



Health Insurance (Section 3C General Medical Services – Allied Health Services) Determination 2024

made under subsection 3C(1) of the

Health Insurance Act 1973

Compilation No. 5

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About this compilation

This compilation

This is a compilation of the *Health Insurance (Section 3C General Medical Services – Allied Health Services) Determination 2024* that shows the text of the law as amended and in force on 1 July 2025 (the **compilation date**).

The notes at the end of this compilation (the **endnotes**) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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1 Name of Determination

This instrument is the *Health Insurance (Section 3C General Medical Services – Allied Health Services) Determination 2024*.

3 Authority

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

4 Interpretation

(1) In this instrument:

Aboriginal and Torres Strait Islander Health Practice Board of Australia means that board established under section 31 of the National Law.

Act means the *Health Insurance Act 1973*.

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

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

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

- (a) who meets the qualification requirements set out in Schedule 1 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.

allied health service means:

- (a) a health service of a kind prescribed by section 12 of the *Health Insurance Regulations 2018*; or
- (b) a health service that is an optometry treatment service;

that is specified in an item in Schedule 2.

case conference service means a service to which item 10955, 10957, 10959, 80176, 80177, 80178, 82001, 82002 or 82003 applies, which is one of the following health services:

- (a) Aboriginal or Torres Strait Islander health service;
- (b) audiology service;
- (c) chiropractic service;

- (d) diabetes education service;
- (e) dietetics service;
- (f) exercise physiology service;
- (g) focussed psychological strategies service;
- (h) mental health service;
- (i) nurse practitioner service;
- (j) occupational therapy service;
- (k) orthoptics service;
- (l) osteopathy service;
- (m) physiotherapy service;
- (n) podiatry service;
- (o) psychological therapy service;
- (p) psychology service;
- (q) speech pathology service.

Chiropractic Board of Australia means that board established under section 31 of the National Law.

clinically relevant service means a service rendered by an allied health professional that is generally accepted in the relevant allied health profession (as the case may be) as being necessary for the appropriate treatment of the patient to whom it is rendered.

course of assessment means:

- (a) for complex neurodevelopmental disorder services—up to 4 services to which any of items 82000, 82005, 82010, 82030 or items 93032, 93033, 93040 and 93041 of the Telehealth Attendance Determination applies provided, on referral by a consultant physician specialising in the practice of the consultant physician's field of psychiatry or paediatrics, by any of the following persons:
 - (i) an eligible audiologist;
 - (ii) an eligible occupational therapist;
 - (iii) an eligible optometrist;
 - (iv) an eligible orthoptist;
 - (v) an eligible physiotherapist;
 - (vi) an eligible psychologist;
 - (vii) an eligible speech pathologist;
 - (viii) an eligible dietitian;
 - (ix) an eligible exercise physiologist; or
- (b) for disability services—up to 4 services to which any of items 82000, 82005, 82010, 82030 or items 93032, 93033, 93040 and 93041 of the Telehealth Attendance Determination applies provided, on referral by a specialist or consultant physician practising in the practice of their field of specialty or a general practitioner, by any of the following persons:
 - (i) an eligible audiologist;

- (ii) an eligible occupational therapist;
- (iii) an eligible optometrist;
- (iv) an eligible orthoptist;
- (v) an eligible physiotherapist;
- (vi) an eligible psychologist;
- (vii) an eligible speech pathologist;
- (viii) an eligible dietitian; or
- (ix) an eligible exercise physiologist.

course of treatment means:

- (a) for psychological therapy and focussed psychological strategies—up to 6 services to which any of items 80000, 80002, 80005, 80006, 80010, 80012, 80015, 80016, 80100, 80102, 80105, 80106, 80110, 80112, 80115, 80116, 80125, 80129, 80130, 80131, 80135, 80137, 80140, 80141, 80150, 80154, 80155, 80156, 80160, 80162, 80165 or 80166 or items 91166, 91167, 91168, 91169, 91170, 91171, 91172, 91173, 91174, 91175, 91176, 91177, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 91188, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204 or 91205 of the Telehealth Attendance Determination applies (subject to subclause 2.1.1(4)), provided on referral by a medical practitioner, by any of the following persons:
 - (i) an eligible clinical psychologist;
 - (ii) an eligible psychologist;
 - (iii) an eligible occupational therapist;
 - (iv) an eligible social worker; or
- (b) for complex neurodevelopmental disorder services—up to 10 treatment services to which any of items 82015, 82020, 82025, 82035 or items 93035, 93036, 93043 and 93044 of the Telehealth Attendance Determination applies provided, on referral by a consultant physician specialising in the practice of the consultant physician's field of psychiatry or paediatrics, by any of the following persons:
 - (i) an eligible audiologist;
 - (ii) an eligible occupational therapist;
 - (iii) an eligible optometrist;
 - (iv) an eligible orthoptist;
 - (v) an eligible physiotherapist;
 - (vi) an eligible psychologist;
 - (vii) an eligible speech pathologist;
 - (viii) an eligible dietitian;
 - (ix) an eligible exercise physiologist, or
- (c) for disability services—up to 10 treatment services to which any of items 82015, 82020, 82025, 82035 or items 93035, 93036, 93043 and 93044 of the Telehealth Attendance Determination applies provided, on referral by a specialist or consultant physician specialising in the practice

of their field of specialty, or a general practitioner, by any of the following persons:

- (i) an eligible audiologist;
- (ii) an eligible occupational therapist;
- (iii) an eligible optometrist;
- (iv) an eligible orthoptist;
- (v) an eligible physiotherapist;
- (vi) an eligible psychologist;
- (vii) an eligible speech pathologist;
- (viii) an eligible dietitian; or
- (ix) an eligible exercise physiologist.

CPD year means the period of time in which focussed psychological strategies continuing professional development must be completed being from 1 July to 30 June annually.

eating disorder dietetic treatment service means a service to which any of items 10954 or 82350, or items 93074 or 93108 of the Telehealth Attendance Determination applies.

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

eligible Aboriginal and Torres Strait Islander health practitioner means a person who is an allied health professional in relation to the provision of one or both of the following:

- (a) an Aboriginal and Torres Strait Islander health service because of section 1 of item 1 of Schedule 1 of this instrument;
- (b) a mental health service.

eligible Aboriginal health worker means a person who is an allied health professional in relation to the provision of one or both of the following:

- (a) an Aboriginal and Torres Strait Islander health service because of section 2 of item 1 of Schedule 1 of this instrument;
- (b) a mental health service.

eligible audiologist means a person who is an allied health professional in relation to the provision of an audiology health service.

eligible chiropractor means a person who is an allied health professional in relation to the provision of a chiropractic health service.

eligible clinical psychologist means a person who is an allied health professional in relation to the provision of one or more of the following:

- (a) a psychological therapy health service;
- (b) a focussed psychological strategies health service
- (c) an eating disorder psychological treatment service.

eligible diabetes educator means a person who is an allied health professional in relation to the provision of a diabetes education health service.

eligible dietitian means a person who is an allied health professional in relation to the provision of a dietetics health service.

eligible disability means any of the following:

- (a) sight impairment that results in vision of less than or equal to 6/18 vision or equivalent field loss in the better eye, with correction;
- (b) hearing impairment that results in:
 - (i) a hearing loss of 40 decibels or greater in the better ear, across 4 frequencies; or
 - (ii) permanent conductive hearing loss and auditory neuropathy;
- (c) deafblindness;
- (d) cerebral palsy;
- (e) Down syndrome;
- (f) Fragile X syndrome;
- (g) Prader-Willi syndrome;
- (h) Williams syndrome;
- (i) Angelman syndrome;
- (j) Kabuki syndrome;
- (k) Smith-Magenis syndrome;
- (l) CHARGE syndrome;
- (m) Cri du Chat syndrome;
- (n) Cornelia de Lange syndrome;
- (o) microcephaly, if a child has:
 - (i) a head circumference less than the third percentile for age and sex, and
 - (ii) a functional level at or below 2 standard deviations below the mean for age on a standard development test or an IQ score of less than 70 on a standardised test of intelligence;
- (p) Rett's disorder;
- (q) Fetal Alcohol Spectrum Disorder (FASD);
- (r) Lesch-Nyhan syndrome;
- (s) 22q deletion Syndrome.

eligible exercise physiologist means a person who is an allied health professional in relation to the provision of an exercise physiology service.

eligible mental health nurse means a person who is an allied health professional in relation to the provision of one or more of the following:

- (a) a non-directive pregnancy support counselling health service;
- (b) a mental health service.

eligible mental health worker means a person who is an allied health professional in relation to the provision of a mental health service.

eligible occupational therapist means a person who is an allied health professional in relation to the provision of one or both of the following:

- (a) a focussed psychological strategies health service;
- (b) an occupational therapy health service;
- (c) a mental health service;
- (d) an eating disorder psychological treatment service.

eligible optometrist means a person who is an allied health professional in relation to the provision of an optometry health service.

eligible orthoptist means a person who is an allied health professional in relation to the provision of an orthoptic health service.

eligible osteopath means a person who is an allied health professional in relation to the provision of an osteopathy health service.

eligible physiotherapist means a person who is an allied health professional in relation to the provision of a physiotherapy health service.

eligible podiatrist means a person who is an allied health professional in relation to the provision of a podiatry health service.

eligible psychologist means a person who is an allied health professional in relation to the provision of one or more of the following:

- (a) a focussed psychological strategies health service;
- (b) a non-directive pregnancy support counselling health service;
- (c) a psychology health service;
- (d) a mental health service;
- (e) an eating disorder psychological treatment service.

eligible social worker means a person who is an allied health professional in relation to the provision of one or both of the following:

- (a) a focussed psychological strategies health service;
- (b) a non-directive pregnancy support counselling health service;
- (c) a mental health service;
- (d) an eating disorder psychological treatment service.

eligible speech pathologist means a person who is an allied health professional in relation to the provision of a speech pathology health service.

focussed psychological strategies means any of the following mental health care management strategies, each of which has been derived from evidence-based psychological therapies:

- (a) psycho-education;

- (b) cognitive-behavioural therapy that involves cognitive or behavioural interventions;
- (c) relaxation strategies;
- (d) skills training;
- (e) interpersonal therapy;
- (f) eye movement desensitisation and reprocessing;
- (g) narrative therapy (for Aboriginal and Torres Strait Islander people).

focussed psychological strategies continuing professional development means the completion of 10 continuing professional development units per CPD year, each unit being 1 hour that relate to the delivery of focussed psychological strategies in any of the following areas:

- (a) psycho-education;
- (b) cognitive-behavioural therapy including:
 - (i) behavioural interventions;
 - (ii) behaviour modification;
 - (iii) exposure techniques;
 - (iv) activity scheduling;
- (c) cognitive interventions including:
 - (i) cognitive therapy;
- (d) relaxation strategies including:
 - (i) progressive muscle relaxation;
 - (ii) controlled breathing;
- (e) skills training including:
 - (i) problem solving skills and training;
 - (ii) anger management;
 - (iii) social skills training;
 - (iv) communication training;
 - (v) stress management;
 - (vi) parent management training;
- (f) interpersonal therapy;
- (g) eye movement desensitisation and reprocessing;
- (h) narrative therapy (for Aboriginal and Torres Strait Islander people);
- (i) clinical skills to undertake a full assessment of a patient in order to form a diagnosis and commence treatment planning.

