



# **Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Determination 2021**

made under subsection 3C(1) of the

*Health Insurance Act 1973*

## **Compilation No. 27**

**Compilation date:** 1 March 2026

**Includes amendments:** F2025L01522, F2026L00003 and F2026L00004

Prepared by the Office of Parliamentary Counsel, Canberra

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## About this compilation

### **This compilation**

This is a compilation of the *Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Determination 2021* that shows the text of the law as amended and in force on 1 March 2026 (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](http://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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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## Part 1—Preliminary

### 1 Name

This instrument is the *Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Determination 2021*.

### 3 Authority

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

### 4 Cessation

Unless earlier revoked, Schedule 6 of this instrument ceases as if revoked on 31 October 2026 at 11.59pm.

### 5 Definitions

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

- clinically relevant service
- consultant physician
- dental practitioner
- general medical services table
- hospital-substitute treatment
- hospital treatment
- item
- 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;

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other than an outpatient hospital service to which an item in Schedule 1, 2, 4 or 5 or item 11342 or 11345 in Schedule 4A applies.

**Allied Health and other Primary Health Care Services Determination** means the *Health Insurance (Section 3C General Medical Services – Allied Health and other Primary Health Care Services) Determination 2024*.

**allied health professional**, for the provision of an allied health service, means a person:

- (a) who meets the qualification requirements set out in Schedule 1 of the Allied Health and other Primary Health Care Services Determination for the provision of the service; and
- (b) whose name is entered in the register, kept by the Chief Executive Medicare, of allied health professionals who are qualified to provide a service of that kind.

Note: Allied health professionals in relation to the provision of a focussed psychological strategies health service are subject to the requirements of section 10 of the *Allied Health and other Primary Health Care Services Determination*.

**Aboriginal and Torres Strait Islander primary health care professional** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

**Commonwealth Urgent Care Clinic Program** means the Commonwealth Urgent Care Clinic Program administered by the Department of Health, Disability and Ageing.

**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.

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

**eligible Aboriginal and Torres Strait Islander health worker** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

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

**eligible allied health practitioner** means:

- (a) an eligible diabetes educator;
- (b) an eligible audiologist;
- (c) an eligible dietitian;
- (d) an eligible mental health worker;
- (e) an eligible occupational therapist;

- (f) an eligible exercise physiologist;
- (g) an eligible physiotherapist;
- (h) an eligible podiatrist;
- (i) an eligible chiropractor;
- (j) an eligible osteopath;
- (k) an eligible psychologist; or
- (l) an eligible speech pathologist.

Note: ***Eligible allied health practitioner*** for subgroups 15 and 16 of Group M18 means:

- (a) an eligible psychologist;
- (b) an eligible speech pathologist;
- (c) an eligible occupational therapist;
- (d) an eligible audiologist;
- (e) an eligible dietitian
- (f) an eligible exercise physiologist
- (g) an eligible optometrist;
- (h) an eligible orthoptist;
- (i) an eligible physiotherapist;

***eligible audiologist*** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

***eligible chiropractor*** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

***eligible clinical psychologist*** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

***eligible diabetes educator*** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

***eligible dietitian*** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

***eligible exercise physiologist*** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

***eligible mental health worker*** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

***eligible occupational therapist*** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

***eligible optometrist*** has the meaning given by section 4 of the *Allied Health and other Primary Health Care Services Determination*

***eligible orthoptist*** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

***eligible osteopath*** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

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**eligible physiotherapist** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

**eligible psychologist** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

**eligible podiatrist** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

**eligible social worker** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

**eligible speech pathologist** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services Determination.

**eligible urgent care clinic** means:

- (a) the trustee for Kimberley Medical Unit Trust trading as the Kimberley Medical Group located in Broome Western Australia; or
- (b) the My Clinic Plus Pty Ltd as Trustee for My Clinic Plus Trust trading as My Clinic Plus located in Devonport Tasmania.

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

**GP chronic condition management plan** has the meaning given by clause 3.1.1 of the general medical services table.

**GP management plan**, for a patient, means a GP management plan prepared prior to 1 July 2025 to which item 229 or 721 of the general medical services table or item 92024 or 92025 applies.

**GP mental health treatment plan** has the meaning given by section 4 of the Allied Health and other Primary Health Care Services 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 3.1.1 of the general medical services table.

**MyMedicare** has the meaning given in clause 7.1.1 of the general medical services table.

**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*.

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**outpatient hospital service**, for the purposes of an item specified in Schedule 1, 2, 4 or 5 or item 11342 or 11345 in Schedule 4A of this instrument, means a service provided, or arranged, with the direct involvement of a hospital where the service is:

- (a) provided by a practitioner located at the hospital;
- (b) provided to a patient who is not located at the hospital and who previously received hospital treatment as an admitted patient of the hospital; and
- (c) a service for which a private health insurance benefit is not payable.

**person who has tested positive for COVID-19** means a patient who has received a positive COVID-19 test result within the last 7 days, confirmed by either:

- (a) Laboratory testing (PCR); or
- (b) A COVID-19 rapid antigen self test (RAT) which has been approved for supply in Australia by the Therapeutic Goods Administration.

**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 natural disaster affected area** means a patient who, at the time of accessing the telehealth service, is located within a State or Territory local government area which is declared as a natural disaster area 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 chronic condition management plan** has the meaning given by clause 2.16.7 of the general medical services table.

**prescribed medical practitioner** has the meaning given by clause 7.1.1 of the general medical services table.

**provider number** has the meaning given by section 4 of the *Health Insurance Regulations 2018*.

**psychiatrist assessment and management plan** means a psychiatrist assessment and management plan prepared by a consultant physician in the practice of the consultant physician's specialty of psychiatry in accordance with item 92435, 92475 or item 291 of the general medical services table.

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

**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 chronic condition management plan** has the meaning given by clause 2.16.8 of the general medical services table.

**Schedule** means a Schedule to this instrument.

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

**Team Care Arrangements**, for a patient, means GP coordination of the development of team care arrangements prior to 1 July 2025 to which item 230 or 729 of the general medical services table or item 92025 or 92056 applies.

**telehealth** means a professional attendance by video attendance or phone attendance.

**video 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.

## 6 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
  - (ii) specified for the service a fee in relation to each State, being the fee specified in the item in the Schedule 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.

## **7 Application of items – general**

- (1) An item in a Schedule does not apply to a service mentioned in the item if the service is provided to a patient, or in relation to a patient, who is an admitted patient.
- (1A) Subsection (1) does not apply to item 91874, 91875, 91876, 91877, 91878, 91882, 91883 or 91884 of Schedule 2 or an item listed in Schedule 6 of this Determination.
- (2) 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 does not apply to a service provided to a patient, or to a person other than the patient as part of the patient’s treatment, 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, 309, 311, 313 or 315 of the general medical services table; or
  - (c) items 80000 to 80016, 80100 to 80116, 80125 to 80141 or 80150 to 80166 of the Allied Health and other Primary Health Care Services Determination.
- (3) Subject to subsection (4), an item in a Schedule only applies to a service that is an attendance by a single health professional on a single person.
- Note: Health professionals who can provide services under this instrument include general practitioners, medical practitioners, specialists and consultant physicians, allied health professionals, Aboriginal and Torres Strait Islander primary health care professionals and participating nurses and midwives.
- (4) Subsection (3) does not apply to items 92029, 92030, 92060 and 92061 and items 92455 to 92457 and 92495 to 92497.
- (5) An item in Schedule 1 or 8, or Subgroup 5 or 10 of Group M18 applies to a service performed by the patient’s eligible telehealth practitioner.
- (6) Subsection (5) does not apply to a service provided to the following individuals:
- (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 COVID-19 isolation because of a State or Territory public health order; or

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- (d) a person who is in COVID-19 quarantine because of a State or Territory public health order; or
  - (e) a person who receives the service from a medical or nurse practitioner located at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service; or
  - (f) a person who is in a natural disaster affected area.
- (6A) Subsection (5) does not apply to:
- (a) a service to which an item in Subgroup 3, 10, 21, 25, 26, 27, 28 or 29 of Group A40 applies; or
  - (b) a service to which item 91790, 91800, 91801, 91802, 91920 or 91853 applies if:
    - (i) the service is provided under the Commonwealth Urgent Care Clinic Program by a general practitioner engaged to provide services at an eligible urgent care clinic; and
    - (ii) the service is provided during the hours of operation of the eligible urgent care clinic under the Commonwealth Urgent Care Clinic Program; and
    - (iii) at the time the service is provided, a general practitioner or participating nurse practitioner is not in attendance at the eligible urgent care clinic to provide the service in person; or
  - (c) a service to which item 92029, 92030, 92060 or 92061 applies.
- (6B) For items in Subgroup 5 and 10 of Group M18, subsection (5) does not apply to Blood Borne Virus, Sexual and Reproductive Health Services excluding if the service is provided to a patient for the purposes of, or in relation to, assisted reproductive technology or antenatal care.
- (6C) For the purposes of subsections (6), (6A), and (6B), the provider of the service must document in the patient clinical notes which exemption has been used and the clinical justification for that exemption.
- (7) For the purposes of subsection (5):

***patient's eligible telehealth practitioner*** means a medical practitioner (other than a specialist or consultant physician) or nurse practitioner who:

- (a) has provided at least one service to the patient in the past 12 months; or
- (b) is located at a medical or a nurse practitioner practice at which at least one service to the patient was provided, or arranged by, in the past 12 months; or
- (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:
  - (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; or
- (f) is performing a service
  - (i) to a person registered in MyMedicare; and
  - (ii) being provided by a medical practitioner from the MyMedicare practice at which the patient is currently registered.

For the purposes of this subsection, service means a personal attendance on the patient and excludes telehealth services.

- (8) Subsection 2.31.7(2) of the general medical services table shall have effect as if a service to which an item in Subgroups 21 or 23 of Group A40 applies.
- (9) A service to which an item in Subgroup 17 of Group A40 or item 92434 applies must not be provided to a person if a service under any of the following items has previously been provided to the person:
  - (a) an item in Subgroup 17 of Group A40; or
  - (b) item 92434; or
  - (c) items 135, 137, 139 or 289 of the general medical services table.
- (10) An item in Subgroup 5 or Subgroup 10 of Group M18 applies to a service only if the nurse practitioner:
  - (a) is not employed by the proprietor of a hospital that is not a private hospital; or
  - (b) both:
    - (i) is employed by the proprietor of a hospital that is not a private hospital; and
    - (ii) provides the service otherwise than in the course of employment by that proprietor.

## 8 Indexation

- (1) At the start of 1 July 2025 (the indexation time), each amount covered by subsection (2) is replaced by the amount worked out using the following formula:

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1.024 x the amount immediately before the indexation time

Note: The indexed fees could in 2025 be viewed on the Department of Health, Disability and Ageing's MBS Online website (<https://www.mbsonline.gov.au>).

- (2) The amounts covered by this subsection are the fee for each item in this Determination, other than the fee for the following:
  - (a) items 91792, 91803, 91804, 91805, 91892, 91893, 92716, 92719, 92722, 92725, 92732, 92735, 92738, and 92741 in Group A40.
- (3) An amount worked out under subsection (1) is to be rounded up or down to the nearest 5 cents (rounding down if the amount is an exact multiple of 2.5 cents).

### 9 Referral requirements for allied health and other primary health care services

- (1) This section applies to a referral prepared on or after 1 July 2025 for a service to which an item in Subgroup 11, 12, 13, 14, 15, 17, 18, 25 or 26 of Group M18 applies.
- (1A) This section applies to a referral prepared on or after 1 November 2025 for a service to which an item in Subgroup 1, 2, 3, 4, 6, 7, 8 and 9 of Group M18 applies.

#### *General*

- (2) Subject to subsection (5), the following particulars are prescribed for the purposes of a referral mentioned in subsection (1) and (1A):
  - (a) the name of the referring practitioner;
  - (b) the address of the place of practice, or the provider number in respect of the place of practice, of the referring practitioner;
  - (c) the date on which the patient was referred by the referring practitioner to the treating practitioner;
  - (d) the period of validity of the referral under subsection (7), if relevant.
- (3) A referral mentioned in subsection (1) and (1A) must be:
  - (a) in writing;
  - (b) signed by the referring practitioner; and
  - (c) dated.
- (4) A referral mentioned in subsection (1) and (1A) must explain the reasons for referring the patient, including any information about the patient's condition that the referring practitioner considers necessary to give to the treating practitioner.
- (5) In this section:
  - (a) **referring practitioner** means:
    - (i) the person making the referral; or
    - (ii) for the purposes of items in Subgroup 1, 2, 3, 4, 6, 7, 8 and 9 of Group M18:
      - (A) a general practitioner or a prescribed medical practitioner who has referred the patient as part of a GP Mental Health Treatment

Plan or psychiatrist assessment and management plan, at the general practice in which the patient is enrolled in MyMedicare; or

- (B) regardless of whether the patient is enrolled in MyMedicare, by the patient's usual medical practitioner who has referred the patient as part of a GP Mental Health Treatment Plan or psychiatrist assessment and management plan; or
- (C) a specialist or consultant physician specialising in the practice of their field of psychiatry; or
- (D) a specialist or consultant physician specialising in the practice of their field of paediatrics; and

(b) ***treating practitioner*** means the person performing the service to which the patient is referred; and

Note: For the purposes of this subsection, ***usual medical practitioner*** has the meaning given by clause 7.1.1 of the general medical services table.

#### *Lost referrals*

- (6) If a service mentioned in an item in subsection (1) and (1A) is rendered on the basis of a lost, stolen or destroyed referral:
  - (a) paragraphs (2)(a) to (d) do not apply; and
  - (b) the words "lost referral" are a prescribed particular.

#### *Period of validity for referrals*

- (7) For the purposes of a referral for a service to which an item in Subgroup 11, 12, 17, 18, 25 or 26 of Group M18 applies:
  - (a) if the referral states it is valid for a fixed period, it is valid until the end of that period after the first service rendered in accordance with the referral;
  - (b) if the referral does not state a time for which it remains valid, it is valid until 18 months after the first service rendered in accordance with the referral.
- (7A) For the purposes of a referral for a service to which an item in Subgroup 1, 2, 3, 4, 6, 7, 8 and 9 of Group M18 applies, the referral is valid until the end of the number of sessions in the course of treatment the referring practitioner recommends up to the maximum session limit for each course of treatment.

## Schedule 1 – GP and other medical practitioner services

### Division 1.1 – Services and fees – Medical practitioner attendances via telehealth

#### 1.1.01 Meaning of *eligible area*

- (1) For items 91794, 91806, 91807, 91808, 91906, 91916 and 91926, *eligible area* means an area that is a Modified Monash 2 area, Modified Monash 3 area, Modified Monash 4 area, Modified Monash 5 area, Modified Monash 6 area or Modified Monash 7 area.

#### 1.1.02 Application of items in Subgroups 3 and 10 of Group A40 – 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, 309, 311, 313 or 315 of the general medical services table applies.
- (2) Paragraph 2.20.7(2)(a) of the general medical services table shall have effect as if items 91818, 91819, 91842, 91843, 91859, 91861, 91864 and 91865 were also specified in subparagraph 2.20.7(2)(a)(i).

#### 1.1.03 Application of items in Subgroup 11 of Group A40

- (1) A health assessment may be performed under an item in Subgroup 11 of Group A40 for a patient who identifies as being of Aboriginal or Torres Strait Islander descent.
- (2) A health assessment mentioned in an item in Subgroup 11 of Group A40 must not include a health screening service.

Note: health screening service is defined in subsection 19(5) of the Act.

- (3) A separate consultation must not be performed in conjunction with a health assessment, unless clinically necessary.
- (4) Practice nurses and Aboriginal and Torres Strait Islander 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.

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- (5) For the purposes of subclause (4), 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.

#### **1.1.04 Application of items 92026, 92027, 92029, 92030, 92057, 92058, 92060 and 92061**

- (1) Items 92026, 92027, 92029, 92030, 92057, 92058, 92060 and 92061 apply only to a service for a patient who:
- (a) suffers from at least one chronic condition; and
  - (b) for items 92026, 92027, 92057 and 92058 requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least one of whom is a medical practitioner.
- (2) For the purposes of this clause, a *collaborating provider* is a person who:
- (a) provides treatment or a service to a patient; and
  - (b) is not an unpaid carer of the patient.
- (3) For the purposes of subclause (1), *chronic condition* has the meaning given by clause 7.1.1 of the general medical services table.
- (4) Items 92029, 92030, 92060 and 92061 apply only to a service if the patient:
- (a) is not a care recipient in a residential aged care facility; and
  - (b) is provided with the service:
    - (i) if the patient is enrolled in MyMedicare—at the general practice at which the patient is so enrolled; or
    - (ii) if the patient is not enrolled in My Medicare—by the patient’s usual medical practitioner.
- (5) For the purposes of subclause (3), *usual medical practitioner* has the meaning given by clause 7.1.1 of the general medical services table.

#### **1.1.05 Application of items in relation to items 92029, 92030, 92060 and 92061**

- (1) An item specified in paragraph 2.16.11(a), (b), (c), (d), (e) or (f) of the general medical services table does not apply to a service mentioned in the item that is provided by a general practitioner or prescribed medical practitioner, if the service is provided on the same day for the same patient for whom the practitioner provides a service mentioned in item 92029, 92030, 92060 or 92061.

