
92186	Telehealth attendance 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.	90.80
92188	Telehealth attendance 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.	130.00
Subgroup 28— GP - Eating Disorder Focussed Psychological Strategies – Phone Service		
92194	Phone attendance 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.	113.50

Rectified Authorised Version registered 08/10/2025 F2021C00888

92196	Phone attendance 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.	162.45
92198	Phone attendance 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.	90.80
92200	Phone attendance 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.	130.00
Subgroup 29 - GP and Other Medical Practitioner - Urgent After Hours Service in Unsociable Hours - Telehealth Service		
92210	Telehealth attendance by a general practitioner on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment.	187.25
92211	Telehealth attendance by a medical practitioner (other than a general practitioner) on not more than one patient on one occasion—each attendance in unsociable hours if: (a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and (b) the patient's medical condition requires urgent assessment.	149.70
Subgroup 39 – GP Blood Borne Viruses, Sexual or Reproductive Health Consultation – Telehealth Service		
92715	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history;	21.05

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	
92716	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	12.90
92717	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	16.80
92718	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	46.00
92719	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	24.70
92720	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history;	36.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	
92721	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	89.10
92722	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	44.70
92723	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	71.25
92724	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	131.15
92725	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation;	71.75

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(c) implementing a management plan; (d) providing appropriate preventive health care	
92726	Telehealth attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	104.90
Subgroup 40 – GP Blood Borne Viruses, Sexual or Reproductive Health Consultation – Phone Service		
92731	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	21.05
92732	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	12.90
92733	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	16.70
92734	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history;	46.00

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	
92735	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	24.70
92736	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	36.45
92737	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	89.10
92738	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	44.70
92739	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 20 minutes in duration but not more than 40 minutes if the attendance includes any of the following that are clinically relevant:	70.60

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	
92740	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	131.15
92741	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	71.75
92742	Phone attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, lasting at least 40 minutes in duration if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	104.90
Subgroup 41 – COVID-19 impacted general practice phone services		
92746	Phone attendance by a general practitioner lasting at least 20 minutes in duration, if; (a) the service is performed on: (i) a person who is in a COVID-19 Commonwealth declared hotspot; or (ii) a person who is in COVID-19 isolation because of a State or Territory public health order; or (iii) a person who is in COVID-19 quarantine because of a State or Territory public health order; and (b) the attendance includes any of the following that are clinically relevant: (i) taking a detailed patient history; (ii) arranging any necessary investigation; (iii) implementing a management plan; (iv) providing appropriate preventative health care	89.10

Rectified Authorised Version registered 08/10/2025 F2021C00888

92747	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) lasting at least 20 minutes in duration, if: (a) the service is performed on: (i) a person who is in a COVID-19 Commonwealth declared hotspot; or (ii) a person who is in COVID-19 isolation because of a State or Territory public health order; or (iii) a person who is in COVID-19 quarantine because of a State or Territory public health order; and (b) the attendance includes any of the following that are clinically relevant: (i) taking a detailed patient history; (ii) arranging any necessary investigation; (iii) implementing a management plan; (iv) providing appropriate preventative health care	44.70

Rectified Authorised Version registered 08/10/2025 F2021C00888

Schedule 2 – Specialist, consultant physician and consultant psychiatrist services

Division 2.1 – Services and fees – specialist attendances via telehealth and phone

2.1.1 Application of COVID-19 specialist, consultant physician and consultant psychiatrist telehealth and phone services

(1) In items 92434 and 92474:

eligible allied health provider has the meaning given in Part 7 of the general medical services table.

risk assessment has the meaning given in clause 2.11.4 of the general medical services table.

2.1.2 Application of item 92513 to 92516 and 92521 to 92524

(1) Clause 2.13.1 of the general medical services table shall have effect as if items 92513 to 92516 and 92521 to 92524 were specified in the clause.

Group A40 – COVID-19 services		
Subgroup 4 – COVID-19 – specialist attendances telehealth services		
Item	**Description**	**Fee ($)**
91822	Telehealth attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance was other than a second or subsequent attendance as part of a single course of treatment.	90.35
91823	Telehealth attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration. Where the attendance is after the first attendance as part of a single course of treatment.	45.40
Subgroup 5 – COVID-19 – consultant physician telehealth services		

Rectified Authorised Version registered 08/10/2025 F2021C00888

91824	Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance was other than a second or subsequent attendance as part of a single course of treatment.	159.35
91825	Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance is not a minor attendance after the first as part of a single course of treatment.	79.75
91826	Telehealth attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance is a minor attendance after the first as part of a single course of treatment.	45.40
92422	Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 45 minutes in duration for an initial assessment of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) following referral of the patient to the consultant physician by a referring practitioner, if: (a) an assessment is undertaken 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 differential diagnoses; and (b) a consultant physician treatment and management plan of significant complexity is prepared and provided to the referring practitioner, which involves: (i) an opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) medication recommendations; and (c) an attendance on the patient to which item 110, 116 or 119 of the general medical services table or item 91824, 91834, 91825, 91835, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and (d) this item, item 92431, or item 132 of the general medical services	278.75

Rectified Authorised Version registered 08/10/2025 F2021C00888

	table, has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician	
92423	Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 20 minutes in duration after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) if: (a) a review is undertaken that covers: (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 (b) the modified consultant physician treatment and management plan is provided to the referring practitioner, which involves, if appropriate: (i) a revised opinion on the diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and (c) an attendance on the patient to which item 110, 116 or 119 of the general medical services table or item 91824, 91834, 91825, 91835, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and (d) item 132 of the general medical services table or item 92422 or 92431 applied to an attendance claimed in the preceding 12 months; and (e) the attendance under this item is claimed by the same consultant physician who claimed item 132 of the general medical services table or item 92422 or 92431; and (f) this item, item 92432, or item 133 of the general medical services table has not applied more than twice in any 12 month period	139.55
Subgroup 6 – COVID-19 – consultant psychiatrist telehealth services		
91827	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was not more than 15 minutes duration.	45.75
91828	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 15 minutes, but not more than 30 minutes in duration.	91.30
91829	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and	140.55

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(b) the attendance was at least 30 minutes, but not more than 45 minutes in duration.	
91830	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 45 minutes, but not more than 75 minutes in duration.	194.00
91831	Telehealth attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 75 minutes in duration.	225.10
92434	Telehealth attendance of at least 45 minutes in duration, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with autism or another pervasive developmental disorder, if the consultant physician does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medication recommendations; (c) provides a copy of the treatment and management plan to the referring practitioner; (d) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item, or item 135, 137, 139 or 289 of the general medical services table, or item 92140, 92143, 92141, 92144, 92142, 92145 or 92474)	278.75
92435	Telehealth attendance of more than 45 minutes in by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the attendance follows referral of the patient to the consultant for an assessment or management by a medical practitioner in general practice (not including a specialist or consultant physician) or a participating nurse practitioner; and (b) during the attendance, the consultant: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and	478.05

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing treatment by the consultant; and (d) within 2 weeks after the attendance, the consultant: (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; and (e) in the preceding 12 months, a service to which this item or item 291 of the general medical services table or item 92475 applies has not been provided.	
92436	Telehealth attendance of more than 30 minutes but not more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291, 92435, 92475; and (b) the attendance follows referral of the patient to the consultant for review of the management plan by the medical practitioner or a participating nurse practitioner managing the patient; and (c) during the attendance, the consultant: (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 management plan; and (d) within 2 weeks after the attendance, the consultant: (i) prepares a written diagnosis of the patient; and (ii) revises the management plan; 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) the patient's carer (if any), if the patient agrees; and (e) in the preceding 12 months, a service to which item 291 of the general medical services table or item 92435 or 92475 applies has been provided; and	298.85

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(f) in the preceding 12 months, a service to which this item, item 92476, or item 293 of the general medical services table or item 92476 applies has not been provided	
92437	Telehealth attendance of more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to the consultant physician by a referring practitioner: (a) if the patient: (i) is a new patient for this consultant physician; or (ii) has not received an attendance from this consultant physician in the preceding 24 months; and (b) the patient has not received an attendance under this item, or item 91827 to 91831, 91837 to 91841, 92455 to 92457, 92495 to 92495 or 92477, or item 296, 297, 299, 300 to 346, 353 to 358 or 361 to 370 of the general medical services table, in the preceding 24 months	274.95
92455	Telehealth attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry; and (c) involving a group of 2 to 9 unrelated patients or a family group of more than 3 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient	52.05
92456	Telehealth attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry; and (c) involving a family group of 3 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient	69.10
92457	Telehealth attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry; and	102.20

