



Health Insurance Legislation Amendment (2025 Measures No. 4) Determination 2025

I, Louise Riley, delegate for the Minister for Health and Ageing, make the following determination.

Dated 12 September 2025

Louise Riley
Assistant Secretary
MBS Policy and Reviews Branch
Medicare Benefits and Digital Health Division
Health Resourcing Group
Department of Health, Disability and Ageing

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1 Name

This instrument is the *Health Insurance Legislation Amendment (2025 Measures No. 4) Determination 2025*.

2 Commencement

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

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	Immediately after the commencement of the <i>Health Insurance Legislation Amendment (2025 Measures No. 3) Regulations 2025</i> .	1 November 2025

Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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

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

1 Subsection 4(1)

Insert:

MyMedicare has the meaning given in clause 7.1.1 of the general medical services table.

2 Section 12

Repeal the section, substitute:

12 Referral requirements for allied health and other primary health care 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.
- (1A) This section applies to a referral prepared on or after 1 November 2025 for a service to which an item in Group M6 or Subgroup 1 of Group M7 applies.

General

- (2) Subject to subsection (5), the following particulars are prescribed for the purposes of a referral mentioned in subsection (1) and (1A):
 - (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) and (1A) must be:
 - (a) in writing;
 - (b) signed by the referring practitioner; and
 - (c) dated.
- (4) A referral mentioned in subsection (1) and (1A) 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:
 - (i) the person making the referral; or
 - (ii) for the purposes of items in Group M6 or Subgroup 1 of Group M7:
 - (A) a general practitioner or a prescribed medical practitioner who has referred the patient as part of a GP Mental Health Treatment Plan or psychiatrist assessment and management plan, at the general practice in which the patient is enrolled in MyMedicare; or

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- (B) regardless of whether the patient is enrolled in MyMedicare, by the patient's usual medical practitioner, who has referred the patient as part of a GP Mental Health Treatment Plan or psychiatrist assessment and management plan, or
 - (C) a specialist or consultant physician specialising in the practice of their field of psychiatry; or
 - (D) a specialist or consultant physician specialising in the practice of their field of paediatrics; and
- (b) ***treating practitioner*** means the person performing the service to which the patient is referred; and

Note: For the purposes of this subsection, ***usual medical practitioner*** has the meaning given by clause 7.1.1 of the general medical services table.

Lost referrals

- (6) If a service mentioned in an item in subsection (1) and (1A) 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.
- (7A) For the purposes of a referral for a service to which an item in Group M6 or Subgroup 1 of Group M7 applies, the referral is valid until the end of the number of sessions in the course of treatment the referring practitioner recommends up to the maximum session limit for each course of treatment.

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

3 Subsection 5(1) (definition of MyMedicare)

Omit "clause 3.2.1", substitute "clause 7.1.1".

4 Section 9

Repeal the section, substitute:

9 Referral requirements for allied health and other primary health care services

- (1) This section applies to a referral prepared on or after 1 July 2025 for a service to which an item in Subgroup 11, 12, 13, 14, 15, 17, 18, 25 or 26 of Group M18 applies.
- (1A) This section applies to a referral prepared on or after 1 November 2025 for a service to which an item in Subgroup 1, 2, 3, 4, 6, 7, 8 and 9 of Group M18 applies.

General

- (2) Subject to subsection (5), the following particulars are prescribed for the purposes of a referral mentioned in subsection (1) and (1A):
- (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) and (1A) must be:
- (a) in writing;
 - (b) signed by the referring practitioner; and
 - (c) dated.
- (4) A referral mentioned in subsection (1) and (1A) 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:
 - (i) the person making the referral; or
 - (ii) for the purposes of items in Subgroup 1, 2, 3, 4, 6, 7, 8 and 9 of Group M18:
 - (A) a general practitioner or a prescribed medical practitioner who has referred the patient as part of a GP Mental Health Treatment Plan or psychiatrist assessment and management plan, at the general practice in which the patient is enrolled in MyMedicare; or
 - (B) regardless of whether the patient is enrolled in MyMedicare, by the patient's usual medical practitioner who has referred the patient as part of a GP Mental Health Treatment Plan or psychiatrist assessment and management plan; or
 - (C) a specialist or consultant physician specialising in the practice of their field of psychiatry; or
 - (D) a specialist or consultant physician specialising in the practice of their field of paediatrics; and
 - (b) **treating practitioner** means the person performing the service to which the patient is referred; and

Note: For the purposes of this subsection, **usual medical practitioner** has the meaning given by clause 7.1.1 of the general medical services table.

