

Health Insurance (Section 3C General Medical Services – Telehealth Psychiatry Attendance Service) Determination 2022

I, Travis Haslam, delegate of the Minister for Health and Aged Care, make the following Determination.

Dated 14 October 2022

Travis Haslam

Acting First Assistant Secretary

Medical Benefits Division

Health Resourcing Group

Department of Health and Aged Care

Contents

1 Name 1

2 Commencement 1

3 Authority 1

4 Definitions 1

5 Treatment of relevant services 3

6 Application of provisions of the general medical services table 3

Schedule 1 — Relevant services 4

1 Name

This instrument is the *Health Insurance (Section 3C General Medical Services – Telehealth Psychiatry Attendance Service) Determination 2022*.

2 Commencement

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

| **Commencement information** | | |
| --- | --- | --- |
| **Column 1** | **Column 2** | **Column 3** |
| **Provisions** | **Commencement** | **Date/Details** |
| 1. The whole of this instrument | 1 November 2022. |  |

Note: This table relates only to the provisions of this instrument as originally made.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

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

3 Authority

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

4 Definitions

(1) In this instrument:

***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.

***Modified Monash 2 area*** has the meaning given by clause 7.1.1 of the general medical services table.

***Modified Monash 3 area*** has the meaning given by clause 7.1.1 of the general medical services table.

***Modified Monash 4 area*** has the meaning given by clause 7.1.1 of the general medical services table.

***Modified Monash 5 area*** has the meaning given by clause 7.1.1 of the general medical services table.

***Modified Monash 6 area*** has the meaning given by clause 7.1.1 of the general medical services table.

***Modified Monash 7 area*** has the meaning given by clause 7.1.1 of the general medical services table.

***bulk-billed*** has the meaning given by clause 7.1.1 of the general medical services table.

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

***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 by clause 7.1.1 of the general medical services table.

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

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

·         clinically relevant service;

·         general medical services table;

·         item;

·         professional service.

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

5 Treatment of relevant services

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

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

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

(i) related to the service; and

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

6 Application of provisions of the general medical services table

(1) Clause 1.2.2 of the general medical services table shall have effect as if the item in Schedule 1 of this instrument were specified in subclause 1.2.2(1).

(2) Clause 1.2.6 of the general medical services table shall have effect as if the item in Schedule 1 of this instrument were specified in subclause 1.2.6(1) and paragraph 1.2.6(3)(b).

(3) Clause 1.2.7 of the general medical services table shall have effect as if the item in Schedule 1 of this instrument were specified in subclause 1.2.7(1) and paragraph 1.2.7(4)(b).

(4) Clause 1.2.12 of the general medical services table shall have effect as if the item in Schedule 1 of this instrument were specified for the purpose of that clause.

Schedule 1 — Relevant services

| **Group A8–Consultant psychiatrist attendances to which no other item applies** | | |
| --- | --- | --- |
| **Column 1**  **Item** | **Column 2**  **Description** | **Column 3**  **Fee ($)** |
| 294 | Professional attendance on a patient by a consultant physician practising in the consultant physician's specialty of psychiatry if:  (a) the attendance is by video conference; and  (b) item 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 348, 350 or 352 applies to the attendance; and  (c) the patient is not an admitted patient; and  (d) the patient is bulk billed; and  (e) the patient:  (i) is located both:  (A) within a Modified Monash 2, 3, 4, 5, 6 or 7 area; and  (B) at the time of the attendance-at least 15 kms by road from the physician; or  (ii) is a care recipient in a residential aged care facility; or  (iii) is a patient of:  (A) an Aboriginal Medical Service; or  (B) an Aboriginal Community Controlled Health Service; for which a direction made under subsection 19(2) of the Act applies | 50% of the  fee for item  291, 293,  296, 300,  302, 304,  306, 308,  310, 312,  314, 316,  318, 319,  348, 350  or 352 |