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(c) involving a family group of 2 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient	
92458	Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, involving an interview of a person other than the patient of not less than 20 minutes, but less than 45 minutes, in duration, in the course of initial diagnostic evaluation of a patient	133.85
92459	Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, involving an interview of a person other than the patient of not less than 45 minutes in duration, in the course of initial diagnostic evaluation of a patient	184.80
92460	Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, involving an interview of a person other than the patient of not less than 20 minutes in duration, in the course of continuing management of a patient—if that attendance and another attendance to which this item or item 352 of the general medical services table or 92500 applies have not exceeded 4 in a calendar year for the patient	133.85
Subgroup 7 – COVID-19 – specialist attendances phone services		
91832	Phone attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance was other than a second or subsequent attendance as part of a single course of treatment.	90.35
91833	Phone attendance for a person by a specialist in the practice of the specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance is after the first attendance as part of a single course of treatment.	45.40
Subgroup 8 – COVID-19 – consultant physician phone services		
91834	Phone attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance was other than a second or subsequent attendance as part of a single course of treatment.	159.35

Rectified Authorised Version registered 08/10/2025 F2021C00888

91835	Phone attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance is not a minor attendance after the first as part of a single course of treatment.	79.75
91836	Phone attendance for a person by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the specialist; and (b) the attendance was of more than 5 minutes in duration; Where the attendance is a minor attendance after the first as part of a single course of treatment.	45.40
92431	Phone attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 45 minutes in duration for an initial assessment of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) following referral of the patient to the consultant physician by a referring practitioner, if: (a) an assessment is undertaken 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 differential diagnoses; and (b) a consultant physician treatment and management plan of significant complexity is prepared and provided to the referring practitioner, which involves: (i) an opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) medication recommendations; and (c) an attendance on the patient to which item 110, 116 or 119 of the general medical services table or item 91824, 91834, 91825, 91835, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and (d) this item, or item 92422, or item 132 of the general medical services table has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician	278.75
92432	Phone attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 20 minutes in duration after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) if: (a) a review is undertaken that covers: (i) review of initial presenting problems and results of diagnostic	139.55

Rectified Authorised Version registered 08/10/2025 F2021C00888

	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 (b) the modified consultant physician treatment and management plan is provided to the referring practitioner, which involves, if appropriate: (i) a revised opinion on the diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and (c) an attendance on the patient to which item 110, 116 or 119 of the general medical services table or item 91824, 91834, 91825, 91835, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and (d) item 132 of the general medical services table or item 92422 or 92431 applied to an attendance claimed in the preceding 12 months; and (e) the attendance under this item is claimed by the same consultant physician who claimed item 132 of the general medical services table or item 92422 or 92431; and (f) this item, or item 92423, or item 133 of the general medical services table has not applied more than twice in any 12 month period	
Subgroup 9 – COVID-19 – consultant psychiatrist phone services		
91837	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was not more than 15 minutes duration;	45.75
91838	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner and (b) the attendance was at least 15 minutes, but not more than 30 minutes in duration.	91.30
91839	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 30 minutes, but not more than 45 minutes in duration.	140.55
91840	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 45 minutes, but not more than 75 minutes in duration.	194.00

Rectified Authorised Version registered 08/10/2025 F2021C00888

91841	Phone attendance for a person by a consultant psychiatrist; if: (a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the attendance was at least 75 minutes in duration.	225.10
92474	Phone attendance of at least 45 minutes in duration , by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with autism or another pervasive developmental disorder, if the consultant physician does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medication recommendations; (c) provides a copy of the treatment and management plan to the referring practitioner; (d) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient; (other than attendance on a patient for whom payment has previously been made under this item, or item 92140, 92143, 92141, 92144, 92142, 92145 or 92434, or item 135, 137, 139 or 289 of the general medical services table)	278.75
92475	Phone attendance of more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the attendance follows referral of the patient to the consultant for an assessment or management by a medical practitioner in general practice (not including a specialist or consultant physician) or a participating nurse practitioner; and (b) during the attendance, the consultant: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing treatment by the consultant; and (d) within 2 weeks after the attendance, the consultant: (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	478.05

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(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; and (e) in the preceding 12 months, a service to which this item or item 291 of the general medical services table or item 92435 applies has not been provided.	
92476	Phone attendance of more than 30 minutes but not more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if: (a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291, 92435, 92475; and (b) the attendance follows referral of the patient to the consultant for review of the management plan by the medical practitioner or a participating nurse practitioner managing the patient; and (c) during the attendance, the consultant: (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 management plan; and (d) within 2 weeks after the attendance, the consultant: (i) prepares a written diagnosis of the patient; and (ii) revises the management plan; 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) the patient's carer (if any), if the patient agrees; and (e) in the preceding 12 months, a service to which item 291 of the general medical services table or item 92435 or 92475 applies has been provided; and (f) in the preceding 12 months, a service to which this item, item 92436 or item 293 of the general medical services table has not been provided	298.85

Rectified Authorised Version registered 08/10/2025 F2021C00888

92477	Phone attendance of more than 45 minutes in duration by a consultant physician in the practice of the consultant physician's speciality of psychiatry following referral of the patient to the consultant physician by a referring practitioner: (a) if the patient: (i) is a new patient for this consultant physician; or (ii) has not received an attendance from this consultant physician in the preceding 24 months; and (b) the patient has not received an attendance under this item, item 91827 to 91831, 91837 to 91841, 92455 to 92457, 92495 to 92495 or 92437, or item 296, 297, 299, 300 to 346, 353 to 358, or 361 to 370 of the general medical services table, in the preceding 24 months	274.95
92495	Phone attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry; and (c) involving a group of 2 to 9 unrelated patients or a family group of more than 3 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient	52.05
92496	Phone attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry; and (c) involving a family group of 3 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient	69.10
92497	Phone attendance for group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted): (a) of not less than 1 hour in duration; and (b) given under the continuous direct supervision of a consultant physician in the practice of the consultant physician's specialty of psychiatry; and (c) involving a family group of 2 patients, each of whom is referred to the consultant physician by a referring practitioner; —each patient	102.20

Rectified Authorised Version registered 08/10/2025 F2021C00888

92498	Phone attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, involving an interview of a person other than the patient of not less than 20 minutes, but less than 45 minutes, in duration, in the course of initial diagnostic evaluation of a patient	133.85
92499	Phone attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, involving an interview of a person other than the patient of not less than 45 minutes in duration, in the course of initial diagnostic evaluation of a patient	184.80
92500	Phone attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner, involving an interview of a person other than the patient of not less than 20 minutes in duration, in the course of continuing management of a patient—if that attendance and another attendance to which this item or item 352 of the general medical services table or 92460 applies have not exceeded 4 in a calendar year for the patient	133.85
Subgroup 17 - GP, Specialist and Consultant Physician Autism Service - Telehealth Service		
92140	Telehealth attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics, following referral of the patient to the consultant by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient aged under 13 years with autism or another pervasive developmental disorder, if the consultant paediatrician does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan, which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medical recommendations; (c) provides a copy of the treatment and management plan to the referring practitioner and one or more allied health providers, if appropriate, for the treatment of the patient.	278.75

Rectified Authorised Version registered 08/10/2025 F2021C00888

92141	Telehealth attendance of at least 45 minutes in duration by a specialist or consultant physician following referral of the patient to the specialist or consultant physician by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with an eligible disability if the specialist or consultant physician does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan, which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medication recommendations; (c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient.	278.75
Subgroup 18 - GP, Specialist and Consultant Physician Autism Service - Phone Service		
92143	Phone attendance of at least 45 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics, following referral of the patient to the consultant by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient aged under 13 years with autism or another pervasive developmental disorder, if the consultant paediatrician does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan, which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medical recommendations; (c) provides a copy of the treatment and management plan to: (i) the referring practitioner; and (ii) one or more allied health providers, if appropriate, for the treatment of the patient.	278.75

Rectified Authorised Version registered 08/10/2025 F2021C00888

92144	Phone attendance of at least 45 minutes in duration by a specialist or consultant physician following referral of the patient to the specialist or consultant physician by a referring practitioner, for assessment, diagnosis and preparation of a treatment and management plan for a patient under 13 years with an eligible disability if the specialist or consultant physician does all of the following: (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan, which must include the following: (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—medication recommendations; (c) provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient.	278.75
Subgroup 23— Consultant Physician and Psychiatrist - Eating Disorder Treatment and Management Plan – Telehealth Service		
92162	Telehealth attendance of at least 45 minutes in duration 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	478.05

Rectified Authorised Version registered 08/10/2025 F2021C00888

92163	Telehealth attendance of at least 45 minutes in duration 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.	278.75
Subgroup 24— Consultant Physician and Psychiatrist - Eating Disorder Treatment and Management Plan – Phone Service		
92166	Phone attendance of at least 45 minutes in duration 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	478.05

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(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.	
92167	Phone attendance of at least 45 minutes in duration 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.	278.75
Subgroup 25— Review of an Eating Disorder Plan - Telehealth Service		
92172	Telehealth attendance of at least 30 minutes in duration 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	298.85

Rectified Authorised Version registered 08/10/2025 F2021C00888

	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) the patient's carer (if any), if the patient agrees.	
92173	Telehealth attendance of at least 30 minutes in duration 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: (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 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) the patient's carer (if any), if the patient agrees.	139.55
Subgroup 26—Review of an Eating Disorder Plan – Phone Service		
92178	Phone attendance of at least 30 minutes in duration 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	298.85

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees.	
92179	Phone attendance of at least 20 minutes in duration 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) the patient's carer (if any), if the patient agrees.	139.55

Rectified Authorised Version registered 08/10/2025 F2021C00888

Division 2.2– Services and Fees – obstetric attendances

2.2.1 Application of COVID-19 obstetrics telehealth and phone services

(1) For an item in Subgroups 1 or 2 of Group T4:

(a) ***practice midwife*** has the same meaning as in clause 5.5.2 of the general medical services table;

(b) ***nurse*** has the same meaning as in clause 5.5.1 of the general medical services table.