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 92055 of the Telehealth = Determination applies.

GP Mental Health Treatment Plan, for a patient, means a GP Mental Health Treatment Plan for the patient to which item 272, 276, 281, 282, 2700, 2701,

2715 or 2717 of the general medical services table applies, or item 92112, 92113, 92116, 92117, 92118, 92119, 92122 or 92123 of the Telehealth Attendance Determination applies.

multidisciplinary care plan, for a patient, means a multidisciplinary care plan to which item 231, 232, 729 or 731 of the general medical services table, or item 92026, 92027, 92070, 92071, 92057, 92058, 92101 or 92102 of the Telehealth Attendance Determination applies.

National Law means:

- (a) for a State or Territory other than Western Australia—the Health Practitioner Regulation National Law set out in the Schedule to the *Health Practitioner Regulation National Law Act 2009 (Qld)* as it applies (with or without modifications) as a law of the State or Territory; and
- (b) for Western Australia—the legislation enacted by the *Health Practitioner Regulation National Law (WA) Act 2010* that corresponds to the Health Practitioner Regulation National Law.

non-directive pregnancy support counselling has the meaning given in subsection (2).

Occupational Therapy Board of Australia means that board established under section 31 of the National Law.

Optometry Board of Australia means that board established under section 31 of the National Law.

Osteopathy Board of Australia means that board established under section 31 of the National Law.

Physiotherapy Board of Australia means that board established under section 31 of the National Law.

Podiatry Board of Australia means that board established under section 31 of the National Law.

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

Psychology Board of Australia means that board established under section 31 of the National Law.

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

Team Care Arrangements, for the patient, means GP coordination of the development of team care arrangements prior to 1 July 2025 to which item 230 or 723 of the general medical services table or item 92025 or 92056 of the Telehealth Determination applies.

Telehealth Attendance Determination means the *Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021*.

telehealth eligible area has the meaning given by section 9.

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

- dental practitioner
- general medical services table
- item
- medical practitioner
- Chief Executive Medicare
- optometrist
- professional service
- participating nurse practitioner.

- (2) A reference in this instrument to **non-directive pregnancy support counselling** is a reference to counselling provided to a patient, 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 their views or values about what the person should or should not do in relation to the pregnancy.

5 Schedules

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

6 Treatment of allied health services

For subsection 3C(1) of the Act, an allied health 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 item in Schedule 2 relating to the service.

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

7 Limitation on services provided to admitted patients

- (1) An item specified in Schedule 2 of this instrument does not apply to a service if the service is provided to a patient who is an admitted patient.

8 Effect of election to claim private health insurance for an allied health service

- (1) An item in Schedule 2 applies to an allied health service only if a private health insurance benefit has not been claimed for the service.

9 Telehealth eligible areas

- (1) A **telehealth eligible area** means an area within:
- (a) Modified Monash area 4; or
 - (b) Modified Monash area 5; or
 - (c) Modified Monash area 6; or
 - (d) Modified Monash area 7.
- (2) In this section:
- (a) **Modified Monash area 4** has the meaning given by the general medical services table;
 - (b) **Modified Monash area 5** has the meaning given by the general medical services table;
 - (c) **Modified Monash area 6** has the meaning given by the general medical services table; and
 - (d) **Modified Monash area 7** has the meaning given by the general medical services table.

Note: The Modified Monash Model is a geographical classification system developed by the Department for categorising metropolitan, regional, rural and remote locations according to both geographical remoteness and population size, based on population data published by the Australian Bureau of Statistics.

Maps of the Modified Monash Model areas and the Department's remoteness classification can be viewed at www.doctorconnect.gov.au.

10 Application of case conference items generally

- (1) This section applies to items 10955, 10957, 10959, 80176, 80177, 80178, 82001, 82002 and 82003 in Schedule 2.
- (2) For the purposes of an item mentioned in subsection (1):
- (a) **community case conference** has the meaning given by clause 7.1.1 of the general medical services table;
 - (b) **multidisciplinary case conference** has the meaning given by clause 1.1.4 of the general medical services table;
 - (c) **multidisciplinary case conference team** has the meaning given by clause 1.1.5 of the general medical services table as if the items were also specified in subparagraph 1.1.5(1)(b)(i);
 - (d) **participate** has the meaning given by clause 2.16.16 of the general medical services table; and
 - (e) **mental health case conference** has the meaning given by clause 7.1.1 of the general medical services table.

Patient and multidisciplinary case conference team member attendance requirements

- (3) An item mentioned in subsection (1) may apply to a service provided for a patient if the patient is not in attendance.
- (4) An item mentioned in subsection (1) does not apply to a service if the minimum number of members of the multidisciplinary case conference team are not in attendance.
- (5) For subsection (4), the minimum number of members is 3.
- (6) For subsections (3) and (4), attendance is taken to include attending in person, by phone or by video conference.

Note: this is consistent with the requirements of the incorporated meaning of ***multidisciplinary case conference team*** in subsection (2).

Attendance options for the eligible allied health practitioner

- (7) For the purposes of an item mentioned in subsection (1), attendance by the eligible allied health practitioner may:
 - (a) be provided in person, by phone or by video conference; and
 - (b) differ from the means of attendance provided by other members of the multidisciplinary case conference team.

11 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:
 $1.024 \times \text{the amount immediately before the indexation time}$

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

- (2) The amounts covered by this subsection are the fee for each item in Schedule 2 of this Determination.
- (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).

12 Referrals requirements for allied health services

- (1) This section applies to a referral prepared on or after 1 July 2025 for a service to which an item in Subgroup 1 of Group M3, Group M8, Group M9, Subgroup 1 of Group M10 or Group M11 applies.

General

- (2) Subject to subsection (5), the following particulars are prescribed for the purposes of a referral mention in subsection (1):

- (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) must be:
 - (a) in writing;
 - (b) signed by the referring practitioner; and
 - (c) dated.
- (4) A referral mentioned in subsection (1) 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 the person making the referral; and
 - (b) **treating practitioner** means the person performing the service to which the patient is referred.

Lost referrals

- (6) If a service mentioned in an item in subsection (1) 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 1 of Group M3 or an item in Group M9 or M11 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.

Schedule 1—Qualification requirements for allied health professionals

1 *Aboriginal and Torres Strait Islander health service*

A person is an allied health professional in relation to the provision of an Aboriginal and Torres Strait Islander health service in any State or Territory if the person is registered in the Aboriginal and Torres Strait Islander health practice profession under the applicable law in force in the State or Territory in which the service is provided and if the person is:

- (1) An Aboriginal and/or Torres Strait Islander Health Practitioner is an Aboriginal and/or Torres Strait Islander person who has gained a qualification in Aboriginal and/or Torres Strait Islander Primary Health Care Practice and has successfully applied for and been registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia; or
- (2) An Aboriginal and/or Torres Strait Islander Health Worker is an Aboriginal and/or Torres Strait Islander person who has gained a Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care from the Health (HLT) training package.

2 *Audiology health service*

A person is an allied health professional in relation to the provision of an audiology health service if the person is:

- (a) a Full Member of Audiology Australia and is certified as an Audiology Australia Accredited Audiologist; or
- (b) a Full/Ordinary Member or a Fellow member of the Australian College of Audiology, with Hearing Rehabilitation Specialist and Diagnostic Rehabilitation Specialist competencies.

3 *Chiropractic health service*

A person is an allied health professional in relation to the provision of a chiropractic health service if the person is registered as a chiropractor with the Chiropractic Board of Australia.

4 *Diabetes education health service*

A person is an allied health professional in relation to the provision of a diabetes education health service if the person is credentialled by the Australian Diabetes Educators Association as a 'Credentialled Diabetes Educator'.

5 *Dietetics health service*

A person is an allied health professional in relation to the provision of a dietetics health service if the person is accredited by Dietitians Australia as an 'Accredited Practising Dietitian'.

6 ***Eating disorder psychological treatment service***

A person is an allied health professional in relation to the provision of an eating disorder psychological treatment service if the person meets one of the following requirements:

- (a) the person holds general registration in the health profession of psychology with the Psychology Board of Australia;
- (b) the person holds registration in the health profession of occupational therapy with the Occupational Therapy Board of Australia;
- (c) the person is a Member of the Australian Association of Social Workers (AASW).

7 ***Exercise physiology health service***

A person is an allied health professional in relation to the provision of an exercise physiology health service if the person is accredited by Exercise & Sports Science Australia as an 'Accredited Exercise Physiologist'.

8 ***Focussed psychological strategies health service***

A person is an allied health professional in relation to the provision of a focussed psychological strategies health service if the person meets one of the following requirements:

- (a) the person holds general registration in the health profession of psychology with the Psychology Board of Australia;
- (b) the person is a member of the Australian Association of Social Workers (AASW) and accredited by AASW as meeting the accreditation criteria set out in the document published by AASW titled 'AASW Accredited Mental Health Social Worker Application Criteria' as in force on 1 July 2022;
- (c) the person:
 - (i) holds registration in the health profession of occupational therapy with the Occupational Therapy Board of Australia; and
 - (ii) is accredited by Occupational Therapy Australia as meeting the criteria for mental health endorsement as set out in the document published by Occupational Therapy Australia titled 'Occupational Therapy Australia Mental Health Endorsement Criteria' as in force on 1 March 2023.

Note: Allied health professionals in relation to the provision of a focussed psychological strategies health service are subject to the requirements of clause 2.3.1.

9 Mental health service

A person is an allied health professional in relation to the provision of a mental health service if the person meets one of the following requirements:

- (a) the person meets the requirements specified for an allied health professional in relation to the provision of an Aboriginal and Torres Strait Islander health service;
- (b) the person is a credentialed mental health nurse, as certified by the Australian College of Mental Health Nurses;
- (c) the person is an occupational therapist who is registered with the Occupational Therapy Board of Australia as a person who may provide that kind of service ;
- (d) the person holds general registration in the health profession of psychology with the Psychology Board of Australia;
- (e) the person is:
 - (i) a Member of the Australian Association of Social Workers (AASW); and
 - (ii) accredited by AASW as meeting the accreditation criteria set out in the document published by AASW titled 'AASW Accredited Mental Health Social Worker Application Criteria' as in force on 1 July 2022.