#### **1.1.06 Conditions relating to timing of services if exceptional circumstances do not exist**

- (1) Subclause (2) applies to the performances of services for a patient for whom exceptional circumstances do not exist.
- (2) An item of this Schedule mentioned in column 1 of an item of table 1.1.06 applies in the circumstances mentioned in column 2 of that item of table 1.1.06.
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- (3) For the purposes of subclause (1), *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.

**Table 1.1.06—Conditions relating to timing of services**

Item	Column 1 Items of this Schedule	Column 2 Circumstances
1	92026 and 92057	The circumstances are that: (a) in the preceding 3 months, a service to which item 232, 393, 731, 967, 92027, 92058, 92030 or 92061 applies has not been provided to the patient; or (b) in the preceding 12 months, a service to which both of the following subparagraphs apply has not been provided to the patient: (i) the service is a service to which item 392, 965, 92029 or 92060 applies; (ii) the service is performed by the medical practitioner who performs the service to which item 231, 729, 92026 or 92057 would, but for this item, apply
2	92027 and 92058	The circumstances are that in the preceding 3 months a service to which item 231, 232, 392, 393, 729, 731, 965, 967, 92027, 92029, 92030, 92057, 92058, 92060 or 92061 applies has not been provided to the patient
3	92029 and 92060	The circumstances are that: (a) the service: (i) is not performed by a medical practitioner who is a recognised specialist in palliative medicine; and (ii) is not performed by a medical practitioner who is treating a palliative patient who has been referred to the medical practitioner; and (iii) is not a service to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the medical practitioner; and (b) in the preceding 3 months, a service to which item 231, 232, 393, 729, 731, 967, 92026, 92027, 92030, 92057, 92059 or 92061 applies has not been provided to the patient; and (c) in the preceding 12 months, a service to which item 392, 965, 92029 or 92060 applies has not been provided to the patient
4	92030 and 92061	The circumstances are that: (a) the service: (i) is not performed by a medical practitioner who is a recognised specialist in palliative medicine; and (ii) is not performed by a medical practitioner who is treating a palliative patient who has been referred to the medical practitioner; and (iii) is not a service to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative

**Table 1.1.06—Conditions relating to timing of services**

Item	Column 1 Items of this Schedule	Column 2 Circumstances
		(b) in the preceding 3 months, a service to which item 393, 967, 92030 or 92061 applies has not been performed for the patient

**1.1.07 Restrictions on items 92029, 92030, 92060 and 92061 (GP chronic condition management plans)***Items 92029 and 92030*

- (1) Items 92029 and 92030 apply only to a service provided in the course of personal attendance by a single general practitioner on a single patient.

*Items 92060 and 92061*

- (2) Items 92060 and 92061 apply only to a service provided in the course of personal attendance by a single prescribed medical practitioner on a single patient.

*Items 92029, 92030, 92060 and 92061*

- (3) Practice nurses, Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners may assist general practitioners or prescribed medical practitioners in preparing or reviewing a GP chronic condition management plan, in accordance with accepted medical practice, and under the supervision of the general practitioner or the prescribed medical practitioner, as the case may be.
- (4) For the purposes of subclause (3), assistance may include activities associated with:
- (a) information collection; and
  - (b) supporting collaboration with a multidisciplinary team (if any) to which the patient is or is to be referred in accordance with the plan; and
  - (c) at the direction of the general practitioner or prescribed medical practitioner—providing further information to the patient on any treatments, services or interventions considered or discussed during preparation or review of the plan.

**1.1.10 Application of items in Subgroup 15 of Group A40**

- (1) A service to which an item in subgroups 15 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 of Group A40 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 of Group A40; or
  - (b) item 792 or 4001 of the general medical services table, item 81000, 81005 or 81010 of the Allied Health and other Primary Health Care Services Determination or item 93026 or 93029.

#### 1.1.11 Application of items in Subgroup 17 of Group A40

- (1) In an item in Subgroup 17 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.

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

#### 1.1.12 Application of items in Subgroup 19 of Group A40

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

*focussed psychological strategies* has the meaning given in clause 2.20.1 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.

*usual medical practitioner* has the meaning given in clause 7.1.1 of the general medical services table.

- (2) In items 92112 to 92123:

*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 purposes of Subgroup 19 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:

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- (a) psychological therapies provided to the patient, or to a person other than the patient as part of the patient’s treatment, by a clinical psychologist (items 91166, 91167, 91168, 91171, 91181, 91182, 91198 and 91199 and items in Group M6 of the Allied Health and other Primary Health Care Services Determination); and
  - (b) focussed psychological strategies services provided to the patient, or to a person other than the patient as part of the patient’s treatment, 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 2745, 91818, 91819, 91842, 91843, 91859, 91861, 91864 and 91865); and
  - (c) focussed psychological strategies services provided to the patient, or to a person other than the patient as part of the patient’s treatment, by an allied mental health professional (items 91169 to 91177, 91183 to 91188, 91194, 91195, 91196, 91197, 91200, 91201, 91202, 91203, 91204 and 91205 and items 80100 to 80175 of the Allied Health and other Primary Health Care Services Determination); and
  - (d) focused psychological strategies services provided to the patient, or to a person other than the patient as part of the patient’s treatment, by a medical practitioner (other than a general practitioner, specialist or consultant physician), to provide those services (items 283, 285, 286, 287, 309, 311, 313, 315, 91820, 91821, 91844, 91845, 91862, 91863, 91866 and 91867).
- (4) Items in Subgroup 19 of Group A40 apply only to a patient with a mental disorder.
  - (5) Items in Subgroup 19 of Group A40 apply only to a service that is provided:
    - (a) to a patient in the community; and
    - (b) either:
      - (i) if the patient is enrolled in MyMedicare—at the general practice at which the patient is so enrolled; or
      - (ii) regardless of whether the patient is enrolled in MyMedicare—by the patient’s usual medical practitioner.
  - (6) Unless exceptional circumstances exist, items in Subgroup 19 of Group 40 cannot be claimed:
    - (a) with a service to which items 235 to 240 or 735 to 758 of the general medical services table apply; or
    - (b) more than once in a 12 month period from the provision of any of the items for a particular patient.
  - (7) A review of a GP mental health treatment plan applies 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 272, 276, 281, 282, 2700, 2701, 2715 or 2717 of the general medical services table; or
      - (ii) items 92112, 92113, 92116, 92117, 92118, 92119, 92122, or 92123; or
    - (b) a psychiatrist assessment and management plan.
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- (8) A review of a GP mental health treatment plan does not apply:
- (a) to a service to which items 235 to 240 or 735 to 758 of the general medical services table apply; or
  - (b) unless exceptional circumstances exist for the provision of the service:
    - (i) more than once in a 3 month period; or
    - (ii) within 4 weeks following the preparation of a GP mental health treatment plan under:
      - (A) items 272, 276, 281, 282, 2700, 2701, 2715 or 2717 of the general medical services table; or
      - (B) items 92112, 92113, 92116, 92117, 92118, 92119, 92122 or 92123; or
    - (iii) within 3 months following the provision of a review of a GP mental health treatment plan.
- (9) Items 92116, 92117, 92122, 92123, 92148, 92149, 92152 and 92153 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.

- (10) In this clause:

*exceptional circumstances* means a significant change in:

- (a) the patient's clinical condition; or
- (b) the patient's care circumstances.

#### 1.1.14 Application of items in Subgroup 21 of Group A40

- (1) For any particular patient, items in Subgroup 21 of Group A40 do not apply in association with a service to which items 235 to 244, or 735 to 758 of the general medical services table apply.

#### 1.1.15 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).

#### 1.1.16 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 and 287 of the general medical services table 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 and 287 of the general medical services table 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 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);
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- (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 Subgroups 25 or 26 of Group A40 apply; 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, 309, 311, 313 and 315;
  - (b) items 2721, 2723, 2725, 2727, 2739, 2741, 2743 and 2745;
  - (c) items in Groups M6, M7 and M16 other than item 82350;
  - (d) items 90271, 90272, 90273, 90274, 90275, 90276, 90277 and 90278;
  - (e) items 91166, 91167, 91168, 91169, 91170, 91171, 91172, 91173, 91174, 91175, 91176, 91177, 91181 to 91188, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 91859, 91861, 91862, 91863, 91864, 91865, 91866, 91867, 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 Subgroup 29 of Group A40

- (1) In an item in Subgroup 29 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
  - (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 Subgroup 29 apply to a service only if the practitioner keeps a record of the assessment of the patient.

### **1.1.19 Application of focussed psychological strategies health services provided to a person other than the patient**

- (1) Item 91859, 91861, 91862, 91863, 91864, 91865, 91866 or 91867 applies to a service provided by a medical practitioner to a person other than the patient only if:
- (a) the medical practitioner determines it is clinically appropriate to provide focussed psychological strategies services to a person other than the patient, and makes a written record of this determination in the patient's records; and
  - (b) the medical practitioner:
    - (i) explains the service to the patient; and
    - (ii) obtains the patient's consent for the service to be provided to the other person as part of the patient's treatment; and
    - (iii) makes a written record of the consent; and
  - (c) the service is provided as part of the patient's treatment; and
  - (d) the patient is not in attendance during the provision of the service; and
  - (e) in the calendar year, no more than one other service to which any of items 309, 311, 313, 315, 2739, 2741, 2743, 2745, 80002, 80006, 80012, 80016, 80102, 80106, 80112, 80116, 80129, 80131, 80137, 80141, 80154, 80156, 80162, 80166, 91168, 91171, 91174, 91177, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91859, 91861, 91862, 91863, 91864, 91865, 91866 or 91867 apply has already been provided to or in relation to the patient.

Note: The patient's consent may be withdrawn at any time.

<b>Group A40 – Telehealth attendance services</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
<b>Subgroup 1 – General practice video services</b>		
91790	Video 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	17.90
91800	Video attendance by a general practitioner lasting at least 6 minutes but less than 20 minutes if the attendance includes any of the following that are clinically relevant:	39.10

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	(a) taking a short patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care	
91801	Video 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	75.75
91802	Video 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	111.50
91792	Video attendance by a medical practitioner (not including a general practitioner) of not more than 5 minutes	11.00
91803	Video 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; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care	21.00
91804	Video 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	38.00
91805	Video attendance by a medical practitioner (not including a general practitioner) of more than 45 minutes in duration but not more than 60 minutes if the attendance includes any of the following that are clinically relevant: (a) taking an extensive patient history;	61.00

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	(b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care	
91794	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of not more than 5 minutes	15.15
91806	Video 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	33.10
91807	Video 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	64.10
91808	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 45 minutes in duration but not more than 60 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	94.40
91920	Video attendance by a general practitioner, lasting at least 60 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	191.20
91923	Video attendance by a medical practitioner (not including a general practitioner), of more than 60 minutes in duration and including any of the following that are clinically relevant: (a) taking an extensive patient history;	98.40

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	(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	
91926	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, of more than 60 minutes in duration 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	152.95
<b>Subgroup 2 – General practice phone services</b>		
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	17.90
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	39.10
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	11.00
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	21.00
91900	Phone attendance by a general practitioner to a patient registered under MyMedicare with the billing practice, lasting at least 20 minutes, if the attendance includes any of the following that are clinically relevant: (a) taking a detailed patient history;	80.10

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	(b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventative health care; for one or more health related issues, with appropriate documentation	
91903	Phone attendance by a medical practitioner (not including a general practitioner) to a patient registered under MyMedicare with the billing practice, 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; for one or more health related issues, with appropriate documentation	38.00
91906	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, to a patient registered under MyMedicare with the billing practice, 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 preventive health care; for one or more health related issues, with appropriate documentation	64.10
91910	Phone attendance by a general practitioner, to a patient registered under MyMedicare with the billing practice, 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 preventive health care; for one or more health related issues, with appropriate documentation	118.00
91913	Phone attendance by a medical practitioner (not including a general practitioner), to a patient registered under MyMedicare with the billing practice, of more than 45 minutes in duration but not more than 60 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;	61.00

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	for one or more health related issues, with appropriate documentation	
91916	Phone attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician), in an eligible area, to a patient registered under MyMedicare with the billing practice, of more than 45 minutes in duration but not more than 60 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; for one or more health related issues, with appropriate documentation	94.40
<b>Subgroup 3 – Focussed Psychological Strategies - Video Services</b>		
91818	Video 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.	96.50
91819	Video 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	138.10
91820	Video 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	81.70
91821	Video 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	116.90

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91859	Video attendance by a general practitioner (not including a specialist or a consultant physician), registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 30 minutes but less than 40 minutes	98.05
91861	Video attendance by a general practitioner (not including a specialist or a consultant physician), registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes	140.30
91862	Video attendance by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 30 minutes but less than 40 minutes	78.45
91863	Video attendance by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes	112.25
<b>Subgroup 10 – Focussed Psychological Strategies phone services</b>		
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 credentialling requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes	96.50
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 credentialling requirements for provision of this service; and	138.10

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	(b) the service lasts at least 40 minutes	
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 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	81.70
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	116.90
91864	Phone attendance by a general practitioner (not including a specialist or a consultant physician), registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 30 minutes but less than 40 minutes	98.05
91865	Phone attendance by a general practitioner (not including a specialist or a consultant physician), registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 40 minutes	140.30
91866	Phone attendance by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service: (a) for providing focussed psychological strategies for assessed mental disorders to a person other than the patient, if the service is part of the patient's treatment; and (b) lasting at least 30 minutes but less than 40 minutes	78.45
91867	Phone attendance by a medical practitioner, registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service: (a) for providing focussed psychological strategies for assessed	112.25

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mental disorders to a person other than the patient, if the service is part of the patient’s treatment; and

(b) lasting at least 40 minutes

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**Subgroup 11— Health Assessments for Aboriginal and Torres Strait Islander People - Video Services**

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92004	<p>Video attendance by a general practitioner for an Aboriginal and Torres Strait Islander health assessment:</p> <p>(a) for a patient who is of Aboriginal or Torres Strait Islander descent; and</p> <p>(b) that includes the following:</p> <ul style="list-style-type: none"> <li>(i) recognising the patient’s health priorities;</li> <li>(ii) taking the patient’s medical history;</li> <li>(iii) undertaking any relevant physical examinations;</li> <li>(iv) undertaking or arranging any required investigations;</li> <li>(v) assessing the patient using the information gained in the health assessment;</li> <li>(vi) initiating any necessary interventions and referrals;</li> <li>(vii) developing and documenting a plan to manage the patient’s health including for follow-up, based on the health assessment and the patient’s priorities;</li> <li>(viii) offering the patient (or the patient’s carer (if any) if the practitioner considers it appropriate and the patient agrees) a written report of the health assessment, with recommendations on matters covered by the health assessment and a strategy for the patient’s good health;</li> <li>(ix) if the offer referred to in subparagraph (viii) is accepted—giving the report to the patient or the patient’s carer (as applicable);</li> <li>(x) adding a record of the health assessment to the patient’s medical records</li> </ul> <p>Applicable only if a service to which this item or item 228, 715 or 92011 applies has not been provided to the patient in the preceding 9 months</p>	220.85
92011	<p>Video attendance by a prescribed medical practitioner for an Aboriginal and Torres Strait Islander health assessment:</p> <p>(a) for a patient who is of Aboriginal or Torres Strait Islander descent; and</p> <p>(b) that includes the following:</p> <ul style="list-style-type: none"> <li>(i) recognising the patient’s health priorities;</li> <li>(ii) taking the patient’s medical history;</li> <li>(iii) undertaking any relevant physical examinations;</li> <li>(iv) undertaking or arranging any required investigations;</li> <li>(v) assessing the patient using the information gained in the health assessment;</li> <li>(vi) initiating any necessary interventions and referrals;</li> <li>(vii) developing and documenting a plan to manage the</li> </ul>	186.90

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	<p>patient’s health including for follow-up, based on the health assessment and the patient’s priorities;</p> <p>(viii) offering the patient (or the patient’s carer (if any) if the practitioner considers it appropriate and the patient agrees) a written report of the health assessment, with recommendations on matters covered by the health assessment and a strategy for the patient’s good health;</p> <p>(ix) if the offer referred to in subparagraph (viii) is accepted—giving the report to the patient or the patient’s carer (as applicable);</p> <p>(x) adding a record of the health assessment to the patient’s medical records</p> <p>Applicable only if a service to which this item or item 228, 715 or 92004 applies has not been provided to the patient in the preceding 9 months</p>	
<b>Subgroup 13 —GP management plans, team care arrangements and multidisciplinary care plans services – Video Services</b>		
92026	Contribution by a general practitioner by video, 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 235 to 240 or 735 to 758 of the general medical services table apply)	73.25
92027	Contribution by a general practitioner by video to: <p>(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</p> <p>(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.</p> <p>(other than a service associated with a service to which items 235 to 240 or 735 to 758 of the general medical services table apply)</p>	73.25
92029	Video attendance by a general practitioner to prepare a GP chronic condition management plan for a patient	156.55
92030	Video attendance by a general practitioner to review a GP chronic condition management plan prepared by the general practitioner or an associated medical practitioner	156.55
92057	Contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician) by video 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 235 to 240 or 735 to 758 of the general medical services table apply)	62.00
92058	Contribution by a medical practitioner (not including a general practitioner, specialist or consultant physician) by video to:	62.00

