



Australian Government  
Department of Health

# MEDICARE BENEFITS SCHEDULE

August 2020

**This book is not a legal document, and, in cases of discrepancy, the legislation will be the source document for payment of Medicare benefits.**

**The latest Medicare Benefits Schedule information is available from *MBS Online* at: [mbsonline.gov.au](http://mbsonline.gov.au)**

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## Summary of changes included in this edition

### Additional 10 MBS Mental Health Sessions

From 7 August 2020 until 31 March 2021, 36 temporary MBS items were introduced to with an additional 10 individual psychological therapy sessions are available to eligible people under the existing Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative.

For more information go the factsheet page at

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-10MentalHealthSessions>.

### Cardiac Imaging Services

From 1 August 2020, there will be a revised structure of items for cardiac imaging services. The changes to cardiac services have been made to encourage best practice and improve patient outcomes. Patients should not be negatively affected by the changes and will have continued access to clinically relevant services.

Changes will be made to MBS items for cardiac imaging services to better clarify the clinical requirements and circumstances where this testing and repeat testing is appropriate, reducing patient's exposure to unnecessary testing. These changes will promote high-value use of electrocardiogram (ECG), echocardiogram, ambulatory ECG, ECG stress testing and stress echocardiogram. Changes to myocardial perfusion studies will reduce unnecessary exposure to radiation, when an equivalent investigation can be undertaken that does not require the use of radiation.

The Taskforce recommended these changes following an extensive period of stakeholder consultation and consultation with the sector that uses these items. More information about the Taskforce and associated Committees is available at the Department of Health website.

From 1 August 2020 changes will be made to MBS items for cardiac imaging services to better clarify the clinical requirements and circumstances where this testing and repeat testing is appropriate. These changes will promote high-value use of electrocardiogram (ECG), echocardiogram, ambulatory ECG, ECG stress testing, myocardial perfusion studies and stress echocardiogram.

Due to the deletion of a number of items, 9 items which referenced these deleted items have had their descriptors amended to remove any references to deleted items.

The Government agreed to these changes to clarify the clinical requirements and circumstances where this testing and repeat testing is appropriate, and to better align with clinical guidelines. The Government agreed to recommendations in the 2018-19 Mid-Year Economic and Fiscal Outlook (MYEFO) under the Guaranteeing Medicare - strengthening primary care measure.

Further information is available on the safe and best practice cardiac imaging services factsheet page at

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-CardiacServices1Aug20>.

### Ovarian Cancer Services

Item 73301 has been created to fund genetic testing for BRCA1 and BRCA2 variants present because of either hereditary (germline) or non-hereditary reasons, in the tumour tissue from a patient with advanced ovarian, fallopian tube or peritoneal cancer. The test may be requested by a specialist or consultant physician to determine eligibility for the PBS listed drug olaparib.

Item 73302 has been created to test patients with advanced ovarian, fallopian tube or peritoneal cancer who have had a tumour identified as having a BRCA variant, to determine whether that variant is present as the result of a germline (hereditary) variant in that patient.

Update of existing MBS item 73295 to align structure, language and specification of patient group with two MBS new items, 73301 and 73302. Further information is available on the factsheet for MBS item 73295 at

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-item-73295>.

## SUMMARY OF CHANGES

### Other Changes

Amend item 73344 to enable testing for the ROS1 gene rearrangement by FISH to determine eligibility for newly PBS-subsidised entrectinib, in addition to crizotinib. Further information is available on the factsheet for MBS item 73344 at <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-item-73344>.

In line with the PBS listing for Botox, Dysport or Xeomin, and recommendations from MSAC and PBAC, Medicare Benefits Schedule item 18365 (for the injection of botox for the treatment of moderate to severe spasticity of the upper limb following a stroke) will be expanded to provide for treatment following an acute event, including stroke. Further information is available on the factsheet for MBS item 18365 at <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-BotulinumItem18365>.

Item 69501 which commenced 28 July 2020, is a new temporary MBS item has been made available for bulk-billed pathology testing for asymptomatic staff of residential and in-home aged care service providers in Victoria. As of the 3 August 2020, item 69501 was expanded to apply to workers who are required to travel interstate as a driver of a heavy vehicle. Further information is available on the factsheet for MBS item 69501 at <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Item-69501>.

Table of item changes

New items from 1 August 2020	11704	11705	11707	11714	11716	11717	11723	11729	11730	11731
	55126	55127	55128	55129	55132	55133	55134	55137	55141	55143
	55145	55146	61321	61324	61325	61329	61345	61349	61357	73301
New items from 7 August 2020	93300	93301	93302	93303	93304	93305	93306	93307	93308	93309
	93310	93311	93330	93331	93332	93333	93334	93335	93350	93351
	93352	93353	93354	93355	93356	93357	93358	93359	93360	93361
	93362	93363	93364	93365	93366	93367				
Description amended from 1 August 2020	11718	11721	12203	12204	12205	12207	12208	12250	18365	73295
Description amended from 3 August 2020	69501									
Ceased items from 1 August 2020	11700	11701	11702	11708	11709	11710	11711	11712	11722	55113
	55114	55115	55116	55117	61302	61303	61306	61307		

### Relevant legislative changes

#### *Health Insurance Legislation Amendment (2020 Measures No. 1) Regulations 2020*

The purpose of the Regulations is to remove nine Medicare Benefits Schedule (MBS) cardiac items from the DIST and to remove nine cardiac MBS items from the GMST from 1 August 2020.