10 Non-directive pregnancy support counselling health service

A person is an allied health professional in relation to the provision of a non-directive pregnancy support counselling health service if the person meets one of the following requirements:

- (a) the person is certified by the Australian College of Mental Health Nurses:
 - (i) as a credentialed mental health nurse; and
 - (ii) as appropriately trained in non-directive pregnancy counselling;
- (b) the person holds general registration in the health profession of psychology with the Psychology Board of Australia and is certified by the Australian Psychological Society as appropriately trained in non-directive pregnancy counselling;
- (c) the person is:
 - (i) a member of the Australian Association of Social Workers (AASW); and
 - (ii) accredited by AASW as meeting the accreditation criteria set out in the document published by AASW titled 'AASW Accredited Mental Health Social Worker Application Criteria' as in force on 1 July 2022 or as an accredited social worker; and
 - (iii) certified by AASW as appropriately trained in non-directive pregnancy counselling.

11 Occupational therapy health service

A person is an allied health professional in relation to the provision of an occupational therapy health service if the person is an occupational therapist who is registered as a person who may provide that kind of service with the Occupational Therapy Board of Australia.

12 Optometry health service

A person is an allied health professional in relation to the provision of an optometry health service if the person is registered as a person who may provide that kind of service with the Optometry Board of Australia.

13 ***Orthoptic health service***

A person is an allied health professional in relation to the provision of an orthoptic health service if the person is:

- (a) registered with the Australian Orthoptic Board and has a Certificate of Currency; and
- (b) a member of Orthoptics Australia.

14 ***Osteopathy health service***

A person is an allied health professional in relation to the provision of an osteopathy health service if the person is registered as a person who may provide that kind of service with the Osteopathy Board of Australia.

15 ***Physiotherapy health service***

A person is an allied health professional in relation to the provision of a physiotherapy health service if the person is registered as a person who may provide that kind of service with the Physiotherapy Board of Australia.

16 ***Podiatry health service***

A person is an allied health professional in relation to the provision of a podiatry health service if the person is registered as a person who may provide that kind of service with the Podiatry Board of Australia.

17 ***Psychological therapy health service***

A person is an allied health professional in relation to the provision of a psychological therapy health service if the person:

- (a) holds general registration in the health profession of psychology with the Psychology Board of Australia; and
- (b) is endorsed by the Psychology Board of Australia to practice in clinical psychology.

18 ***Psychology health service***

A person is an allied health professional in relation to the provision of a psychology health service if the person holds general registration in the health profession of psychology with the Psychology Board of Australia.

19 ***Speech pathology health service***

A person is an allied health professional in relation to the provision of a speech pathology health service if the person is certified by Speech Pathology Australia as a Certified Practising Speech Pathologist.

Schedule 2—Allied health services

Part 1—Services and fees—general

Division 1.1 – Provisions related to allied health chronic disease management services

1.1.1 Application provisions for items in Subgroup 1 of Group M3

- (1) An item in Subgroup 1 of Group M3 applies to a service only if:
 - (a) the patient is referred to the eligible provider by a medical practitioner;
 - (b) the service is provided to the patient individually and in person; and
 - (c) after the service, the eligible provider gives a written report to the referring medical practitioner mentioned in paragraph (a):
 - (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.
- (2) An item in Subgroup 1 of Group M3 does not apply to a service if the patient has already been provided 10 services to which the item, any other item in Subgroup 1 of Group M3, any item in Group M11 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies in the same calendar year.

1.1.2 Limitations on case conference items for chronic condition management

- (1) This clause applies to items 10955, 10957 and 10959.

Eligible patients

- (2) An item mentioned in subclause (1) only applies to a service if the patient who the service is provided to has at least one medical condition that:
 - (a) has been (or is likely to be) present for at least six months; or
 - (b) is terminal.

Frequency limitations

- (3) An item mentioned in subclause (1) does not apply to a service if the service has been performed in the last 3 months, unless in exceptional circumstances.
- (4) For subclause (3), exceptional circumstances means there has been a significant change in the patient's clinical condition or care circumstances that necessitates the performance of the service.

Schedule 2 Allied health services

Part 1 Services and fees—general

Division 1.1 Provisions related to allied health chronic disease management services

Clause 1.1.3

Additional requirements on the multidisciplinary case conference team

- (5) An item mentioned in subclause (1) only applies to a service if the patient requires ongoing care from a multidisciplinary case conference team which includes at least one medical practitioner (including a general practitioner, but not a specialist or consultant physician).

Eligible allied health practitioners

- (6) For the purposes of the items mentioned in subclause (1), **eligible allied health practitioner** means:
- (a) an eligible Aboriginal health worker;
 - (b) an eligible Aboriginal and Torres Strait Islander health practitioner;
 - (c) an eligible diabetes educator;
 - (d) an eligible audiologist;
 - (e) an eligible dietitian;
 - (f) an eligible mental health worker;
 - (g) an eligible occupational therapist;
 - (h) an eligible exercise physiologist;
 - (i) an eligible physiotherapist;
 - (j) an eligible podiatrist;
 - (k) an eligible chiropractor;
 - (l) an eligible osteopath;
 - (m) an eligible psychologist;
 - (n) an eligible speech pathologist; or
 - (o) a participating nurse practitioner.

1.1.3 Items in Group M3 for allied health services

This clause sets out items in Group M3.

Group M3 – Allied health services

Item	Description	Fee (\$)
Subgroup 1 – Chronic condition management services		
10950	Aboriginal and Torres Strait Islander health service provided to a patient by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if: <ul style="list-style-type: none">(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:<ul style="list-style-type: none">(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	68.55

Group M3 – Allied health services

Item	Description	Fee (\$)
	<ul style="list-style-type: none"> (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 service is of at least 20 minutes duration; <p>to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year</p>	
10951	<p>Diabetes education health service provided to a patient by an eligible diabetes educator if:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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 service is of at least 20 minutes duration; <p>to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year</p>	68.55
10952	<p>Audiology health service provided to a patient by an eligible audiologist if:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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 service is of at least 20 minutes duration; <p>to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year</p>	68.55
10953	<p>Exercise physiology health service provided to a patient by an eligible</p>	68.55

Schedule 2 Allied health services**Part 1** Services and fees—general**Division 1.1** Provisions related to allied health chronic disease management services

Clause 1.1.3

Group M3 – Allied health services

Item	Description	Fee (\$)
	exercise physiologist if: (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 service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year	
10954	Dietetics health service provided to a patient by an eligible dietitian if: (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 service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year	68.55
10956	Mental health service provided to a patient by an eligible mental health worker if: (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	68.55

Group M3 – Allied health services

Item	Description	Fee (\$)
	<p>part of the management of the patient's chronic condition and complex care needs; and</p> <p>(c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year</p>	
10958	<p>Occupational therapy health service provided to a patient by an eligible occupational therapist if:</p> <p>(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:</p> <p>(i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or</p> <p>(ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or</p> <p>(iii) a multidisciplinary care plan; and</p> <p>(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</p> <p>(c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year</p>	68.55
10960	<p>Physiotherapy health service provided to a patient by an eligible physiotherapist if:</p> <p>(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:</p> <p>(i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or</p> <p>(ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or</p> <p>(iii) a multidisciplinary care plan; and</p> <p>(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</p> <p>(c) the service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year</p>	68.55

Schedule 2 Allied health services**Part 1** Services and fees—general**Division 1.1** Provisions related to allied health chronic disease management services

Clause 1.1.3

Group M3 – Allied health services

Item	Description	Fee (\$)
10962	Podiatry health service provided to a patient by an eligible podiatrist if: (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 service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year	68.55
10964	Chiropractic health service provided to a patient by an eligible chiropractor if: (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 service is of at least 20 minutes duration; to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year	68.55
10966	Osteopathy health service provided to a patient by an eligible osteopath if: (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	68.55

Group M3 – Allied health services

Item	Description	Fee (\$)
	<ul style="list-style-type: none"> (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 service is of at least 20 minutes duration; <p>to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year</p>	
10968	<p>Psychology health service provided to a patient by an eligible psychologist if:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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 service is of at least 20 minutes duration; <p>to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year</p>	68.55
10970	<p>Speech pathology health service provided to a patient by an eligible speech pathologist if:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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 service is of at least 20 minutes duration; <p>to a maximum of 5 services (including any services to which this item or any other item in this Subgroup or item 93000 or 93013 in the Telehealth Attendance Determination applies) in a calendar year</p>	68.55
Subgroup 2 – Chronic condition management case conference services		
10955	Attendance by an eligible allied health practitioner, as a member of a	53.75

Schedule 2 Allied health services**Part 1** Services and fees—general**Division 1.1** Provisions related to allied health chronic disease management services

Clause 1.1.3

Group M3 – Allied health services

Item	Description	Fee (\$)
	multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which another item in this Group applies)	
10957	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which another item in this Group applies)	92.20
10959	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; if the conference lasts for at least 40 minutes (other than a service associated with a service to which another item in this Group applies)	153.45

Part 2—Services and fees—psychological therapy and focussed psychological strategies

Division 2.1 – General provisions related to psychological therapy and focussed psychological strategies

2.1.1 Limitation on individual items for psychological therapy and focussed psychological strategies services

- (1) This clause applies to items 80000, 80002, 80005, 80006, 80010, 80012, 80015, 80016, 80100, 80102, 80105, 80106, 80110, 80112, 80115, 80116, 80125, 80129, 80130, 80131, 80135, 80137, 80140, 80141, 80150, 80154, 80155, 80156, 80160, 80162, 80165 and 80166.
- (2) For any particular patient, an item mentioned in subclause (1) applies in a calendar year only if the service described in the item is one of the first 10 relevant services provided to the patient, or to a person other than the patient as part of the patient's treatment, in the calendar year.
- (3) In this clause, **relevant service** means a service to which any of items 283, 285, 286, 287, 309, 311, 313, 315, 2721 to 2727, 2739, 2741, 2743 or 2745 of the general medical services table, or items 80000 to 80016, 80100 to 80116, 80125 to 80141, or 80150 to 80166, or items 91166, 91167, 91168, 91169, 91170, 91171, 91172, 91173, 91174, 91175, 91176, 91177, 91181, 91182, 91183, 91184, 91185, 91186, 91187, 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 or 91867 of the Telehealth Attendance Determination apply.
- (4) In addition to the restrictions in subclause (2) of this clause, item 80002, 80006, 80012, 80016, 80102, 80106, 80112, 80116, 80129, 80131, 80137, 80141, 80154, 80156, 80162 or 80166 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

Schedule 2 Allied health services

Part 2 Services and fees—psychological therapy and focussed psychological strategies

Division 2.1 General provisions related to psychological therapy and focussed psychological strategies

Clause 2.1.2

- (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.

2.1.2 Limitation on group items for psychological therapy and focussed psychological strategies services

- (1) This applies to items 80020, 80021, 80022, 80023, 80024, 80025, 80120, 80121, 80122, 80123, 80127, 80128, 80145, 80146, 80147, 80148, 80152, 80153, 80170, 80171, 80172, 80173, 80174 and 80175.
- (2) For any particular patient, an item mentioned in subclause (1) applies in a calendar year only if the service described in the item is one of the first 10 services mentioned in items in subclause (1) provided to the patient in the calendar year.
- (3) An item listed in subclause (2) may apply to a service where only three patients attend if:
 - (a) four patients were due to attend; and
 - (b) one of the patients is unable to attend.