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	(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 235 to 240 or 735 to 758 of the general medical services table apply)	
92060	Video attendance by a prescribed medical practitioner to prepare a GP chronic condition management plan for a patient	125.30
92061	Video attendance by a prescribed medical practitioner to review a GP chronic condition management plan prepared by the prescribed medical practitioner or an associated medical practitioner	125.30
<b>Subgroup 15 - GP Pregnancy Support Counselling - Video Services</b>		
92136	Video 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 items 792 or 4001 of the general medical services table, or item 81000, 81005 or 81010 or item 92137, 92138, 92139, 93026 or 93029 applies in relation to that pregnancy	79.70
92137	Video 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 items 792 or 4001 of the general medical services table, or item 81000, 81005 or 81010 or item 92136, 92138, 92139, 93026 or 93029 applies in relation to that pregnancy	67.45
<b>Subgroup 16 - GP Pregnancy Support Counselling - Phone Service</b>		
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 792 or 4001 of the general medical services table, or item 81000, 81005 or 81010	79.70

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	or item 92136, 92137, 92139, 93026 or 93029 applies in relation to that pregnancy	
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 792 or 4001 of the general medical services table, or item 81000, 81005 or 81010 or item 92136, 92137, 92138, 93026 or 93029 applies in relation to that pregnancy	67.45
<b>Subgroup 17 - GP, specialist and consultant physician complex neurodevelopmental disorder or disability service - Video Services</b>		
92142	Video attendance lasting at least 45 minutes by a general practitioner (not including a specialist or consultant physician), for a patient aged under 25, if the general practitioner: (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of an eligible disability is made (if appropriate, using information provided by an eligible allied health provider); and (b) develops a treatment and management plan, which must include: (i) documentation of the confirmed diagnosis; and (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and (iii) a risk assessment; and (iv) treatment options (which may include biopsychosocial recommendations); and (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;  (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92140, 92141 or 92434)  Applicable only once per lifetime	139.95
<b>Subgroup 19— GP Mental Health Treatment Plan - Video Services</b>		
92112	Video 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	74.60

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92113	Video 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	109.85
92116	Video 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	94.75
92117	Video 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	139.55
92118	Video 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	63.15
92119	Video 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 GP mental health treatment plan for a patient	92.95
92122	Video 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	80.15
92123	Video 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	118.10
<b>Subgroup 21— GP Eating Disorder Treatment and Management Plan – Video Services</b>		
92146	Video 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: <ul style="list-style-type: none"> <li>(a) the plan includes an opinion on diagnosis of the patient's eating disorder; and</li> <li>(b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and</li> <li>(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</li> <li>(d) the general practitioner offers the patient and the patient's</li> </ul>	74.60

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	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	
92147	Video 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	109.85
92148	Video 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 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	94.75
92149	Video 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	139.55

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	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	
92150	Video 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	63.15
92151	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) who has not undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a written eating disorder treatment and management plan for an eligible patient, if: (a) the plan includes an opinion on diagnosis of the patient's eating disorder; and (b) the plan includes treatment options and recommendations to manage the patient's condition for the following 12 months; and (c) the plan includes an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	92.95
92152	Video 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;	80.15

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	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	
92153	Video 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:	118.10
	(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	
<b>Subgroup 25— Review of an Eating Disorder Plan - Video Services</b>		
92170	Video 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:	74.60
	(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	

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Services and fees – Medical practitioner attendances via telehealth **Division 1.1**

	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	
92171	Video attendance by a medical practitioner (not including a general practitioner, specialist or consultant physician) to review an eligible patient's eating disorder treatment and management plan prepared by the medical practitioner, an associated medical practitioner working in general practice, or a consultant physician practising in the specialty of psychiatry or paediatrics, if: (a) the medical practitioner reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) modifications are made to the eating disorder treatment and management plan, recorded in writing, including: (i) recommendations to continue with treatment options detailed in the plan; or (ii) recommendations to alter the treatment options detailed in the plan, with the new arrangements documented in the plan; and (c) initiates referrals for a review by a consultant physician practising in the specialty of psychiatry or paediatrics, where appropriate; and (d) the medical practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees): (i) a copy of the plan; and (ii) suitable education about the eating disorder	63.15
<b>Subgroup 26—Review of an Eating Disorder Plan – Phone Service</b>		
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	74.60

**Schedule 1** GP and other medical practitioner services

**Division 1.1** Services and fees – Medical practitioner attendances via telehealth

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	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	
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:	63.15
	(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	
	(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	
<hr/> <b>Subgroup 27— Eating Disorder Psychological Treatment Services – Video Services</b> <hr/>		
92182	Video 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	96.50
92184	Video 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	138.10

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Services and fees – Medical practitioner attendances via telehealth **Division 1.1**

	eating disorder treatment and management plan	
92186	Video 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	81.70
92188	Video 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	116.90
<b>Subgroup 28—Eating Disorder Psychological Treatment Strategies – Phone Service</b>		
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	96.50
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	138.10
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	81.70
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	116.90

**Schedule 1** GP and other medical practitioner services

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**Subgroup 29 - GP and Other Medical Practitioner - Urgent After Hours Service in Unsociable Hours - Video Services**

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92210	Video 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	159.20
92211	Video 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	134.60

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

### Division 2.1 – Services and fees – Specialist attendances via telehealth

#### 2.1.1 Application of specialist, consultant physician and consultant psychiatrist telehealth services

- (1) Clause 1.2.2 of the general medical services table shall have effect as if all items in Division 2.1 (other than item in Subgroups 33, 34 and 37) were specified in the clause.

#### 2.1.2 Application of item 92434

- (1) In items 92434:

*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.

#### 2.1.3 Application of items in Subgroup 23 of Group A40

- (1) Item 92163 does 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, 91836, 92422, 92423, 92440 or 92443 applies.

#### 2.1.4 Application of items in Subgroups 33 and 34 of Group A40

- (1) Clause 2.13.1 of the general medical services table shall have effect as if items 92513 to 92516 and 92521 to 92522 were specified in the clause.

#### Group A40 – Telehealth attendance services

Column 1 Item	Column 2 Description	Column 3 Fee (\$)
<b>Subgroup 4 – Specialist attendances video services</b>		
91822	Video 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	Video attendance for a person by a specialist in the practice of the specialist's specialty if:	45.40

## Schedule 2 Specialist, consultant physician and consultant psychiatrist services

### Division 2.1 Services and fees – Specialist attendances via telehealth

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	(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	
<b>Subgroup 5 – Consultant physician video services</b>		
91824	Video 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 consultant physician; 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	Video 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 consultant physician; 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	Video 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 consultant physician; 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	Video 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	278.75

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	<p>general medical services table or item 91824, 91825, 91826, 91836 or 92440 applies did not take place on the same day by the same consultant physician; and</p> <p>(d) this item, 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</p>	
92423	<p>Video 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> <p>(a) a review is undertaken that covers:</p> <ul style="list-style-type: none"> <li>(i) review of initial presenting problems and results of diagnostic investigations; and</li> <li>(ii) review of responses to treatment and medication plans initiated at time of initial consultation; and</li> <li>(iii) comprehensive multi or detailed single organ system assessment; and</li> <li>(iv) review of original and differential diagnoses; and</li> </ul> <p>(b) the modified consultant physician treatment and management plan is provided to the referring practitioner, which involves, if appropriate:</p> <ul style="list-style-type: none"> <li>(i) a revised opinion on the diagnosis and risk assessment; and</li> <li>(ii) treatment options and decisions; and</li> <li>(iii) revised medication recommendations; and</li> </ul> <p>(c) an attendance on the patient to which item 110, 116 or 119 of the general medical services table or item 91824, 91825, 91826, 91836 or 92440 applies did not take place on the same day by the same consultant physician; and</p> <p>(d) item 132 of the general medical services table or item 92422 applied to an attendance claimed in the preceding 12 months; and</p> <p>(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; and</p> <p>(f) this item, or item 133 of the general medical services table or item 92443 has not applied more than twice in any 12 month period</p>	139.55
<b>Subgroup 6 – Consultant psychiatrist video services</b>		
91827	<p>Video attendance for a person by a consultant psychiatrist; if:</p> <p>(a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and</p> <p>(b) the attendance was not more than 15 minutes in duration; if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91828 to 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year</p>	45.75
91828	<p>Video attendance for a person by a consultant psychiatrist; if:</p> <p>(a) the attendance follows a referral of the patient to the consultant</p>	91.30

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	psychiatrist by a referring practitioner; and (b) the attendance was at least 15 minutes, but not more than 30 minutes in duration; if that attendance and another attendance to which item 296, 297, 299, or any of items 300, 302, 304, 306 to 308, 91827, 91829 to 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year	
91829	Video 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; if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827, 91828, 91830, 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year	140.55
91830	Video 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; if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91829, 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year	194.00
91831	Video 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; if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91830, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year	225.10
91868	Video 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—an attendance of not more than 15 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91869, 91870, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	24.10
91869	Video 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—an attendance of more than 15 minutes but not more than 30 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827,	48.40

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	91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91870, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	
91870	Video 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—an attendance of more than 30 minutes but not more than 45 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	74.55
91871	Video 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—an attendance of more than 45 minutes but not more than 75 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	102.70
91872	Video 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—an attendance of more than 75 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91871, 91873, or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	119.10
91873	Video attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the psychiatrist by a referring practitioner, where the formulation of the patient's clinical presentation indicates intensive psychotherapy is a clinically appropriate and indicated treatment, if that attendance and another attendance to which any of items 296, 297, 299 or any of items 300, 302, 304, 306, 308, 319, 92437, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91871, 91872 or 91879 to 91881 applies has not exceeded 160 attendances in a calendar year for the patient	205.20
91874	Video attendance involving an interview, lasting not more than 15 minutes, of a person other than the patient when the patient is not in 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 for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91875, 91876, 91877, 91878, 91882, 91883 or	48.40

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	91884 applies have not exceeded 15 in a calendar year for the patient	
91875	Video attendance involving an interview, lasting more than 15 minutes but not more than 30 minutes, of a person other than the patient when the patient is not in 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 for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91876, 91877, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient	96.60
91876	Video attendance involving an interview, lasting more than 30 minutes but not more than 45 minutes, of a person other than the patient when the patient is not in 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 for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91875, 91877, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient	148.70
91877	Video attendance involving an interview, lasting more than 45 minutes but not more than 75 minutes, of a person other than the patient when the patient is not in 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 for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91875, 91876, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient	205.20
91878	Video attendance involving an interview, lasting more than 75 minutes, of a person other than the patient, when the patient is not in 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 for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91875, 91876, 91877, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient	238.15
92434	Video attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant psychiatrist by	278.75

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	<p>a referring practitioner, for a patient aged under 25, if the consultant psychiatrist:</p> <p>(a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of a complex neurodevelopmental disorder (such as autism spectrum disorder) is made (if appropriate, using information provided by an eligible allied health provider); and</p> <p>(b) develops a treatment and management plan, which must include:</p> <p style="margin-left: 20px;">(i) documentation of the confirmed diagnosis; and</p> <p style="margin-left: 20px;">(ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and</p> <p style="margin-left: 20px;">(iii) a risk assessment; and</p> <p style="margin-left: 20px;">(iv) treatment options (which may include biopsychosocial recommendations); and</p> <p>(c) provides a copy of the treatment and management plan to:</p> <p style="margin-left: 20px;">(i) the referring practitioner; and</p> <p style="margin-left: 20px;">(ii) one or more allied health providers, if appropriate, for the treatment of the patient;</p> <p>(other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92140, 92141 or 92142)</p> <p>Applicable only once per lifetime</p>	
92435	<p>Video attendance lasting more than 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if:</p> <p>(a) the attendance follows referral of the patient to the consultant, by a medical practitioner in general practice (including a general practitioner, but not a specialist or consultant physician) or a participating nurse practitioner for an assessment or management; and</p> <p>(b) during the attendance, the consultant:</p> <p style="margin-left: 20px;">(i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and</p> <p style="margin-left: 20px;">(ii) carries out a mental state examination; and</p> <p style="margin-left: 20px;">(iii) undertakes a comprehensive diagnostic assessment; and</p> <p>(c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing management by the consultant and</p> <p>(d) within 2 weeks after the attendance, the consultant prepares and gives the referring practitioner a written report, which includes:</p> <p style="margin-left: 20px;">(i) a comprehensive diagnostic assessment of the patient; and</p> <p style="margin-left: 20px;">(ii) a management plan for the patient for the next 12 months for the patient that comprehensively evaluates the patient's biopsychosocial factors and makes recommendations to the referring practitioner to manage the patient's ongoing care in a biopsychosocial model; and</p> <p>(e) if clinically appropriate, the consultant explains the diagnostic</p>	478.05

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**Division 2.1** Services and fees – Specialist attendances via telehealth

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	assessment and management plan, and a gives a copy, to: (i) the patient; and (ii) the patient’s carer (if any), if the patient agrees; and (f) in the preceding 12 months, a service to which this item or item 291 of the general medical services table applies has not been provided	
92436	Video attendance lasting more than 30 minutes, but not more than 45 minutes, 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 or 92435; and (b) the attendance follows referral of the patient to the consultant, by the medical practitioner or participating nurse practitioner managing the patient, for review of the management plan and the associated comprehensive diagnostic assessment; and (c) during the attendance, the consultant: (i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and (ii) carries out a mental state examination; and (iii) reviews the comprehensive diagnostic assessment and undertakes additional assessment as required; and (iv) reviews the management plan; and (d) within 2 weeks after the attendance, the consultant prepares and gives to the referring practitioner a written report, which includes: (i) a revised comprehensive diagnostic assessment of the patient; and (ii) a revised management plan including updated recommendations to the referring practitioner to manage the patient’s ongoing care in a biopsychosocial model; and (e) if clinically appropriate, the consultant explains the diagnostic assessment and the management plan, and gives a copy, to: (i) the patient; and (ii) the patient’s carer (if any), if the patient agrees; and (f) in the preceding 12 months, a service to which item 291 of the general medical services table or item 92435 applies has been provided; and (g) in the preceding 12 months, a service to which this item or item 293 of the general medical services table or item 92444 applies has not been provided	298.85
92437	Video 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	274.95

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	(b) the patient has not received an attendance under this item, or item 91827 to 91831, 91837 to 91839, 92455 to 92457, 91868 to 91873, 91879 to 91881 or item 296, 297, 299, 300, 302, 304, 306 to 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344 or 346 of the general medical services table, in the preceding 24 months	
92455	Video 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	Video 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	Video 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
<b>Subgroup 7 – Specialist attendances phone services</b>		
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

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### Division 2.1 Services and fees – Specialist attendances via telehealth

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#### Subgroup 8 – Consultant physician phone services

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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 consultant physician; 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
92440	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 consultant physician; 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	89.40
92443	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 two 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, 91825, 91826, 91836 or 92440 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 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; and (f) this item, or item 133 of the general medical services table or item 92423 has not applied more than twice in any 12 month	156.45

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		period
<b>Subgroup 9 – Consultant psychiatrist phone services</b>		
91837	<p>Phone attendance for a person by a consultant psychiatrist; if:</p> <p>(a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and</p> <p>(b) the attendance was not more than 15 minutes duration;</p> <p>Where the attendance is after the first attendance as part of a single course of treatment, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91831, 91838, 91839 and 92437 applies have not exceeded 50 attendances in a calendar year</p>	45.75
91838	<p>Phone attendance for a person by a consultant psychiatrist; if:</p> <p>(a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner and</p> <p>(b) the attendance was at least 15 minutes, but not more than 30 minutes in duration;</p> <p>Where the attendance is after the first attendance as part of a single course of treatment, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91831, 91837, 91839 and 92437 applies have not exceeded 50 attendances in a calendar year</p>	91.30
91839	<p>Phone attendance for a person by a consultant psychiatrist; if:</p> <p>(a) the attendance follows a referral of the patient to the consultant psychiatrist by a referring practitioner; and</p> <p>(b) the attendance was at least 30 minutes, but not more than 45 minutes in duration</p> <p>Where the attendance is after the first attendance as part of a single course of treatment, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91831, 91837, 91838 and 92437 applies have not exceeded 50 attendances in a calendar year</p>	140.55
91879	<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—an attendance of not more than 15 minutes in duration, if that attendance and another attendance to which 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91880, 91881 or 92437 applies exceed 50 attendances in a calendar year for the patient</p>	24.10
91880	<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—an attendance of more than 15 minutes but not more than 30 minutes in duration, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91879, 91881 or 92437 applies</p>	48.40

## Schedule 2 Specialist, consultant physician and consultant psychiatrist services

### Division 2.1 Services and fees – Specialist attendances via telehealth

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	exceed 50 attendances in a calendar year for the patient	
91881	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—an attendance of more than 30 minutes but not more than 45 minutes in duration, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91879, 91880 or 92437 applies exceed 50 attendances in a calendar year for the patient	74.55
91882	Phone attendance involving an interview, lasting not more than 15 minutes, of a person other than the patient when the patient is not in 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 for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874 to 91878, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient	48.40
91883	Phone attendance involving an interview, lasting more than 15 minutes but not more than 30 minutes, of a person other than the patient when the patient is not in 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 for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874 to 91878, 91882 or 91884 applies have not exceeded 15 in a calendar year for the patient	96.60
91884	Phone attendance involving an interview, lasting more than 30 minutes but not more than 45 minutes, of a person other than the patient when the patient is not in 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 for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874 to 91878, 91882 or 91883 applies have not exceeded 15 in a calendar year for the patient	148.70
92444	Phone attendance lasting more than 30 minutes, but not more than 45 minutes, 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	335.05