#### *Health Insurance (Section 3C Diagnostic Imaging Services - Cardiac Services) Determination 2020*

The purpose of the Determination is to list 19 new Medicare Benefits Schedule (MBS) items for cardiac diagnostic imaging services from 1 August 2020. The Determination lists eight new ultrasound items for an echocardiographic examination, four new ultrasound items for stress echocardiography testing, and seven new items for myocardial perfusion studies.

#### *Health Insurance (Section 3C General Medical Services - Cardiac Services) Determination 2020*

The purpose of the Determination is to list 10 new Medicare Benefits Schedule (MBS) items for cardiac imaging services from 1 August 2020.

#### *Health Insurance (Section 3C General Medical Services - Botox, Dysport or Xeomin Injection) Amendment Determination 2020*

The purpose of the Determination is for the PBS listing for Botox, Dysport or Xeomin, and recommendations from MSAC and PBAC, Medicare Benefits Schedule item 18365 (for the injection of botox for the treatment of moderate to severe spasticity of the upper limb following a stroke) to be expanded to provide for treatment following an acute event, including stroke.

## SUMMARY OF CHANGES

### *Health Insurance (Section 3C Co-Dependent Pathology Services) Amendment Determination (No. 5) 2020*

The purpose of the Determination is to update existing MBS item 73295 to align structure, language and specification of patient group with two MBS new items, 73301 and 73302.

### *Health Insurance (Section 3C General Medical - Expansion of GP and Allied Health Mental Health Services) Determination 2020*

The purpose of the Determination is to list 36 new mental health treatment items provided by medical practitioners working in general practice, psychologists, psychiatrists, occupational therapists and social workers from 7 August 2020.



Category 1: Professional Attendances

Group A41. COVID-19 Additional focussed psychological strategies

Subgroup 1. GP additional focussed psychological strategies

NEW 7 Aug 20 93300	Professional attendance at consulting rooms by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and (b) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (c) the service lasts at least 30 minutes, but less than 40 minutes <b>Fee:</b> \$112.50 <b>Benefit:</b> 85% = \$95.65
NEW 7 Aug 20 93301	Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and (b) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (c) the service lasts at least 30 minutes, but less than 40 minutes <b>Fee:</b> \$112.50 <b>Benefit:</b> 85% = \$95.65
NEW 7 Aug 20 93302	Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and (b) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (c) the service lasts at least 30 minutes, but less than 40 minutes <b>Fee:</b> \$112.50 <b>Benefit:</b> 85% = \$95.65
NEW 7 Aug 20 93303	Professional attendance at consulting rooms by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and (b) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (c) the service lasts at least 40 minutes <b>Fee:</b> \$161.00 <b>Benefit:</b> 85% = \$136.85
NEW 7 Aug 20 93304	Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and (b) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (c) the service lasts at least 40 minutes <b>Fee:</b> \$161.00 <b>Benefit:</b> 85% = \$136.85
NEW 7 Aug 20 93305	Phone attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and (b) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (c) the service lasts at least 40 minutes <b>Fee:</b> \$161.00 <b>Benefit:</b> 85% = \$136.85

CATEGORY 1 - PROFESSIONAL ATTENDANCES

Subgroup 2. Non specialist practitioner additional focussed psychological strategies

<p>NEW 7 Aug 20 93306</p>	<p>Professional attendance at consulting rooms by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and (b) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (c) the service lasts at least 30 minutes, but less than 40 minutes <b>Fee:</b> \$90.00      <b>Benefit:</b> 85% = \$76.50</p>
<p>NEW 7 Aug 20 93307</p>	<p>Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and (b) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (c) the service lasts at least 30 minutes, but less than 40 minutes <b>Fee:</b> \$90.00      <b>Benefit:</b> 85% = \$76.50</p>
<p>NEW 7 Aug 20 93308</p>	<p>Phone attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and (b) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (c) the service lasts at least 30 minutes, but less than 40 minutes <b>Fee:</b> \$90.00      <b>Benefit:</b> 85% = \$76.50</p>
<p>NEW 7 Aug 20 93309</p>	<p>Professional attendance at consulting rooms by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and (b) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (c) the service lasts at least 40 minutes <b>Fee:</b> \$128.80      <b>Benefit:</b> 100% = \$128.80</p>
<p>NEW 7 Aug 20 93310</p>	<p>Telehealth attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and (b) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (c) the service lasts at least 40 minutes <b>Fee:</b> \$128.80      <b>Benefit:</b> 85% = \$109.50</p>
<p>NEW 7 Aug 20 93311</p>	<p>Phone attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician), for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and (b) the practitioner is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service; and (c) the service lasts at least 40 minutes <b>Fee:</b> \$128.80      <b>Benefit:</b> 85% = \$109.50</p>

## Category 2: Diagnostic Procedures and Investigations

### Explanatory Notes

#### DN.1.17 Investigations for sleep disorders (Items 12203 to 12250)

Items 12203 and 12250 are applicable for patients who require a diagnostic sleep study. They enable direct GP referral to testing without personal assessment by a sleep or respiratory physician, when validated screening questionnaires suggest a high pre-test probability for diagnosis of symptomatic, moderate to severe obstructive sleep apnoea (OSA). The screening questionnaires should be administered by the referring practitioner. Alternatively, the need for testing can be determined by a sleep or respiratory physician following direct clinical assessment (either face-to-face or by video conference).