2.1.3 Limitation on group video conference items for psychological therapy and focussed psychological strategies services

- (1) This clause applies to items 80021, 80023, 80025, 80121, 80123, 80128, 80146, 80148, 80153, 80171, 80173 and 80175.
- (2) For any particular patient, an item mentioned in subclause (1) applies in a calendar year only if the service described in the item is one of the first 10 relevant services provided to the patient in the calendar year.
- (3) An item mentioned in subclause (1) does not apply to a service if the patient or the allied health professional has travelled to a place to satisfy the requirement in paragraph (d) of the item.
- (4) In this clause, **relevant service** means a service to which any of items 80020, 80021, 80022, 80023, 80024, 80025, 80120, 80121, 80122, 80123, 80127, 80128, 80145, 80146, 80147, 80148, 80152, 80153, 80170, 80171, 80172, 80173, 80174 and 80175, apply.

2.1.4 Meaning of *referring practitioner*

- (1) For the purposes of items 80000 to 80175, ***referring practitioner*** means:

- (a) a medical practitioner who has referred the patient as part of a GP Mental Health Treatment Plan or psychiatrist assessment and management plan; or
 - (b) a specialist or consultant physician specialising in the practice of their field of psychiatry; or
 - (c) a specialist or consultant physician specialising in the practice of their field of paediatrics.
- (2) If the patient is referred by a specialist or consultant physician in accordance with paragraph (b) or (c) of subclause (1), the referral must meet the relevant requirements set out at clause 2.1.5.

2.1.5 Referrals by psychiatrists and paediatricians for psychological therapy and focussed psychological strategies health services

- (1) This clause applies to items 80000 to 80175.
- (2) 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 293 to 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table or items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 92436, 92437, 92455, 92456, 92457, 92458, 92459 or 92460 of the Telehealth Attendance Determination applies.
- (3) 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 items 91824, 91825, 91826, 91836, 92422 or 92423 of the Telehealth Attendance Determination applies.
- (4) 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 of the Telehealth Attendance Determination applies.

Division 2.2 – Psychological Therapy Services

2.2.1 Items in Group M6 for psychological therapy services

This clause sets out items in Group M6.

Group M6 – Psychological Therapy Services		
Item	Description	Fee (\$)
Subgroup 1 – Psychological therapy health services		
80000	Psychological therapy health service provided to a patient in consulting rooms by an eligible clinical psychologist if: <ul style="list-style-type: none"> (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; 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 	109.80
80002	Psychological therapy health service provided in consulting rooms by an eligible clinical psychologist to a person other than the patient, if: <ul style="list-style-type: none"> (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 30 minutes but less than 50 minutes 	109.80
80005	Psychological therapy health service provided to a patient at a place other than consulting rooms by an eligible clinical psychologist if: <ul style="list-style-type: none"> (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; 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 	137.25
80006	Psychological therapy health service provided at a place other than consulting rooms by an eligible clinical psychologist to a person other than the patient, if: <ul style="list-style-type: none"> (a) the service is part of the patient's treatment; (b) the patient has been referred to the eligible clinical psychologist by a referring practitioner; and (c) the service lasts at least 30 minutes but less than 50 minutes 	137.25

Group M6 – Psychological Therapy Services		
Item	Description	Fee (\$)
80010	Psychological therapy health service provided to a patient in consulting rooms 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 in person; 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 50 minutes duration	161.20
80012	Psychological therapy health service provided in consulting rooms by an eligible clinical 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 clinical psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes	161.20
80015	Psychological therapy health service provided to a patient at a place other than consulting rooms 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 in person; 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 50 minutes duration	188.60
80016	Psychological therapy health service provided at a place other than consulting rooms by an eligible clinical 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 clinical psychologist by a referring practitioner; and (c) the service lasts at least 50 minutes	188.60
80020	Psychological therapy health service provided to a patient as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration	40.90
80021	Psychological therapy health service provided to a patient as part of a group of 4 to 10 patients by an eligible clinical psychologist if:	40.90

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Clause 2.2.1

Group M6 – Psychological Therapy Services

Item	Description	Fee (\$)
	(a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 60 minutes duration	
80022	Psychological therapy health service provided to a patient as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the patient is referred for a course of treatment by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 90 minutes duration	55.75
80023	Psychological therapy health service provided to a patient as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 90 minutes duration	55.75
80024	Psychological therapy health service provided to a patient as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the patient is referred for a course of treatment by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 120 minutes duration	75.75
80025	Psychological therapy health service provided to a patient as part of a group of 4 to 10 patients by an eligible clinical psychologist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 120 minutes duration	75.75

Division 2.3 – Focussed Psychological Strategies Services

2.3.1 Focussed Psychological Strategies health services

- (1) A person to whom subclause (2) applies must complete focussed psychological strategies continuing professional development each CPD year.
- (2) This clause applies to a person who:
 - (a) is an allied health professional in relation to the provision of a focussed psychological strategies health service; and
 - (b) is not a general registrant psychologist.
- (3) A person required to complete focussed psychological strategies continuing professional development must keep written records of completion of focussed psychological strategies continuing professional development for a period of two years from the end of the CPD year to which the focussed psychological strategies continuing professional development relates.
- (4) Other than where subclause (7) applies, where a person who is not a general registrant psychologist seeks to become an allied health professional in relation to the provision of a focussed psychological strategies health service during a CPD year and meets the qualification requirements set out in Schedule 1 for the provision of a focussed psychological strategies health service:
 - (a) that person's name will be entered on the register; and
 - (b) that person will have until the end of that CPD year to meet their focussed psychological strategies continuing professional development requirements on a pro-rata basis, with units being calculated from the first day of the month immediately succeeding the date of registration.
- (5) If the Minister is satisfied that a person referred to in subclause (1) has not completed their focussed psychological strategies continuing professional development, the Minister:
 - (a) may decide to remove the name of that person from the register; and then
 - (b) notify the Chief Executive Medicare to remove the name from the register.
- (6) Before the Minister provides notification under paragraph (5)(b), the Minister must notify that person in writing of the decision setting out:
 - (a) the decision;
 - (b) the reasons for the decision; and
 - (c) a statement of the person's reconsideration rights under clause 2.3.2.
- (7) If the name of a person has been removed from the register under subclause (9), in order to become an allied health professional in relation to the provision of a focussed psychological strategies health service (**reregistered**) that person must apply to be registered and in the person's application must:
 - (a) provide evidence of attaining the necessary amount of units that he or she was required to attain to comply with the focussed psychological strategies

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Part 2 Services and fees—psychological therapy and focussed psychological strategies

Division 2.3 Focussed Psychological Strategies Services

Clause 2.3.2

- continuing professional development in the CPD year in which he or she failed to comply;
and if reregistered must
- (b) comply with subclause (1) as if the CPD year in which he or she was reregistered commenced on the date of reregistration.
- (8) The Minister may grant an exemption in whole or part from focussed psychological strategies continuing professional development, where:
- (a) a written application from an allied health professional has been received;
and
- (b) the Minister is satisfied that special circumstances prevented or will prevent the allied health professional from completing focussed psychological strategies continuing professional development in a CPD year.
- (9) Upon receiving notification under paragraph (5)(b), the Chief Executive Medicare must not remove the name of an allied health professional from the register until notified:
- (a) under subclause 2.3.2(10) that the Minister has given notice to the allied health professional:
- (i) under subclause 2.3.2(5) that the decision to remove the name of the person from the register has been affirmed; or
- (ii) under paragraph 10(9)(c); or
- (b) that such period of time as referred to in subclause 2.3.2(2) has expired and the allied health professional has not applied for reconsideration under subclause 2.3.2(1) or requested further time under subclause 2.3.2(6).
- (10) For the avoidance of doubt, nothing in this clause:
- (a) prevents the Chief Executive Medicare from including the name of a general registrant psychologist on the register; or
- (b) requires the Chief Executive Medicare to remove the name of a general registrant psychologist from the register.
- (11) In this clause:

general registrant psychologist means a person who holds general registration in the health profession of psychology under the applicable law in force in the State or Territory in which the service is provided; and

register means the register kept by the Chief Executive Medicare of allied health professionals who are qualified to provide a focussed psychological strategies health service.

2.3.2 Reconsideration of Decision

- (1) Where the Minister has provided notification under subclause 2.3.1(6), the allied health professional may apply to the Minister for reconsideration of that decision.

- (2) The application must be made in writing:
 - (a) within 28 days from the date of the decision; or
 - (b) if the Minister is satisfied that special circumstances exist, within such further period as the Minister, before the expiration of the period referred to in paragraph (a), allows.
- (3) The allied health professional must set out the reasons for the application and in doing so, may provide new material for the Minister to consider.
- (4) The Minister must, within 28 days after receipt of an application made in accordance with subclause (1), reconsider the decision and make a new decision either:
 - (a) affirming the decision; or
 - (b) setting aside the decision.
- (5) The Minister must give the allied health professional notice in writing of the reconsideration decision setting out:
 - (a) the decision; and
 - (b) the reasons for the decision.
- (6) The allied health professional may, as an alternative to applying for reconsideration of the decision, request further time to complete the number of units required to satisfy the Minister that the allied health professional complies with subclause 2.3.1(1).
- (7) If the allied health professional makes a request for further time under subclause (6) that request takes the place of the right to reconsideration under subclause (1).
- (8) If the allied health professional makes a request under subclause (6), the period of time in which to complete the number of units required to satisfy the Minister is 28 days, commencing from the date of notification by the Minister that the allied health professional may complete the nominated amount of units.
- (9) If, by the end of the period of time referred to in subclause (8), the Minister is not satisfied that the allied health professional has completed the amount of units required to comply with subclause 2.3.1(1), the Minister must:
 - (a) proceed as if the allied health professional had applied under subclause (1);
 - (b) make a decision, which will be regarded as being made under subclause (4); and
 - (c) give the allied health professional notice in writing of the decision as if the notice was given under subclause (5).
- (10) The Minister must provide a written copy of a decision made under this clause to the Chief Executive Medicare.

2.3.3 Limitations on mental health case conference services

- (1) This clause applies to items 80176, 80177 and 80178.

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Division 2.3 Focussed Psychological Strategies Services

Clause 2.3.4

Eligible patients

- (2) An item mentioned in subclause (1) only applies to a service for a patient, if the patient either:
- (a) is referred for a service to which an item in Subgroup 2 of Group A20; Subgroup 9 of Group A7; Subgroup 3 or 10 of Group A40; Group M6 or M7; or Subgroup 1, 2, 3, 4, 6, 7, 8 or 9 of Group M18 applies; or
 - (b) has an eating disorder treatment and management plan.