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plan prepared by the consultant in accordance with item 291 or 92435; and

- (b) the attendance follows referral of the patient to the consultant, by the medical practitioner or participating nurse practitioner managing the patient, for review of the management plan and the associated comprehensive diagnostic assessment; and
  - (c) during the attendance, the consultant:
    - (i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and
    - (ii) carries out a mental state examination; and
    - (iii) reviews the comprehensive diagnostic assessment and undertakes additional assessment as required; and
    - (iv) reviews the management plan; and
  - (d) within 2 weeks after the attendance, the consultant prepares and gives to the referring practitioner a written report, which includes:
    - (i) a revised comprehensive diagnostic assessment of the patient; and
    - (ii) a revised management plan including updated recommendations to the referring practitioner to manage the patient’s ongoing care in a biopsychosocial model; and
  - (e) if clinically appropriate, the consultant explains the diagnostic assessment and the management plan, and gives a copy, to:
    - (i) the patient; and
    - (ii) the patient’s carer (if any), if the patient agrees; and
  - (f) in the preceding 12 months, a service to which item 291 of the general medical services table or item 92435 applies has been provided; and
  - (g) in the preceding 12 months, a service to which this item or item 293 of the general medical services table or item 92436 applies has not been provided
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**Subgroup 17 - GP, specialist and consultant physician complex neurodevelopmental disorder or disability service - video services**

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92140	<p>Video attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician’s specialty of paediatrics, following referral of the patient to the consultant paediatrician by a referring practitioner, for a patient aged under 25, if the consultant paediatrician:</p> <ul style="list-style-type: none"> <li>(a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of a complex neurodevelopmental disorder (such as autism spectrum disorder) is made (if appropriate, using information provided by an eligible allied health provider); and</li> <li>(b) develops a treatment and management plan, which must include:           <ul style="list-style-type: none"> <li>(i) documentation of the confirmed diagnosis; and</li> <li>(ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and</li> <li>(iii) a risk assessment; and</li> <li>(iv) treatment options (which may include biopsychosocial</li> </ul> </li> </ul>	278.75
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	recommendations); and	
	(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;	
	(other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92141, 92142 or 92434)	
	Applicable only once per lifetime	
92141	Video attendance lasting at least 45 minutes by a specialist or consultant physician (not including a general practitioner), following referral of the patient to the specialist or consultant physician by a referring practitioner, for a patient aged under 25, if the specialist or consultant physician: (a) undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of an eligible disability is made (if appropriate, using information provided by an eligible allied health provider); and (b) develops a treatment and management plan, which must include: (i) documentation of the confirmed diagnosis; and (ii) findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan; and (iii) a risk assessment; and (iv) treatment options (which may include biopsychosocial recommendations); and (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; (other than attendance on a patient for whom payment has previously been made under this item or item 135, 137, 139, 289, 92140, 92142 or 92434) Applicable only once per lifetime	278.75
<b>Subgroup 23— Consultant Physician and Psychiatrist - Eating Disorder Treatment and Management Plan – Video Services</b>		
92162	Video 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:	478.05

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	<ul style="list-style-type: none"> <li>(A) covers the next 12 months; and</li> <li>(B) is appropriate to the patient’s diagnosis; and</li> <li>(C) comprehensively evaluates the patient’s biological, psychological and social issues; and</li> <li>(D) addresses the patient’s diagnostic psychiatric issues; and</li> <li>(E) makes management recommendations addressing the patient’s biological, psychological and social issues; and</li> </ul> <ul style="list-style-type: none"> <li>(iii) gives the referring practitioner a copy of the diagnosis and the management plan; and</li> <li>(iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: <ul style="list-style-type: none"> <li>(A) the patient; and</li> <li>(B) the patient’s carer (if any), if the patient agrees</li> </ul> </li> </ul>	
92163	<p>Video 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:</p> <ul style="list-style-type: none"> <li>(a) the patient has been referred by a referring practitioner; and</li> <li>(b) during the attendance, the consultant paediatrician undertakes an assessment that covers: <ul style="list-style-type: none"> <li>(i) a comprehensive history, including psychosocial history and medication review; and</li> <li>(ii) comprehensive multi or detailed single organ system assessment; and</li> <li>(iii) the formulation of diagnoses; and</li> </ul> </li> <li>(c) within 2 weeks after the attendance, the consultant paediatrician: <ul style="list-style-type: none"> <li>(i) prepares a written diagnosis of the patient; and</li> <li>(ii) prepares a written management plan for the patient that involves: <ul style="list-style-type: none"> <li>(A) an opinion on diagnosis and risk assessment; and</li> <li>(B) treatment options and decisions; and</li> <li>(C) medication recommendations; and</li> </ul> </li> <li>(iii) gives the referring practitioner a copy of the diagnosis and the management plan; and</li> <li>(iv) if clinically appropriate, explains the diagnosis and management plan, and a gives a copy, to: <ul style="list-style-type: none"> <li>(A) the patient; and</li> <li>(B) the patient’s carer (if any), if the patient agrees</li> </ul> </li> </ul> </li> </ul>	278.75
<b>Subgroup 25— Review of an Eating Disorder Plan - Video Services</b>		
92172	<p>Video 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:</p> <ul style="list-style-type: none"> <li>(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</li> <li>(b) the patient has been referred by a referring practitioner; and</li> </ul>	298.85

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	<p>(c) during the attendance, the consultant psychiatrist:</p> <ul style="list-style-type: none"><li>(i) uses an outcome tool (if clinically appropriate); and</li><li>(ii) carries out a mental state examination; and</li><li>(iii) makes a psychiatric diagnosis; and</li><li>(iv) reviews the eating disorder treatment and management plan; and</li></ul> <p>(d) within 2 weeks after the attendance, the consultant psychiatrist:</p> <ul style="list-style-type: none"><li>(i) prepares a written diagnosis of the patient; and</li><li>(ii) revises the eating disorder treatment and management; and</li><li>(iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and</li><li>(iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to:<ul style="list-style-type: none"><li>(A) the patient; and</li><li>(B) the patient’s carer (if any), if the patient agrees</li></ul></li></ul>	
92173	<p>Video 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:</p> <ul style="list-style-type: none"><li>(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</li><li>(b) the patient has been referred by a referring practitioner; and</li><li>(c) during the attendance, the consultant paediatrician:<ul style="list-style-type: none"><li>(i) uses an outcome tool (if clinically appropriate); and</li><li>(ii) carries out a mental state examination; and</li><li>(iii) makes a psychiatric diagnosis; and</li><li>(iv) reviews the eating disorder treatment and management plan; and</li></ul></li><li>(d) within 2 weeks after the attendance, the consultant paediatrician:<ul style="list-style-type: none"><li>(i) prepares a written diagnosis of the patient; and</li><li>(ii) revises the eating disorder treatment and management; and</li><li>(iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and</li><li>(iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to:<ul style="list-style-type: none"><li>(A) the patient; and</li><li>(B) the patient’s carer (if any), if the patient agrees</li></ul></li></ul></li></ul>	139.55
<b>Subgroup 26—Review of an Eating Disorder Plan – Phone Service</b>		
92441	<p>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:</p> <ul style="list-style-type: none"><li>(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</li><li>(b) the patient has been referred by a referring practitioner; and</li><li>(c) during the attendance, the consultant psychiatrist:</li></ul>	335.05

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	<ul style="list-style-type: none"> <li>(i) uses an outcome tool (if clinically appropriate); and</li> <li>(ii) carries out a mental state examination; and</li> <li>(iii) makes a psychiatric diagnosis; and</li> <li>(iv) reviews the eating disorder treatment and management plan; and</li> </ul> <p>(d) within 2 weeks after the attendance, the consultant psychiatrist:</p> <ul style="list-style-type: none"> <li>(i) prepares a written diagnosis of the patient; and</li> <li>(ii) revises the eating disorder treatment and management; and</li> <li>(iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and</li> <li>(iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: <ul style="list-style-type: none"> <li>(A) the patient; and</li> <li>(B) the patient’s carer (if any), if the patient agrees</li> </ul> </li> </ul>	
92442	<p>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:</p> <ul style="list-style-type: none"> <li>(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</li> <li>(b) the patient has been referred by a referring practitioner; and</li> <li>(c) during the attendance, the consultant paediatrician: <ul style="list-style-type: none"> <li>(i) uses an outcome tool (if clinically appropriate); and</li> <li>(ii) carries out a mental state examination; and</li> <li>(iii) makes a psychiatric diagnosis; and</li> <li>(iv) reviews the eating disorder treatment and management plan; and</li> </ul> </li> <li>(d) within 2 weeks after the attendance, the consultant paediatrician: <ul style="list-style-type: none"> <li>(i) prepares a written diagnosis of the patient; and</li> <li>(ii) revises the eating disorder treatment and management; and</li> <li>(iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and</li> <li>(iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: <ul style="list-style-type: none"> <li>(A) the patient; and</li> <li>(B) the patient’s carer (if any), if the patient agrees</li> </ul> </li> </ul> </li> </ul>	156.45
<b>Subgroup 31—Geriatric Medicine – Video Services</b>		
92623	<p>Video 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> <ul style="list-style-type: none"> <li>(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</li> <li>(b) the attendance is initiated by the referring practitioner for the provision of a comprehensive assessment and management plan; and</li> </ul>	478.05

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	<p>(c) during the attendance:</p> <ul style="list-style-type: none"><li>(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</li><li>(ii) the patient’s various health problems and care needs are identified and prioritised (the <i>formulation</i>); and</li><li>(iii) a detailed management plan is prepared (the <i>management plan</i>) setting out:<ul style="list-style-type: none"><li>(A) the prioritised list of health problems and care needs; and</li><li>(B) short and longer term management goals; and</li><li>(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</li></ul></li><li>(iv) the management plan is explained and discussed with the patient and, if appropriate, the patient’s family and any carers; and</li><li>(v) the management plan is communicated in writing to the referring practitioner; and</li></ul> <p>(d) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91823, 91833, 91824, 91825, 91826, 91836 or 92440 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 145 of the general medical services table applies has not been provided to the patient by the same practitioner in the preceding 12 months</p>	
92624	<p>Video 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, 145 or 92623, if:</p> <ul style="list-style-type: none"><li>(a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and</li><li>(b) during the attendance:<ul style="list-style-type: none"><li>(i) the patient’s health status is reassessed; and</li><li>(ii) a management plan prepared under item 141, 145 or 92623 is reviewed and revised; and</li><li>(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</li></ul></li><li>(c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91823, 91833, 91824, 91825, 91826, 91836 or 92440 applies was not provided to the patient on the same day by the same practitioner;</li></ul>	298.85

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and

(d) an attendance to which item 141 or 145 of the general medical services table, or item 92623 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 143 or 147 of the general medical services table, or item 92448 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

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**Subgroup 32—Geriatric Medicine – Phone Services**

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92448	<p>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, 145 or 92623 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 style="margin-left: 20px;">(i) the patient’s health status is reassessed; and</p> <p style="margin-left: 20px;">(ii) a management plan prepared under item 141 or 145 of the general medical services table or items 92623 is reviewed and revised; and</p> <p style="margin-left: 20px;">(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 or 119 of the general medical services table or item 91822, 91823, 91833, 91824, 91825, 91826, 91836 or 92440 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 or 145 of the general medical services table, or item 92623 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 143 or 147 of the general medical services table or item 92624 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>	335.05
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**Subgroup 33— Public health physician – Video Services**

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92513	<p>Video 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</p>	20.65
92514	<p>Video 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</p>	45.15

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## Schedule 2 Specialist, consultant physician and consultant psychiatrist services

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	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	
92515	Video 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	Video 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
<b>Subgroup 34— Public health physician – Phone Services</b>		
92521	Phone 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; Where the attendance is not the first attendance for that particular clinical indication	20.65
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, where the attendance is not the first attendance for those particular health-related issues, with appropriate documentation	45.15

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<b>Subgroup 35— Neurosurgery attendances – Video Services</b>		
92610	Video 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	Video 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	Video 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	Video 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
92614	Video 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
<b>Subgroup 36—Neurosurgery attendances – Phone Services</b>		
92445	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	101.30
92446	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	140.35
92447	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	178.70
92618	Phone attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—a minor attendance	45.40

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### Division 2.1 Services and fees – Specialist attendances via telehealth

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after the first in a single course of treatment

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**Subgroup 37 —Specialist, anaesthesia video services**

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92701	Video 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
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**Subgroup 44 - Specialist and Consultant Physician - Telehealth Services**

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92748	Video attendance for a person by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine if: (a) the attendance follows referral of the patient to the consultant occupational physician (b) the attendance is of more than 5 minutes in duration; (c) the attendance is an initial attendance in a single course of treatment; and (d) an attendance on the patient, being an attendance to which item 385, 91822, or 104 applies did not take place on the same day by the same consultant occupational physician.	92748
92749	Video attendance for a person by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine if: (a) the attendance follows referral of the patient to the consultant occupational physician; (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is after the first in a single course of treatment.	92749
92750	Phone attendance for a person by a consultant occupational physician in the practice of the consultant occupational physician's specialty of occupational medicine if: (a) the attendance follows referral of the patient to the consultant occupational physician; (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is after the first attendance in a single course of treatment.	92750
92751	Video attendance for a person by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine if: (a) the attendance follows referral of the patient to the specialist or consultant physician; (b) the attendance is of more than 5 minutes in duration; (c) the attendance is an initial attendance in a single course of	92751

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	treatment; and	
	(d) an attendance on the patient, being an attendance to which item 2801, 91824 or 110 applies did not take place on the same day by the same pain medicine specialist or consultant physician.	
92752	Video attendance for a person by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine if:	92752
	(a) the attendance follows referral of the patient to the specialist or consultant physician;	
	(b) the attendance is of more than 5 minutes in duration; and	
	(c) the attendance is not a minor attendance after the first in a single course of treatment.	
92753	Video attendance for a person by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine if:	92753
	(a) the attendance follows referral of the patient to the specialist or consultant physician;	
	(b) the attendance is of more than 5 minutes in duration; and	
	(c) the attendance is a minor attendance after the first in a single course of treatment.	
92754	Phone attendance for a person by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of pain medicine if:	92754
	(a) the attendance follows referral of the patient to the specialist or consultant physician;	
	(b) the attendance is of more than 5 minutes in duration; and	
	(c) the attendance is a minor attendance after the first of a single course of treatment.	
92755	Video attendance for a person by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine if:	92755
	(a) the attendance follows referral of the patient to the specialist or consultant physician;	
	(b) the attendance is of more than 5 minutes in duration;	
	(c) the attendance is an initial attendance in a single course of treatment; and	
	(d) an attendance on the patient, being an attendance to which item 3005, 91824 or 110 applies did not take place on the same day by the same palliative medicine specialist or consultant physician.	
92756	Video attendance for a person by a specialist, or consultant physician, in the practice of the specialist's, or consultant physician's, specialty of palliative medicine if:	92756
	(a) the attendance follows referral of the patient to the specialist	

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	or consultant physician;	
	(b) the attendance is of more than 5 minutes in duration; and	
	(c) the attendance is not a minor attendance after the first in a single course of treatment.	
92757	Video attendance for a person by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine, if:	92757
	(a) the attendance follows referral of the patient to the specialist or consultant physician;	
	(b) the attendance is of more than 5 minutes in duration; and	
	(c) the attendance is a minor attendance after the first in a single course of treatment.	
92758	Phone attendance for a person by a specialist, or consultant physician, in the practice of the specialist's or consultant physician's specialty of palliative medicine if:	92758
	(a) the attendance follows referral of the patient to the specialist or consultant physician;	
	(b) the attendance is of more than 5 minutes in duration; and	
	(c) the attendance is a minor attendance after the first in a single course of treatment.	
92759	Video attendance for a person by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty if:	92759
	(a) the attendance follows referral of the patient to the specialist;	
	(b) the attendance includes a comprehensive assessment;	
	(c) the attendance is the first or only time in a single course of treatment that a comprehensive assessment is provided; and	
	(d) an attendance on the patient, being an attendance to which item 6018, 91824 or 110 applies did not take place on the same day by the same addiction medicine specialist.	
92760	Video attendance for a person by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty if:	92760
	(a) the attendance follows referral of the patient to the specialist;	
	(b) the attendance is of more than 5 minutes in duration; and	
	(c) the attendance is a patient assessment:	
	(i) before or after a comprehensive assessment under item 110, 6018, 91824 or 92759 in a single course of treatment; or	
	(ii) that follows an initial assessment under item 132, 6023, 92422 or 92762 in a single course of treatment; or	
	(iii) that follows a review under item 133, 6024, 92423, 92763 or 92443 in a single course of treatment.	
92761	Phone attendance for a person by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty if:	92761