Lost referrals

- (6) If a service mentioned in an item in subsection (1) and (1A) 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

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- (7) For the purposes of a referral for a service to which an item in Subgroup 11, 12, 17, 18, 25 or 26 of Group M18 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.
- (7A) For the purposes of a referral for a service to which an item in Subgroup 1, 2, 3, 4, 6, 7, 8 and 9 of Group M18 applies, the referral is valid until the end of the number of sessions in the course of treatment the referring practitioner recommends up to the maximum session limit for each course of treatment.

5 Clause 1.1.12 of Schedule 1

Repeal the clause, substitute:

1.1.12 Application of items in Subgroup 19 of Group A40

- (1) Subject to subclause (2), for an item in Subgroup 19 of Group A40:

focussed psychological strategies has the meaning given in clause 2.20.1 of the general medical services table.

mental disorder has the meaning given in clause 2.20.1 of the general medical services table.

preparation of a GP mental health treatment plan has the meaning given in clause 2.20.3 of the general medical services table.

usual medical practitioner has the meaning given in clause 7.1.1 of the general medical services table.

- (2) In items 92112 to 92123:

preparation of a GP mental health treatment plan has the meaning given in clause 2.20.3 of the general medical services table, as if the reference to the term “general practitioner” were a reference to the term “medical practitioner”.

review of a GP mental health treatment plan has the meaning given in clause 2.20.4 of the general medical services table, as if the reference to the term “general practitioner” were a reference to the term “medical practitioner”.

- (3) For the purposes of Subgroup 19 in Group A40, the preparation of a GP mental health treatment plan includes the preparation of a written plan by a general practitioner for the patient that includes referral and treatment options, including, subject to the applicable limitations:
- (a) psychological therapies provided to the patient, or to a person other than the patient as part of the patient’s treatment, by a clinical psychologist (items 91166, 91167, 91168, 91171, 91181, 91182, 91198 and 91199 and items in Group M6 of the Allied Health and other Primary Health Care Services Determination); and
 - (b) focussed psychological strategies services provided to the patient, or to a person other than the patient as part of the patient’s treatment, by a general practitioner mentioned in paragraph 2.20.7(1)(b) of the general medical