Frequency limitations

- (3) An item mentioned in subclause (1) does not apply to a service if the service has been performed in the last 3 months, unless in exceptional circumstances.
- (4) For subclause (3), exceptional circumstances means there has been a significant change in the patient's clinical condition or care circumstances that necessitates the performance of the service.

Additional requirements on the multidisciplinary case conference team

- (5) An item mentioned in subclause (1) only applies to a service if the patient requires ongoing care from a multidisciplinary case conference team which includes at least one medical practitioner (including a general practitioner, but not a specialist or consultant physician).

Eligible allied health practitioners

- (6) For the purposes of the items mentioned in subclause (1), **eligible allied health practitioner** means an allied health professional who meets the qualification requirements outlined in Schedule 1 in relation to the provision of a:
- (a) psychological therapy health service;
 - (b) focussed psychological strategies health service; or
 - (c) dietetics health service.

2.3.4 Items in Group M7 for focussed psychological strategies health services

This clause sets out items in Group M7.

Group M7 – Focussed Psychological Strategies (Allied Mental Health)		
Item	Description	Fee (\$)
Subgroup 1 – Focussed psychological strategies health services		
80100	Focussed psychological strategies health service provided to a patient in consulting rooms by an eligible psychologist if: <ul style="list-style-type: none">(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually and in person; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and	77.85

Group M7 – Focussed Psychological Strategies (Allied Mental Health)		
Item	Description	Fee (\$)
	(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	
80102	Focussed psychological strategies health service provided in consulting rooms 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	77.85
80105	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms 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 in person; 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	105.85
80106	Focussed psychological strategies health service provided at a place other than consulting rooms 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	105.85
80110	Focussed psychological strategies health service provided to a patient in consulting rooms 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 in person; 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	109.80
80112	Focussed psychological strategies health service provided in consulting rooms	109.80

Schedule 2 Allied health services**Part 2** Services and fees—psychological therapy and focussed psychological strategies**Division 2.3** Focussed Psychological Strategies Services

Clause 2.3.4

Group M7 – Focussed Psychological Strategies (Allied Mental Health)		
Item	Description	Fee (\$)
	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	
80115	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms 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 in person; 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	137.90
80116	Focussed psychological strategies health service provided at a place other than consulting rooms 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	137.90
80120	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration	28.00
80121	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (e) the service is at least 60 minutes duration	28.00
80122	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and	38.15

Group M7 – Focussed Psychological Strategies (Allied Mental Health)		
Item	Description	Fee (\$)
	(c) the service is at least 90 minutes duration	
80123	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (e) the service is at least 90 minutes duration	38.15
80125	Focussed psychological strategies health service provided to a patient in consulting rooms 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 in person; 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	68.55
80127	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 120 minutes duration	51.85
80128	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible psychologist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the psychologist; and (e) the service is at least 120 minutes duration	51.85
80129	Focussed psychological strategies health service provided in consulting rooms 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 by a referring practitioner; and (c) the service lasts at least 20 minutes but less than 50 minutes	68.55
80130	Focussed psychological strategies health service provided to a patient at a place	96.55

Schedule 2 Allied health services**Part 2** Services and fees—psychological therapy and focussed psychological strategies**Division 2.3** Focussed Psychological Strategies Services

Clause 2.3.4

Group M7 – Focussed Psychological Strategies (Allied Mental Health)

Item	Description	Fee (\$)
	other than consulting rooms by an eligible occupational therapist if: <ul style="list-style-type: none"> (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; 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 	
80131	Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible occupational therapist to a person other than the patient, if: <ul style="list-style-type: none"> (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 20 minutes but less than 50 minutes 	96.55
80135	Focussed psychological strategies health service provided to a patient in consulting rooms by an eligible occupational therapist if: <ul style="list-style-type: none"> (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; 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 duration 	96.80
80137	Focussed psychological strategies health service provided in consulting rooms by an eligible occupational therapist to a person other than the patient, if: <ul style="list-style-type: none"> (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 	96.80
80140	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms by an eligible occupational therapist if: <ul style="list-style-type: none"> (a) the patient is referred by a referring practitioner; and (b) the service is provided to the patient individually and in person; and (c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and 	124.75

Group M7 – Focussed Psychological Strategies (Allied Mental Health)

Item	Description	Fee (\$)
	(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 duration	
80141	Focussed psychological strategies health service provided at a place other than consulting rooms by an eligible occupational therapist to a person other than the patient, if:	124.75
	(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	
80145	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible occupational therapist if:	24.55
	(a) the patient is referred by a referring practitioner; and	
	(b) the service is provided in person; and	
	(c) the service is at least 60 minutes duration	
80146	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible occupational therapist if:	24.55
	(a) the patient is referred by a referring practitioner; and	
	(b) the attendance is by video conference; and	
	(c) the patient is located within a telehealth eligible area; and	
	(d) the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist; and	
	(e) the service is at least 60 minutes duration	
80147	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible occupational therapist if:	33.40
	(a) the patient is referred by a referring practitioner; and	
	(b) the service is provided in person; and	
	(c) the service is at least 90 minutes duration	
80148	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible occupational therapist if:	33.40
	(a) the patient is referred by a referring practitioner; and	
	(b) the attendance is by video conference; and	
	(c) the patient is located within a telehealth eligible area; and	
	(d) the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist; and	
	(e) the service is at least 90 minutes duration	

Schedule 2 Allied health services**Part 2** Services and fees—psychological therapy and focussed psychological strategies**Division 2.3** Focussed Psychological Strategies Services

Clause 2.3.4

Group M7 – Focussed Psychological Strategies (Allied Mental Health)

Item	Description	Fee (\$)
80150	Focussed psychological strategies health service provided to a patient in consulting rooms 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 in person; 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	68.55
80152	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 120 minutes duration	45.50
80153	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible occupational therapist if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the occupational therapist; and (e) the service is at least 120 minutes duration	45.50
80154	Focussed psychological strategies health service provided in consulting rooms 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	68.55
80155	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms 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 in person; 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	96.55

Group M7 – Focussed Psychological Strategies (Allied Mental Health)		
Item	Description	Fee (\$)
	(e) the service is at least 20 minutes but less than 50 minutes duration	
80156	Focussed psychological strategies health service provided at a place other than consulting rooms 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	96.55
	(c) the service lasts at least 20 minutes but less than 50 minutes	
80160	Focussed psychological strategies health service provided to a patient in consulting rooms 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 in person; 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	96.80
	(e) the service is at least 50 minutes duration	
80162	Focussed psychological strategies health service provided in consulting rooms 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	96.80
	(c) the service lasts at least 50 minutes	
80165	Focussed psychological strategies health service provided to a patient at a place other than consulting rooms 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 in person; 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	124.75
	(e) the service is at least 50 minutes duration	
80166	Focussed psychological strategies health service provided at a place other than consulting rooms 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	124.75

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Clause 2.3.4

Group M7 – Focussed Psychological Strategies (Allied Mental Health)

Item	Description	Fee (\$)
	practitioner; and (c) the service lasts at least 50 minutes	
80170	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible social worker if: (a) the patient is referred by referring practitioner; and (b) the service is provided in person; and (c) the service is at least 60 minutes duration	24.55
80171	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker; and (e) the service is at least 60 minutes duration	24.55
80172	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 90 minutes duration	33.40
80173	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker; and (e) the service is at least 90 minutes duration	33.40
80174	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the service is provided in person; and (c) the service is at least 120 minutes duration	45.50
80175	Focussed psychological strategies health service provided to a patient as part of a group of 4 to 10 patients by an eligible social worker if: (a) the patient is referred by a referring practitioner; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and	45.50

Group M7 – Focussed Psychological Strategies (Allied Mental Health)

Item	Description	Fee (\$)
	(d) the patient is, at the time of the attendance, at least 15 kilometres by road from the social worker; and	
	(e) the service is at least 120 minutes duration	
Subgroup 2 – Psychological therapy health, focussed psychological strategies health and eating disorder case conference services		
80176	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 15 minutes, but for less than 20 minutes	53.75
80177	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 20 minutes, but for less than 40 minutes	92.20
80178	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 40 minutes	153.45

Part 3—Services and fees—pregnancy support counselling

Division 3.1 Pregnancy support counselling services

3.1.1 Application provisions for items in Group M8

- (1) An item in Group M8 applies to a service only if the service is provided to the patient individually and in person.
- (2) An item in Group M8 may apply to a service used to address any pregnancy related issues for which non-directive counselling is appropriate.

3.1.2 Items in Group M8 for pregnancy support counselling

This clause sets out items in Group M8.

Group M8 – Pregnancy support counselling		
Item	Description	Fee (\$)
81000	Non-directive pregnancy support counselling health service provided to a patient who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible psychologist if: <ol style="list-style-type: none">(a) the patient is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and(b) the patient is referred by a medical practitioner who is not a specialist or consultant physician; and(c) the eligible psychologist 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(d) the service is at least 30 minutes duration; to a maximum of 3 services (including services to which items 81000, 81005 or 81010, items 792 or 4001 in the general medical services table, or items 92136, 92138, 93026, 93029, 92137 or 92139 in the Telehealth Attendance Determination apply) for each pregnancy	80.50
81005	Non-directive pregnancy support counselling health service provided to a patient, who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible social worker if: <ol style="list-style-type: none">(a) the patient is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and(b) the patient is referred by a medical practitioner who is not a specialist or consultant physician; and(c) the eligible social worker does not have a direct pecuniary interest in a health service that has as its primary purpose the provision of services for	80.50

Group M8 – Pregnancy support counselling

Item	Description	Fee (\$)
	<p>pregnancy termination; and</p> <p>(d) the service is at least 30 minutes duration;</p> <p>to a maximum of 3 services (including services to which items 81000, 81005 or 81010, items 792 or 4001 in the general medical services table, or items 92136, 92138, 93026, 93029, 92137 or 92139 in the Telehealth Attendance Determination apply) for each pregnancy</p>	
81010	<p>Non-directive pregnancy support counselling health service provided to a patient, who is currently pregnant or who has been pregnant in the preceding 12 months, by an eligible mental health nurse if:</p> <p>(a) the patient is concerned about a current pregnancy or a pregnancy that occurred in the 12 months preceding the provision of the first service; and</p> <p>(b) the patient is referred by a medical practitioner who is not a specialist or consultant physician; and</p> <p>(c) the 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</p> <p>(d) the service is at least 30 minutes duration;</p> <p>to a maximum of 3 services (including services to which items 81000, 81005 or 81010, items 792 or 4001 in the general medical services table, or items 92136, 92138, 93026, 93029, 92137 or 92139 in the Telehealth Attendance Determination apply) for each pregnancy</p>	80.50

Part 4—Services and fees—group services

Division 4.1—Diabetes education services

4.1.1 Items in Subgroup 1 of Group M9 for diabetes education services

This clause sets out items in Subgroup 1 of Group M9.

