



Health Insurance Legislation Amendment (2024 Measures No. 4) Regulations 2024

I, the Honourable Sam Mostyn AC, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following regulations.

Dated 26 September 2024

Sam Mostyn AC
Governor-General

By Her Excellency's Command

Mark Butler
Minister for Health and Aged Care

Contents

1	Name	1
2	Commencement.....	1
3	Authority	1
4	Schedules.....	1
Schedule 1—Diagnostic imaging services		2
<i>Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020</i>		2
Schedule 2—General medical services		6
<i>Health Insurance (General Medical Services Table) Regulations 2021</i>		6
Schedule 3—Pathology services		10
<i>Health Insurance (Pathology Services Table) Regulations 2020</i>		10
Schedule 4—Health Insurance Regulations 2018		12
<i>Health Insurance Regulations 2018</i>		12

1 Name

This instrument is the *Health Insurance Legislation Amendment (2024 Measures No. 4) Regulations 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.

i

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	1 November 2024.	1 November 2024

Note: This table relates only to the provisions of this instrument as originally made.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 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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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—Diagnostic imaging services

Health Insurance (Diagnostic Imaging Services Table) Regulations (No. 2) 2020

1 Schedule 1 (after item 61612)

Insert:

61614	Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent cancer in a patient who is undergoing, or is suitable for, active therapy, if the cancer is:	953.00
	(a) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and	
	(b) a typically FDG-avid cancer (R)	

2 Schedule 1 (cell at item 63476, column 2)

Repeal the cell, substitute:

MRI—scan of the pelvis for the initial staging, restaging or follow up of rectal cancer, if:

- (a) a high resolution T2 technique is used; and
- (b) the request for the scan identifies that the indication is for:
 - (i) the initial staging of rectal cancer (including cancer of the rectosigmoid and anorectum); or
 - (ii) the initial assessment of response to chemotherapy or chemoradiotherapy; or
 - (iii) the assessment of possible recurrent tumour after complete response to neoadjuvant therapy, within an active surveillance program; or
 - (iv) the assessment of recurrent disease prior to treatment planning

(R) (Anaes.) (Contrast)

3 Amendments of listed provisions—Group I2

The items of Schedule 1 listed in the following table are amended as set out in the table.

Amendments relating to fees—amendments of Group I2			
Item	Item of Schedule 1	Omit	Substitute
1	56001	198.00	214.35
2	56007	253.75	274.75
3	56010	255.90	277.05
4	56013	253.75	274.75
5	56016	294.35	318.65
6	56022	228.35	247.25
7	56028	341.85	370.05
8	56030	228.35	247.25

Amendments relating to fees—amendments of Group I2

Item	Item of Schedule 1	Omit	Substitute
9	56036	341.85	370.05
10	56101	233.45	252.70
11	56107	345.10	373.60
12	56219	331.10	358.45
13	56220	243.60	263.75
14	56221	243.60	263.75
15	56223	243.60	263.75
16	56224	356.65	386.05
17	56225	356.65	386.05
18	56226	356.65	386.05
19	56233	243.60	263.75
20	56234	356.65	386.05
21	56237	243.60	263.75
22	56238	356.65	386.05
23	56301	299.40	324.20
24	56307	406.00	439.55
25	56401	253.75	274.75
26	56407	365.40	395.65
27	56409	253.75	274.75
28	56412	365.40	395.65
29	56501	390.75	422.95
30	56507	487.25	527.55
31	56553	527.80	571.40
32	56620	223.30	241.75
33	56622	223.30	241.75
34	56623	339.65	367.75
35	56626	339.65	367.75
36	56627	223.30	241.75
37	56628	339.65	367.75
38	56629	223.30	241.75
39	56630	339.65	367.75
40	56801	473.55	512.70
41	56807	568.40	615.40
42	57001	473.65	512.80
43	57007	576.25	623.85
44	57201	157.55	170.55
45	57341	477.05	516.45
46	57352	517.65	560.40
47	57353	517.65	560.40
48	57354	517.65	560.40
49	57357	517.65	560.40
50	57360	710.50	769.15

Amendments relating to fees—amendments of Group I2

Item	Item of Schedule 1	Omit	Substitute
51	57364	710.50	769.15
52	57362	114.85	124.35

4 Amendments of listed provisions—Subgroup 1 of Group I4

The items of Schedule 1 listed in the following table are amended as set out in the table.