#### Screening Questionnaires

For the purpose of items 12203 or 12250, a high probability for symptomatic, moderate to severe OSA would be indicated by one of the following clinical screening tool outcomes:

- STOP-Bang score of 4 or more AND an Epworth Sleepiness Scale score of 8 or more; OR
- OSA50 score of 5 or more AND an Epworth Sleepiness Scale score of 8 or more; OR
- high risk score on the Berlin Questionnaire AND an Epworth Sleepiness Scale score of 8 or more.

The STOP-Bang, OSA50, Berlin questionnaires and Epworth Sleepiness Scale can be accessed at Douglas et al, Guidelines for sleep studies in adults - a position statement of the Australasian Sleep Association. Sleep Med. 2017 Aug; 36 Suppl 1:S2-S22 ([www.sleep.org.au/documents/item/2980](http://www.sleep.org.au/documents/item/2980)) or on the American Thoracic Society website ([www.thoracic.org/members/assemblies/assemblies/srn/questionnaires/](http://www.thoracic.org/members/assemblies/assemblies/srn/questionnaires/)).

Evidence of the screening tests being administered to the patient in full, including screening test scores must be recorded in the patient's clinical record as this may be subject to audit.

#### Out-dated or incomplete referrals (Items 12203 and 12250)

Referrals made prior to 1 November 2018 (or after 1 November 2018 but without the screening questionnaires) remain valid for the purposes of a service performed under items 12203 and 12250 from 1 November 2018 - providing:

- The patient is assessed by a qualified sleep medicine practitioner or consultant respiratory physician to determine the necessity for the sleep study; or
- The validated screening questionnaires are administered to the patient by the sleep medicine practitioner, sleep technician or other practice staff. If the screening questionnaires indicate a high pre-test probability for the diagnosis of symptomatic, moderate to severe OSA, the patient can proceed to testing. If there remains any uncertainty about the necessity for the study, a qualified sleep medicine practitioner or consultant respiratory physician should assess the patient.

#### Referrals for attended (Level 1) diagnostic studies

Where a patient with suspected OSA has been directly referred for a Level 1 sleep study under item 12203, but there is insufficient information to indicate if there are any contraindications for a Level 2 study, the following options are available:

- The patient can be assessed by a qualified sleep medicine practitioner or consultant respiratory physician to determine the most suitable study (i.e. Level 1 or Level 2); or
- The validated screening questionnaires can be administered to the patient by the sleep medicine practitioner, sleep technician or practice staff. If the screening questionnaires indicate a high pre-test probability for the diagnosis of symptomatic, moderate to severe OSA, the sleep provider can either - arrange for the patient to have a Level 2 study (notifying the referring practitioner of this decision); or seek additional information from the referring practitioner on why a Level 1 study is required (e.g. whether the patient has any contraindications for a Level 2 study). If there remains any uncertainty about the type of study which the patient should receive, a qualified sleep medicine practitioner or consultant respiratory physician should assess the patient.

### Referrals made without (or incomplete) screening questionnaires (Items 12203 and 12250)

If a patient has been directly referred for testing without the use of the screening questionnaires, they can be administered to the patient by the sleep provider (e.g. by a sleep technician or other practice staff). Where the screening questionnaires have been provided with the referral but they are incomplete, the sleep provider may wish to contact the patient to determine what their responses were to the relevant questions.

### Attended versus unattended sleep studies

Determination of the need for testing should conform with Australasian Sleep Association guidelines.

Unattended sleep studies are suitable for many patients with suspected OSA but patients with other sleep disorders should undergo an attended study. Assessment for potential contraindications to an unattended sleep study can be undertaken by either the referring practitioner, qualified adult sleep medicine practitioner or consultant respiratory physician. Standardised referrals should request sufficient information to enable such assessment.

In accordance with the Australasian Sleep Association's Guidelines for Sleep Studies in Adults, relative contraindications for an unattended sleep study to investigate suspected OSA include but are not limited to:

- (a) intellectual disability or cognitive impairment;
- (b) physical disability with inadequate carer attendance;
- (c) significant co-morbid conditions including neuromuscular disease, heart failure or advanced respiratory disease where more complex disorders are likely;
- (d) suspected respiratory failure where attended measurements are required, including measurement of carbon dioxide partial pressures;
- (e) suspected parasomnia or seizure disorder;
- (f) suspected condition where recording of body position is considered to be essential and would not be recorded as part of an unattended sleep study;
- (g) previously failed or inconclusive unattended sleep study;
- (h) unsuitable home environment including unsafe environments or where patients are homeless; and
- (i) consumer preference based on a high level of anxiety about location of study or where there is unreasonable cost or disruption based on distance to be travelled, or home circumstances.

Patients who have these features may be suitable for either attended (Level 1) or unattended (Level 2) studies.

### Treatment options following testing

The results and treatment options following any diagnostic sleep study should be discussed during a professional attendance with a medical practitioner before the initiation of any therapy. If there is uncertainty about the significance of test results or the appropriate management for that individual then referral to a sleep or respiratory medicine specialist is recommended.

Any professional attendance by a qualified adult sleep medicine practitioner or consultant respiratory physician associated with this service may be undertaken face-to-face or by video conference.