Group M9 – Allied health group services		
Item	Description	Fee (\$)
Subgroup 1 – Diabetes education services		
81100	<p>Diabetes education health service provided to a patient by an eligible diabetes educator for assessing the patient’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 patient for the group services if:</p> <ul style="list-style-type: none">(a) the patient has type 2 diabetes; and(b) the patient is being managed by a medical practitioner (other than a specialist or consultant physician) under:<ul style="list-style-type: none">(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 patient individually and in person; and(e) the service is of at least 45 minutes duration; and(f) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner mentioned in paragraph (c); <p>payable once in a calendar year for this or any other assessment for group services item (including services in items 81100, 81110 and 81120 or items 93284 or 93286 of the Telehealth Attendance Determination)</p>	87.95

Group M9 – Allied health group services

Item	Description	Fee (\$)
81105	<p>Diabetes education health service provided to a patient by an eligible diabetes educator, as a group service for the management of type 2 diabetes if:</p> <ul style="list-style-type: none"> (a) the patient has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110 or 81120 or items 93284 or 93286 of the Telehealth Attendance Determination; and (b) the service is provided to a patient who is part of a group of between 2 and 12 patients; and (c) the service is provided in person; and (d) the service is of at least 60 minutes duration; and (e) after the last service in the group services program provided to the patient under item 81105, 81115 or 81125 or item 93285 of the Telehealth Attendance Determination, the eligible diabetes educator prepares, or contributes to, a written report to be provided to the referring medical practitioner; and (f) an attendance record for the group is maintained by the eligible diabetes educator; <p>to a maximum of 8 group services in a calendar year (including services in items 81105, 81115 and 81125 or item 93285 of the Telehealth Attendance Determination)</p>	21.90

Division 4.2—Exercise physiology services

4.2.1 Items in Subgroup 2 of Group M9 for exercise physiology services

This clause sets out items in Subgroup 2 of Group M9.

Group M9 – Allied health group services		
Item	Description	Fee (\$)
Subgroup 2 – Exercise physiology services		
81110	<p>Exercise physiology health service provided to a person by an eligible exercise physiologist 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:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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 exercise physiologist by the medical practitioner; and (d) the service is provided to the person individually and in person; and (e) the service is of at least 45 minutes duration; and (f) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner mentioned in paragraph (c); <p>payable once in a calendar year for this or any other assessment for group services item (including services in items 81100, 81110 and 81120 or items 93284 or 93286 of the Telehealth Attendance Determination)</p>	87.95
81115	<p>Exercise physiology health service provided to a person by an eligible exercise physiologist, as a group service for the management of type 2 diabetes if:</p> <ul style="list-style-type: none"> (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110 or 81120 or items 93284 or 93286 of the Telehealth Attendance Determination; 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 provided in person; and (d) the service is of at least 60 minutes duration; and (e) after the last service in the group services program provided to the person 	21.90

Group M9 – Allied health group services

Item	Description	Fee (\$)
	under item 81105, 81115 or 81125 or item 93285 of the Telehealth Attendance Determination, the eligible exercise physiologist prepares, or contributes to, a written report to be provided to the referring medical practitioner; and	
(f)	an attendance record for the group is maintained by the eligible exercise physiologist;	
	to a maximum of 8 group services in a calendar year (including services in items 81105, 81115 and 81125 or item 93285 of the Telehealth Attendance Determination)	

Division 4.3—Dietetics services

4.3.1 Items in Subgroup 3 of Group M9 for dietetics services

This clause sets out items in Subgroup 3 of Group M9.

Group M9 – Allied health group services		
Item	Description	Fee (\$)
Subgroup 3 – Dietetics services		
81120	<p>Dietetics health service provided to a person by an eligible dietitian 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:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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 dietitian by the medical practitioner; and (d) the service is provided to the person individually and in person; 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); <p>payable once in a calendar year for this or any other assessment for group services item (including services in items 81100, 81110 and 81120 or items 93284 or 93286 of the Telehealth Attendance Determination)</p>	87.95
81125	<p>Dietetics health service provided to a person by an eligible dietitian, as a group service for the management of type 2 diabetes if:</p> <ul style="list-style-type: none"> (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110 or 81120 or items 93284 or 93286 of the Telehealth Attendance Determination; 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 provided in person; and (d) the service is of at least 60 minutes duration; and (e) after the last service in the group services program provided to the person under item 81105, 81115 or 81125 or item 93285 of the Telehealth Attendance Determination, the eligible dietitian prepares, or contributes 	21.90

Group M9 – Allied health group services

Item	Description	Fee (\$)
	to, a written report to be provided to the referring medical practitioner; and (f) 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 items 81105, 81115 and 81125 or item 93285 of the Telehealth Attendance Determination apply)	

Part 5—Services and fees—complex neurodevelopmental disorder and disability services

Division 5.1 – Provisions related to allied health complex neurodevelopmental disorder and disability services

5.1.1 Application of items for complex neurodevelopmental disorder and disability services

- (1) This clause applies to items 82000, 82005, 82010, 82015, 82020, 82025, 82030 and 82035.
- (2) For the purposes of an item mentioned in subclause (1) of this clause, ***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 subclause (1) of this clause, ***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 of the Telehealth Attendance Determination 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 of the Telehealth Attendance Determination applies.
- (4) An item mentioned in subclause (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 disorder or disability service.
- (5) For a service to which item 82000, 82005, 82010 or 82030 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:

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- (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 82000, 82005, 82010 or 82030 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 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 agree 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 82015, 82020, 82025 or 82035 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.

5.1.2 Referrals by psychiatrists and paediatricians for complex neurodevelopmental disorder and disability services

- (1) This clause applies to items 82000 to 82035.
- (2) For items 82000, 82005, 82010 and 82030 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 296 to 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table or items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 92437, 92455, 92456, 92457, 92458, 92459 or 92460 of the Telehealth Attendance Determination applies.
- (3) For items 82000, 82005, 82010 and 82030 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

Schedule 2 Allied health services

Part 5 Services and fees—complex neurodevelopmental disorder and disability services

Division 5.1 Provisions related to allied health complex neurodevelopmental disorder and disability services

Clause 5.1.3

services table or items 91824, 91825, 91826 or 91836 of the Telehealth Attendance Determination applies.

- (4) For items 82015, 82020, 82025 and 82035 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 item 92434 of the Telehealth Attendance Determination applies.
- (5) If a patient has previously been provided with a service mentioned in item 289, 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 to 308, 310, 312, 314, 316, 318 or 319 to 352 of the general medical services table or items 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 92437, 92455, 92456, 92457, 92458, 92459 or 92460 of the Telehealth Attendance Determination applies.
- (6) For items 82015, 82020, 82025 and 82035 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 item 92140 of the Telehealth Attendance Determination 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 of the Telehealth Attendance Determination, a consultant physician specialising in the practice of the consultant physician's field of paediatrics may only refer the patient for a service to which any of items 110 to 131 of the general medical services table or items 91824, 91825, 91826 or 91836 of the Telehealth Attendance Determination 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 of the Telehealth Attendance Determination, the medical practitioner cannot refer the patient for a service to which item 135 or 289 of the general medical services table or item 92140 or 92434 of the Telehealth Attendance Determination applies.

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

- (1) This clause applies to items 82000 to 82035.
- (2) For items 82000, 82005, 82010 and 82030 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 any of items 104 to 131, 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 of the Telehealth Attendance Determination applies.

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- (3) For items 82000, 82005, 82010 and 82030 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 item 91790, 91800, 91801, 91802, 91890, 91891 or 91894 of the Telehealth Attendance Determination applies.
 - (4) For items 82015, 82020, 82025 and 82035 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 item 92141 of the Telehealth Attendance Determination applies.
 - (5) For items 82015, 82020, 82025 and 82035 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 of the Telehealth Attendance Determination 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 of the Telehealth Attendance Determination, 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 of the Telehealth Attendance Determination applies.

5.1.4 Complex neurodevelopmental disorder and disability services course of assessment—reporting requirements

- (1) This clause applies to items 82000, 82005, 82010 and 82030.
- (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.

5.1.5 Limitations on case conference items for complex neurodevelopmental disorders and eligible disabilities

- (1) This clause applies to items 82001, 82002 and 82003.

Eligible patients

- (2) An item mentioned in subclause (1) only applies to a service if the patient:
 - (a) is a person under 25 years of age; and
 - (b) has been diagnosed with, or is suspected of having:
 - (i) a complex neurodevelopmental disorder; or
 - (ii) an eligible disability.

Additional requirements on the multidisciplinary case conference team

- (3) An item mentioned in subclause (1) only applies to a service if the patient requires ongoing care from a multidisciplinary case conference team which includes:
 - (a) if the patient has been diagnosed with, or is suspected of having:

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Part 5 Services and fees—complex neurodevelopmental disorder and disability services

Division 5.1 Provisions related to allied health complex neurodevelopmental disorder and disability services

Clause 5.1.6

- (i) a complex neurodevelopmental disorder, a consultant physician in the practice of the consultant physician's specialty of paediatrics or psychiatry; or
- (ii) an eligible disability, a specialist or consultant physician practising in their specialty, or a general practitioner.

Eligible allied health practitioners

- (4) For the purposes of the items mentioned in subclause (1), ***eligible allied health practitioner*** means:
- (a) an eligible Aboriginal health worker;
 - (b) an eligible Aboriginal and Torres Strait Islander health practitioner;
 - (c) an eligible psychologist;
 - (d) an eligible speech pathologist;
 - (e) an eligible occupational therapist;
 - (f) an eligible audiologist;
 - (g) an eligible optometrist;
 - (h) an eligible mental health nurse;
 - (i) an eligible mental health worker;
 - (j) an eligible orthoptist;
 - (k) an eligible physiotherapist;
 - (l) an eligible dietitian; or
 - (m) an eligible exercise physiologist.

5.1.6 Items in Group M10 for complex neurodevelopmental disorder and disability services

This clause sets out items in Group M10.