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- services table to provide those services (items 2721 to 2745, 91818, 91819, 91842, 91843, 91859, 91861, 91864 and 91865); and
- (c) focussed psychological strategies services provided to the patient, or to a person other than the patient as part of the patient's treatment, by an allied mental health professional (items 91169 to 91177, 91183 to 91188, 91194, 91195, 91196, 91197, 91200, 91201, 91202, 91203, 91204 and 91205 and items 80100 to 80175 of the Allied Health and other Primary Health Care Services Determination); and
 - (d) focused psychological strategies services provided to the patient, or to a person other than the patient as part of the patient's treatment, by a medical practitioner (other than a general practitioner, specialist or consultant physician), to provide those services (items 283, 285, 286, 287, 309, 311, 313, 315, 91820, 91821, 91844, 91845, 91862, 91863, 91866 and 91867).
- (4) Items in Subgroup 19 of Group A40 apply only to a patient with a mental disorder.
- (5) Items in Subgroup 19 of Group A40 apply only to a service that is provided:
- (a) to a patient in the community; and
 - (b) either:
 - (i) if the patient is enrolled in MyMedicare—at the general practice at which the patient is so enrolled; or
 - (ii) regardless of whether the patient is enrolled in MyMedicare—by the patient's usual medical practitioner.
- (6) Unless exceptional circumstances exist, items in Subgroup 19 of Group 40 cannot be claimed:
- (a) with a service to which items 235 to 240 or 735 to 758 of the general medical services table apply; or
 - (b) more than once in a 12 month period from the provision of any of the items for a particular patient.
- (7) A review of a GP mental health treatment plan applies only if one of the following services has been provided to the patient:
- (a) the preparation of a GP mental health treatment plan under:
 - (i) items 272, 276, 281, 282, 2700, 2701, 2715 or 2717 of the general medical services table; or
 - (ii) items 92112, 92113, 92116, 92117, 92118, 92119, 92122, or 92123; or
 - (b) a psychiatrist assessment and management plan.
- (8) A review of a GP mental health treatment plan does not apply:
- (a) to a service to which items 235 to 240 or 735 to 758 of the general medical services table apply; or
 - (b) unless exceptional circumstances exist for the provision of the service:
 - (i) more than once in a 3 month period; or
 - (ii) within 4 weeks following the preparation of a GP mental health treatment plan under:
 - (A) items 272, 276, 281, 282, 2700, 2701, 2715 or 2717 of the general medical services table; or
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(B) items 92112, 92113, 92116, 92117, 92118, 92119, 92122 or 92123; or

(iii) within 3 months following the provision of a review of a GP mental health treatment plan.

(9) Items 92116, 92117, 92122, 92123, 92148, 92149, 92152 and 92153 apply only if the general practitioner or medical practitioner providing the service has successfully completed mental health skills training accredited by the General Practice Mental Health Standards Collaboration.

Note: The General Practice Mental Health Standards Collaboration operates under the auspices of the Royal Australian College of General Practitioners.

(10) In this clause:

exceptional circumstances means a significant change in:

- (a) the patient's clinical condition; or
- (b) the patient's care circumstances.

6 Clause 1.1.13 of Schedule 1

Repeal the clause.

7 Schedule 1 (table items 92114, 92115, 92120, 92121, 92126, 92127, 92132 and 92133)

Repeal the items.

8 Schedule 1 (table, subheading "Subgroup 20 – GP Mental Health Treatment Plan - Phone Service")

Repeal the subheading.

9 Clause 3.1.5 of Schedule 3 (heading)

Repeal the heading, substitute:

3.1.5 Referrals by specialists, consultant physicians for psychological therapy and focussed psychological strategies therapy health services

10 Clause 3.1.9 of Schedule 3

Repeal the clause, substitute:

3.1.9 Application of psychological therapy and focussed psychological strategies health services

For the purposes of items 91166 to 91177, 91181 to 91188 and 91194 to 91205, referring practitioner has the meaning given by clause 2.1.4 of the Allied Health and other Primary Health Care Services Determination.

3.1.9A Application of psychological therapy and focussed psychological strategies health services provided to a person other than the patient

Item 91168, 91171, 91174, 91177, 91194, 91195, 91196, 91197, 91198, 91199, 91200, 91201, 91202, 91203, 91204 or 91205 applies to a service provided to a person other than the patient only if:

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- (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
 - (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.

11 Schedule 3 (table items 91166, 91167, 91181 and 91182, column 2, paragraphs (a), (b), (c), and (d))

Repeal the paragraphs, substitute:

- (a) the patient is referred by a referring practitioner; and
- (b) the service is provided to the patient individually; 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

12 Schedule 3 (table items 91169, 91170, 91183 and 91184, column 2, paragraphs (a), (b), (c), and (d))

Repeal the paragraphs, substitute:

- (a) the patient is referred by a referring practitioner; and
- (b) the service is provided to the patient individually; 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

13 Schedule 3 (table items 91172, 91173, 91185 and 91186, column 2, paragraphs (a), (b), (c), and (d))

Repeal the paragraphs, substitute:

- (a) the patient is referred by a referring practitioner; and

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- (b) the service is provided to the patient individually; 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

14 Schedule 3 (table items 91175, 91176, 91187 and 91188, column 2, paragraphs (a), (b), (c), and (d))

Repeal the paragraphs, substitute:

- (a) the patient is referred by a referring practitioner; and
- (b) the service is provided to the patient individually; 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

Schedule 2—Eligible Telehealth Amendments

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

1 Subsection 7(5)

Omit “applies to a service performed by the patient’s usual medical”, substitute “, or Subgroup 5 or 10 of Group M18 applies to a service performed by the patient’s eligible telehealth”.