(2) For items 91850 and 91855:

(a) the items apply to an antenatal service provided to a patient by a practice midwife, nurse or Aboriginal and Torres Strait Islander health practitioner only if:

(i) the practice midwife, nurse or Aboriginal and Torres Strait Islander health practitioner has the appropriate training and skills to perform an antenatal service; and

(ii) the medical practitioner under whose supervision the antenatal service is provided retains responsibility for clinical outcomes and for the health and safety of the patient; and

(iii) the practice midwife, nurse or Aboriginal and Torres Strait Islander health practitioner complies with relevant legislative or regulatory requirements regarding the provision of the antenatal service in the State or Territory where the service is provided;

(b) the items do not apply in conjunction with another antenatal attendance item for the same patient, on the same day by the same practitioner;

(c) the items do not apply in conjunction with items 10981, 10982, 10990, 10991 or 10992; and

(d) for any particular patient, item 91850 and 91855 and item 16400 in the general medical services table apply not more than 10 times in a 9 month period.

Group T4—Obstetrics

Item	Description	Fee ($)
Subgroup 1 – COVID-19 obstetric telehealth services		
91850	Antenatal telehealth service provided by a practice midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, to a maximum of 10 services per pregnancy, if: (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and (b) the service is not performed in conjunction with another antenatal attendance item in Group T4 for the same patient on the same day by the same practitioner.	28.35
91851	Postnatal telehealth attendance by an obstetrician or general	74.60

Rectified Authorised Version registered 08/10/2025 F2021C00888

	practitioner (other than a service to which any other item applies) if: (a) is between 4 and 8 weeks after the birth; and (b) lasts at least 20 minutes in duration; and (c) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (d) is for a pregnancy in relation to which a service to which item 82140 applies is not provided. Applicable once for a pregnancy.	
91852	Postnatal telehealth attendance (other than a service to which any other item applies) if: (a) the attendance is rendered by: (i) a practice midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner; and (b) is between 1 week and 4 weeks after the birth; and (c) lasts at least 20 minutes; and (d) is for a patient who was privately admitted for the birth; and (e) is for a pregnancy in relation to which a service to which item 82130, 82135 or 82140 of the *Health Insurance (Midwife and Nurse Practitioner) Determination 2015* or item 91214, 91215, 91221 or 91222 is not provided. Applicable once for a pregnancy.	55.55
91853	Antenatal telehealth attendance.	49.05
Subgroup 2 – COVID-19 obstetric phone services		
91855	Antenatal phone service provided by a practice midwife, nurse or an Aboriginal and Torres Strait Islander health practitioner, to a maximum of 10 services per pregnancy, if: (a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and (b) the service is not performed in conjunction with another antenatal attendance item in Group T4 for the same patient on the same day by the same practitioner.	28.35
91856	Postnatal phone attendance by an obstetrician or general practitioner (other than a service to which any other item applies) if: (a) is between 4 and 8 weeks after the birth; and (b) lasts at least 20 minutes in duration; and (c) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and (d) is for a pregnancy in relation to which a service to which item 82140 applies is not provided.	74.60

Rectified Authorised Version registered 08/10/2025 F2021C00888

	Applicable once for a pregnancy.	
91857	Postnatal phone attendance (other than a service to which any other item applies) if: (a) the attendance is rendered by: (i) a practice midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner; and (b) is between 1 week and 4 weeks after the birth; and (c) lasts at least 20 minutes; and (d) is for a patient who was privately admitted for the birth; and (e) is for a pregnancy in relation to which a service to which item 82130, 82135 or 82140 of the *Health Insurance (Midwife and Nurse Practitioner) Determination 2015* or item 91214, 91215, 91221 or 91222 is not provided. Applicable once for a pregnancy.	55.55
91858	Antenatal phone attendance.	49.05

Subgroup 31—Geriatric Medicine – Telehealth Services

Column 1 Item	Column 2 Description	Column 3 Fee ($)
92623	Telehealth attendance of more than 60 minutes in duration by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine, if: (a) the patient is at least 65 years old and referred by a medical practitioner practising in general practice (not including a specialist or consultant physician) or a participating nurse practitioner; and (b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and (c) during the attendance: (i) all relevant aspects of the patient's health are evaluated in detail using appropriately validated assessment tools if indicated (the ***assessment***); and (ii) the patient's various health problems and care needs are identified and prioritised (the ***formulation***); and (iii) a detailed management plan is prepared (the ***management plan***) setting out: (A) the prioritised list of health problems and care needs; and (B) short and longer term management goals; and (C) recommended actions or intervention strategies to be undertaken by the patient's general practitioner or another relevant health care provider that are likely to improve or maintain health status and are readily available and acceptable to the patient and the patient's family and	478.05

Rectified Authorised Version registered 08/10/2025 F2021C00888

	carers; and (iv) the management plan is explained and discussed with the patient and, if appropriate, the patient's family and any carers; and (v) the management plan is communicated in writing to the referring practitioner; and (d) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91832, 91823, 91833, 91824, 91834, 91825, 91835, 91826 or 91836 applies has not been provided to the patient on the same day by the same practitioner; and (e) an attendance to which this item, item 92628, or item 145 of the general medical services table applies has not been provided to the patient by the same practitioner in the preceding 12 months	
92624	Telehealth attendance of more than 30 minutes in duration by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine to review a management plan previously prepared by that consultant physician or specialist under item 141, 92623, 92628 or 145, if: (a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and (b) during the attendance: (i) the patient's health status is reassessed; and (ii) a management plan prepared under item 141, 92623, 92628 or 145 is reviewed and revised; and (iii) the revised management plan is explained to the patient and (if appropriate) the patient's family and any carers and communicated in writing to the referring practitioner; and (c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91832, 91823, 91833, 91824, 91834, 91825, 91835, 91826 or 91836 applies was not provided to the patient on the same day by the same practitioner; and (d) an attendance to which item 141 or 145 of the general medical services table, or item 92623 or 92628 applies has been provided to the patient by the same practitioner in the preceding 12 months; and (e) an attendance to which this item, item 92629, or item 147 of the general medical services table applies has not been provided to the patient in the preceding 12 months, unless there has been a significant change in the patient's clinical condition or care circumstances that requires a further review	298.85
Subgroup 32—Geriatric Medicine—Phone Services		
92628	Phone attendance of more than 60 minutes in duration by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine, if: (a) the patient is at least 65 years old and referred by a medical practitioner practising in general practice (not including a specialist or consultant physician) or a participating nurse practitioner; and	478.05

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and (c) during the attendance: (i) all relevant aspects of the patient's health are evaluated in detail using appropriately validated assessment tools if indicated (the ***assessment***); and (ii) the patient's various health problems and care needs are identified and prioritised (the ***formulation***); and (iii) a detailed management plan is prepared (the ***management plan***) setting out: (A) the prioritised list of health problems and care needs; and (B) short and longer term management goals; and (C) recommended actions or intervention strategies to be undertaken by the patient's general practitioner or another relevant health care provider that are likely to improve or maintain health status and are readily available and acceptable to the patient and the patient's family and carers; and (iv) the management plan is explained and discussed with the patient and, if appropriate, the patient's family and any carers; and (v) the management plan is communicated in writing to the referring practitioner; and (d) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91832, 91823, 91833, 91824, 91834, 91825, 91835, 91826 or 91836 applies has not been provided to the patient on the same day by the same practitioner; and (e) an attendance to which this item or item 92623 or item 145 of the general medical services table applies has not been provided to the patient by the same practitioner in the preceding 12 months	
92629	Phone attendance of more than 30 minutes in duration by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine to review a management plan previously prepared by that consultant physician or specialist under item 141, 92623, 92628 or 145, if: (a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and (b) during the attendance: (i) the patient's health status is reassessed; and (ii) a management plan prepared under item 141, 92623, 92628 or 145 is reviewed and revised; and (iii) the revised management plan is explained to the patient and (if appropriate) the patient's family and any carers and communicated in writing to the referring practitioner; and (c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91832, 91823, 91833, 91824, 91834, 91825, 91835, 91826 or 91836 applies was not provided to the patient on the same day by the same practitioner;	298.85