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	<ul style="list-style-type: none"> <li>(a) the attendance follows referral of the patient to the specialist;</li> <li>(b) the attendance is of more than 5 minutes in duration; and</li> <li>(c) the attendance is a minor attendance after the first in a single course of treatment.</li> </ul>	
92762	<p>Video attendance for a person by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty of at least 45 minutes for an initial assessment of a patient with at least 2 morbidities, following referral of the patient to the addiction medicine specialist by a referring practitioner, if:</p> <ul style="list-style-type: none"> <li>(a) an assessment is undertaken that covers: <ul style="list-style-type: none"> <li>(i) a comprehensive history, including psychosocial history and medication review; and</li> <li>(ii) a comprehensive multi or detailed single organ system assessment; and</li> <li>(iii) the formulation of differential diagnoses; and</li> </ul> </li> <li>(b) an addiction medicine specialist treatment and management plan of significant complexity that includes the following is prepared and provided to the referring practitioner: <ul style="list-style-type: none"> <li>(i) an opinion on diagnosis and risk assessment;</li> <li>(ii) treatment options and decisions;</li> <li>(iii) medication recommendations; and</li> </ul> </li> <li>(c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6018, 6019, 6023, 91824, 91825, 91826, 91836, 92422, 92423, 92440, 92443, 92759, 92760 or 92763 applies did not take place on the same day by the same addiction medicine specialist; and</li> <li>(d) neither this item nor item 6023, 132 or 92422 has applied to an attendance on the patient in the preceding 12 months by the same addiction medicine specialist</li> </ul>	92762
92763	<p>Video attendance for a person by an addiction medicine specialist in the practice of the addiction medicine specialist's specialty of at least 20 minutes, after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities if:</p> <ul style="list-style-type: none"> <li>(a) a review is undertaken that covers: <ul style="list-style-type: none"> <li>(i) review of initial presenting problems and results of diagnostic investigations; and</li> <li>(ii) review of responses to treatment and medication plans initiated at time of initial consultation; and</li> <li>(iii) comprehensive multi or detailed single organ system assessment; and</li> <li>(iv) review of original and differential diagnoses; and</li> </ul> </li> <li>(b) the modified addiction medicine specialist treatment and management plan is provided to the referring practitioner, which involves, if appropriate:</li> </ul>	92763

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### Division 2.1 Services and fees – Specialist attendances via telehealth

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	(i) a revised opinion on 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 104, 105, 110, 116, 119, 132, 133, 6018, 6019, 6024, 91824, 91825, 91826, 91836, 92422, 92423, 92440, 92443, 92759 or 92760 applies did not take place on the same day by the same addiction medicine specialist; and (d) item 132, 6023, 92422 or 92762 applied to an attendance claimed in the preceding 12 months; and (e) the attendance under this item is claimed by the same addiction medicine specialist who claimed item 132, 6023, 92422 or 92762, or by a locum tenens; and (f) this item has not applied more than twice in any 12-month period.	
92764	Video attendance for a person by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty if: (a) the attendance follows referral of the patient to the sexual health medicine specialist; and (b) the attendance is of more than 5 minutes in duration, and includes a comprehensive assessment; and (c) the attendance is the first or only time in a single course of treatment; and (d) an attendance on the patient, being an attendance to which item 6051, 91824, or 110 applies did not take place on the same day by the same sexual health medicine specialist.	92764
92765	Video attendance by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty if: (a) the attendance follows referral of the patient to the specialist; (b) the attendance is a patient assessment: (i) before or after a comprehensive assessment under item 6051, 91824 or 92764 in a single course of treatment; or (ii) that follows an initial assessment under item 6057 or 92767 in a single course of treatment; or (iii) that follows a review under item 6058 or 92768 in a single course of treatment.	92765
92766	Phone attendance for a person by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty if: (a) the attendance follows referral of the patient to the sexual health medicine specialist; and (b) the attendance is of more than 5 minutes in duration; and (c) the attendance is a minor attendance after the first in a single course of treatment.	92766
92767	Video attendance for a person by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty of sexual health of at least 45 minutes for an initial assessment of a	92767

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patient with at least 2 morbidities, following referral of the patient to the sexual health medicine specialist by a referring practitioner, if:

- (a) an assessment is undertaken that covers:
  - (i) a comprehensive history, including psychosocial history and medication review; and
  - (ii) a comprehensive multi or detailed single organ system assessment; and
  - (iii) the formulation of differential diagnoses; and
- (b) a sexual health medicine specialist treatment and management plan of significant complexity that includes the following is prepared and provided to the referring practitioner:
  - (i) an opinion on diagnosis and risk assessment;
  - (ii) treatment options and decisions;
  - (iii) medication recommendations; and
- (c) an attendance on the patient to which item 104, 105, 110, 116, 119, 132, 133, 6051, 6052, 6057, 91822, 91823, 91824, 91825, 91826, 91833, 91836, 92422, 92423, 92440, 92443, 92764 or 92765 applies did not take place on the same day by the same sexual health medicine specialist; and
- (d) neither this item nor items 6057, 92422 or 132 has applied to an attendance on the patient in the preceding 12 months by the same sexual health medicine specialist.

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92768	<p>Video attendance for a person by a sexual health medicine specialist in the practice of the sexual health medicine specialist's specialty of at least 20 minutes, after the first attendance in a single course of treatment for a review of a patient with at least two morbidities if:</p> <ul style="list-style-type: none"> <li>(a) a review is undertaken that covers:           <ul style="list-style-type: none"> <li>(i) review of initial presenting problems and results of diagnostic investigations; and</li> <li>(ii) review of responses to treatment and medication plans initiated at time of initial consultation; and</li> <li>(iii) comprehensive multi or detailed single organ system assessment; and</li> <li>(iv) review of original and differential diagnoses; and</li> </ul> </li> <li>(b) the modified sexual health medicine specialist treatment and management plan is provided to the referring practitioner, which involves, if appropriate:           <ul style="list-style-type: none"> <li>(i) a revised opinion on diagnosis and risk assessment; and</li> <li>(ii) treatment options and decisions; and</li> <li>(iii) revised medication recommendations; and</li> </ul> </li> <li>(c) an attendance on the patient, being an attendance to which item 104, 105, 110, 116, 119, 132, 133, 6051, 6052, 91822, 91823, 91824, 91825, 91826, 91836, 92422, 92423, 92440, 92443, 92764, 92765 or 6058 applies did not take place on the same day by the same sexual health medicine specialist; and</li> </ul>	92768
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**Schedule 2** Specialist, consultant physician and consultant psychiatrist services

**Division 2.1** Services and fees – Specialist attendances via telehealth

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(d) item 6057, 132, 92422 or 92767 applied to an attendance claimed in the preceding 12 months; and

(e) the attendance under this item is claimed by the same sexual health medicine specialist who claimed item 6057, 132, 92422 or 92767, or by a locum tenens; and

(f) neither this item nor item 6058 has not applied more than twice in any 12-month period.

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## Division 2.2– Services and Fees – obstetric attendances

### 2.2.1 Application of Obstetric telehealth 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.
  
- (3) Clause 1.2.2 of the general medical services table shall have effect as if all items in Division 2.2 of this determination (other than items 91850, 91853, 91855 or 91857), were specified in the clause.

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#### Group T4—Obstetrics

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Item	Description	Fee (\$)
<b>Subgroup 1 – Obstetric video services</b>		
91850	Antenatal video 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: <ol style="list-style-type: none"> <li>(a) the service is provided on behalf of, and under the supervision of, a medical practitioner; and</li> </ol>	28.35

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**Division 2.2** Services and Fees – obstetric attendances

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	(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	
91851	Postnatal video 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. Applicable once for a pregnancy	74.60
91852	Postnatal video 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 <i>Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020</i> or item 91214, 91215, 91221 or 91222 is not provided. Applicable once for a pregnancy	55.55
91853	Antenatal video attendance	49.05
<b>Subgroup 2 – Obstetric phone services</b>		
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	74.60

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	(d) is for a pregnancy in relation to which a service to which item 82140 applies is not provided. 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 <i>Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020</i> or item 91214, 91215, 91221 or 91222 is not provided. Applicable once for a pregnancy	55.55
91858	Antenatal phone attendance	49.05

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## **Schedule 3 – Allied health and other Primary Health Care services**

### **Division 3.1 – Services and fees – Allied health telehealth services**

#### **3.1.1 Application of allied health attendances via telehealth - 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 complex neurodevelopmental disorder or 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 consultant physician specialising in the practice of the consultant physician's field of psychiatry must be a referral for a service to which any of items 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services or to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 92437, 92455, 92456, 92457, 92458, 92459 or 92460 applies.
  - (3) For items 93032, 93033, 93040 and 93041 the referral by a consultant physician specialising in the practice of the consultant physician's 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, 91836 or 92440 applies.
  - (4) For items 93035, 93036, 93043 and 93044 the referral by a consultant physician specialising in the practice of the consultant physician's field of psychiatry must be a referral for a service to which item 289 of the general medical services table or to which item 92434 applies.
  - (5) If a patient 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 the consultant physician's field of psychiatry may only refer the patient for a service to which any of items 296, 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table or to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 92437, 92455, 92456, 92457, 92458, 92459 or 92460 applies.
  - (6) For items 93035, 93036, 93043 and 93044 the referral by a consultant physician specialising in the practice of the consultant physician's 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 applies.
  - (7) If a patient has previously been provided with a service mentioned in item 135 of the general medical services table or item 92140, a consultant physician specialising in the practice of the consultant physician's field of paediatrics may
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only refer the patient 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 or 91836 applies.

- (8) If a patient has previously been provided with a service mentioned in item 137 or 139 of the general medical services table or item 92141 or 92142, the medical practitioner cannot refer the patient for a service to which item 135 or 289 of the general medical services table or to which item 92140 or 92434 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 the consultant physician's field of speciality must be a referral for a service to which any of items 104 to 131 or 296 to 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table or items 91822 to 91839, 92437, 92455, 92456, 92457 92458, 92459 or 92460 applies.
- (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 47 of the general medical services table or to which any of items 91790, 91800, 91801, 91802, 91890, 91891 or 91894 applies.
- (4) For items 93035, 93036, 93043 and 93044 the referral by a specialist or consultant physician specialising in the practice of their 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 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 applies.
- (6) If a patient has previously been provided with a service mentioned in item 135 or 289 of the general medical services table or item 92140 or 92434 the medical practitioner cannot refer the patient for a service to which item 137 or 139 of the general medical services table or item 92141 or 92142 applies.

### **3.1.4 Complex neurodevelopmental 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 medical practitioner who initially referred the patient.

**3.1.4A Application of items for complex neurodevelopmental disorder and disability services**

- (1) This section applies to items 93032, 93033, 93035, 93036, 93040, 93041, 93043 and 93044.
  - (2) For the purposes of an item mentioned in subsection (1) of this section, **eligible medical practitioner** means:
    - (a) for a patient with a confirmed, or suspected, complex neurodevelopmental disorder (such as autism spectrum disorder), a consultant physician specialising in the practice of their field of psychiatry or paediatrics; or
    - (b) for a patient with a confirmed, or suspected, eligible disability, a specialist or consultant physician practising in their specialty, or a general practitioner.
  - (3) For the purposes of an item mentioned in subsection (1) of this section, **treatment and management plan** means:
    - (a) for a patient with a confirmed complex neurodevelopmental disorder (such as autism spectrum disorder), a plan for the treatment and management of the patient's complex neurodevelopmental disorder to which item 135 or 289 of the general medical services table, or item 92140 or 92434 applies; or
    - (b) for a patient with a confirmed eligible disability, a plan for the treatment and management of the patient's eligible disability to which any of items 137 or 139 of the general medical services table or items 92141 or 92142 applies.
  - (4) An item mentioned in subsection (1) will only apply to a service if the eligible allied health practitioner providing the service meets the credentialing requirements for the provision of a complex neurodevelopmental or disability service.
  - (5) For a service to which item 93032, 93033, 93040 or 93041 applies, the patient must be referred to the eligible allied health practitioner (**the providing allied health practitioner**) by:
    - (a) an eligible medical practitioner; or
    - (b) an eligible allied health practitioner (**the referring allied health practitioner**), if:
      - (i) the patient was referred to the referring allied health practitioner by an eligible medical practitioner;
      - (ii) the referral from the medical practitioner to the referring allied health practitioner is valid;
      - (iii) the eligible medical practitioner has been consulted and agreed to the referral of the patient to the providing allied health practitioner; and
      - (iv) the referring allied health practitioner has documented the eligible medical practitioner's agreement in the patient's notes.
  - (6) A service described in item 93032, 93033, 93040 or 93041 will only apply to a service provided to a patient if in the patient's lifetime the patient has been provided less than 8 other services to which any of items 82000, 82005, 82010, 82030, 93032, 93033, 93040 or 93041 apply.
  - (7) For the purposes of subclause (6) of this clause, if a patient has been provided 4 services to which any of items 82000, 82005, 82010, 82030, 93032, 93033, 93040 or
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93041 apply by the same eligible allied health practitioner under a single referral, before any of the remaining 4 services may be provided by the same allied health practitioner under the same referral:

- (a) the eligible allied health practitioner providing the service must request the provision of additional services from the eligible medical practitioner who initially referred the patient;
  - (b) the eligible medical practitioner must review the eligible allied health practitioner's request for the provision of further services and agreed to the additional services; and
  - (c) the eligible allied health practitioner must make a record of the eligible medical practitioner's agreement in the patient's notes.
- (8) A service described in item 93035, 93036, 93043 or 93044 will only apply to a service provided to a patient if in the patient's lifetime the patient has been provided less than 20 services to which any of items 82015, 82020, 82025, 82035, 93035, 93036, 93043 or 93044 apply.

### **3.1.5 Referrals by specialists, consultant physicians for psychological therapy and focussed psychological strategies therapy health services**

- (1) For items 91166 to 91177, 91181 to 91188 and 91194 to 91205:
  - (a) the referral by a consultant physician specialising in the practice of the consultant physician's field of psychiatry must be a referral for a service to which any of items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 92436, 92437, 92444, 92458, 92459 or 92460 or items 293 to 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table applies;
  - (b) the referral by a consultant physician specialising in the practice of the consultant physician's 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, 91836, 92422, 92423, 92440 or 92443 applies;
  - (c) the referral by a specialist in the practice of the specialist's 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 or 91833 applies.

### **3.1.6 Eligible patient for eating disorders items**

- (1) For an item in Subgroups 19, 20, 21 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.

### **3.1.7 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:

**Schedule 3** Allied health and other Primary Health Care services

**Division 3.1** Services and fees – Allied health telehealth services

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- (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 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.
- (2A) A reference in subclause (2) to a service providing a treatment to a patient includes any service to which item 309, 311, 313, 315, 2739, 2741, 2743, 2745, 80002, 80006, 80012, 80016, 80102, 80106, 80112, 80116, 80129, 80131, 80137, 80141, 80154, 80156, 80162, 80166, 91168, 91171, 91174, 91177, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91859, 91861, 91862, 91863, 91864, 91865, 91866, or 91867 applies that is provided to another person as part of the patient's treatment.
- (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 Subgroups 25 or 26 of Group A40 apply; and
  - (b) the service is provided:
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- (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.
- (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, 309, 311, 313 and 315;
  - (b) items 2721, 2723, 2725, 2727, 2739, 2741, 2743 and 2745;
  - (c) items in Groups M6, M7 and M16 other than item 82350;
  - (d) items 90271, 90272, 90273, 90274, 90275, 90276, 90277 and 90278;
  - (e) items 91166, 91167, 91168, 91169, 91170, 91171, 91172, 91173, 91174, 91175, 91176, 91177, 91181 to 91188, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 91859, 91861, 91862, 91863, 91864, 91865, 91866, 91867, 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, 92176, 92177 or 92179 applies.

### **3.1.8 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.

### **3.1.9 Application of psychological therapy and focussed psychological strategies health services**

For the purposes of items 91166 to 91177, 91181 to 91188 and 91194 to 91205, referring practitioner has the meaning given by clause 2.1.4 of the Allied Health and other Primary Health Care Services Determination.

#### **3.1.9A Application of psychological therapy and focussed psychological strategies health services provided to a person other than the patient**

Item 91168, 91171, 91174, 91177, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204 or 91205 applies to a service provided to a person other than the patient only if:

- (a) the referring practitioner or the eligible practitioner providing the service determines it is clinically appropriate to provide services to a person other than the patient, and makes a written record of this determination in the patient's records; and
- (b) the eligible practitioner providing the service to a person other than the patient:
  - (i) explains the service to the patient; and
  - (ii) obtains the patient's consent for the service to be provided to the other person as part of the patient's treatment; and
  - (iii) makes a written record of the consent; and
- (c) the service is provided as part of the patient's treatment; and
- (d) the patient is not in attendance during the provision of the service; and
- (e) in the calendar year, no more than one other service to which any of items 309, 311, 313, 315, 2739, 2741, 2743, 2745, 80002, 80006, 80012, 80016, 80102, 80106, 80112, 80116, 80129, 80131, 80137, 80141, 80154, 80156, 80162, 80166, 91168, 91171, 91174, 91177, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204, 91205, 91859, 91861, 91862, 91863, 91864, 91865, 91866 or 91867 apply has already been provided to or in relation to the patient.

Note: The patient's consent may be withdrawn at any time.

#### **3.1.10 Application of items 93000 and 93013**

- (1) Item 93000 or 93013 does not apply to a service if the patient has already been provided 10 services to which item 93000, 93013, 93048 or 93061 or any item in

Subgroup 1 of Group M3 or any item in Group M11 of the Allied Health and other Primary Health Care Services Determination applies in the same calendar year.