Amendments relating to fees—amendments of Subgroup 1 of Group I4

Item	Item of Schedule 1	Omit	Substitute
1	61310	367.30	380.15
2	61313	303.35	313.95
3	61314	420.00	434.70
4	61321	329.00	340.50
5	61324	653.05	675.90
6	61325	329.00	340.50
7	61328	227.65	235.60
8	61329	982.05	1,016.40
9	61340	253.00	261.85
10	61345	982.05	1,016.40
11	61348	443.35	458.85
12	61349	982.05	1,016.40
13	61353	386.60	400.15
14	61356	392.80	406.55
15	61357	653.05	675.90
16	61360	403.35	417.45
17	61361	461.40	477.55
18	61364	496.95	514.35
19	61368	223.10	230.90
20	61369	2,015.75	2,086.30
21	61372	223.10	230.90
22	61373	489.70	506.85
23	61376	143.35	148.35
24	61381	574.35	594.45
25	61383	624.95	646.80
26	61384	687.70	711.75
27	61386	332.50	344.15
28	61387	430.75	445.85
29	61389	370.55	383.50
30	61390	409.95	424.30
31	61393	605.50	626.70
32	61394	653.05	675.90
33	61397	246.85	255.50

Amendments relating to fees—amendments of Subgroup 1 of Group I4			
Item	Item of Schedule 1	Omit	Substitute
34	61398	982.05	1,016.40
35	61402	605.05	626.25
36	61406	982.05	1,016.40
37	61409	873.50	904.05
38	61410	982.05	1,016.40
39	61413	225.95	233.85
40	61414	653.05	675.90
41	61421	479.80	496.60
42	61425	600.70	621.70
43	61426	554.80	574.20
44	61429	543.00	562.00
45	61430	659.45	682.55
46	61433	496.95	514.35
47	61434	615.40	636.95
48	61438	672.95	696.50
49	61441	489.70	506.85
50	61442	752.35	778.70
51	61445	286.80	296.85
52	61446	333.55	345.20
53	61449	456.20	472.15
54	61450	397.55	411.45
55	61453	514.70	532.70
56	61454	348.10	360.30
57	61457	470.45	486.90
58	61461	527.85	546.30
59	61462	129.00	133.50
60	61466	4,690.90	4,855.10
61	61469	348.10	360.30
62	61473	175.40	181.55
63	61480	386.85	400.40
64	61485	3,364.00	3,481.75
65	61495	223.10	230.90
66	61499	253.00	261.85
67	61650	878.70	909.45

Schedule 2—General medical services

Health Insurance (General Medical Services Table) Regulations 2021

1 Subparagraph 1.1.5(1)(b)(i) of Schedule 1

Omit “735 to 758”, substitute “735, 739, 743, 747, 750, 758”.

2 At the end of clause 1.2.9 of Schedule 1

Add:

Note: Paragraph (h) does not apply to a service to which item 22002 applies.

3 Schedule 1 (items 231 and 232, column 2)

Omit “235 to 240 and 735 to 758”, substitute “235 to 240, 735, 739, 743, 747, 750 or 758”.

4 Schedule 1 (items 296, 297 and 299, column 2)

Omit “91839 and 92437”, substitute “91839, 92437 and 92478 to 92483”.

5 Schedule 1 (items 729 and 731, column 2)

Omit “items 735 to 758 apply”, substitute “item 735, 739, 743, 747, 750 or 758 applies”.

6 Subclauses 2.22.1(3) and (4) of Schedule 1

Omit “729”, substitute “792”.