Rectified Authorised Version registered 08/10/2025 F2021C00888

	and (d) an attendance to which item 141 or 145 of the general medical services table, or item 92623 or 92628 applies has been provided to the patient by the same practitioner in the preceding 12 months; and (e) an attendance to which this item, item 92624 or item 147 of the general medical services table applies has not been provided to the patient in the preceding 12 months, unless there has been a significant change in the patient's clinical condition or care circumstances that requires a further review	
Subgroup 33— Public health physician – Telehealth Services		
92513	Telehealth attendance by a public health physician in the practice of the public health physician's specialty of public health medicine— attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management	20.65
92514	Telehealth attendance by a public health physician in the practice of the public health physician's specialty of public health medicine, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation	45.15
92515	Telehealth attendance by a public health physician in the practice of the public health physician's specialty of public health medicine, lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation	87.35
92516	Telehealth attendance by a public health physician in the practice of the public health physician's specialty of public health medicine, lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation	128.60
Subgroup 34— Public health physician – Phone Services		
92521	Phone attendance by a public health physician in the practice of the public health physician's specialty of public health medicine—	20.65

Rectified Authorised Version registered 08/10/2025 F2021C00888

	attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management	
92522	Phone attendance by a public health physician in the practice of the public health physician's specialty of public health medicine, lasting less than 20 minutes and including any of the following that are clinically relevant: (a) taking a patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation	45.15
92523	Phone attendance by a public health physician in the practice of the public health physician's specialty of public health medicine, lasting at least 20 minutes and including any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation	87.35
92524	Phone attendance by a public health physician in the practice of the public health physician's specialty of public health medicine, lasting at least 40 minutes and including any of the following that are clinically relevant: (a) taking an extensive patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care; for one or more health-related issues, with appropriate documentation	128.60
Subgroup 35— Neurosurgery attendances – Telehealth Services		
92610	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist (other than a second or subsequent attendance in a single course of treatment)	136.85
92611	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—a minor attendance after the first in a single course of treatment	45.40
92612	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 15 minutes in duration but not more than 30 minutes in duration	90.35
92613	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary	125.15

Rectified Authorised Version registered 08/10/2025 F2021C00888

	investigations in relation to one or more complex problems and of more than 30 minutes in duration but not more than 45 minutes in duration	
92614	Telehealth attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 45 minutes in duration	159.35
Subgroup 36—Neurosurgery attendances – Phone Services		
92617	Phone attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist (other than a second or subsequent attendance in a single course of treatment)	136.85
92618	Phone attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—a minor attendance after the first in a single course of treatment	45.40
92619	Phone attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 15 minutes in duration but not more than 30 minutes in duration	90.35
92620	Phone attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 30 minutes in duration but not more than 45 minutes in duration	125.15
92621	Phone attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 45 minutes in duration	159.35
Subgroup 37 —Specialist, anaesthesia telehealth services		
92701	Telehealth attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems, involving a selective history and the formulation of a written patient management plan documented in the patient notes, and lasting more than 15 minutes (other than a service associated with a service to which any of items 2801 to 3000 of the general medical services table apply)	90.35
Subgroup 38 —Specialist, anaesthesia phone services		
92712	Phone attendance by a medical practitioner in the practice of anaesthesia for a consultation on a patient undergoing advanced surgery or who has complex medical problems, involving a selective history and the formulation of a written patient management plan documented in the patient notes, and lasting more than 15 minutes (other than a service associated with a service to which any of items 2801 to 3000 of the general medical services table apply)	90.35

Rectified Authorised Version registered 08/10/2025 F2021C00888

Schedule 3 – Allied health services

Division 3.1 – Services and fees – COVID-19 allied health telehealth and phone services

3.1.1 Application of COVID-19 allied health attendances via telehealth and phone - general

(1) An item in Schedule 3 applies only if a private health insurance benefit has not been claimed for the service.

3.1.2 Referrals by psychiatrists and paediatricians for pervasive developmental disorder services

(1) This section applies to items in Subgroups 15 and 16 of Group M18.

(2) For items 93032, 93033, 93040 and 93041 the referral by a consultant physician specialising in the practice of his or her field of psychiatry must be a referral for a service to which any of items 296 to 370 (except item 359) of the general medical services or to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92477, 92495, 92496, 92497, 92498, 92499 or 92500 table applies.

(3) For items 93032, 93033, 93040 and 93041 the referral by a consultant physician specialising in the practice of his or her field of paediatrics must be a referral for a service to which any of items 110 to 131 of the general medical services table or to which any of items 91824, 91825, 91826, 91834, 91835 or 91836 applies.

(4) For items 93035, 93036, 93043 and 93044 the referral by a consultant physician specialising in the practice of his or her field of psychiatry must be a referral for a service to which item 289 of the general medical services table or to which any of items 92434 or 92474 applies.

(5) If a child has previously been provided with a service mentioned in item 289 of the general medical services table or item 92434 or 92474, a consultant physician specialising in the practice of his or her field of psychiatry may only refer the child for a service to which any of items 296 to 370 (excepting item 359) of the general medical services table or to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92437, 92455, 92456, 92457, 92458, 92459, 92460, 92477, 92495, 92496, 92497, 92498, 92499 or 92500 applies.

(6) For items 93035, 93036, 93043 and 93044 the referral by a consultant physician specialising in the practice of his or her field of paediatrics must be a referral for a service to which item 135 of the general medical services table or to which item 92140 or 92143 applies.

Rectified Authorised Version registered 08/10/2025 F2021C00888

(7) If a child has previously been provided with a service mentioned in item 135 of the general medical services table or item 92140 or 92143, a consultant physician specialising in the practice of his or her field of paediatrics may only refer the child for a service to which any of items 110 to 131 of the general medical services table or to which any of items 91824, 91825, 91826, 91834, 91835 or 91836 applies.

(8) If a child has previously been provided with a service mentioned in item 137 or 139 of the general medical services table or item 92141, 92142, 92144 or 92145, the medical practitioner cannot refer the child for a service to which item 135 or 289 of the general medical services table or to which item 92140, 92143, 92434 or 92474 applies.

3.1.3 Referrals by specialists, consultant physicians and general practitioners for disability services

(1) This section applies to items in Subgroups 15 and 16 of Group M18.

(2) For items 93032, 93033, 93040 and 93041 the referral by a specialist or consultant physician specialising in the practice of his or her field of speciality must be a referral for a service to which any of items 104 to 131 or 296 to 370 (except item 359) of the general medical services table or items 91822 to 91841, 92437, 92455, 92456, 92457 92458, 92459, 92460, 92477, 92495, 92496, 92497, 92498, 92499 and 92500 apply.

(3) For items 93032, 93033, 93040 and 93041, the referral by a general practitioner must be a referral for a service to which any of items 3 to 51 of the general medical services table or to which any of items 91790, 91800, 91801, 91802, 91890, 91891, 91892, 91893, 92746 or 92747 applies.

(4) For items 93035, 93036, 93043 and 93044 the referral by a specialist or consultant physician specialising in the practice of his or her field of speciality must be a referral for a service to which item 137 of the general medical services table or to which item 92141 or 92144 applies.

(5) For items 93035, 93036, 93043 and 93044 the referral by a general practitioner must be a referral for a service to which item 139 of the general medical services table or item 92142 or 92145 applies.

(6) If a child has previously been provided with a service mentioned in item 135 or 289 of the general medical services table or item 92140, 92143, 92434 or 92474, the medical practitioner cannot refer the child for a service to which item 137 or 139 of the general medical services table or item 92141, 92142, 92144 or 92145 applies.

3.1.4 Pervasive developmental disorder and disability services course of assessment—reporting requirements

(1) This section applies to items 93032, 93033, 93040 and 93041.

(2) At the completion of a course of assessment, the allied health professional must provide a written report to the referring medical practitioner.

