



Health Insurance (Section 3C General Medical Services – COVID-19 Telehealth and Telephone Attendances) Amendment (Expansion of Specialist Services) Determination 2020

I, GREG HUNT, the Minister for Health, make the following determination.

Dated 4 April 2020

Greg Hunt
Minister for Health

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1 Name

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

2 Commencement

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

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument.	Immediately after the commencement of the <i>Health Insurance (Section 3C General Medical Services – COVID-19 Telehealth and Telephone Attendances) Amendment (Bulk-billing) Determination 2020</i> .	

Note: This table relates only to the provisions of this instrument as originally made.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

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

3 Authority

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

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

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

1 Section 5 (note, after *clinically relevant service*)

Insert:

- consultant physician

2 Subsection 5(1) (definition of *psychiatrist assessment and management plan*)

Omit “under item 291”, substitute “made under item 92435 or 92475 in this instrument or item 291”.

3 Subsection 5(1)

Insert:

single course of treatment has the meaning given by clause 1.1.5 of the general medical services table.

4 Subclause 1.1.10(2) of Division 1.1 of Schedule 1

Omit “Subgroup 17 or 18 of Group A40 or items 135, 137, 139 or 289 of the general medical services table has previously been provided to the patient.”, insert:

“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.”

5 Paragraph 1.1.11(7)(b) of Division 1.1 of Schedule 1

Omit “under item 291 of the general medical services table”.

6 Subclause 1.1.12(2) of Division 1.1 of Schedule 1 (table items 92114, 92120, 92126 and 92132)

Omit “Psychiatrist Assessment and Management Plan”, insert “psychiatrist assessment and management plan”.

7 Subclause (1) of Division 2.1 of Schedule 2

Repeal the subclause.

8 Subclause 2.1.1(1) of Division 2.1 of Schedule 2

Omit “or 26”, substitute “26 or 32”.

9 At the end of clause 2.1.1 of Division 2.1 of Schedule 2

Insert:

(2) In items 92434 and 92474:

eligible allied health provider has the meaning given in clause 2.11.5 of the general medical services table.

risk assessment has the meaning given in clause 2.11.5 of the general medical services table.

10 Schedule 2 (after item 91826)

Insert:

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, 119, 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 132 or 92431 has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician	272.15
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:	136.25

- (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, 119, 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, 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, 92422 or 92431; and
- (f) this item or item 133 or 92432 has not applied more than twice in any 12 month period

11 Schedule 2 (after item 91831)

Insert:

92434	<p>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:</p> <ul style="list-style-type: none"> (a) undertakes a comprehensive assessment and makes a diagnosis (if appropriate, using information provided by an eligible allied health provider); (b) develops a treatment and management plan which must include the following: <ul style="list-style-type: none"> (i) an assessment and diagnosis of the patient's condition; (ii) a risk assessment; (iii) treatment options and decisions; (iv) if necessary—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; <p>(other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92140, 92143, 9214, 92144, 92142, 92145 or 92474)</p>	272.15
92435	<p>Telehealth attendance of more than 45 minutes in by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and 	466.80

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- (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
 - (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 or 92475 applies has not been provided.
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92436	<p>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:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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, 92435, 92475 applies has been provided; and (f) in the preceding 12 months, a service to which this item or item 293 or 92476 applies has not been provided 	291.80
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92437	<p>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:</p> <p>(a) if the patient:</p> <p style="padding-left: 20px;">(i) is a new patient for this consultant physician; or</p> <p style="padding-left: 20px;">(ii) has not received an attendance from this consultant physician in the preceding 24 months; and</p> <p>(b) the patient has not received an attendance under this item, item 296, 297, 299 or 92477, or any of items 300 to 346, 353 to 358, 361 to 370, 91827 to 91831 or 91837 to 91841, in the preceding 24 months.</p>	268.45
92458	<p>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</p>	130.70
92459	<p>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</p>	180.45
92460	<p>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 or 92500 applies have not exceeded 4 in a calendar year for the patient</p>	130.70

12 Schedule 2 (after item 91836)

Insert:

92431	<p>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:</p> <p>(a) an assessment is undertaken that covers:</p> <p style="padding-left: 20px;">(i) a comprehensive history, including psychosocial history and medication review; and</p> <p style="padding-left: 20px;">(ii) comprehensive multi or detailed single organ system assessment; and</p> <p style="padding-left: 20px;">(iii) the formulation of differential diagnoses; and</p> <p>(b) a consultant physician treatment and management plan of significant complexity is prepared and provided to the referring practitioner, which involves:</p>	272.15
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	<ul style="list-style-type: none"> (i) an opinion on diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) medication recommendations; and <p>(c) an attendance on the patient to which item 110, 116, 119, 91824, 91834, 91825, 91835, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and</p> <p>(d) this item or item 132 or 92422 has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician</p>	
92432	<p>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:</p> <ul style="list-style-type: none"> (a) a review is undertaken that covers: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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, 119, 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, 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, 92422 or 92431; and (f) this item or item 133 or 92423 has not applied more than twice in any 12 month period 	136.25

13 Schedule 2 (after item 91841)

Insert:

92474	<p>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:</p>	272.15
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- (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, 289, 92140, 92143, 92141, 92144, 92142, 92145 or 92434)
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92475	<p>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:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (i) prepares a written diagnosis of the patient; and (ii) prepares a written management plan for the patient that: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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 or 92435 applies has not been provided. 	466.80
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92476	<p>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:</p> <p>(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</p> <p>(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</p> <p>(c) during the attendance, the consultant:</p> <p style="padding-left: 20px;">(i) uses an outcome tool (if clinically appropriate); and</p> <p style="padding-left: 20px;">(ii) carries out a mental state examination; and</p> <p style="padding-left: 20px;">(iii) makes a psychiatric diagnosis; and</p> <p style="padding-left: 20px;">(iv) reviews the management plan; and</p> <p>(d) within 2 weeks after the attendance, the consultant:</p> <p style="padding-left: 20px;">(i) prepares a written diagnosis of the patient; and</p> <p style="padding-left: 20px;">(ii) revises the management plan; and</p> <p style="padding-left: 20px;">(iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and</p> <p style="padding-left: 20px;">(iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to:</p> <p style="padding-left: 40px;">(A) the patient; and</p> <p style="padding-left: 40px;">(B) the patient's carer (if any), if the patient agrees; and</p> <p>(e) in the preceding 12 months, a service to which item 291, 92435 or 92475 applies has been provided; and</p> <p>(f) in the preceding 12 months, a service to which this item or item 293 or 92436 applies has not been provided</p>	291.80
92477	<p>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:</p> <p>(a) if the patient:</p> <p style="padding-left: 20px;">(i) is a new patient for this consultant physician; or</p> <p style="padding-left: 20px;">(ii) has not received an attendance from this consultant physician in the preceding 24 months; and</p> <p>(b) the patient has not received an attendance under this item, item 296, 297, 299 or 92437, or any of items 300 to 346, 353 to 358, 361 to 370, 91827 to 91831 or 91837 to 91841, in the preceding 24 months.</p>	268.45
92498	<p>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</p>	130.70
92499	<p>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</p>	180.45

	evaluation of a patient	
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 or 92460 applies have not exceeded 4 in a calendar year for the patient	130.70

14 Schedule 2 (at the end of the table)

Insert:

Subgroup 31—Geriatric Medicine – Telehealth Services		
Column 1	Column 2	Column 3
Item	Description	Fee (\$)
92623	<p>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:</p> <p>(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</p> <p>(b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and</p> <p>(c) during the attendance:</p> <p>(i) all relevant aspects of the patient's health are evaluated in detail using appropriately validated assessment tools if indicated (the <i>assessment</i>); and</p> <p>(ii) the patient's various health problems and care needs are identified and prioritised (the <i>formulation</i>); and</p> <p>(iii) a detailed management plan is prepared (the <i>management plan</i>) setting out:</p> <p>(A) the prioritised list of health problems and care needs; and</p> <p>(B) short and longer term management goals; and</p> <p>(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</p> <p>(iv) the management plan is explained and discussed with the patient and, if appropriate, the patient's family and any carers; and</p> <p>(v) the management plan is communicated in writing to the referring practitioner; and</p> <p>(d) an attendance to which item 104, 105, 107, 108, 110, 116, 119, 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</p> <p>(e) an attendance to which this item or item 92628 or 145 applies has</p>	466.80