7 Schedule 1 (item 90300, column 2, paragraphs (a) and (b))

Repeal the paragraphs, substitute:

(a) the service is:

- (i) performed in conjunction with a service (the *lead extraction service*) to which item 38358 applies; or
- (ii) performed in conjunction with a service (the *leadless pacemaker extraction service*) to which item 38373 or 38374 applies; or
- (iii) performed in conjunction with a service (the *TAVI intermediate or low surgical risk service*) to which item 38514 or 38522 applies; and

(b) the surgeon:

- (i) is providing surgical backup for the provider (who is not a cardiothoracic surgeon) who is performing the lead extraction service, the leadless pacemaker extraction service or the TAVI intermediate or low surgical risk service; and
- (ii) is present for the duration of the lead extraction service, the leadless pacemaker extraction service or the TAVI intermediate or low surgical risk service, other than during the low risk pre and post extraction or transcatheter aortic valve implantation phases; and
- (iii) is able to immediately scrub in and perform a thoracotomy if major complications occur

8 Clause 5.3.1 of Schedule 1

Repeal the clause.

9 Schedule 1 (items 15906 and 15908, column 2, subparagraph (b)(ii))

Omit “(which must include multi-leaf collimator-based shaping to achieve target dose conformity and organs at risk avoidance or dose management or reduction)”.

10 Schedule 1 (items 15912, 15916 and 15922, column 2, paragraph (a))

After “plan”, insert “at a level that is equivalent to or higher than that”.

11 Schedule 1 (items 15930, 15932, 15934 and 15936, column 2)

Omit “Applicable once per plan per day”.

12 Schedule 1 (item 15938, column 2, paragraph (b))

After “plan”, insert “at a level that is equivalent to or higher than that”.

13 Schedule 1 (item 15938, column 2)

Omit “Applicable once per plan per day”.

14 Schedule 1 (item 15940, column 2, paragraph (b))

After “plan”, insert “at a level that is equivalent to or higher than that”.

15 Schedule 1 (item 15940, column 2)

Omit “Applicable once per plan per day”.

16 Schedule 1 (item 15942, column, paragraph (b))

After “plan”, insert “at a level that is equivalent to or higher than that”.

17 Schedule 1 (item 15942, column 2)

Omit “Applicable once per day”.

18 Schedule 1 (item 15944, column 2, paragraph (b))

After “plan”, insert “at a level that is equivalent to or higher than that”.

19 Schedule 1 (item 15944, column 2)

Omit “Applicable once per day”.

20 Schedule 1 (item 15946, column 2)

Omit “Applicable once per plan per day”.

21 Schedule 1 (item 15948, column 2)

Omit “Applicable once per day”.

22 Schedule 1 (item 15952, column 2)

Omit “, other than a service to which item 15954 applies”.

23 Schedule 1 (item 15954)

Repeal the item, substitute:

15954	Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to each additional anatomical site following delivery to one anatomical site treated under item 15952 (excluding orbital structures where there is placement of an internal eye shield)	22.00
-------	---	-------

24 Schedule 1 (item 15960, column 2)

Omit “to treat intracavitary, intraoral or intranasal site,”.

25 Schedule 1 (items 15970, 15972, 15974, 15976, 15978 and 15980, column 2)

Omit “Applicable once per course of treatment”.

26 After clause 5.9.4 of Schedule 1

Insert:

5.9.4A Interaction of item 22002 with paragraph 1.2.9(h)

Paragraph 1.2.9(h) does not apply in relation to a service to which item 22002 applies.

27 Schedule 1 (cell at item 22002, column 2)

Repeal the cell, substitute:

Administration of blood or bone marrow, when performed in association with the management of anaesthesia (H)

28 Schedule 1 (after item 31225)

Insert:

31227	Tumour, lipoma or cyst, removal of single lesion by excision and suture, where removal is from subcutaneous tissue and the specimen excised is sent for histological examination (Anaes.)	152.60
-------	---	--------

29 Schedule 1 (item 32135, column 2)

After “sclerotherapy”, insert “or topical energy therapies”.

30 Schedule 1 (item 32139, column 2)

Omit “haemorrhoids involving third-degree or fourth-degree haemorrhoids”, substitute “symptomatic haemorrhoids”.