Rectified Authorised Version registered 08/10/2025 F2021C00888

3.1.5 Referrals by specialists, consultant physicians and general practitioners for psychological therapy and focussed psychological strategies therapy health services

(1) For items 91166 to 91176 and 91181 to 91188:

(a) the referral by a consultant physician specialising in the practice of his or her field of psychiatry must be a referral for a service to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92436, 92437, 92458, 92459, 92460, 92476, 92477, 92498, 92499 or 92500, or items 293 to 370 of the general medical services table applies;

(b) the referral by a consultant physician specialising in the practice of his or her field of paediatrics must be a referral for a service to which any of items 110 to 133 of the general medical services table or to which any of items 91824, 91825, 91826, 91834, 91835, 91836, 92422, 92423, 92431 or 92432 applies;

(c) the referral by a specialist in the practice of his or her field of psychiatry or paediatrics must be a referral for a service to which any of items 104 to 109 of the general medical services table or items 91822, 91823, 91832 or 91833 applies; and

(d) where the referral is by a medical practitioner as part of a shared care plan, the shared care plan must include, in addition to any matters required by section 9B:

(i) a record of the patient's agreement to mental health services;

(ii) an outline of assessment of the patient's mental disorder, including the mental health formulation and diagnosis or provisional diagnosis; and

(iii) if appropriate, a plan for one or more of:

A. crisis intervention;

B. relapse prevention.

3.1.5A Eligible patient for eating disorders items

(1) For an item in Subgroup 20 or 22 of Group M18, a patient is an **eligible patient** if the patient meets the requirements for a patient specified in clause 2.31.2 of the general medical services table.

3.1.6 Limitations on allied health eating disorders items

(1) For an item in Subgroups 20 and 22 of Group M18, the 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;

Rectified Authorised Version registered 08/10/2025 F2021C00888

(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;

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

(j) focal psychodynamic therapy.

(2) An item in Subgroup 20 or 22 of Group M18 does not apply to a service providing a treatment to a patient under an eating disorder treatment and management plan if:

(a) the service is provided more than 12 months after the plan is prepared; or

(b) the patient has already been provided with 40 services under the plan; or

(c) the service is provided after the patient has already been provided with 10 services under the plan but before a recommendation by a reviewing practitioner is given that additional services should be provided under the plan; or

(d) the service is provided after the patient has already been provided with 20 services under the plan but before recommendations that additional services should be provided under the plan are given by each of the following:

(i) a medical practitioner (other than a specialist or consultant physician);

(ii) a consultant physician practising in the specialty of psychiatry or paediatrics; or

(e) the service is provided after the patient has already been provided with 30 services under the plan but before a recommendation is given by a reviewing practitioner that additional services should be provided.

(3) A reviewing practitioner may recommend that additional services be provided under a plan only if:

(a) the recommendation is made as part of a service to which an item in Subgroup 3 of Group A36 of the general medical services table or Subgroup 25 or 26 of Group A40 of the COVID-19 Determination applies; and

(b) the service is provided:

(i) for the purposes of paragraph (2)(c)—after the patient has been provided with 10 services under the plan; and

(ii) for the purposes of paragraph (2)(d)—after the patient has been provided with 20 services under the plan; and

(iii) for the purposes of paragraph (2)(e)—after the patient has been provided with 30 services under the plan; and

(c) the practitioner records the recommendation in the patient's records.

(4) For any particular patient, items in Subgroups 19 and 21 of Group M18 do not apply to a service if the patient has had 20 eating disorder dietetic treatment services in a 12 month period commencing from the provision of an eating disorder treatment and management plan.

Rectified Authorised Version registered 08/10/2025 F2021C00888

(5) For the purposes of this clause, in counting the services providing treatments under a plan, only count the services to which any of the following apply:

(a) items 283, 285, 286, 287, 371 and 372;

(b) items 2721, 2723, 2725 and 2727;

(c) items in Groups M6, M7 and M16 other than items 82350 and 82351;

(d) items 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281 and 90282;

(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.

(6) For any particular patient, items in Subgroups 19 to 22 of Group M18 do not apply unless the patient has been referred by:

(a) a general practitioner or medical practitioner who issued the referral as part of a service to which an item in Subgroup 1 of Group 36 of the general medical services table or item 92146, 92147, 92148, 92149, 92150, 92151, 92152. 92153, 92154, 92155, 92156, 92157, 92158, 92159, 92160 or 92161 applies; or

(b) a consultant physician in the specialty of psychiatry or paediatrics who issued the referral as part of a service to which an item in Subgroup 2 of Group 36 of the general medical services table or item 92162, 92163, 92166 or 92167 applies; or

(c) a medical practitioner who issued the referral as part of a service to which an item in Subgroup 3 of Group 36 of the general medical services table or item 92170 to 92173 or 92176 to 92179 applies.

3.1.7 Reporting requirements for allied health eating disorder items

(1) For an item in Subgroups 19 to 22 of Group M18, the relevant allied health professional must provide the referring medical practitioner with a written report on assessments carried out, treatment provided and recommendations for future management of the patient's condition at required intervals.

(2) A report under subsection (1) is to be provided:

(a) after the first service;

(b) as clinically required following subsequent services; and

(c) after the final service.

Group M18 - COVID-19 allied health telehealth services		
Item	**Service**	**Fee ($)**
Subgroup 1 – COVID-19 psychological therapies telehealth services		
91166	Psychological therapy health service provided by telehealth attendance by an	103.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii)a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration.	
91167	Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration.	152.40
Subgroup 2 – COVID-19 psychologist focussed psychological strategies telehealth services		
91169	Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a	73.55

Rectified Authorised Version registered 08/10/2025 F2021C00888

	psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration.	
91170	Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration.	103.80
Subgroup 3 – COVID-19 occupational therapist focussed psychological strategies telehealth services		
91172	Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health	64.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration.	
91173	Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes in duration.	91.50
Subgroup 4 – COVID-19 social worker focussed psychological strategies telehealth services		
91175	Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental	64.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration.	
91176	Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration.	91.50
Subgroup 6 – COVID-19 psychological therapies phone services		
91181	Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP	103.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii)a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration.	
91182	Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration.	152.40
Subgroup 7 - COVID-19 psychologist focussed psychological strategies phone service		
91183	Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if: (a) the person is referred by:	73.55

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration.	
91184	Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes duration.	103.80
Subgroup 8 – COVID-19 occupational therapist focussed psychological strategies phone services		

Rectified Authorised Version registered 08/10/2025 F2021C00888

91185	Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration.	64.80
91186	Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 50 minutes in duration.	91.50

Subgroup 9 – COVID-19 social worker focussed psychological strategies phone services

Rectified Authorised Version registered 08/10/2025 F2021C00888

91187	Focussed psychological strategies health service provided by phone attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and (e) the service is at least 20 minutes but less than 50 minutes duration.	64.80
91188	Focussed psychological strategies health service provided by phone attendance by an eligible social worker if: (a) the person is referred by: (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics; and (b) the service is provided to the person individually; and (c) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and (d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and	91.50

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(e) the service is at least 50 minutes duration.	
Subgroup 11 - general allied health telehealth services		
93000	Telehealth attendance by an eligible allied health practitioner if: (a) the service is provided to a person who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c) the person is referred to the eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 5 services (including any services to which this item, item 93013 or any item in Part 1 of the Schedule to the Allied Health Determination applies) in a calendar year.	64.80
Subgroup 12 - general allied health phone services		
93013	Phone attendance by an eligible allied health practitioner if: (a) the service is provided to a person who has: (i) a chronic condition; and (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan	64.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and (c) the person is referred to the eligible allied health practitioner by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 20 minutes duration; and (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (c): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of —in relation to those matters; to a maximum of 5 services (including any services to which this item, item 93000 or any item in Part 1 of the Schedule to the Allied Health Determination applies) in a calendar year.	
Subgroup 13 - pregnancy support counselling telehealth services		
93026	Non directive pregnancy support counselling health service provided to a person who is currently pregnant or who has been pregnant in the preceding 12 months by an eligible psychologist, eligible social worker or eligible mental health nurse as a telehealth attendance if: (a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and (c) the service is provided to the person individually; and (d) the eligible psychologist, eligible social worker or eligible mental health nurse does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (e) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000,	76.10