<b>Group M18 – Allied Health and other primary health care telehealth services</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
<b>Subgroup 1 – Psychological therapies video services</b>		
91166	Psychological therapy health service provided by video attendance by an eligible clinical psychologist if: <ul style="list-style-type: none"> <li>(a) the patient is referred by a referring practitioner; and</li> <li>(b) the service is provided to the patient individually; and</li> <li>(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and</li> <li>(d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and</li> <li>(e) the service is at least 30 minutes but less than 50 minutes duration</li> </ul>	103.80
91167	Psychological therapy health service provided by video attendance by an eligible clinical psychologist if: <ul style="list-style-type: none"> <li>(a) the patient is referred by a referring practitioner; and</li> <li>(b) the service is provided to the patient individually; and</li> <li>(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and</li> <li>(d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and</li> <li>(e) the service is at least 50 minutes duration</li> </ul>	152.40
91168	Video attendance for a psychological therapy health service provided by an eligible clinical psychologist to a person other than the patient, if: <ul style="list-style-type: none"> <li>(a) the service is part of the patient’s treatment;</li> <li>(b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and</li> <li>(c) the service lasts at least 30 minutes but less than 50 minutes</li> </ul>	105.45
91171	Video attendance for a psychological therapy health service provided by an eligible clinical psychologist to a person other than the patient, if: <ul style="list-style-type: none"> <li>(a) the service is part of the patient’s treatment;</li> <li>(b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and</li> <li>(c) the service lasts at least 50 minutes</li> </ul>	154.85

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**Subgroup 2 – Psychologist focussed psychological strategies video services**

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91169	Focussed psychological strategies health service provided by video attendance by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually; and (c) at the completion of a course of treatment, the referring 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 practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and (e) the service is at least 20 minutes but less than 50 minutes duration	73.55
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91170	Focussed psychological strategies health service provided by video attendance by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually; and (c) at the completion of a course of treatment, the referring 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 practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and (e) the service is at least 50 minutes duration	103.80
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91174	Video attendance for a focussed psychological strategies health service provided by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient’s treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	74.75
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91177	Video attendance for a focussed psychological strategies health service provided by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient’s treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes	105.45
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**Subgroup 3 – Occupational Therapist focussed psychological strategies video services**

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91172	Focussed psychological strategies health service provided by video attendance by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually; and (c) at the completion of a course of treatment, the referring	64.80
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	<p>practitioner reviews the need for a further course of treatment; and</p> <p>(d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and</p> <p>(e) the service is at least 20 minutes but less than 50 minutes duration</p>	
91173	<p>Focussed psychological strategies health service provided by video attendance by an eligible occupational therapist if:</p> <p>(a) the patient is referred by a referring practitioner; and</p> <p>(b) the service is provided to the patient individually; and</p> <p>(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and</p> <p>(d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and</p> <p>(e) the service is at least 50 minutes in duration</p>	91.50
91194	<p>Video attendance for a focussed psychological strategies health service provided by an eligible occupational therapist to a person other than the patient, if:</p> <p>(a) the service is part of the patient's treatment;</p> <p>(b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and</p> <p>(c) the service lasts at least 20 minutes but less than 50 minutes</p>	65.85
91195	<p>Video attendance for a focussed psychological strategies health service provided by an eligible occupational therapist to a person other than the patient, if:</p> <p>(a) the service is part of the patient's treatment;</p> <p>(b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and</p> <p>(c) the service lasts at least 50 minutes</p>	92.95
<b>Subgroup 4 – Social Worker focussed psychological strategies video services</b>		
91175	<p>Focussed psychological strategies health service provided by video attendance by an eligible social worker if:</p> <p>(a) the patient is referred by a referring practitioner; and</p> <p>(b) the service is provided to the patient individually; and</p> <p>(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and</p> <p>(d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and</p>	64.80

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	(e) the service is at least 20 minutes but less than 50 minutes duration	
91176	Focussed psychological strategies health service provided by video attendance by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually; and (c) at the completion of a course of treatment, the referring 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 practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 50 minutes duration	91.50
91196	Video attendance for a focussed psychological strategies health service provided by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner and (c) the service lasts at least 20 minutes but less than 50 minutes	65.85
91197	Video attendance for a focussed psychological strategies health service provided by an eligible social worker to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible social worker by a referring practitioner; and (c) the service lasts at least 50 minutes	92.95
<b>Subgroup 6 – Psychological therapies phone services</b>		
91181	Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually; and (c) at the completion of a course of treatment, the referring 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 practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 30 minutes but less than 50 minutes duration	103.80
91182	Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually; and (c) at the completion of a course of treatment, the referring	152.40

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	<p>practitioner reviews the need for a further course of treatment; and</p> <p>(d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and</p> <p>(e) the service is at least 50 minutes duration</p>	
91198	<p>Phone attendance for a psychological therapy health service provided by an eligible clinical psychologist to a person other than the patient, if:</p> <p>(a) the service is part of the patient's treatment;</p> <p>(b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and</p> <p>(c) the service lasts at least 30 minutes but less than 50 minutes</p>	105.45
91199	<p>Phone attendance for a psychological therapy health service provided by an eligible clinical psychologist to a person other than the patient, if:</p> <p>(a) the service is part of the patient's treatment;</p> <p>(b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and</p> <p>(c) the service lasts at least 50 minutes</p>	154.85
<b>Subgroup 7 – Psychologist focussed psychological strategies phone service</b>		
91183	<p>Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if:</p> <p>(a) the patient is referred by a referring practitioner; and</p> <p>(b) the service is provided to the patient individually; and</p> <p>(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and</p> <p>(d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and</p> <p>(e) the service is at least 20 minutes but less than 50 minutes duration</p>	73.55
91184	<p>Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if:</p> <p>(a) the patient is referred by a referring practitioner; and</p> <p>(b) the service is provided to the patient individually; and</p> <p>(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and</p> <p>(d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and</p> <p>(e) the service is at least 50 minutes duration</p>	103.80

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91200	Phone attendance for a focussed psychological strategies health service provided by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	74.75
91201	Phone attendance for a focussed psychological strategies health service provided by an eligible psychologist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes	105.45
<b>Subgroup 8 – Occupational therapist focussed psychological strategies phone services</b>		
91185	Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually; and (c) at the completion of a course of treatment, the referring 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 practitioner on assessments carried out, treatment provided and recommendations on future management of the patient'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 patient is referred by a referring practitioner; and (b) the service is provided to the patient individually; and (c) at the completion of a course of treatment, the referring 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 practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and (e) the service is at least 50 minutes in duration	91.50
91202	Phone attendance for a focussed psychological strategies health service provided by an eligible occupational therapist to a person other than the patient, if: (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible occupational therapist	65.85

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	by a referring practitioner; and	
	(c) the service lasts at least 20 minutes but less than 50 minutes	
91203	Phone attendance for a focussed psychological strategies health service provided by an eligible occupational therapist to a person other than the patient, if:	92.95
	(a) the service is part of the patient's treatment;	
	(b) the patient has been referred to the eligible occupational therapist by a referring practitioner; and	
	(c) the service lasts at least 50 minutes	
<b>Subgroup 9 – Social worker focussed psychological strategies phone services</b>		
91187	Focussed psychological strategies health service provided by phone attendance by an eligible social worker if:	64.80
	(a) the patient is referred by a referring practitioner; and	
	(b) the service is provided to the patient individually; and	
	(c) at the completion of a course of treatment, the referring 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 practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and	
	(e) the service is at least 20 minutes but less than 50 minutes duration	
91188	Focussed psychological strategies health service provided by phone attendance by an eligible social worker if:	91.50
	(a) the patient is referred by a referring practitioner; and	
	(b) the service is provided to the patient individually; and	
	(c) at the completion of a course of treatment, the referring 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 practitioner on assessments carried out, treatment provided and recommendations on future management of the patient's condition; and	
	(e) the service is at least 50 minutes duration	
91204	Phone attendance for a focussed psychological strategies health service provided by an eligible social worker to a person other than the patient, if:	65.85
	(a) the service is part of the patient's treatment;	
	(b) the patient has been referred to the eligible social worker by a referring practitioner; and	
	(c) the service lasts at least 20 minutes but less than 50 minutes	
91205	Phone attendance for a focussed psychological strategies health service provided by an eligible social worker to a person other than the patient, if:	92.95
	(a) the service is part of the patient's treatment;	
	(b) the patient has been referred to the eligible social worker by a referring practitioner; and	

### Schedule 3 Allied health and other Primary Health Care services

#### Division 3.1 Services and fees – Allied health telehealth services

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(c) the service lasts at least 50 minutes

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#### **Subgroup 11 – General allied health and other primary health care video services**

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93000	Video attendance by an eligible allied health practitioner or Aboriginal and Torres Strait Islander primary health care professional if:	64.80
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- (a) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under:
  - (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or
  - (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or
  - (iii) a multidisciplinary care plan; and
- (b) the service is recommended in the patient’s plan or arrangements as part of the management of the patient’s chronic condition and complex care needs; and
- (c) the person is referred to the eligible health practitioner by the medical practitioner; 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 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 Subgroup 1 of Group M3 of the Allied Health and other Primary Health Care Services Determination applies) in a calendar year

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#### **Subgroup 12 – General allied health and other primary health care phone services**

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93013	Phone attendance by an eligible allied health practitioner or Aboriginal and Torres Strait Islander primary health care professional if:	64.80
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- (a) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under:
    - (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or
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- (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or
  - (iii) a multidisciplinary care plan; and
- (b) the service is recommended in the patient’s plan or arrangements as part of the management of the patient’s chronic condition and complex care needs; and
  - (c) the person is referred to the eligible health practitioner by the medical practitioner; 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 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 Subgroup 1 of Group M3 of the Allied Health and other Primary Health Care Services Determination applies) in a calendar year

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### **Subgroup 13 – Pregnancy support counselling video services**

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93026	<p>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 video attendance if:</p> <ul style="list-style-type: none"> <li>(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</li> <li>(b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and</li> <li>(c) the service is provided to the person individually; and</li> <li>(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</li> <li>(e) the service is at least 30 minutes duration;</li> </ul> <p>to a maximum of 3 services (including services to which items 81000, 81005, 81010, 4001, 93029, 92136 and 92138 apply) for each pregnancy.</p> <p>The service may be used to address any pregnancy related issues for which</p>	76.10
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non directive counselling is appropriate

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#### **Subgroup 14 – Pregnancy support counselling phone services**

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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: <ul style="list-style-type: none"><li>(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</li><li>(b) the person is referred by a medical practitioner who is not a specialist or consultant physician; and</li><li>(c) the service is provided to the person individually; and</li><li>(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</li><li>(e) the service is at least 30 minutes duration;</li></ul> to a maximum of 3 services (including services to which items 81000, 81005, 81010, 4001, 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
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#### **Subgroup 15 – Complex neurodevelopmental disorder and disability video services**

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93032	Psychology health service provided by video attendance to a patient aged under 25 years by an eligible psychologist if: <ul style="list-style-type: none"><li>(a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to:<ul style="list-style-type: none"><li>(i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or</li><li>(ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and</li></ul></li><li>(b) the service is provided to the patient individually; and</li><li>(c) the service is at least 50 minutes duration</li></ul> Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93033, 93040 or 93041 apply may be provided to the same patient on the same day	103.80
93033	Audiology, dietetic, exercise physiology, occupational therapy, optometry, orthoptic, physiotherapy or speech pathology health service provided by telehealth attendance to a patient aged under 25 years by an eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or speech pathologist if:	91.50

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	<p>(a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to:</p> <p>(i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or</p> <p>(ii) contribute to the patient’s treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and</p> <p>(b) the service is provided to the patient individually; and</p> <p>(c) the service is at least 50 minutes duration</p> <p>Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93040 or 93041 apply may be provided to the same patient on the same day</p>	
93035	<p>Psychology health service provided by video attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible psychologist, if:</p> <p>(a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and</p> <p>(b) the service is provided to the patient individually; and</p> <p>(c) the service is at least 30 minutes duration; and</p> <p>(d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient’s condition</p> <p>Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day</p>	103.80
93036	<p>Audiology, dietetic, exercise physiology, occupational therapy, optometry, orthoptic, physiotherapy or speech pathology health service provided by telehealth attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or speech pathologist, if:</p> <p>(a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and</p> <p>(b) the service is provided to the patient individually; and</p> <p>(c) the service is at least 30 minutes duration; and</p> <p>(d) on the completion of the course of treatment, the eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or speech pathologist gives a</p>	91.50

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	written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition	
	Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93043 or 93044 apply may be provided to the same patient on the same day	
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<b>Subgroup 16 – Complex neurodevelopmental disorder and disability phone services</b>		
93040	Psychology health service provided by phone attendance to a patient aged under 25 years by an eligible psychologist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93033 or 93041 apply may be provided to the same patient on the same day	103.80
93041	Audiology, dietetic, exercise physiology, occupational therapy, optometry, orthoptic, physiotherapy or speech pathology health service provided by phone attendance to a patient aged under 25 years by an eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or speech pathologist if: (a) the patient was referred by an eligible medical practitioner, or by an eligible allied health practitioner following referral by an eligible medical practitioner, to: (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected complex neurodevelopmental disorder or eligible disability; or (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability is confirmed; and (b) the service is provided to the patient individually; and (c) the service is at least 50 minutes duration Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93033 or 93040 apply may be provided to the same patient on the same day	91.50
93043	Psychology health service provided by phone attendance to a patient aged	103.80

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	<p>under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible psychologist, if:</p> <ul style="list-style-type: none"> <li>(a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and</li> <li>(b) the service is provided to the patient individually; and</li> <li>(c) the service is at least 30 minutes duration; and</li> <li>(d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition</li> </ul> <p>Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93036 or 93044 apply may be provided to the same patient on the same day</p>	
93044	<p>Audiology, dietetic, exercise physiology, occupational therapy, optometry, orthoptic, physiotherapy or speech pathology health service provided by phone attendance to a patient aged under 25 years for the treatment of a diagnosed complex neurodevelopmental disorder (such as autism spectrum disorder) or eligible disability by an eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or speech pathologist, if:</p> <ul style="list-style-type: none"> <li>(a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and</li> <li>(b) the service is provided to the patient individually; and</li> <li>(c) the service is at least 30 minutes duration; and</li> <li>(d) on the completion of the course of treatment, the eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist, or speech pathologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition</li> </ul> <p>Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93036 or 93043 apply may be provided to the same patient on the same day</p>	91.50
<b>Subgroup 17 – Video attendance to person of Aboriginal and Torres Strait Islander descent</b>		
93048	<p>Video attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner or Aboriginal and Torres Strait Islander primary health care professional if:</p> <ul style="list-style-type: none"> <li>(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up health services; or</li> <li>(b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under: <ul style="list-style-type: none"> <li>(i) a GP chronic condition management plan that has been</li> </ul> </li> </ul>	64.80

**Schedule 3** Allied health and other Primary Health Care services

**Division 3.1** Services and fees – Allied health telehealth services

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	<ul style="list-style-type: none"><li><ul style="list-style-type: none"><li>prepared or reviewed in the last 18 months; or</li><li>(ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or</li><li>(iii) a multidisciplinary care plan; and</li></ul></li><li>the service is recommended in the patient’s plan or arrangements as part of the management of the patient’s chronic condition and complex care needs;</li><li>(c) the person is referred to the eligible health practitioner by a medical practitioner; and</li><li>(d) the service is provided to the person individually; and</li><li>(e) the service is of at least 20 minutes duration; and</li><li>(f) after the service, the eligible health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b):<ul style="list-style-type: none"><li>(i) if the service is the only service under the referral—in relation to that service; or</li><li>(ii) if the service is the first or the last service under the referral—in relation to that service; or</li><li>(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;</li></ul></li></ul>	
	to a maximum of 10 services (including any services to which this item or 93000, 93013 or 93061 or any item in Subgroup 1 of Group M3 or any item in Group M11 of the Allied Health and other Primary Health Care Services Determination applies) in a calendar year	

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**Subgroup 18 – Phone attendance to person of Aboriginal and Torres Strait Islander descent**

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93061	Phone attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health or Aboriginal and Torres Strait Islander primary health care professional if: <ul style="list-style-type: none"><li>(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up health services; or</li><li>(b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under:<ul style="list-style-type: none"><li>(i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or</li><li>(ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or</li><li>(iii) a multidisciplinary care plan; and</li></ul></li><li>the service is recommended in the patient’s plan or arrangements as part of the management of the patient’s chronic condition and complex care needs;</li><li>(c) the person is referred to the eligible health practitioner by a medical practitioner; and</li></ul>	64.80
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	(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 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 10 services (including any services to which this item or item 93000, 93013, 93048 or any item in Subgroup 1 of Group M3 or any item in Group M11 of the Allied Health and other Primary Health Care Services Determination applies) in a calendar year	

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<b>Subgroup 19 – Eating disorder dietetics video services</b>		
93074	Dietetics health service provided by video attendance to an eligible patient by an eligible dietitian:	64.80
	(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	

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<b>Subgroup 20 – Eating disorder psychological treatment video services</b>		
93076	Eating disorder psychological treatment service provided by video attendance to an eligible patient by an eligible clinical psychologist if:	103.80
	(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	
93079	Eating disorder psychological treatment service provided by video attendance to an eligible patient by an eligible clinical psychologist if:	152.40
	(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	
93084	Eating disorder psychological treatment service provided by video attendance to an eligible patient by an eligible psychologist if:	73.55
	(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 video	103.80

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### Schedule 3 Allied health and other Primary Health Care services

#### Division 3.1 Services and fees – Allied health telehealth services

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	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	
93092	Eating disorder psychological treatment service provided by video 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 20 minutes but less than 50 minutes in duration	64.80
93095	Eating disorder psychological treatment service provided by video 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 video 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 video 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
<b>Subgroup 21 – Eating disorder dietetics phone services</b>		
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
<b>Subgroup 22 – Eating disorder psychological treatment phone services</b>		
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

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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; and (c) the service is at least 20 minutes but less than 50 minutes in duration	64.80
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

**Schedule 3** Allied health and other Primary Health Care services

**Division 3.1** Services and fees – Allied health telehealth services

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**Subgroup 25 – Allied health, group dietetics video services**

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93284	Video 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 patient is being managed by a medical practitioner (other than a specialist or consultant physician) under: (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or (ii) until the end of 30 June 2027—a GP Management Plan prepared prior to 1 July 2025; or (iii) a multidisciplinary care plan; and (c) the patient is referred to an eligible diabetes educator by the medical practitioner; 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 (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 apply)	83.10
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93285	Video 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, 81120, 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, 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 apply)	20.70
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**Subgroup 26 – Allied health, group dietetics phone services**

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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	83.10
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the patient's needs and preparing the person for the group services if:

- (a) the person has type 2 diabetes; and
- (b) the patient is being managed by a medical practitioner (other than a specialist or consultant physician) under:
  - (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or
  - (ii) until the end of 30 June 2027—a GP Management Plan prepared prior to 1 July 2025; or
  - (iii) a multidisciplinary care plan; and
- (c) the patient is referred to an eligible diabetes educator by the medical practitioner; 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 (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 apply)

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

### Division 4.1 - Services and fees – Nurse practitioner telehealth 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 prepared prior to 1 July 2025 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 general medical services table (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 prepared under:

- (a) item 231, 232, 729 or 731 of the general medical services table; or
- (b) item 92026, 92027, 92057 or 92058.