### Meaning of 'at least 8 hours duration'

The requirement 'for a period of at least 8 hours duration' means the overnight investigation (including patient set-up time and actual period of recording) must be of at least 8 hours duration. Providers must keep evidence of the duration of the overnight investigation (including set-up time and period of recording) as part of their administrative records for MBS sleep studies.

### Polygraphic data

Item 11503 is not for the purpose of investigation of sleep disorders. Polygraphic data obtained as part of a sleep study item in the range 12203 to 12250 cannot be used for the purpose of claiming item 11503.

### Billing requirements for sleep studies

Items 12203 to 12250 do not support a figurehead billing arrangement. Figurehead or 'headline' billing is where one practitioner's provider number is used to bill patients for the services provided by other practitioners.

While individual components of the sleep study service (e.g. supervision of the investigation and interpretation and preparation of a permanent report) do not need to be performed by the same qualified sleep medicine practitioner, it is an MBS requirement that the qualified sleep medicine practitioner who prepared the report on the results of the investigation bill the relevant item.

Benefits are not payable for items 12203 to 12250 where the interpretation and preparation of a permanent report is provided by a technician or supervised staff rather than by a qualified adult sleep medicine practitioner.

Where the date of service for a sleep study item is the same as the date of service of any items 11000 to 11005, 11503, 11700 to 11709, 11713 and 12203/12250, for a benefit to be payable, there must be written notification on the account identifying that the service under any of those items was not provided on the same occasion as the sleep study item.

The date of service for the purposes of items 12203 to 12250 is deemed to be the day of the morning the overnight investigation is completed. Billing for the service must only occur once all of the requirements of the item have been fulfilled.

### DN.1.26 Discussion of results

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

### DN.1.27 Implanted ECG Loop Recording (Item 11731)

- i. Also permissible for babies, young children and other patients, due to the patient's age, cognitive capacity or expressive language impairment, where symptoms have not been satisfactorily investigated by other methods.
- ii. Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

### DN.1.28 Indications considered appropriate & Discussion of Results (Item 11716)

#### Indications interpretation

The following indications would be considered appropriate even in patients who may not experience symptoms more often than once a week.

- a. For the detection of asymptomatic atrial fibrillation (AF) following a transient ischaemic attack (TIA) or cryptogenic stroke.
- b. For the surveillance of paediatric patients following cardiac surgeries that have an established risk of causing dysrhythmia.
- c. For babies, young children and other patients where there is a demonstrable benefit for the documentation of heart rate or if a cardiac dysrhythmia is suspected, but due to the patient's age, cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

#### Results

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

### DN.1.29 Multi- channel ECG monitoring & recording 17 years & over (Item 11729)

#### Indication interpretation

Heritable arrhythmias include those defined in the [CSANZ guidelines](#) for the diagnosis and management of catecholaminergic polymorphic ventricular tachycardia, familial long QT syndrome and genetic investigation of young sudden unexplained death and resuscitated out of hospital cardiac arrest.

A calcium score of zero is normal and clinician judgement should be applied for scores of 0-10.

#### Results

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

### DN.1.30 Multi-channel ECG monitoring & recording Under 17 years (Item 11730)

#### Indications interpretation

Heritable arrhythmias include those defined in the [CSANZ guidelines](#) for the diagnosis and management of catecholaminergic polymorphic ventricular tachycardia, familial long QT syndrome and genetic investigation of young sudden unexplained death and resuscitated out of hospital cardiac arrest.

#### Results

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

#### Paediatric Investigation and Consultation

For investigations performed by a specialist paediatric cardiologist, co-claiming of a consultation with the investigation is permitted even when a consultation was not specifically requested when:

- the paediatric patient was referred for an investigation; and
- the paediatric patient was not known to the provider; and
- the paediatric patient was not under the care of another paediatric cardiologist; and
- the findings on the investigation appropriately warranted a consultation.

### DN.1.31 ECG Report (Items 11704 and 11705)

The formal report is separate to any letter and entails interpretation of the trace commenting on the significance of the trace findings and their relationship to clinical decision making for the patient in their clinical context, in addition to any measurements taken or automatically generated.

### DR.1.1 AECG requirements for claiming

Items 11716, 11717, 11723 do not apply to a service unless:

- (i) the patient is referred to a specialist or consultant physician by a referring practitioner; or
- (ii) the service is requested by a requesting practitioner.

#### Admitted patient

Item 11716, 11717 or 11723 do not apply to a service if the patient is an admitted patient.

An “admitted patient” includes an episode of hospital treatment and an episode of hospital-substitute treatment where a benefit is paid from a private health insurer.

#### Referred services

For referred services to which items 11716, 11717 or 11723 apply, the specialist or consultant physician who renders the service must:

- (i) manage the ongoing care of the patient; or
- (ii) perform an attendance to determine that testing is necessary, where the need for the test has not otherwise been scheduled; or
- (iii) perform an attendance immediately after the test has been performed, at which clinical management decisions are discussed with the patient.

A service is taken to be referred if the specialist or consultant physician who renders the service to which items 11716, 11717 or 11723 applies is the patient's treating practitioner, determines the need for a cardiac investigation that has not otherwise been scheduled, or performs a scheduled test but also provides an attendance where clinical management decisions are discussed with the patient. Services in all other circumstances are considered to be requested.

