



Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (No. 1) Determination 2024

I, Imogen Colton, delegate of the Minister for Health and Aged Care, make the following Determination.

Dated 24 January 2024

Imogen Colton
A/g Assistant Secretary
MBS Policy and Reviews Branch
Medicare Benefits and Digital Health Division
Health Resourcing Group
Department of Health and Aged Care

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1 Name

This instrument is the *Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Amendment (No. 1) Determination 2024*.

2 Commencement

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

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. Section 1 to 4 and anything in this instrument not elsewhere covered by this table	The day after this instrument is registered.	
2. Schedule 1 and 2	1 March 2024.	
3. Schedule 3	Immediately after the registration of the <i>Health Insurance (Section 3C General Medical Services – Allied Health Services) Determination 2024</i> .	

Note: This table relates only to the provisions of this instrument as originally made.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

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

3 Authority

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

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021

1 Paragraph 1.1.10(2)(b) of Schedule 1

Omit “791”, substitute “792”.

2 Schedule 1 (cell at item 92024, column 2)

Omit “340”, substitute “240”.

3 After clause 3.1.9

Insert:

3.1.10 Application of items 93000 and 93013

- (1) Item 93000 or 93013 does not apply to a service if the patient has already been provided 10 services to which item 93000, 93013, 93048 or 93061 or any item in Subgroup 1 of Group M3 or any item in Group M11 of the Allied Health Determination applies in the same calendar year.

4 Schedule 3 (cell at item 93048, column 2)

Omit and substitute:

Telehealth attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if:

- (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
- (b) the patient has:
 - (i) a chronic condition; and
 - (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient’s medical practitioner has contributed to a multidisciplinary care plan; and
 - (iii) the service is recommended in the patient’s Team Care Arrangements or multidisciplinary care plan as part of the management of the patient’s chronic condition and complex care needs; and
- (c) the person is referred to the eligible allied health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and
- (d) the service is provided to the person individually; and
- (e) the service is of at least 20 minutes duration; and
- (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b):
 - (i) if the service is the only service under the referral—in relation to that service; or
 - (ii) if the service is the first or the last service under the referral—in relation to that service; or

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- (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters;

to a maximum of 10 services (including any services to which this item or 93000, 93013 or 93061 or any item in Subgroup 1 of Group M3 or any item in Group M11 of the Allied Health Determination applies) in a calendar year

5 Schedule 3 (item 93061, column 2)

Repeal and replace:

Phone attendance provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible allied health practitioner if:

- (a) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
- (b) the patient has
 - (i) a chronic condition; and
 - (ii) complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under both a GP Management Plan and Team Care Arrangements or, if the patient is a resident of an aged care facility, the patient's medical practitioner has contributed to a multidisciplinary care plan; and
 - (iii) the service is recommended in the patient's Team Care Arrangements or multidisciplinary care plan as part of the management of the patient's chronic condition and complex care needs; and
- (c) the person is referred to the eligible allied health practitioner by a medical practitioner using a referral form issued by the Department or a referral form that contains all the components of the form issued by the Department; and
- (d) the service is provided to the person individually; and
- (e) the service is of at least 20 minutes duration; and
- (f) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner mentioned in paragraph (b):
 - (i) if the service is the only service under the referral—in relation to that service; or
 - (ii) if the service is the first or the last service under the referral—in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters;

to a maximum of 10 services (including any services to which this item or item 93000, 93013, 93048 or any item in Subgroup 1 of Group M3 or any item in Group M11 of the Allied Health Determination applies) in a calendar year

Schedule 2—Psychiatry services

Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021

1 Subsection 7(1)

Repeal the subsection, substitute:

- (1) An item in a Schedule does not apply to a service mentioned in the item if the service is provided to a patient, or in relation to a patient, who is an admitted patient.

2 Subsection 7(1A)

Repeal the subsection, substitute:

- (1A) Subsection (1) does not apply to item 91874, 91875, 91876, 91877 or 91878 of Schedule 2 of this Determination.

3 Schedule 2 (item 91827, column 2, paragraph (b))

Repeal the paragraph, substitute:

- (b) the attendance was not more than 15 minutes in duration;
if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91828 to 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year

4 Schedule 2 (item 91828, column 2, paragraph (b))

Repeal the paragraph, substitute:

- (b) the attendance was at least 15 minutes, but not more than 30 minutes in duration;
if that attendance and another attendance to which item 296, 297, 299, or any of items 300, 302, 304, 306 to 308, 91827, 91829 to 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year

5 Schedule 2 (item 91829, column 2, paragraph (b))

Repeal the paragraph, substitute:

- (b) the attendance was at least 30 minutes, but not more than 45 minutes in duration;
if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827, 91828, 91830, 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year

6 Schedule 2 (item 91830, column 2, paragraph (b))

Repeal the paragraph, substitute:

- (b) the attendance was at least 45 minutes, but not more than 75 minutes in duration;

if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91829, 91831, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year