**person with a chronic condition** means:

- (a) a person who has a plan under item 231, 232, 392, 729, 731, 965, 92026, 92027, 92029, 92030, 92057, 92058, 92060 or 92061; or
- (b) until the end of 30 June 2027—a person who has a plan under item 229, 230, 721, 723, 92024, 92025, 92028, 92055, 92056 or 92059 that was prepared before 1 July 2025.

(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.

Services and fees – Nurse practitioner telehealth services **Division 4.1**

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**Group M18— Allied health telehealth services**

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<b>Column 1 Item</b>	<b>Column 2 Description</b>	<b>Column 3 Fee (\$)</b>
<b>Subgroup 5 – Nurse practitioner video services</b>		
91192	Video 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	14.20
91178	Video attendance by a participating nurse practitioner lasting at least 6 minutes and less than 20 minutes if the attendance includes any of the following that are clinically relevant: <ul style="list-style-type: none"> <li>(a) taking a short history;</li> <li>(b) arranging any necessary investigation;</li> <li>(c) implementing a management plan;</li> <li>(d) providing appropriate preventive health care</li> </ul>	31.05
91179	Video attendance by a participating nurse practitioner lasting at least 20 minutes if the attendance includes any of the following that are clinically relevant: <ul style="list-style-type: none"> <li>(a) taking a detailed history;</li> <li>(b) arranging any necessary investigation;</li> <li>(c) implementing a management plan;</li> <li>(d) providing appropriate preventive health care</li> </ul>	58.85
91180	Video attendance by a participating nurse practitioner lasting at least 40 minutes if the attendance includes any of the following that are clinically relevant: <ul style="list-style-type: none"> <li>(a) taking an extensive history;</li> <li>(b) arranging any necessary investigation;</li> <li>(c) implementing a management plan;</li> <li>(d) providing appropriate preventive health care</li> </ul>	86.80
91206	Video attendance by a participating nurse practitioner lasting at least 60 minutes and including any of the following that are clinically relevant: <ul style="list-style-type: none"> <li>(a) taking an extensive patient history;</li> <li>(b) performing a clinical examination;</li> <li>(c) arranging any necessary investigation;</li> <li>(d) implementing a management plan;</li> <li>(e) providing appropriate preventive health care;</li> </ul> <p>for one or more health related issues, with appropriate documentation</p>	131.20

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

**Division 4.1** Services and fees – Nurse practitioner telehealth services

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**Subgroup 10 – Nurse practitioner phone services**

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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	14.20
91189	Phone attendance by a participating nurse practitioner lasting at least 6 minutes and 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; providing appropriate preventive health care	31.05
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	58.85
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	86.80

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**Subgroup 23—Follow up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner – Video Services**

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93200	Follow-up video 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	Video attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic condition, if: (a) the service is provided on behalf of and under the supervision of a medical practitioner; and (b) the person has in place: (i) a GP chronic condition management plan that has been	14.70

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Services and fees – Nurse practitioner telehealth services **Division 4.1**

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	<ul style="list-style-type: none"> <li>prepared or reviewed in the last 18 months; or</li> <li>(ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements, prepared before 1 July 2025; or</li> <li>(iii) a multidisciplinary care plan; and</li> </ul>	
	(c) the service is consistent with the plan or arrangements	
<b>Subgroup 24—Follow up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner – Phone Services</b>		
93202	<p>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:</p> <ul style="list-style-type: none"> <li>(a) the service is provided on behalf of and under the supervision of a medical practitioner; and</li> <li>(b) the service is consistent with the needs identified through the health assessment</li> </ul>	29.35
93203	<p>Phone attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic condition, if:</p> <ul style="list-style-type: none"> <li>(a) the service is provided on behalf of and under the supervision of a medical practitioner; and</li> <li>(b) the person has in place: <ul style="list-style-type: none"> <li>(i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or</li> <li>(ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements, prepared before 1 July 2025; or</li> <li>(iii) a multidisciplinary care plan; and</li> </ul> </li> <li>(c) the service is consistent with the plan or arrangements</li> </ul>	14.70

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

**Division 4.2** Services and fees – midwifery telehealth services

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

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**Group M19 – Midwifery telehealth services**

<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
<b>Subgroup 1 – Midwifery video services</b>		
91211	Short antenatal video attendance by a participating midwife, lasting at least 10 minutes	36.85
91212	Routine antenatal video attendance by a participating midwife, lasting at least 40 minutes	84.70
91214	Short postnatal video attendance by a participating midwife, lasting at least 20 minutes	60.85
91215	Routine postnatal video attendance by a participating midwife, lasting at least 40 minutes	124.50
<b>Subgroup 2 – Midwifery phone services</b>		
91218	Short antenatal phone attendance by a participating midwife, lasting at least 10 minutes	36.85
91219	Routine antenatal phone attendance by a participating midwife, lasting at least 40 minutes	84.70
91221	Short postnatal phone attendance by a participating midwife, lasting at least 20 minutes	60.85
91222	Routine postnatal phone attendance by a participating midwife, lasting at least 40 minutes	124.50

## **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.

<b>Group O1—Consultations</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
<b>Subgroup 1—dental practitioner video services</b>		
54001	Video 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	Video 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
<b>Subgroup 2—dental practitioner phone services</b>		
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

## Schedule 4A – Audiometry programming services

### Division 4A.1– Services and Fees – audiometry programming telehealth services

#### 4A.1.1 Meaning of terms in Schedule 4A

- (3) For items 11342 and 11345, rendering health practitioner includes a medical practitioner or a person on their behalf.

#### 4A.1.2 Effect of election to claim private health insurance for an audiology health service

- (1) Items 82302 and 82304 apply only if a private health insurance benefit has not been claimed for the service.

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#### Group D1—Miscellaneous diagnostic procedures and investigations

Column 1 Item	Column 2 Description	Column 3 Fee (\$)
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#### Subgroup 3—Otolaryngology

11342	Programming by video attendance of an auditory implant, or the sound processor of an auditory implant, unilateral, performed by or on behalf of a medical practitioner, if a service to which items 82301, 82302 or 82304 applies has not been performed on the patient on the same day Applicable up to a total of 4 services to which this item, item 11302 or item 11345 applies on the same day	160.20
11345	Programming by phone attendance of an auditory implant, or the sound processor of an auditory implant, unilateral, performed by or on behalf of a medical practitioner, if a service to which items 82301, 82302 or 82304 applies has not been performed on the patient on the same day Applicable up to a total of 4 services to which this item, item 11302 or item 11342 applies on the same day	160.20

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#### Group M15 – Diagnostic audiology services

Column 1 Item	Column 2 Description	Column 3 Fee (\$)
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82302	Audiology health service by video attendance for programming of an auditory implant, or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if: <ul style="list-style-type: none"> <li>(a) the service is not performed for the purpose of a hearing screening; and</li> <li>(b) a service to which item 11302, 11342 or 11345 applies not been performed on the patient on the same day</li> </ul> Applicable up to a total of 4 services to which this item, item 82301 or	160.20
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Services and Fees – audiometry programming telehealth services **Division 4A.1**


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item 82304 applies on the same day		
82304	Audiology health service by phone attendance for programming of an auditory implant, or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if: <ul style="list-style-type: none"> <li>(a) the service is not performed for the purpose of a hearing screening; and</li> <li>(b) a service to which item 11302, 11342 or 11345 applies not been performed on the patient on the same day</li> </ul> Applicable up to a total of 4 services to which this item, item 82301 or item 82302 applies on the same day	160.20

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## Schedule 5 – GP and medical practitioner telehealth services

### Division 5.1 – Services and fees – Medical practitioner attendances via telehealth

#### 5.1.1 Application of items in Subgroups 39 and 40 of Group A40

- (1) For items 92717, 92720, 92723, 92726, 92733, 92736, 92739 and 92742 *eligible area* means an area that is a Modified Monash 2 area, Modified Monash 3 area, Modified Monash 4 area, Modified Monash 5 area, Modified Monash 6 area or Modified Monash 7 area.
- (2) 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.
- (3) 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 – Telehealth services

Column 1 Item	Column 2 Description	Column 3 Fee (\$)
<b>Subgroup 39 – GP Blood Borne Viruses, Sexual or Reproductive Health Consultation – Video Services</b>		
92715	Video 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: <ol style="list-style-type: none"> <li>(a) taking a short patient history;</li> <li>(b) arranging any necessary investigation;</li> <li>(c) implementing a management plan;</li> <li>(d) providing appropriate preventive health care</li> </ol>	17.90
92716	Video 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: <ol style="list-style-type: none"> <li>(a) taking a short patient history;</li> <li>(b) arranging any necessary investigation;</li> <li>(c) implementing a management plan;</li> <li>(d) providing appropriate preventive health care</li> </ol>	11.00

Services and fees – Medical practitioner attendances via telehealth **Division 5.1**

92717	Video 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	15.15
92718	Video 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	39.10
92719	Video 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	21.00
92720	Video 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	33.10
92721	Video 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	75.75
92722	Video attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical	38.00

## Schedule 5 GP and medical practitioner telehealth services

### Division 5.1 Services and fees – Medical practitioner attendances via telehealth

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	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	
92723	Video 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	64.10
92724	Video 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	111.50
92725	Video 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	61.00
92726	Video 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	94.40

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<b>Subgroup 40 – GP Blood Borne Viruses, Sexual or Reproductive Health Consultation – Phone Service</b>		
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	17.90
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	11.00
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	15.15
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; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	39.10
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	21.00

## Schedule 5 GP and medical practitioner telehealth services

### Division 5.1 Services and fees – Medical practitioner attendances via telehealth

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	33.10
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	75.75
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	38.00
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: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan; (d) providing appropriate preventive health care	64.10
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	111.50
92741	Phone attendance for the provision of services related to blood	61.00

Services and fees – Medical practitioner attendances via telehealth **Division 5.1**


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	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:	
	<ul style="list-style-type: none"> <li>(a) taking an extensive patient history;</li> <li>(b) arranging any necessary investigation;</li> <li>(c) implementing a management plan;</li> <li>(d) providing appropriate preventive health care</li> </ul>	
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:	94.40
	<ul style="list-style-type: none"> <li>(a) taking an extensive patient history;</li> <li>(b) arranging any necessary investigation;</li> <li>(c) implementing a management plan;</li> <li>(d) providing appropriate preventive health care</li> </ul>	

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## Schedule 6 – Temporary consultant psychiatrist video services

### Division 6.1 – Services and fees – Temporary consultant psychiatrist video services

#### 6.1.1 Application of temporary consultant psychiatrist video services items

- (1) Clause 1.2.2 of the general medical services table shall have effect as if all items in Division 6.1 were specified in the clause.

<b>Group A40 – Telehealth attendance services</b>		
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Item</b>	<b>Description</b>	<b>Fee (\$)</b>
<b>Subgroup 6 – Consultant psychiatrist video services</b>		
92478	Video attendance for an admitted patient by a consultant psychiatrist; if: (a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the patient is located at a hospital; and (c) the attendance is not more than 15 minutes duration; and (d) the patient has not received a service to which this item or item 92479, 92480, 92481, 92482 or 92483 applies in the last seven days (H)	50.10
92479	Video attendance for an admitted patient by a consultant psychiatrist; if: (a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the patient is located at a hospital; and (c) the attendance is at least 15 minutes, but not more than 30 minutes in duration; and (d) the patient has not received a service to which this item or item 92478, 92480, 92481, 92482 or 92483 applies in the last seven days (H)	100.00
92480	Video attendance for an admitted patient by a consultant psychiatrist; if: (a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and (b) the patient is located at a hospital; and (c) the attendance was at least 30 minutes, but not more than 45 minutes in duration; and (d) the patient has not received a service to which this item or item 92478, 92479, 92481, 92482 or 92483 applies in the last seven days (H)	153.90
92481	Video attendance for an admitted patient by a consultant psychiatrist; if: (a) the attendance follows referral of the patient to the consultant	212.40

Services and fees – Temporary consultant psychiatrist video services **Division 6.1**


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	<p>psychiatrist by a referring practitioner; and</p> <p>(b) the patient is located at a hospital; and</p> <p>(c) the attendance was at least 45 minutes, but not more than 75 minutes in duration; and</p> <p>(d) the patient has not received a service to which this item or item 92478, 92479, 92480, 92482 or 92483 applies in the last seven days</p> <p>(H)</p>	
92482	<p>Video attendance for an admitted patient by a consultant psychiatrist; if:</p> <p>(a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and</p> <p>(b) the patient is located at a hospital; and</p> <p>(c) the attendance was at least 75 minutes in duration; and</p> <p>(d) the patient has not received a service to which this item or item 92478, 92479, 92480, 92481 or 92483 applies in the last seven days</p> <p>(H)</p>	246.50
92483	<p>Video attendance of more than 45 minutes by a consultant psychiatrist following referral of the patient to the consultant psychiatrist by a referring practitioner – an attendance on a patient located at a hospital, if the patient:</p> <p>(a) is a new patient for this consultant psychiatrist; or</p> <p>(b) has not received a professional attendance from the consultant psychiatrist in the preceding 24 months;</p> <p>other than attendance on a patient in relation to whom this item, or any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 92437 and 92478 to 92482 has applied in the preceding 24 months (H)</p>	301.05

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## Schedule 7–Gynaecology video services

### Division 7.1 – Services and fees – Gynaecology video services

#### 7.1.1 Application of temporary consultant psychiatrist telehealth service items

Clause 1.2.2 of the general medical services table shall have effect as if all items in Division 7.1 were specified in the clause.