**Requested services**

- (i) for requested services, items 11716, 11717 or 11723 do not apply to a service if the rendering specialist or consultant physician has performed a service to which an attendance applies for the same patient on the same day.
- (ii) definition of 'requesting practitioner' when applied to items 11716, 11717 or 11723 is as follows:
  - a. a medical practitioner (other than a specialist or consultant physician) requests that a specialist or consultant physician provide the service.
  - b. a specialist or consultant physician requests that a separate specialist or consultant physician provide the service.

**DR.1.2 Exercise ECG stress testing requirements for claiming - Item 11729**

This service can be performed as an out-of-hospital service or for admitted hospital patients.

Item 11729 does not apply to a service unless:

- i. the patient is referred to a specialist or consultant physician by a referring practitioner; or
- ii. the service is requested by a requesting practitioner; and
- iii. one of the persons mentioned in subparagraphs b(iv) and (v) of the item descriptor must be a medical practitioner.

**Referred services**

For referred services to which item 11729 applies, the specialist or consultant physician who renders the service must:

- i. manage the ongoing care of the patient; or
- ii. perform an attendance to determine that testing is necessary, where the need for the test has not otherwise been scheduled; or
- iii. perform an attendance immediately after the test has been performed, at which clinical management decisions are discussed with the patient.

A service is taken to be referred if the specialist or consultant physician who renders the service to which item 11729 applies is the patient's treating practitioner, determines the need for a cardiac investigation that has not otherwise been scheduled, or performs a scheduled test but also provides an attendance where clinical management decisions are discussed with the patient. Services in all other circumstances are considered to be requested.

**Requested services**

For requested services, item 11729 does not apply to a service if the rendering medical practitioner has performed a service to which an attendance applies for the same patient on the same day.

Definition of 'requesting practitioner' when applied to item 11729 is as follows:

- i. a medical practitioner (other than a specialist or consultant physician) requests that a specialist or consultant physician provide the diagnostic service.
- ii. a specialist or consultant physician requests that a separate specialist or consultant physician provide the diagnostic service.

**Patient requirements**

- i. Item 11729 does not apply to a service unless:
  - the patient's body habitus, or other physical condition, is suitable for exercise stress testing or pharmacological induced stress testing; and
- ii. the patient can complete the exercise sufficiently or respond adequately to pharmacological induced stress, to take the required measurements; and
- iii. one of the persons mentioned in subparagraphs b(iv) and (v) must be a medical practitioner.

Item 11729 does not apply to a service performed on a patient who:

- (i) is asymptomatic and has a normal cardiac examination; or
- (ii) has a known cardiac disease but the absence of symptom evolution suggests the disease has not progressed and the service is used for monitoring; or
- (iii) has an abnormal resting electrocardiography result which would prevent the interpretation of results.

### Exercise testing and cardiopulmonary resuscitation

The Taskforce recommended changes to the performance of exercise or pharmacological electrocardiogram stress testing for optimal patient safety. For a service to be performed, the person performing the monitoring and recording must be:

- a. in continuous attendance; and
- b. trained in “exercise testing” and cardiopulmonary resuscitation; and
- c. a second person trained in cardiopulmonary resuscitation must be located at the premise and available to attend the electrocardiogram stress testing in an emergency.

Please refer to the Cardiac Society of Australia and New Zealand position statement on clinical exercise stress testing:

[https://www.csanz.edu.au/wp-content/uploads/2014/12/Clinical\\_Exercise\\_Stress\\_Testing\\_2014-December.pdf](https://www.csanz.edu.au/wp-content/uploads/2014/12/Clinical_Exercise_Stress_Testing_2014-December.pdf)

### DR.1.3 Paediatric Exercise ECG stress testing claiming requirements

This service can be performed as an out-of-hospital service or for admitted hospital patients.

Item 11730 does not apply to a service unless:

(i) the patient’s body habitus, or other physical condition, is suitable for exercise stress testing or pharmacological induced stress testing; and

(ii) the patient can complete the exercise sufficiently or respond adequately to pharmacological induced stress, to take the required measurements; and

(iii) one of the persons mentioned in subparagraphs b(iv) and (v) of the item descriptor must be a medical practitioner.

Item 11730 does not apply to a service performed on a patient who is asymptomatic and has a normal cardiac examination.

### Exercise testing and cardiopulmonary resuscitation

The Taskforce recommended changes to the performance of exercise or pharmacological electrocardiogram stress testing for optimal patient safety. For a service to be performed, the person performing the monitoring and recording must be:

- i. in continuous attendance; and
- ii. trained in “exercise testing” and cardiopulmonary resuscitation; and
- iii. A second person trained in cardiopulmonary resuscitation must be located at the premise and available to attend the electrocardiogram stress testing in an emergency.

Please refer to the Cardiac Society of Australia and New Zealand position statement on clinical exercise stress testing:

[https://www.csanz.edu.au/wp-content/uploads/2014/12/Clinical\\_Exercise\\_Stress\\_Testing\\_2014-December.pdf](https://www.csanz.edu.au/wp-content/uploads/2014/12/Clinical_Exercise_Stress_Testing_2014-December.pdf)

### DR.1.4 12-lead electrocardiography requirements for claiming

There are four 12-lead electrocardiography items:

- Item 11704 for a trace and formal report service performed by a specialist or consultant physician.
- Item 11705 for a formal report service performed by a specialist or consultant physician, where the specialist reports on a trace.
- Item 11707 for a trace service performed by a medical practitioner.
- Item 11714 for trace and clinical note service performed by a specialist or consultant physician.