Rectified Authorised Version registered 08/10/2025 F2021C00888

	81005, 81010 in the Allied Health Determination, item 4001 of the general medical services table and item 93029, 92136 and 92138 apply) for each pregnancy. The service may be used to address any pregnancy related issues for which non directive counselling is appropriate	
Subgroup 14 - pregnancy support counselling phone services		
93029	Non directive pregnancy support counselling health service provided to a person, who is currently pregnant or who has been pregnant in the preceding 12 months by an eligible psychologist, eligible social worker or eligible mental health nurse as a phone attendance if: (a) the person is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and (b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and (c) the service is provided to the person individually; and (d) the eligible psychologist, eligible social worker or eligible mental health nurse does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination; and (e) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000, 81005, 81010 in the Allied Health Determination, item 4001 of the general medical services table and item 93026, 92136 and 92138 apply) for each pregnancy. The service may be used to address any pregnancy related issues for which non directive counselling is appropriate	76.10
Subgroup 15 - autism, pervasive developmental disorder and disability telehealth services		
93032	Psychology health service provided by telehealth attendance to a child aged under 13 years by an eligible psychologist if: (a) the child was referred to the eligible psychologist by an eligible practitioner: (i) to assist with the diagnosis of the child by the practitioner; or (ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and (b) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (c) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and (d) the service is provided to the child individually; and	103.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(e) the service is at least 50 minutes duration; to a maximum of 4 services (including services to which this item, items 93033, 93040 and 93041 or items 82000, 82005, 82010 and 82030 in the Allied Health Determination apply). Up to 4 services may be provided to the same child on the same day. This item is subject to clauses 3.1.2, 3.1.3 and 3.1.4.	
93033	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a child aged under 13 years by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if: (a) the child was referred to the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist by an eligible practitioner: (i) to assist with the diagnosis of the child by the practitioner; or (ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and (b) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (c) the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and (d) the service is provided to the child individually; and (e) the service is at least 50 minutes duration; to a maximum of 4 services (including services to which this item, items 93032, 93040 or 93041, or items 82000, 82005, 82010 and 82030 in the Allied Health Determination apply). Up to 4 services may be provided to the same child on the same day. This item is subject to clauses 3.1.2, 3.1.3 and 3.1.4.	91.50
93035	Psychology health service provided by telehealth attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible psychologist, if: (a) the child has been diagnosed with a PDD or an eligible disability; and (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and (d) the eligible practitioner is:	103.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her field of specialty, or a general practitioner; and (e) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and (f) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and (g) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (h) the service is provided to the child individually; and (i) the service is at least 30 minutes duration; to a maximum of 20 services (including services to which this item, items 93036, 93043 and 93044, or items 82015, 82020, 82025 and 82035 in the Allied Health Determination apply). Up to 4 services may be provided to the same child on the same day. This item is subject to clauses 3.1.2 and 3.1.3.	
93036	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if: (a) the child has been diagnosed with a PDD or an eligible disability; and (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and (d) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (e) the eligible speech pathologist, occupational therapist, audiologist,	91.50

Rectified Authorised Version registered 08/10/2025 F2021C00888

	optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and (f) on the completion of the course of treatment, the eligible speech pathologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and (g) the service is provided to the child individually; and (i) the service is at least 30 minutes duration; to a maximum of 20 services (including services to which this item, item 93035, 93043 and 93044, or items 82015, 82020 82025 and 82035 in the Allied Health Determination apply). This item is subject to clauses 3.1.2 and 3.1.3.	
Subgroup 16 - autism, pervasive developmental disorder and disability phone services		
93040	Psychology health service provided by phone attendance to a child aged under 13 years by an eligible psychologist if: (a) the child was referred to the eligible psychologist by an eligible practitioner: (i) to assist with the diagnosis of the child by the practitioner; or (ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and (b) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (c) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and (d) the service is provided to the child individually; and (e) the service is at least 50 minutes duration; to a maximum of 4 services (including services to which this item, items 93032, 93033 and 93041, or items 82005, 82010 and 82030 in the Allied Health Determination apply). Up to 4 services may be provided to the same child on the same day. This item is subject to clauses 3.1.2. 3.1.3 and 3.1.4.	103.80
93041	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a child aged under 13 years by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if: (a) the child was referred to the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist by an eligible practitioner:	91.50

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(i) to assist with the diagnosis of the child by the practitioner; or (ii) to contribute to the child's PDD or disability treatment and management plan, developed by the practitioner; and (b) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; or (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (c) the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of that service; and (d) the service is provided to the child individually; and (e) the service is at least 50 minutes duration; to a maximum of 4 services (including services to which this item, items 93932, 93033 and 93040 or items 82005, 82010 and 82030 in the Allied Health Determination apply). Up to 4 services may be provided to the same child on the same day. This item is subject to clauses 3.1.2. 3.1.3 and 3.1.4.	
93043	Psychology health service provided by phone attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible psychologist, if: (a) the child has been diagnosed with a PDD or an eligible disability; and (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and (d) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her field of specialty, or a general practitioner; and (e) the eligible psychologist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and (f) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and	103.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(g) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (h) the service is provided to the child individually; and (i) the service is at least 30 minutes duration; to a maximum of 20 services (including services to which this item, items 93044, 93036, 93035 and 93932 or items 82020, 82025 and 82035 in the Allied Health Determination apply) This item is subject to clauses 3.1.2 and 3.1.3	
93044	Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a child aged under 15 years for treatment of a pervasive developmental disorder (PDD) or eligible disability by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if: (a) the child has been diagnosed with a PDD or an eligible disability; and (b) the child, while aged under 13 years, received a PDD or disability treatment and management plan as prepared by the eligible practitioner; and (c) the child was referred by an eligible practitioner for services consistent with the child's PDD or disability treatment and management plan; and (d) the eligible practitioner is: (i) for a child with PDD, a consultant physician specialising in the practice of his or her field of psychiatry or paediatrics; (ii) for a child with disability, a specialist or consultant physician practising in his or her specialty, or a general practitioner; and (e) the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist attending the child is registered with the Department of Human Services as meeting the credentialing requirements for the provision of those services; and (f) on the completion of the course of treatment, the eligible speech pathologist gives a written report to the referring eligible practitioner on assessments carried out, treatment provided and recommendations on future management of the child's condition; and (g) the service is provided to the child individually; and (i) the service is at least 30 minutes duration; to a maximum of 20 services (including services to which this item, items 93935, 93036 and 93043 or items 82015, 82025 and 82035 in the Allied Health Determination apply). This item is subject to clauses 3.1.2 and 3.1.3.	91.50

Rectified Authorised Version registered 08/10/2025 F2021C00888

Subgroup 17 - telehealth attendance to person of Aboriginal and Torres Strait Islander descent		
93048	Telehealth attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if: (a) either: (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (ii) the person's shared care plan identifies the need for follow-up allied health services; and (b) the person is referred to the eligible allied health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and (c) the service is provided to the person individually; and (d) the service is of at least 20 minutes duration; and (e) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 5 services (including any services to which this item or 93061 or any item in Part 6 of Schedule 2 to the Allied Health Determination applies) in a calendar year. This item is subject to clauses 3.1.2 and 3.1.3.	64.80
Subgroup 18 - phone attendance to person of Aboriginal and Torres Strait Islander descent		
93061	Phone attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if: (a) either: (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (ii) the person's shared care plan identifies the need for follow-up allied health services; and (b) the person is referred to the eligible allied health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and	64.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(c) the service is provided to the person individually; and (d) the service is of at least 20 minutes duration; and (e) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b): (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or the last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters; to a maximum of 5 services (including any services to which this item or item 93060 or any item in Part 6 of Schedule 2 to the Allied Health Determination applies) in a calendar year. This item is subject to clauses 3.1.2 and 3.1.3.	
Subgroup 19 – eating disorder dietetics telehealth services		
93074	Dietetics health service provided by telehealth attendance to an eligible patient by an eligible dietitian: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is of at least 20 minutes in duration.	64.80
Subgroup 20 - eating disorder psychological treatment services telehealth services		
93076	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes but less than 50 minutes in duration.	103.80
93079	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	152.40
93084	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible psychologist if:	73.55

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	
93087	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	103.80
93092	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually person; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	64.80
93095	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	91.50
93100	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	64.80
93103	Eating disorder psychological treatment service provided by telehealth attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually;	91.50

Rectified Authorised Version registered 08/10/2025 F2021C00888

	and (c) the service is at least 50 minutes in duration.	
Subgroup 21 – eating disorder dietetics phone services		
93108	Dietetics health service provided by phone attendance to an eligible patient by an eligible dietitian: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is of at least 20 minutes in duration.	64.80
Subgroup 22 - eating disorder psychological treatment phone services		
93110	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 30 minutes but less than 50 minutes in duration.	103.80
93113	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	152.40
93118	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	73.55
93121	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	103.80
93126	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually	64.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	person; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	
93129	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	91.50
93134	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 20 minutes but less than 50 minutes in duration.	64.80
93137	Eating disorder psychological treatment service provided by phone attendance to an eligible patient by an eligible social worker if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes in duration.	91.50
Subgroup 25 – Allied health, group dietetics telehealth services		
93284	Telehealth attendance by an eligible dietitian to provide a dietetics health service to a person for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a) the person has type 2 diabetes; and (b) the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or a GP management plan or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (c) the person is referred to an eligible dietitian by the medical practitioner using a referral form that has been issued by the Department, or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 45 minutes duration; and (f) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph	83.10