2 Subsection 7(6)

Repeal the subsection, substitute:

(6) Subsection (5) does not apply to a service provided to the following individuals:

- (a) a person who is under the age of 12 months; or
- (b) a person who is experiencing homelessness; or
- (c) a person who is in COVID-19 isolation because of a State or Territory public health order; or
- (d) a person who is in COVID-19 quarantine because of a State or Territory public health order; or
- (e) a person who receives the service from a medical or nurse practitioner located at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service; or
- (f) a person who is in a natural disaster affected area.

3 After subsection 7(6)

Insert:

(6A) Subsection (5) does not apply to:

- (a) a service to which an item in Subgroup 3, 10, 21, 25, 26, 27, 28 or 29 of Group A40 applies; or
- (b) a service to which item 91790, 91800, 91801, 91802, 91920 or 91853 applies if:
 - (i) the service is provided under the Commonwealth Urgent Care Clinic Program by a general practitioner engaged to provide services at an eligible urgent care clinic; and
 - (ii) the service is provided during the hours of operation of the eligible urgent care clinic under the Commonwealth Urgent Care Clinic Program; and
 - (iii) at the time the service is provided, a general practitioner or participating nurse practitioner is not in attendance at the eligible urgent care clinic to provide the service in person; or
- (c) a service to which item 92029, 92030, 92060 or 92061 applies.

(6B) For items in Subgroup 5 and 10 of Group M18, subsection (5) does not apply to Blood Borne Virus, Sexual and Reproductive Health Services excluding if the service is provided to a patient for the purposes of, or in relation to, assisted reproductive technology or antenatal care.

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- (6C) For the purposes of subsections (6), (6A), and (6B), the provider of the service must document in the patient clinical notes which exemption has been used and the clinical justification for that exemption.

4 Subsection 7(7)

Repeal the subsection, substitute:

- (7) For the purposes of subsection (5):

patient's eligible telehealth practitioner means a medical practitioner (other than a specialist or consultant physician) or nurse practitioner who:

- (a) has provided at least one service to the patient in the past 12 months; or
- (b) is located at a medical or a nurse practitioner practice at which at least one service to the patient was provided, or arranged by, in the past 12 months; or
- (c) is a participant in the Approved Medical Deputising Service program if:
 - (i) the Approved Medical Deputising Service provider has a formal agreement in place with a medical practice to provide after-hours services to its patients; and
 - (ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months; or
- (d) is a general practitioner employed by an Approved Medical Deputising Service provider, if:
 - (i) the Approved Medical Deputising Service provider has a formal agreement in place with a medical practice to provide after-hours services to its patients; and
 - (ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months; or
- (e) is a medical practitioner employed by an accredited Medical Deputising Service, if:
 - (i) the accredited Medical Deputising Service has a formal agreement in place with a medical practice to provide after-hours services to its patients; and
 - (ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months; or
- (f) is performing a service
 - (i) to a person registered in MyMedicare; and
 - (ii) being provided by a medical practitioner from the MyMedicare practice at which the patient is currently registered.

For the purposes of this subsection, service means a personal attendance on the patient and excludes telehealth services.

Schedule 3—Subsequent Phone Items Amendments

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

1 Schedule 2 (table item 92423, column 2, paragraph (c))

Omit “91826 or 91836”, insert “91826, 91836 or 92440”.

2 Schedule 2 (table item 92423, column 2, paragraph (f))

After “table”, insert “ or item 92443”.

3 Schedule 2 (table item 92436 column 2, paragraph (g))

After “table”, insert “ or item 92444”.