Group M10 – Complex neurodevelopmental disorder and disability services		
Item	Description	Fee (\$)
Subgroup 1 – Complex neurodevelopmental disorder and disability		
82000	<p>Psychology health service provided to a patient aged under 25 years by an eligible psychologist if:</p> <ul style="list-style-type: none"> (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"> (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 in person; and (c) the service is at least 50 minutes duration <p>Up to 4 services to which this item or any of items 82005, 82010, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day</p>	09.80
82005	<p>Speech pathology health service provided to a patient aged under 25 years by an eligible speech pathologist if:</p> <ul style="list-style-type: none"> (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"> (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 in person; and (c) the service is at least 50 minutes duration <p>Up to 4 services to which this item or any of items 82000, 82010, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day</p>	96.80
82010	<p>Occupational therapy health service provided to a patient aged under 25 years by an eligible occupational therapist if:</p> <ul style="list-style-type: none"> (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"> (i) assist the eligible medical practitioner with diagnostic formulation 	96.80

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Clause 5.1.6

Group M10 – Complex neurodevelopmental disorder and disability services		
Item	Description	Fee (\$)
	<p>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 in person; 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, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day</p>	
82015	<p>Psychology health service provided 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 in person; 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 82020, 82025, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day</p>	109.80
82020	<p>Speech pathology health service provided 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 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 in person; 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 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</p> <p>Up to 4 services to which this item or any of items 82015, 82025, 82035,</p>	96.80

Group M10 – Complex neurodevelopmental disorder and disability services		
Item	Description	Fee (\$)
	93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day	
82025	Occupational therapy health service provided 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 occupational therapist, if: <ul style="list-style-type: none"> (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 (b) the service is provided to the patient individually and in person; and (c) the service is at least 30 minutes duration; and (d) on the completion of the course of treatment, the eligible occupational therapist 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 Up to 4 services to which this item or any of items 82015, 82020, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day	96.80
82030	Audiology, dietetic, exercise physiology, optometry, orthoptic or physiotherapy health service provided to a patient aged under 25 years by an eligible audiologist, dietitian, exercise physiologist, optometrist, orthoptist or physiotherapist if: <ul style="list-style-type: none"> (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"> (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 in person; 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, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day	96.80
82035	Audiology, dietetic, exercise physiology, optometry, orthoptic or physiotherapy health service provided 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, optometrist, orthoptist or physiotherapist, if:	96.80

Schedule 2 Allied health services**Part 5** Services and fees—complex neurodevelopmental disorder and disability services**Division 5.1** Provisions related to allied health complex neurodevelopmental disorder and disability services

Clause 5.1.6

Group M10 – Complex neurodevelopmental disorder and disability services		
Item	Description	Fee (\$)
	(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	
	(b) the service is provided to the patient individually and in person; and	
	(c) the service is at least 30 minutes duration; and	
	(d) on the completion of the course of treatment, the eligible audiologist, dietitian, exercise physiologist, optometrist, orthoptist or physiotherapist 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	
	Up to 4 services to which this item or any of items 82015, 82020, 82025, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day	
Subgroup 2 – Complex neurodevelopmental disorder and disability case conference services		
82001	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which another item in this Group applies)	53.75
82002	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which another item in this Group applies)	92.20
82003	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a community case conference if the conference lasts for at least 40 minutes (other than a service associated with a service to which another item in this Group applies)	153.45

Part 6—Services and fees—Aboriginal and Torres Strait Islander services

Division 6.1 Aboriginal and Torres Strait Islander services

6.1.1 Limitations on items in Group M11

- (1) An item in Group M11 applies to a service only if:
- (a) the patient is referred to the eligible provider by a medical practitioner;
 - (b) the service is provided to the person individually and in person; and
 - (c) after the service, the allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (a):
 - (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.

6.1.2 Items in Group M11 for Aboriginal and Torres Strait Islander services

This clause sets out items in Group M11.

Group M11 – Allied health services for Aboriginal and Torres Strait Islander people		
Item	Description	Fee (\$)
81300	Aboriginal and Torres Strait Islander health service provided to a patient of Aboriginal or Torres Strait Islander descent by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if the service is of at least 20 minutes duration and: <ul style="list-style-type: none">(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or(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">(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 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;	68.55

Schedule 2 Allied health services**Part 6** Services and fees—Aboriginal and Torres Strait Islander services**Division 6.1** Aboriginal and Torres Strait Islander services

Clause 6.1.2

Group M11 – Allied health services for Aboriginal and Torres Strait Islander people

Item	Description	Fee (\$)
	to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	
81305	<p>Diabetes education health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible diabetes educator if the service is of at least 20 minutes duration and:</p> <p>(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or</p> <p>(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:</p> <p>(i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or</p> <p>(ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or</p> <p>(iii) a multidisciplinary care plan; and</p> <p>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;</p> <p>to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year</p>	68.55
81310	<p>Audiology health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible audiologist if the service is of at least 20 minutes duration and:</p> <p>(a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or</p> <p>(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:</p> <p>(i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or</p> <p>(ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or</p> <p>(iii) a multidisciplinary care plan; and</p> <p>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;</p> <p>to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year</p>	68.55

Group M11 – Allied health services for Aboriginal and Torres Strait Islander people		
Item	Description	Fee (\$)
81315	<p>Exercise physiology health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible exercise physiologist if the service is of at least 20 minutes duration and:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (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"> (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 <p>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;</p> <p>to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year</p>	68.55
81320	<p>Dietetics health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible dietitian if the service is of at least 20 minutes duration and:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (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"> (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 <p>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;</p> <p>to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year</p>	68.55
81325	<p>Mental health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible mental health worker if the service is of at least 20 minutes duration and:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and 	68.55

Schedule 2 Allied health services**Part 6** Services and fees—Aboriginal and Torres Strait Islander services**Division 6.1** Aboriginal and Torres Strait Islander services

Clause 6.1.2

Group M11 – Allied health services for Aboriginal and Torres Strait Islander people

Item	Description	Fee (\$)
	identified a need for follow-up allied health services; or (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: (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 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; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	
81330	Occupational therapy health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible occupational therapist if the service is of at least 20 minutes duration and: (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (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: (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 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; to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year	68.55

Group M11 – Allied health services for Aboriginal and Torres Strait Islander people		
Item	Description	Fee (\$)
81335	<p>Physiotherapy health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible physiotherapist if the service is of at least 20 minutes duration and:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (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"> (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 <p>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;</p> <p>to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year</p>	68.55
81340	<p>Podiatry health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible podiatrist if the service is of at least 20 minutes duration and:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (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"> (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 <p>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;</p> <p>to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year</p>	68.55

Schedule 2 Allied health services**Part 6** Services and fees—Aboriginal and Torres Strait Islander services**Division 6.1** Aboriginal and Torres Strait Islander services

Clause 6.1.2

Group M11 – Allied health services for Aboriginal and Torres Strait Islander people

Item	Description	Fee (\$)
81345	<p>Chiropractic health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible chiropractor if the service is of at least 20 minutes duration and:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (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"> (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 <p>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;</p> <p>to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year</p>	68.55
81350	<p>Osteopathy health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible osteopath if the service is of at least 20 minutes duration and:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (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"> (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 <p>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;</p> <p>to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year</p>	68.55

Group M11 – Allied health services for Aboriginal and Torres Strait Islander people		
Item	Description	Fee (\$)
81355	<p>Psychology health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible psychologist if the service is of at least 20 minutes duration and:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (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"> (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 <p>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;</p> <p>to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year</p>	68.55
81360	<p>Speech pathology health service provided to a patient who is of Aboriginal or Torres Strait Islander descent by an eligible speech pathologist if the service is of at least 20 minutes duration and:</p> <ul style="list-style-type: none"> (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or (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"> (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 <p>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;</p> <p>to a maximum of 10 services (including any services to which this item or any other item in this Group or Subgroup 1 of Group M3 or item 93000, 93013, 93048 or 93061 of the Telehealth Attendance Determination applies) in a calendar year</p>	68.55

Part 7—Services and fees—audiology services (diagnostic)

Division 7.1 – Provisions related to audiology services

7.1.1 Requests for diagnostic audiology services

- (1) This clause applies to items 82300 to 82332 (other than item 82301).
- (2) The request must be in writing and must contain:
 - (a) the date of the request; and
 - (b) the name of the eligible practitioner who requested the service and either the address of the practitioner’s place of practice or the provider number in respect of the practitioner’s place of practice; and
 - (c) a description of the service which provides sufficient information to identify the service as relating to a particular item mentioned in subclause (1) but need not specify the item number.
- (3) A request may be for the performance of more than one diagnostic audiology service making up a single audiological assessment but cannot be for more than one audiological assessment.

7.1.2 Items in Group M15 for diagnostic audiology services

This clause sets out items in Group M15.

Group M15 – Diagnostic audiology services		
Item	Description	Fee (\$)
82300	Audiology health service, consisting of brain stem evoked response audiometry, performed on a patient by an eligible audiologist if: <ol style="list-style-type: none">(a) the service is not for the purposes of programming either an auditory implant or the sound processors of an auditory implant; and(b) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and(c) the service is not performed for the purpose of a hearing screening; and(d) the service is performed on the patient individually and in person; and(e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and(f) a service to which item 11300 applies has not been performed on the patient on the same day	169.45
82301	Audiology health service, consisting of programming an auditory implant or the sound processor of an auditory implant, unilateral, performed on a patient	169.45

Group M15 – Diagnostic audiology services

Item	Description	Fee (\$)
	by an eligible audiologist if: (a) the service is performed on the patient individually and in person; and (b) a service to which item 11302, 11342 or 11345 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 82302 or item 82304 applies on the same day	
82306	Audiology health service, consisting of non-determinate audiometry performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (e) a service to which item 11306 applies has not been performed on the patient on the same day	19.25
82309	Audiology health service, consisting of an air conduction audiogram performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (e) a service to which item 11309 applies has not been performed on the patient on the same day	23.15
82312	Audiology health service, consisting of an air and bone conduction audiogram or air conduction and speech discrimination audiogram performed on a patient by an eligible audiologist if: (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and	32.75

Schedule 2 Allied health services
Part 7 Services and fees—audiology services (diagnostic)
Division 7.1 Provisions related to audiology services

Clause 7.1.2

Group M15 – Diagnostic audiology services

Item	Description	Fee (\$)
	(e) a service to which item 11312 applies has not been performed on the patient on the same day	
82315	Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram performed on a patient by an eligible audiologist if: <ul style="list-style-type: none"> (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (e) a service to which item 11315 applies has not been performed on the patient on the same day 	43.30
82318	Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram with other cochlear tests performed on a patient by an eligible audiologist if: <ul style="list-style-type: none"> (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (e) a service to which item 11318 applies has not been performed on the patient on the same day 	53.50
82324	Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed on a patient by an eligible audiologist if: <ul style="list-style-type: none"> (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and (b) the service is not performed for the purpose of a hearing screening; and (c) the service is performed on the patient individually and in person; and (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and (e) a service to which item 11324 applies has not been performed on the patient on the same day 	17.60

Group M15 – Diagnostic audiology services

Item	Description	Fee (\$)
82332	<p>Audiology health service, consisting of an oto-acoustic emission audiometry for the detection of outer hair cell functioning in the cochlea, performed by an eligible audiologist, when middle ear pathology has been excluded, if:</p> <p>(a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; and</p> <p>(b) the service is performed:</p> <p style="padding-left: 20px;">(i) on an infant or child who is at risk of permanent hearing impairment; or</p> <p style="padding-left: 20px;">(ii) on a patient who is at risk of oto-toxicity due to medications or medical intervention; or</p> <p style="padding-left: 20px;">(iii) on a patient at risk of noise induced hearing loss; or</p> <p style="padding-left: 20px;">(iv) to assist in the diagnosis of auditory neuropathy; and</p> <p>(c) the service is performed on the patient individually and in person; and</p> <p>(d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and</p> <p>(e) a service to which item 11332 applies has not been performed on the patient on the same day</p>	51.60

