

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

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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.

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| 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Note: This table relates only to the provisions of this instrument as originally made.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 Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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:(a) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and(b) a typically FDG‑avid cancer (R) | 953.00 |

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 |
| 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 |
| 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 |
| 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 fractureApplicable 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 uncertainApplicable once in any 12 month period | 58.50 |

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,”.