4 Schedule 2 (after table item 91836)

Insert:

92440	Phone attendance for a person by a consultant physician in the practice of the consultant physician’s specialty (other than psychiatry) if: (a) the attendance follows referral of the patient to the consultant physician; and (b) the attendance was of more than 5 minutes in duration; where the attendance is after the first attendance as part of a single course of treatment	89.40
92443	Phone attendance by a consultant physician in the practice of the consultant physician’s specialty (other than psychiatry) of at least 20 minutes in duration after the first attendance in a single course of treatment for a review of a patient with at least two morbidities (which may include complex congenital, developmental and behavioural disorders) if: (a) a review is undertaken that covers: (i) review of initial presenting problems and results of diagnostic investigations; and (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and (iii) comprehensive multi or detailed single organ system assessment; and (iv) review of original and differential diagnoses; and (b) the modified consultant physician treatment and management plan is provided to the referring practitioner, which involves, if appropriate: (i) a revised opinion on the diagnosis and risk assessment; and (ii) treatment options and decisions; and (iii) revised medication recommendations; and (c) an attendance on the patient to which item 110, 116 or 119 of the general medical services table or item 91824, 91825, 91826, 91836 or 92440 applies did not take place on the same day by the same consultant physician; and	156.45

- (d) item 132 of the general medical services table or item 92422 applied to an attendance claimed in the preceding 12 months; and
- (e) the attendance under this item is claimed by the same consultant physician who claimed item 132 of the general medical services table or item 92422; and
- (f) this item, or item 133 of the general medical services table or item 92423 has not applied more than twice in any 12 month period

5 Schedule 2 (after table item 92173)

Insert:

Subgroup 26—Review of an Eating Disorder Plan – Phone Service

92441	Phone attendance of at least 30 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of psychiatry for an eligible patient, if: (a) the consultant psychiatrist reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant psychiatrist: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the eating disorder treatment and management plan; and (d) within 2 weeks after the attendance, the consultant psychiatrist: (i) prepares a written diagnosis of the patient; and (ii) revises the eating disorder treatment and management; and (iii) gives the referring practitioner a copy of the diagnosis and the revised management plan; and (iv) if clinically appropriate, explains the diagnosis and the revised management plan, and gives a copy, to: (A) the patient; and (B) the patient's carer (if any), if the patient agrees	335.05
92442	Phone attendance of at least 20 minutes in duration by a consultant physician in the practice of the consultant physician's specialty of paediatrics for an eligible patient, if: (a) the consultant paediatrician reviews the treatment efficacy of services provided under the eating disorder treatment and management plan, including a discussion with the patient regarding whether the eating disorders psychological treatment and dietetic services are meeting the patient's needs; and (b) the patient has been referred by a referring practitioner; and (c) during the attendance, the consultant paediatrician: (i) uses an outcome tool (if clinically appropriate); and (ii) carries out a mental state examination; and (iii) makes a psychiatric diagnosis; and (iv) reviews the eating disorder treatment and management plan; and (d) within 2 weeks after the attendance, the consultant paediatrician:	156.45

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- (i) prepares a written diagnosis of the patient; and
 - (ii) revises the eating disorder treatment and management;
and
 - (iii) gives the referring practitioner a copy of the diagnosis
and the revised management plan; and
 - (iv) if clinically appropriate, explains the diagnosis and the
revised management plan, and gives a copy, to:
 - (A) the patient; and
 - (B) the patient's carer (if any), if the patient
agrees
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6 Schedule 2 (table item 92624, column 2)

Repeal cell, substitute:

Video attendance of more than 30 minutes in duration by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine to review a management plan previously prepared by that consultant physician or specialist under item 141, 145 or 92623, if:

- (a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and
- (b) during the attendance:
 - (i) the patient's health status is reassessed; and
 - (ii) a management plan prepared under item 141, 145 or 92623 is reviewed and revised; and
 - (iii) the revised management plan is explained to the patient and (if appropriate) the patient's family and any carers and communicated in writing to the referring practitioner; and
- (c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91823, 91833, 91824, 91825, 91826, 91836 or 92440 applies was not provided to the patient on the same day by the same practitioner; and
- (d) an attendance to which item 141 or 145 of the general medical services table, or item 92623 applies has been provided to the patient by the same practitioner in the preceding 12 months; and
- (e) an attendance to which this item, or item 143 or 147 of the general medical services table, or item 92448 applies has not been provided to the patient in the preceding 12 months, unless there has been a significant change in the patient's clinical condition or care circumstances that requires a further review

7 Schedule 2 (before table item 92618)

Insert:

92445	Phone attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 15 minutes in duration but not more than 30 minutes in duration	101.30
92446	Phone attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 30 minutes in duration but not more than 45 minutes in duration	140.35

92447	Phone attendance by a specialist in the practice of neurosurgery following referral of the patient to the specialist—an attendance after the first in a single course of treatment, involving arranging any necessary investigations in relation to one or more complex problems and of more than 45 minutes in duration	178.70
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8 Schedule 2 (after table item 91884)

Insert:

92444	Phone 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: (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 or item 92436 applies has not been provided	335.05
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9 Schedule 2 (after table item 92624)

Insert:

Subgroup 32—Geriatric Medicine – Phone Services

92448	Phone attendance of more than 30 minutes in duration by a consultant physician or specialist in the practice of the consultant physician's or specialist's specialty of geriatric medicine to review a management plan previously prepared by that consultant physician or specialist under item 141, 145 or 92623 if: (a) the review is initiated by the referring medical practitioner practising in general practice or a participating nurse practitioner; and (b) during the attendance: (i) the patient's health status is reassessed; and (ii) a management plan prepared under item 141 or 145 of the general medical services table or items 92623 is reviewed and revised; and (iii) the revised management plan is explained to the patient and (if appropriate) the patient's family and any carers and communicated in writing to the referring practitioner; and (c) an attendance to which item 104, 105, 107, 108, 110, 116 or 119 of the general medical services table or item 91822, 91823, 91833, 91824, 91825, 91826, 91836 or 92440 applies was not provided to the patient on the same day by the same practitioner; and (d) an attendance to which item 141 or 145 of the general medical services table, or item 92623 applies has been provided to the patient by the same practitioner in the preceding 12 months; and (e) an attendance to which this item, or item 143 or 147 of the general medical services table or item 92624 applies has not been provided to the patient in the preceding 12 months, unless there has been a significant change in the patient's clinical condition or care circumstances that requires a further review	335.05
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Schedule 4—Administrative Amendments

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

1 Clause 1.1.06 of Schedule 1 (heading)

Repeal the heading, substitute:

Conditions relating to timing of services if exceptional circumstances do not exist

2 Subclause 1.1.06(1) of Schedule 1

Omit “This clause”, substitute “Subclause (2)”.

3 Subclause 1.1.06(2) of Schedule 1

Repeal the subclause, substitute:

(2) An item of this Schedule mentioned in column 1 of an item of table 1.1.06 applies in the circumstances mentioned in column 2 of that item of table 1.1.06.

4 Subclause 1.1.06(3) of Schedule 1

Omit “In this clause”, substitute “For the purposes of subclause (1)”.

5 Subclause 1.1.06(3) of Schedule 1 (table heading)

Repeal the heading, substitute:

Table 1.1.06—Conditions relating to timing of services

6 Subclause 1.1.06(3) of Schedule 1 (table item 1, column 2, paragraph (a))

Omit “231, 232, 393, 729,”, substitute “232, 393,”.

7 Subclause 1.1.06(3) of Schedule 1 (table item 1, column 2, subparagraph (b)(i))

Omit “231, 392, 729, 965, 92026, 92029,”, substitute “392, 965, 92029”.

8 Subclause 1.1.06(3) of Schedule 1 (table item 1, column 2, subparagraph (b)(ii))

After “which item”, insert “231, 729,”.