Part 8 – Services and Fees – eating disorders services

Division 8.1 – Provisions related to eating disorder services

8.1.1 Limitations on eating disorders items

- (1) For an item in Subgroup 2 of Group M16, 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 2 of Group M16 does not apply to a service providing a treatment to a patient under an eating disorder treatment and management plan if:
 - (a) the service is provided more than 12 months after the plan is prepared; or
 - (b) the patient has already been provided with 40 services under the plan; or
 - (c) the service is provided after the patient has already been provided with 10 services under the plan but before a recommendation by a reviewing practitioner is given that additional services should be provided under the plan; or
 - (d) the service is provided after the patient has already been provided with 20 services under the plan but before recommendations that additional services should be provided under the plan are given by each of the following:
 - (i) a medical practitioner (other than a specialist or consultant physician);
 - (ii) a consultant physician practising in the specialty of psychiatry or paediatrics; or
 - (e) the service is provided after the patient has already been provided with 30 services under the plan but before a recommendation is given by a reviewing practitioner that additional services should be provided.
- (3) A reviewing practitioner may recommend that additional services be provided under a plan only if:

- (a) the recommendation is made as part of a service to which an item in Subgroup 3 of Group A36 of the general medical services table or Subgroup 25 or 26 of Group A40 of the Telehealth Attendance Determination applies; and
 - (b) the service is provided:
 - (i) for the purposes of paragraph (2)(c)—after the patient has been provided with 10 services under the plan; and
 - (ii) for the purposes of paragraph (2)(d)—after the patient has been provided with 20 services under the plan; and
 - (iii) for the purposes of paragraph (2)(e)—after the patient has been provided with 30 services under the plan; and
 - (c) the practitioner records the recommendation in the patient's records.
- (4) For 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, 315, 371 and 372;
 - (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.
- (5) For any particular patient, an item in Subgroup 1 of Group M16 does 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.
- (6) For an item in Subgroup 2 of Group M16, 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.

8.1.2 Reporting requirement for eating disorders items

- (1) For an item in Group M16, 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 subclause (1) is to be provided:
 - (a) after the first service;
 - (b) as clinically required following subsequent services; and
 - (c) after the final service.

Clause 8.1.3

8.1.3 Referrals by medical practitioners for eating disorder allied health treatment services

- (1) This clause applies to items in Group M16.
- (2) For any particular patient, an item in Group M16 does 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 A36 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 of the Telehealth Attendance Determination 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 A36 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 A36 of the general medical services table or item 92170 to 92173 or 92176 to 92179 of the Telehealth Attendance Determination applies.

8.1.4 Limitation on individual video items for eating disorder services

- (1) This clause applies to items 82359, 82367, 82375 and 82383.
- (2) An item mentioned in subclause (1) does not apply to a service if the patient or the allied health professional has travelled to a place to satisfy the requirement that the patient be a distance of at least 15 km by road from the allied health professional.

8.1.5 Items in Group M16 for eating disorder services

This clause sets out items in Group M16.

Group M16 – Eating disorders services		
Item	Description	Fee (\$)
Subgroup 1 – Eating disorder dietitian services		
82350	Dietetics health service provided to an eligible patient by an eligible dietitian if: <ol style="list-style-type: none">(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 in person; and(c) the service is of at least 20 minutes in duration	68.55

Group M16 – Eating disorders services		
Item	Description	Fee (\$)
Subgroup 2 – Eating disorder psychological treatment services provided by eligible clinical psychologists		
82352	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms 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 in person; and (c) the service is at least 30 minutes but less than 50 minutes in duration	109.80
82354	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms 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 in person; and (c) the service is at least 30 minutes but less than 50 minutes in duration	137.25
82355	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms 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 in person; and (c) the service is at least 50 minutes in duration	161.20
82357	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms 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 in person; and (c) the service is at least 50 minutes in duration	188.60
82358	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients 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 in person; and (c) the service is at least 60 minutes in duration	40.90

Schedule 2 Allied health services
Part 8 Services and Fees – eating disorders services
Division 8.1 Provisions related to eating disorder services

Clause 8.1.5

Group M16 – Eating disorders services

Item	Description	Fee (\$)
82359	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible clinical psychologist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 60 minutes in duration	40.90
Subgroup 3 – Eating disorder psychological treatment services provided by eligible psychologists		
82360	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms 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 in person; and (c) the service is at least 20 minutes but less than 50 minutes in duration	77.85
82362	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms 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 in person; and (c) the service is at least 20 minutes but less than 50 minutes in duration	105.85
82363	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms 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 in person; and (c) the service is at least 50 minutes in duration	109.80
82365	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms 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 in person; and (c) the service is at least 50 minutes in duration	137.90
82366	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients 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 in person; and (c) the service is at least 60 minutes in duration	28.00

Group M16 – Eating disorders services		
Item	Description	Fee (\$)
82367	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible psychologist if: (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 60 minutes in duration	28.00
Subgroup 4 – Eating disorder psychological treatment services provided by eligible occupational therapists		
82368	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms 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 in person; and (c) the service is at least 20 minutes but less than 50 minutes in duration	68.55
82370	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms by an eligible occupational therapist if: (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (c) the service is provided to the patient individually and in person; and (d) the service is at least 20 minutes but less than 50 minutes in duration	96.55
82371	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms 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 in person; and (c) the service is at least 50 minutes in duration	96.80
82373	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms 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 in person; and (c) the service is at least 50 minutes in duration	124.75

Schedule 2 Allied health services
Part 8 Services and Fees – eating disorders services
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Clause 8.1.5

Group M16 – Eating disorders services

Item	Description	Fee (\$)
82374	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients 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 in person; and (c) the service is at least 60 minutes in duration	24.55
82375	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible occupational therapist if: (a) the service is recommended in the patient's eating disorder treatment and management plan; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 60 minutes in duration	24.55
Subgroup 5 – Eating disorder psychological treatment services provided by eligible social workers		
82376	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms 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 in person; and (c) the service is at least 20 minutes but less than 50 minutes in duration	68.55
82378	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms 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 in person; and (c) the service is at least 20 minutes but less than 50 minutes in duration	96.55
82379	Eating disorder psychological treatment service provided to an eligible patient in consulting rooms 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 in person; and (c) the service is at least 50 minutes in duration	96.80

Group M16 – Eating disorders services		
Item	Description	Fee (\$)
82381	Eating disorder psychological treatment service provided to an eligible patient at a place other than consulting rooms 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 in person; and (c) the service is at least 50 minutes in duration	124.75
82382	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients 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 in person; and (c) the service is at least 60 minutes in duration	24.55
82383	Eating disorder psychological treatment service provided to an eligible patient as part of a group of 6 to 10 patients by an eligible social worker if: (a) the service is recommended in the patient’s eating disorder treatment and management plan; and (b) the attendance is by video conference; and (c) the patient is located within a telehealth eligible area; and (d) the patient is, at the time of the attendance, at least 15 kilometres by road from the clinical psychologist; and (e) the service is at least 60 minutes in duration	24.55

Endnotes

Endnote 1—About the endnotes

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	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	reloc = relocated
ed = editorial change	renum = renumbered
exp = expires/expired or ceases/ceased to have effect	rep = repealed
F = Federal Register of Legislation	rs = repealed and substituted
gaz = gazette	s = section(s)/subsection(s)
LA = <i>Legislation Act 2003</i>	Sch = Schedule(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sdiv = Subdivision(s)
(md) = misdescribed amendment can be given effect	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnotes

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Section 3C General Medical Services – Allied Health Services) Determination 2024	31 Jan 2024 (F2024L00111)	1 Mar 2024 (s 2(1) item 1)	
Health Insurance (Section 3C General Medical Services – Allied Health Services) Amendment (No. 1) Determination 2024	16 Feb 2024 (F2024L00177)	1 Mar 2024 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2024 Measures No. 2) Determination 2024	21 May 2024 (F2024L00558)	Sch 1 (item 1) and Sch 4: 1 July 2024 (s 2(1) items 2, 3)	—
Health Insurance (Section 3C General Medical Services – Allied Health Services) Amendment (Clinically Relevant Service) Determination 2024	3 Dec 2024 (F2024L01564)	1 Jan 2025 (s 2(1) item 1)	—
Health Insurance Legislative Amendment (2025 Measures No. 1) Determination 2025	4 Feb 2025 (F2025L00079)	1 Mar 2025 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Allied Health Services) Amendment (Eligible Providers) Determination 2025	17 Apr 2025 (F2025L00514)	Sch 1 (items 1-13): 1 July 2025 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Indexation) Determination 2025	6 May 2025 (F2025L00554)	Sch 1 (item 12): 1 July 2025 (s 2(1) item 1)	—
Health Insurance (Section 3C General Medical Services – Allied Health Services) Amendment (Chronic Condition Management) Determination 2025	30 May 2025 (F2025L00620)	1 July 2025 (s 2(1) item 1)	—

Endnote 4—Amendment history

Endnote 4—Amendment history

Provision affected	How affected
s 2.....	rep LA s 48D
s 4.....	am F2024L00558; F2024L01564; F2025L00079; F2025L00514; F2025L00620
s 11.....	ad F2024L00558
	am F2025L00554
s 12.....	ad F2025L00620
Schedule 2	
Part 1	
Division 1.1	
c 1.1.1	am F2025L00079; F2025L00620
c 1.1.2	am F2024L00558; F2025L00620
Group M3 table.....	am F2024L00177; F2025L00079; F2025L00620
Part 2	
Division 2.1	
c 2.1.1	am F2025L00079
c 2.1.3	am F2025L00079
c 2.1.5	am F2025L00079
Part 3	
Division 3.1	
Group M8 table.....	am F2025L00079
Part 4	
Division 4.1	
Group M9 table.....	am F2025L00079; F2025L00620
Division 4.2	
Group M9 table.....	am F2025L00079; F2025L00620
Division 4.3	
Group M9 table.....	am F2025L00079; F2025L00620
Part 5	
Division 5.1	
c 5.1.1	am F2025L00079
c 5.1.2	am F2025L00079
c 5.1.3	am F2025L00079
c 5.1.5	am F2025L00514
Group M10 table.....	am F2025L00514
Part 6	
Division 6.1	
c 6.1.1	am F2025L00620

Endnotes

Endnote 4—Amendment history

Provision affected	How affected
Group M11 table.....	am F2025L00079; F2025L00620
Part 8	
Division 8.1	
c 8.1.1	am F2025L00079
c 8.1.3	am F2025L00079
c 8.1.4	am F2025L00079
Group M16 table.....	am F2024L00177
Schedule 3.....	rep LA s 48C