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(c); payable once in a calendar year for this or any other assessment for group services item (including services to which this item, item 92386, or items 81100, 81110 and 81120 of the Allied Health Determination apply)	
93285	Telehealth attendance by an eligible dietitian to provide a dietetics health service, as a group service for the management of type 2 diabetes if: (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment items 81100, 81110 or 81120 of the Allied Health Determination or items 93284 or 93286; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients; and (c) the service is of at least 60 minutes duration; and (d) after the last service in the group services program provided to the person under this item or items 81105, 81115 or 81125 of the Allied Health Determination, the eligible dietitian prepares, or contributes to, a written report to be provided to the referring medical practitioner; and (e) an attendance record for the group is maintained by the eligible dietitian; to a maximum of 8 group services in a calendar year (including services to which this item or items 81105, 81115 and 81125 of the Allied Health Determination apply)	20.70
Subgroup 26 – Allied health, group dietetics phone services		
93286	Phone attendance by an eligible dietitian to provide a dietetics health service to a person for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a) the person has type 2 diabetes; and (b) the person is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or a GP management plan or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and (c) the person is referred to an eligible dietitian by the medical practitioner using a referral form that has been issued by the Department, or a referral form that contains all the components of the form issued by the Department; and (d) the service is provided to the person individually; and (e) the service is of at least 45 minutes duration; and	83.10

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(f) after the service, the eligible dietitian gives a written report to the referring medical practitioner mentioned in paragraph (c); payable once in a calendar year for this or any other assessment for group services item (including services to which this item, item 92384, or in items 81100, 81110 and 81120 of the Allied Health Determination apply)

Rectified Authorised Version registered 08/10/2025 F2021C00888

Schedule 4 – Nurse practitioner, midwife Aboriginal and Torres Strait Islander health practitioner and dental practitioner services

Division 4.1 - Services and fees – COVID-19 nurse practitioner telehealth and phone services

4.1.1 Application of items in Subgroups 11, 12, 25 and 26 of Group M18

(1) In items 93201, 93203, 93284, and 93286:

GP management plan means a plan under:

(a) item 721 or 732 of the general medical services table (for coordination of a review of a GP management plan under item 721); or

(b) item 229 or 233 of the Other Medical Practitioner Determination (for coordination of a review of a GP management plan under item 229); or

(c) item 92024, 92028, 92055, 92059, 92068, 92072, 92099 or 92103 (for coordination of a review of a GP management plan under item 92024, 92055, 92068 or 92099);

multidisciplinary care plan means a plan under:

(a) item 729 or 731 of the general medical services table; or

(b) item 231 or 232 of the Other Medical Practitioner Determination; or

(c) item 92026, 92027, 92057, 92058, 92070, 92071, 92101 or 92102;

person with a chronic disease means a person who has a care plan under:

(a) item 721, 723, 729, 731 or 732 of the general medical services table; or

(b) item 229, 230, 231, 232 or 233 of the Other Medical Practitioner Determination; or

(c) item 92024 to 92028, 92055 to 92059, 92068 to 92072 or 92099 to 92103.

(2) A person cannot receive a service under item 93200 or 93202 if, in the same calendar year, the person has received 10 services to which any of the following items apply:

(a) item 10987 of the general medical services table; or

(b) item 93200 or 93202.

(3) A person cannot receive a service under item 93201 or 93203 if, in the same calendar year, the person has received 5 services to which any of the following items apply:

(a) item 10997 of the general medical services table; or

(b) item 93201 or 93203.

Rectified Authorised Version registered 08/10/2025 F2021C00888

Group M18— COVID-19 allied health telehealth services		
Item	**Description**	**Fee ($)**
Subgroup 5 – COVID-19 nurse practitioner telehealth services		
91192	Telehealth attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management.	10.00
91178	Telehealth attendance by a participating nurse practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	21.80
91179	Telehealth attendance by a participating nurse practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	41.35
91180	Telehealth attendance by a participating nurse practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	60.95
Subgroup 10 – COVID-19 nurse practitioner phone services		
91193	Phone attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management.	10.00
91189	Phone attendance by a participating nurse practitioner lasting less than 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a short history;	21.80

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	
91190	Phone attendance by a participating nurse practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: (a) taking a detailed history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	41.35
91191	Phone attendance by a participating nurse practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care.	60.95
Subgroup 23—Follow up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner – Telehealth Services		
93200	Follow-up telehealth attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner, for an Indigenous person who has received a health check if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the service is consistent with the needs identified through the health assessment.	29.35
93201	Telehealth attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic disease if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the person has a GP management plan, team care arrangements or multidisciplinary care plan in place and the service is consistent with the plan or arrangements.	14.70
Subgroup 24—Follow up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner – Phone Services		
93202	Follow-up phone attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner, for an Indigenous person who has received a health check if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and	29.35

Rectified Authorised Version registered 08/10/2025 F2021C00888

	(b) the service is consistent with the needs identified through the health assessment.	
93203	Phone attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic disease if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the person has a GP management plan, team care arrangements or multidisciplinary care plan in place and the service is consistent with the plan or arrangements.	14.70

Rectified Authorised Version registered 08/10/2025 F2021C00888

Division 4.2 - Services and fees – midwifery telehealth and phone services

Group M19 – COVID-19 midwifery telehealth and phone services		
Item	**Description**	**Fee ($)**
Subgroup 1 – COVID-19 midwifery telehealth services		
91211	Short antenatal telehealth attendance by a participating midwife, lasting up to 40 minutes.	33.60
91212	Long antenatal telehealth attendance by a participating midwife, lasting at least 40 minutes.	55.55
91214	Short postnatal telehealth attendance by a participating midwife, lasting up to 40 minutes.	55.55
91215	Long postnatal telehealth attendance by a participating midwife, lasting at least 40 minutes.	81.70
Subgroup 2 – COVID-19 midwifery phone services		
91218	Short antenatal phone attendance by a participating midwife, lasting up to 40 minutes.	33.60
91219	Long antenatal phone attendance by a participating midwife, lasting at least 40 minutes.	55.55
91221	Short postnatal phone attendance by a participating midwife, lasting up to 40 minutes.	55.55
91222	Long postnatal phone attendance by a participating midwife, lasting at least 40 minutes .	81.70

Rectified Authorised Version registered 08/10/2025 F2021C00888

Division 4.3 - Services and fees – dental practitioner services

4.3.1 – Application of dental practitioner services

Items 54001 to 54004 apply only to a service provided in the course of dental practice by a dental practitioner approved by the Minister before 1 November 2004 for the definition of ***professional service*** in subsection 3(1) of the Act.

Group O1—Consultations

Subgroup 1—dental practitioner telehealth services

Column 1 Item	Column 2 Description	Column 3 Fee ($)
54001	Telehealth attendance (other than a second or subsequent attendance in a single course of treatment) by an approved dental practitioner in the practice of oral and maxillofacial surgery, if the patient is referred to the approved dental practitioner	89.00
54002	Telehealth attendance by an approved dental practitioner in the practice of oral and maxillofacial surgery, each attendance after the first in a single course of treatment, if the patient is referred to the approved dental practitioner	44.75

Subgroup 2—dental practitioner phone services

Column 1 Item	Column 2 Description	Column 3 Fee ($)
54003	Phone attendance (other than a second or subsequent attendance in a single course of treatment) by an approved dental practitioner in the practice of oral and maxillofacial surgery, if the patient is referred to the approved dental practitioner	89.00
54004	Phone attendance by an approved dental practitioner in the practice of oral and maxillofacial surgery, each attendance after the first in a single course of treatment, if the patient is referred to the approved dental practitioner	44.75

Rectified Authorised Version registered 08/10/2025 F2021C00888

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.