31 Schedule 1 (cell at item 35401, column 2)

Repeal the cell, substitute:

Vertebroplasty, for one or more fractures in one or more vertebrae, for the treatment of a painful osteoporotic thoracolumbar vertebral compression fracture of the thoracolumbar spinal segment (T11, T12, L1 or L2), if:

- (a) the service is performed by a specialist or consultant physician practising in the specialist’s or consultant physician’s speciality of diagnostic radiology, neurosurgery, neurology or orthopaedic surgery; and
- (b) the specialist or consultant physician has undertaken appropriate training in the vertebroplasty procedure; and
- (c) pain is severe (numeric rated pain score greater than or equal to 7 out of 10); and
- (d) the symptoms are poorly controlled by opiate therapy; and
- (e) the severe pain duration is 3 weeks or less; and
- (f) there is MRI (or SPECT-CT if MRI unavailable) evidence of acute vertebral fracture

Applicable only once for the same fracture, but is applicable for a new fracture of the same vertebra or vertebrae (H) (Anaes.)

32 Schedule 1 (item 45614, column 2)

Omit “(H)”.

33 Clause 7.1.1 of Schedule 1 (definitions of *amount under clause 5.3.1, completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus and completes the minimum requirements of the Asthma Cycle of Care*)

Repeal the definitions.

Schedule 3—Pathology services

Health Insurance (Pathology Services Table) Regulations 2020

1 Schedule 1 (after item 66828)

Insert:

66829	Quantitation of BNP or NT-proBNP for the exclusion of a diagnosis of heart failure in a patient presenting in a non-hospital setting to assist in decision-making regarding the clinical necessity of an echocardiogram, where heart failure is suspected based on signs and symptoms but diagnosis is uncertain	58.50
	Applicable once in any 12 month period	

2 Schedule 1 (item 73343, column 2)

Omit “by fluorescence in situ hybridisation or genome wide micro-array”.

3 Schedule 1 (item 73410, column 2, subparagraph (c)(i))

Omit “thalassemia”, substitute “thalassaemia”.

4 Schedule 1 (at the end of the cell at item 73420, column 2)

Add “, if the patient has not been previously alloimmunised against RhD”.

5 Schedule 1 (cell at item 73420, column 3)

Repeal the cell, substitute:

150.40

6 Schedule 1 (cell at item 73421, column 2)

Repeal the cell, substitute:

Non-invasive prenatal testing of blood from an RhD negative pregnant patient for the detection of the RHD gene from fetal DNA circulating in maternal blood, if the patient has been previously alloimmunised against RhD

7 Schedule 1 (item 73422, column 2)

Omit “detected”, substitute “detectable”.

8 Schedule 1 (item 73424, column 2)

Omit “73422”, substitute “73422, 73434 or 73435”.

9 Schedule 1 (item 73429, column 2)

Omit “single gene panel”, substitute “gene panel”.

10 Schedule 1 (item 73434, column 2, paragraph (a))

Repeal the paragraph, substitute:

- (a) a patient with a suspected neuromuscular disorder, being a neuromuscular disorder with signs and symptoms associated with variants that are not detectable by massively parallel sequencing;

11 Schedule 1 (item 73441, column 2, paragraph (b))

Omit “bilateral”.

12 Schedule 1 (cell at item 73451, column 2)

Repeal the cell, substitute:

Testing of a patient (who is pregnant or planning pregnancy) to identify carrier status for pathogenic or likely pathogenic variants in a gene mentioned in paragraph (a), (b) or (c), to determine:

- (a) for the cystic fibrosis transmembrane conductance regulator (CFTR) gene—reproductive risk of cystic fibrosis;
- (b) for the survival motor neuron 1 (SMN1) gene—reproductive risk of spinal muscular atrophy;
- (c) for the fragile X mental retardation 1 (FMR1) gene—reproductive risk of fragile X syndrome;

(other than a service associated with a service to which item 73300, 73305, 73345, 73346, 73347, 73348, 73349 or 73350 applies)

One test per lifetime

Schedule 4—Health Insurance Regulations 2018

Health Insurance Regulations 2018

1 Section 4 (definition of *hospital-authorised medical practitioner*)

Repeal the definition.

2 Section 4 (definition of *obstetric medical practitioner*)

Repeal the definition.

3 Divisions 1 and 2 of Part 2

Repeal the Divisions.

4 Section 44 (table item 1, column 2)

Omit “55036, 55066, 55070, 55071, 55076, 55600,”, substitute “55036, 55065, 55066, 55070, 55071, 55076, 55600, 55700, 55704,”.