#### Admitted patient

Items 11704, 11707 and 11714 do not apply where the patient is an “admitted patient” of a hospital. An “admitted patient” includes an episode of hospital treatment and an episode of hospital-substitute treatment where a benefit is paid from a private health insurer. Item 11705 can be performed out-of-hospital or for admitted hospital patients.

#### Requested service

a) Items 11704 and 11705 are requested services which require the rendering specialist or consultant physician to produce a written formal report which must be provided to the requesting practitioner. The rendering specialist or consultant physician cannot perform the service unless it has been requested by another medical practitioner.

b) As a requested service, it is generally not expected that items 11704 or 11705 would involve any clinical work beyond performing the formal report (and the trace for item 11704). The MBS Review Taskforce recommended that an attendance should not be co-claimed with a diagnostic cardiac investigation in these circumstances. Item 11704 cannot be claimed if the rendering specialist or consultant physician has performed an attendance on the same patient on the same day.

Generally, it is expected that item 11705 should not be co-claimed with an attendance, but in exceptional clinical circumstances an attendance can be performed i.e. an admitted patient requires a formal report (on a trace) to be provided by a cardiologist and the result of this reporting determines that an urgent attendance (life threatening) is required by the cardiologist to guide immediate treatment (particularly when there is only one cardiologist rostered on the shift).



## CATEGORY 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

### Financial relationship

The rendering specialist or consultant physician and the requesting practitioner cannot have a financial relationship. Definition of 'financial relationship': is where the requesting practitioner is a member of a group of practitioners of which the providing practitioners is a member (both the requestor and provider potentially financially benefit from the MBS service provided). The need for a request should be informed by a clinical decision only.

### Item 11707

Item 11707 is a trace only service and can be performed by any medical practitioner.

### Item 11714

Item 11714 allows specialist and consultant physicians to perform an electrocardiography trace and interpret the results (in the form of producing a written clinical note) where they consider it necessary for the management or treatment of the patient. No request is required for this service. There is no limitation on the claiming of an attendance with item 11714, as the Taskforce agreed that performance of an electrocardiography was part of routine assessment for patients presenting to specialist and consultant physicians for management of their cardiac condition.

## Group D1. Miscellaneous Diagnostic Procedures and Investigations

### Subgroup 6. Cardiovascular

NEW 1 Aug 20 11704	Twelve-lead electrocardiography to produce a trace and a formal report, by a specialist or a consultant physician, if: <ul style="list-style-type: none"> <li>(a) the service is requested by a requesting practitioner; and</li> <li>(b) a copy of formal report is provided to the requesting practitioner; and</li> <li>(c) the service does not apply if:                         <ul style="list-style-type: none"> <li>(i) the patient is an admitted patient</li> <li>(ii) the specialist or consultant physician who renders the service has a financial relationship with the requesting practitioner</li> <li>(iii) the specialist or consultant physician who performs the service has performed a service to which an attendance applies for the same patient on the same day</li> </ul> </li> </ul> (See para DN.1.31, DR.1.4 of explanatory notes to this Category) <b>Fee: \$32.25      Benefit: 85% = \$27.45</b>
NEW 1 Aug 20 11705	Preparing a formal report only on an electrocardiography trace, by a specialist or a consultant physician, if: <ul style="list-style-type: none"> <li>(a) the service is requested by a requesting practitioner; and</li> <li>(b) the formal report uses a trace provided from twelve-lead electrocardiography for the patient which has:                         <ul style="list-style-type: none"> <li>(i) been provided with the request from the requesting practitioner; and</li> <li>(ii) has not been previously been reported on; and</li> </ul> </li> <li>(c) a copy of the formal report is provided to the requesting practitioner; and</li> <li>(d) the service does not apply if:                         <ul style="list-style-type: none"> <li>(i) the specialist or consultant physician who renders the service has a financial relationship with the requesting practitioner; and</li> <li>(ii) the specialist or consultant physician who performs the service has performed a service to which an attendance applies for the same patient on the same, unless exceptional circumstances exist</li> </ul> </li> </ul> For any particular patient, applicable no more than twice on the same day (See para DN.1.31, DR.1.4 of explanatory notes to this Category) <b>Fee: \$19.00      Benefit: 75% = \$14.25    85% = \$16.15</b>
NEW 1 Aug 20 11707	Twelve-lead electrocardiography to produce a trace only, by a medical practitioner, if the trace: <ul style="list-style-type: none"> <li>(a) is required to inform clinical decision making; and</li> <li>(b) is reviewed in a clinically appropriate timeframe to identify potentially serious or life-threatening abnormalities; and</li> <li>(c) does not need to be fully interpreted or reported on; and</li> <li>(d) the service does not apply if:                         <ul style="list-style-type: none"> <li>(i) the patient is an admitted patient.</li> </ul> </li> </ul> For any particular patient, applicable no more than twice on the same day. (See para DR.1.4 of explanatory notes to this Category) <b>Fee: \$19.00      Benefit: 85% = \$16.15</b>