	not been provided to the patient by the same practitioner in the preceding 12 months	
92624	<p>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:</p> <p>(a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and</p> <p>(b) during the attendance:</p> <p>(i) the patient's health status is reassessed; and</p> <p>(ii) a management plan prepared under item 141, 92623, 92628 or 145 is reviewed and revised; and</p> <p>(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</p> <p>(c) an attendance to which item 104, 105, 107, 108, 110, 116, 119, 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</p> <p>(d) an attendance to which item 141, 92623, 92628 or 145 applies has been provided to the patient by the same practitioner in the preceding 12 months; and</p> <p>(e) an attendance to which this item or item 92629 or 147 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</p>	291.80
Subgroup 32—Geriatric Medicine—Phone Services		
92628	<p>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:</p> <p>(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</p> <p>(b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and</p> <p>(c) during the attendance:</p> <p>(i) all relevant aspects of the patient's health are evaluated in detail using appropriately validated assessment tools if indicated (the <i>assessment</i>); and</p> <p>(ii) the patient's various health problems and care needs are identified and prioritised (the <i>formulation</i>); and</p> <p>(iii) a detailed management plan is prepared (the <i>management plan</i>) setting out:</p> <p>(A) the prioritised list of health problems and care needs; and</p> <p>(B) short and longer term management goals; and</p> <p>(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</p>	466.80

	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, 119, 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 145 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:	291.80
	(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, 119, 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, 92623, 92628 or 145 applies has been provided to the patient by the same practitioner in the preceding 12 months; and	
	(e) an attendance to which this item or item 92624 or 147 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	

15 Subclause 3.1.2(2) of Division 3.1 of Schedule 3

After “general medical services table”, insert “or to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92437, 92458, 92459, 92460, 92477, 92498, 92499 or 92500”.

16 Subclause 3.1.2(3) of Division 3.1 of Schedule 3

After “general medical services table”, insert “or to which any of items 91824, 91825, 91826, 91834, 91835 or 91836”.

17 Subclause 3.1.2(4) of Division 3.1 of Schedule 3

After “general medical services table”, insert “or to which any of items 92434 or 92474”.

18 Subclause 3.1.2(5) of Division 3.1 of Schedule 3

After “item 289”, insert “, 92434 or 92474”.

19 Subclause 3.1.2(5) of Division 3.1 of Schedule 3

After “general medical services table”, insert “or to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92437, 92458, 92459, 92460, 92477, 92498, 92499 or 92500”.

20 Subclause 3.1.2(6) of Division 3.1 of Schedule 3

After “general medical services table”, insert “or to which item 92140 or 92143”.

21 Subclause 3.1.2(7) of Division 3.1 of Schedule 3

After “item 135”, insert “, 92140 or 92143”.

22 Subclause 3.1.2(7) of Division 3.1 of Schedule 3

After “general medical services table”, insert “or to which any of items 91824, 91825, 91826, 91834, 91835 or 91836”

23 Subclause 3.1.2(8) of Division 3.1 of Schedule 3

Omit “137 or 139”, insert “137, 139, 92141, 92142, 92144 or 92145”.

24 Subclause 3.1.2(8) of Division 3.1 of Schedule 3

After “general medical services table”, insert “or to which item 92140, 92143, 92434 or 92474”.

25 Subclause 3.1.3(2) of Division 3.1 of Schedule 3

After “general medical services table”, insert “or to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92437, 92458, 92459, 92460, 92477, 92498, 92499 or 92500”.

26 Subclause 3.1.3(3) of Division 3.1 of Schedule 3

After “general medical services table”, insert “or to which any of items 91790, 91800, 91801, 91802, 91795, 91809, 91810 or 91811”.

27 Subclause 3.1.3(4) of Division 3.1 of Schedule 3

After “general medical services table”, insert “or to which item 92141 or 92144”.

28 Subclause 3.1.3(6) of Division 3.1 of Schedule 3

Repeal the subclause, substitute:

- (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.

29 Paragraph 3.1.5(1)(a) of Division 3.1 of Schedule 3

Before “items”, insert “items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841, 92436, 92437, 92458, 92459, 92460, 92476, 92477, 92498, 92499 or 92500, or”.

30 Paragraph 3.1.5(1)(b) of Division 3.1 of Schedule 3

After “general medical services table”, insert “or to which any of items 91824, 91825, 91826, 91834, 91835, 91836, 92422, 92423, 92431 or 92432”.