Rectified Authorised Version registered 08/10/2025 F2021C00888

Endnote 2—Abbreviation key

ad = added or inserted

am = amended

amdt = amendment

C[x] = Compilation No. x

ch = Chapter(s)

cl = clause(s)

cont. = continued

def = definition(s)

Dict = Dictionary

disallowed = disallowed by Parliament

div = Division(s)

ed = editorial change

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

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)

Ord = Ordinance

orig = original

p = page(s)

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

pres = present

prev = previous

(prev…) = previously

pt = Part(s)

r = regulation(s)/Court rule(s)

reloc = relocated

renum = renumbered

rep = repealed

rs = repealed and substituted

s = section(s)/subsection(s) /rule(s)/subrule(s)/order(s)/suborder(s)

sch = Schedule(s)

SLI = Select Legislative Instrument

SR = Statutory Rules

sub ch = Sub-Chapter(s)

sub div = Subdivision(s)

sub pt = Subpart(s)

underlining = whole or part not commenced or to be commenced

Rectified Authorised Version registered 08/10/2025 F2021C00888

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 2020	29 Mar 2020 (F2020L00342)	30 Mar 2020 (s 2(1) item 1)	
Health Insurance (Section 3C General Medical Services – COVID-19 Telehealth and Telephone Attendances) Amendment Determination 2020	3 Apr 2020 (F2020L00403)	Sch 1: 30 Mar 2020 (s 2(1) item 2) Sch 2: 4 Apr 2020 (s 2(1) item 3)	—
Health Insurance (Section 3C General Medical Services – COVID-19 Telehealth and Telephone Attendances) Amendment (Bulk-billing) Determination 2020	4 Apr 2020 (F2020L00404)	6 Apr 2020 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – COVID-19 Telehealth and Telephone Attendances) Amendment (Expansion of Specialist Services) Determination 2020	4 Apr 2020 (F2020L00405)	6 Apr 2020 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – COVID-19 Telehealth and Telephone Attendances) Amendment (Bulk-billing Requirement and New Remote Attendance Services) Determination 2020	17 Apr 2020 (F2020L00442)	20 Apr 2020 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – GP and Allied Health COVID-19 Services) Amendment (Consequential) Determination 2020	30 Apr 2020 (F2020L00530)	Sch 4: 30 Apr 2020 (s 2(1) item 1)	—

Rectified Authorised Version registered 08/10/2025 F2021C00888

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance Legislation Amendment (Consequential Change to Incorporated GMST Clauses and Eye Movement Desensitisation and Reprocessing) Determination 2020	30 Apr 2020 (F2020L00535)	Sch 3: 1 May 2020 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Amendment (Further Expansion of Remote Attendance Items) Determination 2020	20 May 2020 (F2020L00593)	Sch 1 (items 1–11): 22 May 2020 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Indexation) Determination 2020	17 June 2020 (F2020L00742)	Sch 1 (items 1–7) : 1 July 2020 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – COVID-19 Telehealth and Telephone GP Attendances) Amendment (Patient's Usual Medical Practitioner) Determination 2020	17 July 2020 (F202L00922)	20 July 2020 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Extend Cessation Date of Temporary COVID-19 Items) Determination 2020	21 Sept 2020 (F2020L01190)	Sch 1 (items 1, 2): 22 Sept 2020 (s 2(1) item 2) Sch 2: 1 Oct 2020 (s 2(1) item 3)	—
Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services and Chronic Disease Management) Amendment Determination 2020	23 Dec 2020 (F2020L01704)	Sch 1 (items 23–26): 10 Dec 2020 (s 2(1) item 2)	—
Health Insurance Legislation Amendment (Extend Cessation Date of Temporary COVID-19 Items) Determination 2021	19 Mar 2021 (F2021L00267)	Sch 1 (item 1): 19 Mar 2021 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Flood Affected Areas) Determination 2021	1 Apr 2021 (F2021L00408)	Sch 1: 10 Mar 2021 (s 2(1) item 2)	—

Rectified Authorised Version registered 08/10/2025 F2021C00888

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance Legislation Amendment (Section 3C General Medical Services – Medicare Indexation and Extension of Remote Service Options) Determination 2021	24 June 2021 (F2021L00822)	Sch 1 (item 1): 25 June 2021 (s 2(1) item 2) Sch 2 (items 1–7) and Sch 3: 1 July 2021 (s 2(1) items 3, 4)	—
Health Insurance Legislation Amendment (Section 3C General Medical Services – Eating Disorder and HCH Consequential Changes) Determination 2021	29 June 2021 (F2021L00896)	Sch 1 (items 11–28): 1 Mar 2021 (s 2(1) item 2) Sch 2 (item 2): 30 June 2021 (s 2(1) item 3) Sch 3 (items 9–14): 30 June 2022 (s 2(1) item 4)	—
Health Insurance Legislation Amendment (Section 3C General Medical Services – GP Mental Health Treatment Plan Review) Determination (No. 2) 2021	1 July 2021 (F2021L00944)	Sch 2: 1 July 2021 (s 2(1) item 3)	—
Health Insurance Legislation Amendment (Section 3C General Medical Services – Phone Consultation for COVID-19 Hotspots) Determination 2021	16 July 2021 (F2021L00994)	16 July 2021 (s 2(1) item 1)	—
Health Insurance Legislation Amendments (Usual Medical Practitioner) Determination 2025	19 Aug 2025 (F2025L00946)	sch 1: 1 July 2021 (s 2(1) item 2)	—

Rectified Authorised Version registered 08/10/2025 F2021C00888

Endnote 4—Amendment history

Provision affected	How affected
Part 1	
s 2	rep LA s 48D
s 4	am F2020L01190; F2021L00267; F2021L00822
s 5	am F2020L00403; F2020L00404; F2020L00405; F2020L00442; F2020L00530; F2020L00535
	ed C5; C6
	am F2020L00593; F2020L00922; F2020L01190; F2021L00408; F2021L00896 (Sch 3 item 9)
	ed C16
	am F2021L00994
s 6	rep LA s 48C
s 8	am F2020L00403; F2020L00404; F2020L00442; F2020L00530; F2020L00593; F2020L00922; F2020L01190; F2020L01704; F2021L00408; F2021L00822; F2021L00994; F2025L00946
s 9	ad F2021L00896
Schedule 1	
Division 1.1	
Division 1.1 heading	am F2020L00530
c 1.1.1	am F2020L00403; F2020L00530; F2020L00535; F2021L00822
c 1.1.3	am F2020L00403
c 1.1.3A	am F2020L00403
	ed C1
c 1.1.4	am F2020L00403
c 1.1.5	am F2020L00403; F2020L00535; F2021L00822; F2021L00994 (md not incorp)
c 1.1.6	am F2020L00403; F2020L00530; F2020L01704
c 1.1.7	am F2020L00535
c 1.1.8	am F2020L00403; F2020L00535; F2021L00822; F2021L00994 (md not incorp)
c 1.1.9	am F2020L00403; F2020L00530
	ed C5
	am F2020L01704
c 1.1.9A	am F2020L00530
c 1.1.10	am F2020L00405; F2020L00535
c 1.1.11	am F2020L00403; F2020L00405; F2020L00530; F2020L00535
c 1.1.12	am F2020L00403; F2020L00405; F2020L00535
c 1.1.13	ad F2020L00530
c 1.1.14	ad F2020L00530
c 1.1.15	ad F2020L00530

Rectified Authorised Version registered 08/10/2025 F2021C00888

Provision affected	How affected
c 1.1.16	ad F2020L00530
c 1.1.16A	ad F2021L00896
c 1.1.17	ad F2020L00530
	am F2021L00896
c 1.1.18	ad F2021L00822
Group A40 Table	am F2020L00403
	ed C1
	am F2020L00530; F2020L00593; F2020L00742; F2020L01704; F2021L00822; F2021L00944; F2021L00994
Schedule 2	
Division 2.1	
Division 2.1 heading	am F2020L00530
Division 2.1	am F2020L00405
c 2.1.1	am F2020L00403; F2020L00405
	ed C3
	am F2020L00442; F2020L00530; F2020L00535
c 2.1.2	ad F2020L00442
Group A40 Table	am F2020L00403; F2020L00405; F2020L00442; F2020L00530; F2020L00742
	ed C8
	am F2021L00822
Division 2.2	
c 2.2.1	rs F2020L00530
	ed C5
	am F2020L00535
	ed C6
Group T4 Table	am F2020L00403; F2020L00442; F2020L00530; F2020L00535; F2020L00593
	ed C7
	am F2020L00742
	ed C8
	am F2021L00822
Schedule 3	
Division 3.1	
Division 3.1 heading	am F2020L00530
c 3.1.1	am F2020L00530
c 3.1.2	am F2020L00405; F2020L00530
c 3.1.3	am F2020L00405; F2020L00530; F2021L00822; F2021L00994
c 3.1.5	am F2020L00405; F2020L00530; F2021L00896
c 3.1.5A	ad F2021L00896
c 3.1.6	am F2020L00530; F2021L00896

Rectified Authorised Version registered 08/10/2025 F2021C00888

Endnote 4—Amendment history

Provision affected	How affected
Group M18 Table	am F2020L00403; F2020L00530; F2020L00593; F2020L00742; F2021L00822; F2021L00896
Schedule 4	
Division 4.1	
Schedule 4 heading	am F2020L00442; F2020L00593
c 4.1.1	am F2020L00442
	rep F2020L00530
c 4.1.2	ad F2020L00442
	ed C4
	renum F2020L00530
c 4.1.1 (prev c 4.1.2)	am F2020L00593
Group M18 Table	am F2020L00442; F2020L00742; F2021L00822
Division 4.2	
c 4.2.1	rep F2020L00530
Group M19 Table	am F2020L00742; F2021L00822
Division 4.3	
Division 4.3	ad F2020L00593
c 4.3.1	ad F2020L00593
Group O1 Table	am F2020L00742; F2021L00822
Schedule 5	rep LA s 48C

Rectified Authorised Version registered 08/10/2025 F2021C00888