## CATEGORY 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

NEW 1 Aug 20 11714	<p>Twelve-lead electrocardiography to produce a trace and a clinical note, by a specialist or consultant physician, if a copy of the clinical note is provided to the medical practitioner managing the patient's care, if appropriate; and</p> <p>(a) the service does not apply if:</p> <p style="padding-left: 20px;">(i) the patient is an admitted patient</p> <p>For any particular patient, applicable no more than twice on the same day. (See para DR.1.4 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$25.00      <b>Benefit:</b> 85% = \$21.25</p>
NEW 1 Aug 20 11716	<p>Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1</p> <p>Continuous electrocardiogram recording of ambulatory patient for 12 or more hours with interpretation and report, by a specialist or consultant physician, if the service:</p> <p>(a) is indicated for the evaluation of a patient for:</p> <p style="padding-left: 20px;">(i) syncope; or</p> <p style="padding-left: 20px;">(ii) pre-syncope episodes; or</p> <p style="padding-left: 20px;">(iii) palpitations where episodes are occurring greater than once a week; or</p> <p style="padding-left: 20px;">(iv) another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week; or</p> <p style="padding-left: 20px;">(v) surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia; and</p> <p>(b) utilises a system capable of superimposition and full disclosure printout of at least 12 hours of recorded electrocardiogram data, (including resting electrocardiogram and the recording of parameters) microprocessor based scanning analysis; and</p> <p>(c) is not in association with ambulatory blood pressure monitoring; and</p> <p>(d) is other than a service on a patient in relation to whom this item and any of the items 11704, 11705, 11707 or 11714 are rendered by a single medical practitioner on a single patient on a single day; and</p> <p>(e) is applicable once in a 4 week period</p> <p>(f) the service does not apply if:</p> <p style="padding-left: 20px;">(i) the patient is an admitted patient.</p> <p>(See para DN.1.28, DR.1.1 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$172.75      <b>Benefit:</b> 85% = \$146.85</p>
NEW 1 Aug 20 11717	<p>Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1</p> <p>Ambulatory electrocardiogram monitoring of a patient, by a specialist or consultant physician, if the service:</p> <p>(a) utilises a patient activated, single or multiple event memory recording device which is connected continuously to the patient for between 7 and 30 days and is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and</p> <p>(b) includes transmission, analysis, interpretation and reporting (including the indication for the investigation); and</p> <p>(c) is for investigation of recurrent episodes of:</p> <p style="padding-left: 20px;">(i) unexplained syncope; or</p> <p style="padding-left: 20px;">(ii) palpitation; or</p> <p style="padding-left: 20px;">(iii) other symptoms where a cardiac rhythm disturbance is suspected and where episodes are infrequent has occurred; and</p> <p>(d) is applicable once in a 3 month period; and</p> <p>(e) the service does not apply if:</p> <p style="padding-left: 20px;">(i) the patient is an admitted patient.</p> <p>(See para DN.1.26, DR.1.1 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$101.50      <b>Benefit:</b> 85% = \$86.30</p>
AMEND 1 Aug 20 11718	<p>IMPLANTED PACEMAKER TESTING involving electrocardiography, measurement of rate, width and amplitude of stimulus, including reprogramming when required, not being a service associated with a service to which item 11719, 11720, 11721, 11725 or 11726 applies</p> <p><b>Fee:</b> \$35.85      <b>Benefit:</b> 75% = \$26.90      85% = \$30.50</p>
AMEND 1 Aug 20 11721	<p>IMPLANTED PACEMAKER TESTING of atrioventricular (AV) sequential, rate responsive, or antitachycardia pacemakers, including reprogramming when required, not being a service associated with a service to which Item 11718, 11719, 11720, 11725 or 11726 applies</p> <p><b>Fee:</b> \$71.90      <b>Benefit:</b> 75% = \$53.95      85% = \$61.15</p>

## CATEGORY 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

NEW 1 Aug 20 11723	<p>Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1</p> <p>Conducting ambulatory electrocardiogram monitoring of a patient, by a specialist or consultant physician, if the service:</p> <ul style="list-style-type: none"> <li>(a) utilises a patient activated, single or multiple event recording, on a memory recording device which is connected continuously to the patient for up to 7 days and is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and</li> <li>(b) includes transmission, analysis, interpretation and formal report (including the indication for the investigation); and</li> <li>(c) is for investigation of recurrent episodes of:                         <ul style="list-style-type: none"> <li>(i) unexplained syncope; or</li> <li>(ii) palpitation; or</li> <li>(iii) other symptoms where a cardiac rhythm disturbance is suspected and where episodes are infrequent has occurred; and</li> </ul> </li> <li>(d) is applicable once in a 3 month period; and</li> <li>(e) the service does not apply if:                         <ul style="list-style-type: none"> <li>(i) the patient is an admitted patient.</li> </ul> </li> </ul> <p>(See para DN.1.26, DR.1.1 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$53.55      <b>Benefit:</b> 85% = \$45.55</p>
NEW 1 Aug 20 11729	<p>Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.2</p> <p>Multi channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts) or pharmacological stress, if:</p> <ul style="list-style-type: none"> <li>(a) the patient is aged 17 years or more; and:                         <ul style="list-style-type: none"> <li>(i) has symptoms consistent with cardiac ischemia; or</li> <li>(ii) has other cardiac disease which may be exacerbated by exercise; or</li> <li>(iii) has a first degree relatives with suspected heritable arrhythmia; and</li> </ul> </li> <li>(b) the exercise or pharmacological stress monitoring and recording:                         <ul style="list-style-type: none"> <li>(i) is not less than 20 minutes in duration; and</li> <li>(ii) includes resting electrocardiogram; and</li> <li>(iii) is performed on premises equipped with standard resuscitation equipment; and</li> <li>(iv) a person trained in exercise testing and cardiopulmonary resuscitation is in continuous attendance during the monitoring and recording; and</li> <li>(v) a second person trained in cardiopulmonary resuscitation is located at the premise where the testing is performed and is immediately available to respond at the time the exercise test is performed on the patient, if required; and</li> </ul> </li> <li>(c) a written report is produced by a medical practitioner that includes interpretation of the exercise or pharmacological stress monitoring and recording data, commenting on the significance of the data, and their relationship to clinical decision making for the patient in their clinical context; and</li> <li>(d) other than a service:                         <ul style="list-style-type: none"> <li>(i) provided on the same occasion as a service described in any of items 11704, 11705, 11707 or 11714 of the general medical services table; or</li> <li>(ii) performed within 24 months of a service to which any of items 55141, 55143, 55145, 55146, 61324, 61329, 61345, 61349 or 61357 of the diagnostic imaging services tables has applied</li> </ul> </li> </ul> <p>Applicable once in a 24 month period</p> <p>(See para DN.1.29, DR.1.2 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$156.95      <b>Benefit:</b> 75% = \$117.75    85% = \$133.45</p>