7 Schedule 2 (item 91831, column 2 after paragraph (b))

Repeal the paragraph, substitute:

(b) the attendance was at least 75 minutes in duration;

if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91830, 91837 to 91839 and 92437 applies have not exceeded 50 attendances in a calendar year

8 Schedule 2 (item 91837, column 2)

After “single course of treatment”, insert “, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91831, 91838, 91839 and 92437 applies have not exceeded 50 attendances in a calendar year”

9 Schedule 2 (item 91838, column 2)

After “single course of treatment”, insert “, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91831, 91837, 91839 and 92437 applies have not exceeded 50 attendances in a calendar year”

10 Schedule 2 (item 91839, column 2)

After “single course of treatment”, insert “, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306 to 308, 91827 to 91831, 91837, 91838 and 92437 applies have not exceeded 50 attendances in a calendar year”

11 Schedule 2 (after 91831)

Insert:

91868	Telehealth attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of not more than 15 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91869, 91870, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	24.10
91869	Telehealth attendance by a consultant physician in the practice of the consultant physician’s specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 15 minutes but not more than 30 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91870, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	48.40

91870	Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 30 minutes but not more than 45 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	74.55
91871	Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 45 minutes but not more than 75 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	102.70
91872	Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 75 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91871, 91873, or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient	119.10
91873	Telehealth attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the psychiatrist by a referring practitioner, where the formulation of the patient's clinical presentation indicates intensive psychotherapy is a clinically appropriate and indicated treatment, if that attendance and another attendance to which any of items 296, 297, 299 or any of items 300, 302, 304, 306, 308, 319, 92437, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91871, 91872 or 91879 to 91881 applies has not exceeded 160 attendances in a calendar year for the patient	205.20
91874	Telehealth attendance involving an interview, lasting not more than 15 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner for the purposes of: (a) initial diagnostic evaluation; or (b) continuing management of the patient; if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91875, 91876, 91877, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient	48.40
91875	Telehealth attendance involving an interview, lasting more than 15 minutes but not more than 30 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of	96.60

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

12 Schedule 2 (after 91839)

Insert:

91879	<p>Phone attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of not more than 15 minutes in duration, if that attendance and another attendance to which 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91880, 91881 or 92437 applies exceed 50 attendances in a calendar year for the patient</p>	24.10
91880	<p>Phone attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the</p>	48.40

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

13 Schedule 2 (cell at item 92435, column 2)

Repeal the cell, substitute:

Telehealth attendance lasting more than 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if:

- (a) the attendance follows referral of the patient to the consultant, by a medical practitioner in general practice (including a general practitioner, but not a specialist or consultant physician) or a participating nurse practitioner for an assessment or management; and
- (b) during the attendance, the consultant:
 - (i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and
 - (ii) carries out a mental state examination; and
 - (iii) undertakes a comprehensive diagnostic assessment; and
- (c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing management by the consultant and
- (d) within 2 weeks after the attendance, the consultant prepares and gives the referring practitioner a written report, which includes:
 - (i) a comprehensive diagnostic assessment of the patient; and
 - (ii) a management plan for the patient for the next 12 months for the patient that comprehensively evaluates the patient's biopsychosocial factors and makes recommendations to the referring practitioner to manage the patient's ongoing care in a biopsychosocial model; and
- (e) if clinically appropriate, the consultant explains the diagnostic assessment and management plan, and gives a copy, to:
 - (i) the patient; and
 - (ii) the patient's carer (if any), if the patient agrees; and
- (f) in the preceding 12 months, a service to which this item or item 291 of the general medical services table applies has not been provided

14 Schedule 2 (cell at item 92436, column 2)

Repeal the cell, substitute:

Telehealth attendance lasting more than 30 minutes, but not more than 45 minutes, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if:

- (a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291 or 92435; and
- (b) the attendance follows referral of the patient to the consultant, by the medical practitioner or participating nurse practitioner managing the patient, for review of the management plan and the associated comprehensive diagnostic assessment; and
- (c) during the attendance, the consultant:

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

15 Schedule 2 (item 92437, column 2, paragraph (b))

Repeal the paragraph, substitute:

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

16 Schedule 2 (item 92458)

Repeal the item.

17 Schedule 2 (item 92459)

Repeal the item.

18 Schedule 2 (item 92460)

Repeal the item.

Schedule 3—Consequential amendments

1 Subsection 5(1) (definition of *Allied Health Determination*)

Omit “*Health Insurance (Allied Health Services) Determination 2014*”, substitute “*Health Insurance (Section 3C General Medical Services – Allied Health Services) Determination 2024*”.

2 Schedule 3 (cell at item 93000, column 2)

Omit “Part 1 of the Schedule to”, substitute “Subgroup 1 of Group M3 of”.

3 Schedule 3 (cell at item 93013, column 2)

Omit “Part 1 of the Schedule to”, substitute “Subgroup 1 of Group M3 of”.