#### Group A3 – Specialist attendances to which no other item applies

Column 1 Item	Column 2 Description	Column 3 Fee (\$)
127	<p>Video attendance lasting at least 45 minutes by a specialist in the practice of the specialist's specialty of gynaecology, following referral of the patient to the specialist by a referring practitioner—initial attendance in a single course of treatment, if:</p> <p>(a) the specialist takes a comprehensive history, including psycho-social history and medication review; and</p> <p>(b) the specialist undertakes any of the following that are clinically relevant:</p> <ul style="list-style-type: none"> <li>(i) arranging for necessary investigations which may include a detailed physical examination;</li> <li>(ii) consideration of multiple complex diagnoses;</li> <li>(iii) discussion of all treatment options available;</li> <li>(iv) assessment of pros and cons of each treatment option given patient characteristics and medical history;</li> <li>(v) consideration, discussion and provision of necessary referrals for clinically appropriate investigations or treatment;</li> <li>(vi) communication of a patient-centred management plan; and</li> </ul> <p>(c) the specialist makes available to the patient or carer written documentation that outlines treatment options and information on associated risks and benefits; and</p> <p>(d) an attendance on the patient did not take place on the same day by the same specialist gynaecologist in the same single course of treatment.</p>	174.50
129	<p>Video attendance lasting at least 45 minutes by a specialist in the practice of the specialist's speciality of gynaecology, following referral of the patient to the specialist by a referring practitioner - an attendance after the initial attendance in a single course of treatment if:</p> <p>(a) the specialist updates the patient's comprehensive history, including psycho-social history and medication review; and</p> <p>(b) the specialist reviews implemented management strategies; and</p> <p>(c) the specialist undertakes any of the following that are clinically relevant:</p> <ul style="list-style-type: none"> <li>(i) update of management plan;</li> </ul>	87.30

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- (ii) arranging for necessary investigations which may include a detailed physical examination;
  - (iii) discussion of treatment options;
  - (iv) consideration, discussion and provision of necessary referrals;
  - (v) provision of appropriate education; and
- (d) the specialist makes available to the patient or carer written documentation that outlines treatment options and information on associated risks and benefits; and
- (e) an attendance on the patient did not take place on the same day by the specialist for the same single course of treatment.
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## Endnotes

Endnote 1—About the endnotes

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## Endnotes

### Endnote 1—About the endnotes

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

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

### Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

### Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

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

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

### Editorial changes

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

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

### Misdescribed amendments

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

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

**Endnote 2—Abbreviation key**

ad = added or inserted	orig = original
am = amended	p = page(s)
amdt = amendment	para = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
ch = Chapter(s)	prev = previous
cl = clause(s)	(prev...) = previously
cont. = continued	pt = Part(s)
def = definition(s)	r = regulation(s)/Court rule(s)
Dict = Dictionary	reloc = relocated
disallowed = disallowed by Parliament	renum = renumbered
div = Division(s)	rep = repealed
ed = editorial change	rs = repealed and substituted
exp = expires/expired or ceases/ceased to have effect	s = section(s)/subsection(s) /rule(s)/subrule(s)/order(s)/suborder(s)
gaz = gazette	sch = Schedule(s)
LA = <i>Legislation Act 2003</i>	SLI = Select Legislative Instrument
LIA = <i>Legislative Instruments Act 2003</i>	SR = Statutory Rules
(md) = misdescribed amendment can be given effect	sub ch = Sub-Chapter(s)
(md not incorp) = misdescribed amendment cannot be given effect	sub div = Subdivision(s)
mod = modified/modification	sub pt = Subpart(s)
No. = Number(s)	<u>underlining</u> = whole or part not commenced or to be commenced
Ord = Ordinance	

## Endnotes

### Endnote 3—Legislation history

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### Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021	17 Dec 2021 (F2021L01805)	1 Jan 2022 (s 2(1) item 1)	
Health Insurance Legislation Amendment (Section 3C General Medical Services – Telehealth and Phone GP Fee Alignment) Determination 2021	17 Dec 2021 (F2021L01839)	sch 1 (items 1, 2): 1 Mar 2022 (s 2(1) item 2)	—
Health Insurance Legislation Amendment (2022 Measures No. 1) Determination 2022	17 Jan 2022 (F2022L00035)	sch 1: 1 Jan 2022 (s 2(1) item 2)	—
Health Insurance (Section 3C General Medical Services - Telehealth and Telephone Attendances) Amendment (Remote Audiometry Programming) Determination 2022	11 Feb 2022 (F2022L00135)	1 Mar 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2022 Measures No. 2) Determination 2022	28 Feb 2022 (F2022L00200)	sch 1, sch 3 (items 11, 12): 1 Mar 2022 (s 2(1) items 2, 3)	—
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment Determination (No. 1) 2022	31 Mar 2022 (F2022L00446)	1 Apr 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Indexation) Determination 2022	7 Apr 2022 (F2022L00553)	sch 1 (item 13), sch 2 (item 21): 1 July 2022 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (Natural Disaster Exemption) Determination 2022	7 Apr 2022 (F2022L00566)	11 Apr 2022 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (Natural Disaster Exemption No. 2) Determination 2022	30 June 2022 (F2022L00914)	11 Apr 2022 (s 2(1) item 1)	—

## Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (COVID-19 Positive Patients Exemption) Determination 2022	17 Oct 2022 (F2022L01359)	13 Oct 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2023 Measures No. 1) Determination 2022	23 Nov 2022 (F2022L01497)	sch 1 (items 9-12), sch 2 (items 12-15), sch 3 (items 22-40), sch 4 (items 5-7): 1 Mar 2023 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (High Risk Groups) Determination 2022	23 Dec 2022 (F2022L01760)	24 Dec 2022 (s 2(1) item 1)	—
Health Insurance Amendment (Better Access Services for Family and Carer Participation) Determination 2023	24 Jan 2023 (F2023L00046)	sch 1 (items 21-41): 1 Mar 2023 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Indexation) Determination 2023	24 Mar 2023 (F2023L00348)	sch 2 (items 4, 5): 1 July 2023 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2023 Measures No. 1) Determination 2023	11 May 2023 (F2023L00535)	sch 1 (items 1-4): 1 July 2023 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2023 Measures No. 2) Determination 2023	7 June 2023 (F2023L00731)	sch 1: 29 June 2023 (s 2(1) item 2) sch 2: 1 July 2023 (s 2(1) item 3)	—
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (No. 1) Determination 2023	21 June 2023 (F2023L00818)	22 June 2023 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (General Practice) Determination 2023	19 Sept 2023 (F2023L01266)	1 Nov 2023 (s 2(1) items 1-4)	—

## Endnotes

### Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (MyMedicare) Determination 2023	1 Dec 2023 (F2023L01598)	2 Dec 2023 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2023 Measures No. 4) Determination 2023	14 Dec 2023 (F2023L01669)	sch 1: 28 Dec 2023 (s 2(1) item 2) sch 2 (item 3): 31 Dec 2023 (s 2(1) item 3) sch 3 (items 2-10): 1 Jan 2024 (s 2(1) item 4)	—
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (No. 1) Determination 2024	31 Jan 2024 (F2024L00112)	sch 1, 2: 1 Mar 2024 (s 2(1) item 2) sch 3: 7.54 am (A.C.T.) 31 Jan 2024 (s 2(1) item 3)	—
Health Insurance Legislation Amendment (2024 Measures No. 2) Determination 2024	21 May 2024 (F2024L00558)	sch 1 (items 3, 4), sch 2 (item 2), sch 3: 1 July 2024 (s 2(1) items 2, 3)	—
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (No. 2) Determination 2024	21 May 2024 (F2024L00560)	sch 1: 30 June 2024 (s 2(1) item 2) sch 2: 1 July 2024 (s 2(1) item 3)	—
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (No. 3) Determination 2024	16 July 2024 (F2024L00897)	17 July 2024 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (Inpatient psychiatry attendances) Determination 2024	26 Sept 2024 (F2024L01222)	1 Nov 2024 (s 2(1) item 1)	—
Health Insurance (Section 3C Participating Nurse Practitioner and Midwife Services – Attendances and Other Changes) Amendment Determination 2025	4 Feb 2025 (F2025L00078)	sch 1 (items 4-6), sch 2 (items 13, 14): 1 Mar 2025 (s 2(1) item 1)	—
Health Insurance Legislative Amendment (2025 Measures No. 1) Determination 2025	4 Feb 2025 (F2025L00079)	sch 1 (items 5-121), sch 2: 1 Mar 2025 (s 2(1) item 1)	—

## Endnote 3—Legislation history

<b>Name</b>	<b>Registration</b>	<b>Commencement</b>	<b>Application, saving and transitional provisions</b>
Health Insurance (Section 3C General Medical Services – Allied Health Services) Amendment (Eligible Providers) Determination 2025	17 Apr 2025 (F2025L00514)	sch 1 (items 14-19): 1 July 2025 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Indexation) Determination 2025	6 May 2025 (F2025L00554)	sch 1 (item 13): 1 July 2025 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (Specialist Items and Other Changes) Determination 2025	6 May 2025 (F2025L00555)	1 July 2025 (s 2(1) items 2, 3)	—
Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Amendment (Chronic Condition Management) Determination 2025	3 June 2025 (F2025L00632)	1 July 2025 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Allied Health Services) Amendment (Eligible Providers No. 2) Determination 2025	30 June 2025 (F2025L00805)	1 July 2025 (s 2(1) item 1)	—
Health Insurance Legislation Amendments (Usual Medical Practitioner) Determination 2025	19 Aug 2025 (F2025L00946)	sch 2: 1 Jan 2022 (s 2(1) item 3)	—
Health Insurance Legislation Amendment (2025 Measures No. 5) Determination 2025	2 Sept 2025 (F2025L01037)	sch 1 (items 42-70): 1 Nov 2025 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2025 Measures No. 4) Determination 2025	17 Sept 2025 (F2025L01104)	sch 1 (items 3-14), sch 2-4: 1 Nov 2025 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Amendment (Administrative) Determination 2025	10 Dec 2025 (F2025L01522)	1 Mar 2026 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2026 Measures No. 1) Determination 2025	8 Jan 2026 (F2026L00003)	sch 1: 1 Mar 2026 (s 2(1) item 1)	—

## Endnotes

### Endnote 3—Legislation history

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<b>Name</b>	<b>Registration</b>	<b>Commencement</b>	<b>Application, saving and transitional provisions</b>
Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Amendment (Aboriginal and Torres Strait Islander Health Assessments) Determination 2025	8 Jan 2026 (F2026L00004)	1 Mar 2026 (s 2(1) item 1)	—

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**Endnote 4—Amendment history**

<b>Provision affected</b>	<b>How affected</b>
<b>Part 1</b>	
s 1.....	am F2025L00555
s 2.....	rep LA s 48D
s 4.....	rs F2022L00035 am F2023L00731 rs F2023L01669 rep F2024L00560 ad F2024L01222
s 5.....	am F2022L00035; F2022L00200; F2022L00566; F2022L01359; F2022L01760; F2023L00535; F2023L00818; F2023L01266; F2023L01669; F2024L00112 ed C18 am F2024L00560; F2025L00079; F2025L00632; F2025L01037; F2025L01104
s 7 (first occurring).....	am F2022L00035; F2022L00200; F2022L00566 (sch 1 (item 2) md not incorp); F2022L00914; F2022L01359; F2022L01760; F2023L00046; F2023L01266; F2023L01598; F2023L01669; F2024L00112; F2024L00560; F2024L00897; F2024L01222; F2025L00079; F2025L00632; F2025L00946; F2025L01037; F2025L01104
s 7 (second occurring).....	ad F2022L00553 renum ed C6
s 8 (prev s 7 second occurring).....	am F2023L00348 ed C12 am F2023L01266; F2024L00558; F2025L00554; F2025L01037
s 9.....	ad F2025L00632 rs F2025L01104
<b>Schedule 1</b>	
<b>Division 1.1</b>	
Division 1.1 heading.....	am F2025L00079
cl 1.1.01.....	am F2023L01266
cl 1.1.02.....	am F2023L00046; F2023L01266
cl 1.1.03.....	am F2023L01266; F2025L01037; F2026L00004
cl 1.1.04.....	rs F2025L00632
cl 1.1.05.....	am F2023L00535; F2023L01266 rs F2025L00632
cl 1.1.06.....	am F2023L01266 rs F2025L00632 am F2025L01104 ed C26

## Endnotes

### Endnote 4—Amendment history

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<b>Provision affected</b>	<b>How affected</b>
cl 1.1.07 .....	rs F2025L00632
cl 1.1.08 .....	am F2023L01266 rep F2025L00632
cl 1.1.09 .....	am F2023L01266 rep F2025L00632
cl 1.1.10 .....	am F2023L01266; F2024L00112; F2025L01037
cl 1.1.12 .....	am F2023L00046; F2023L01266; F2024L00558 rs F2025L01104
cl 1.1.13 .....	am F2023L01266 rep F2025L01104
cl 1.1.14 .....	am F2023L01266
cl 1.1.17 .....	am F2022L01497; F2023L00046; F2023L01266; F2024L00558
cl 1.1.19 .....	ad F2023L00046
Group A40 table .....	am F2021L01839 (sch 1 (item 1 (table item 5)) md not incorp); F2022L00446; F2022L00553; F2022L01497; F2023L00046; F2023L00348 ed C12 am F2023L01266 ed C13 am F2023L01669; F2024L00112 ed C19 am F2025L00079 ed C24 am F2025L00632; F2025L01104 ed C26 am F2026L00003; F2026L00004
<b>Schedule 2</b>	
<b>Division 2.1</b>	
Division 2.1 heading.....	am F2025L00079
cl 2.1.1 .....	am F2025L00079
cl 2.1.3 .....	am F2026L00003
Group A40 table .....	am F2022L00035; F2022L01497; F2024L00112; F2024L00558; F2025L00079 ed C24 am F2025L00555 ed C25 am F2025L01104; F2025L01522; F2026L00003
<b>Division 2.2</b>	
cl 2.2.1 .....	am F2025L00079
Group T4 table.....	am F2025L00079

## Endnote 4—Amendment history

<b>Provision affected</b>	<b>How affected</b>
<b>Schedule 3</b>	
Schedule 3 heading.....	am F2025L01037
<b>Division 3.1</b>	
Division 3.1 heading.....	am F2025L00079
cl 3.1.1 .....	am F2025L00079
cl 3.1.2 .....	rs F2022L00035 am F2022L00200; F2022L01497; F2026L00003
cl 3.1.3 .....	rs F2022L00035 am F2022L00200; F2022L01497
cl 3.1.4 .....	am F2022L01497
cl 3.1.4A .....	ad F2022L01497
cl 3.1.5 .....	rs F2022L00035 am F2022L01497; F2023L00046; F2025L01104; F2026L00003
cl 3.1.7 .....	am F2022L00035; F2022L01497; F2023L00046
cl 3.1.9 .....	ad F2023L00046 rs F2025L01104
cl 3.1.9A .....	ad F2025L01104
cl 3.1.10 .....	ad F2024L00112 am F2025L01037
Group M18 table.....	am F2022L01497; F2023L00046; F2023L00535; F2024L00112 ed C18 am F2024L00112; F2025L00079 am F2025L00514; F2025L00555; F2025L00632; F2025L00805 ed C25 am F2025L01037; F2025L01104
<b>Schedule 4</b>	
Schedule 4 heading.....	am F2025L01037
<b>Division 4.1</b>	
Division 4.1 heading.....	am F2025L00079
cl 4.1.1 .....	am F2023L01266; F2025L00632
Group M18 table.....	am F2024L00558; F2025L00078; F2025L00079 (sch 1 (item 96) md not incorp); F2025L00555; F2025L00632;
<b>Division 4.2</b>	
Division 4.2 heading.....	am F2025L00079
Group M19 table.....	am F2025L00078; F2025L00079 ed C24 am F2025L00555
<b>Division 4.3</b>	
Group O1 table .....	am F2025L00079

## Endnotes

### Endnote 4—Amendment history

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<b>Provision affected</b>	<b>How affected</b>
<b>Schedule 4A</b>	
Schedule 4A.....	ad F2022L00135
<b>Division 4A.1</b>	
Division 4A.1 heading.....	am F2025L00079
cl 4A.1.1 .....	ad F2022L00135
	am F2025L00079
cl 4A.1.2 .....	ad F2022L00135
Group D1 table .....	ad F2022L00135
	am F2022L01497; F2025L00079
Group M15 table.....	ad F2022L00135
	am F2022L01497; F2025L00079
<b>Schedule 5</b>	
Schedule 5 heading.....	am F2024L00560; F2025L00079
<b>Division 5.1</b>	
Division 5.1 heading.....	am F2025L00079
cl 5.1.1 .....	am F2023L01266
Group A40 table .....	am F2021L01839; F2022L00553
	ed C6
	am F2023L00731; F2023L01266; F2025L00079
	ed C24
<b>Schedule 6</b>	
Schedule 6 heading.....	am F2025L00079; F2025L00555
Schedule 6.....	ad F2022L00035
	exp 11.59 pm 30 June 2022 (s 4(a))
	rep F2023L00535
	ad F2024L01222
	exp 11.59 pm 31 Oct 2026 (s 4)
<b>Division 6.1</b>	
Division 6.1 heading.....	am F2025L00079
cl 6.1.1 .....	ad F2022L00035
	exp 11.59 pm 30 June 2022 (s 4(a))
	rep F2023L00535
	ad F2024L01222
	am F2025L00079
	exp 11.59 pm 31 Oct 2026 (s 4)
Group A40 table .....	ad F2022L00035
	exp 11.59 pm 30 June 2022 (s 4(a))
	rep F2023L00535
	ad F2024L01222

## Endnote 4—Amendment history

<b>Provision affected</b>	<b>How affected</b>
	am F2025L00079
	ed C24
	exp <u>11.59 pm 31 Oct 2026 (s 4)</u>
cl 6.2.1 .....	ad F2022L00035
	exp 11.59 pm 30 June 2022 (s 4(a))
	rep F2023L00535
Group O1 table .....	ad F2022L00035
	exp 11.59 pm 30 June 2022 (s 4(a))
	rep F2023L00535
<b>Schedule 7</b>	
Schedule 7.....	ad F2022L00035
	exp 11.59 pm 30 June 2022 (s 4(a))
	rep F2023L00535
	ad F2025L00555
<b>Division 7.1</b>	
cl 7.1.1 .....	ad F2022L00035
	am F2022L00200
	ed C2
	exp 11.59pm 30 June 2022 (s 4(a))
	rep F2023L00535
	ad F2025L00555
Group A3 table .....	ad F2023L00535
Group A40 table .....	ad F2022L00035
	am F2022L00200
	exp 11.59 pm 30 June 2022 (s 4(a))
	rep F2023L00535
cl 7.2.1 .....	ad F2022L00035
	exp 11.59 pm 30 June 2022 (s 4(a))
	rep F2023L00535
Group O1 table .....	ad F2022L00035
	exp 11.59 pm 30 June 2022 (s 4(a))
	rep F2023L00535
Schedule 8.....	ad F2022L00035
	exp 11.59 pm 30 June 2022 (s 4(a))
	rep F2023L00535
Group A40 table .....	ad F2022L00035
	am F2022L00200
	exp 11.59 pm 30 June 2022 (s 4(a))

## Endnotes

### Endnote 4—Amendment history

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<b>Provision affected</b>	<b>How affected</b>
	rep F2023L00535