## CATEGORY 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

<p>NEW 1 Aug 20 11730</p>	<p>Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.3</p> <p>Multi channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts), if:</p> <ul style="list-style-type: none"> <li>(a) the patient is aged under 17 years; and:             <ul style="list-style-type: none"> <li>(i) has symptoms consistent with cardiac ischemia; or</li> <li>(ii) has other cardiac disease which may be exacerbated by exercise; or</li> <li>(iii) has a first degree relatives with suspected heritable arrhythmia; and</li> </ul> </li> <li>(b) the exercise or pharmacological stress monitoring and recording:             <ul style="list-style-type: none"> <li>(i) is not less than 20 minutes in duration; and</li> <li>(ii) includes resting electrocardiogram; and</li> <li>(iii) is performed on premises equipped with standard resuscitation equipment; and</li> <li>(iv) a person trained in exercise testing and cardiopulmonary resuscitation is in continuous attendance during the monitoring and recording; and</li> <li>(v) a second person trained in cardiopulmonary resuscitation is located at the premise where the testing is performed and is immediately available to respond at the time the exercise test is performed on the patient, if required; and</li> </ul> </li> <li>(c) a written report is produced by a medical practitioner that includes interpretation of the exercise or pharmacological stress monitoring and recording data, commenting on the significance of the data, and their relationship to clinical decision making for the patient in their clinical context; and</li> <li>(d) other than a service:             <ul style="list-style-type: none"> <li>(i) provided on the same occasion as a service described in any of items 11704, 11705, 11707 or 11714 of the general medical services table; or</li> <li>(ii) performed within 24 months of a service to which any of items 55141, 55143, 55145, 55146, 61324, 61329, 61345, 61349 or 61357 of the diagnostic imaging services tables has applied</li> </ul> </li> </ul> <p>Applicable once in a 24 month period (See para DN.1.30, DR.1.3 of explanatory notes to this Category) <b>Fee:</b> \$156.95      <b>Benefit:</b> 75% = \$117.75    85% = \$133.45</p>
<p>NEW 1 Aug 20 11731</p>	<p>Implanted electrocardiogram loop recording, by a medical practitioner, including reprogramming when required; retrieval of stored data, analysis, interpretation and report by a medical practitioner, if the service is:</p> <ul style="list-style-type: none"> <li>(a) an investigation for a patient with:             <ul style="list-style-type: none"> <li>(i) cryptogenic stroke; or</li> <li>(ii) recurrent unexplained syncope; and</li> </ul> </li> <li>(b) not a service to which item 38285 of the general medical services table applies; and</li> </ul> <p>Applicable once in a 4 week period. (See para DN.1.27 of explanatory notes to this Category) <b>Fee:</b> \$35.85      <b>Benefit:</b> 75% = \$26.90    85% = \$30.50</p>

Subgroup10 - Other Diagnostic Procedures and Investigations

<p>AMEND 1 Aug 20 12203</p>	<p>Overnight diagnostic assessment of sleep, for a period of at least 8 hours duration, for a patient aged 18 years or more, to confirm diagnosis of a sleep disorder, if:</p> <p>(a) either:</p> <p>(i) the patient has been referred by a medical practitioner to a qualified sleep medicine practitioner or a consultant respiratory physician who has determined that the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea based on a STOP-Bang score of 4 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more; or</p> <p>(ii) following professional attendance on the patient (either face-to-face or by video conference) by a qualified sleep medicine practitioner or a consultant respiratory physician, the qualified sleep medicine practitioner or consultant respiratory physician determines that assessment is necessary to confirm the diagnosis of a sleep disorder; and</p> <p>(b) the overnight diagnostic assessment is performed to investigate:</p> <p>(i) suspected obstructive sleep apnoea syndrome where the patient is assessed as not suitable for an unattended sleep study; or</p> <p>(ii) suspected central sleep apnoea syndrome; or</p> <p>(iii) suspected sleep hypoventilation syndrome; or</p> <p>(iv) suspected sleep-related breathing disorders in association with non-respiratory co-morbid conditions including heart failure, significant cardiac arrhythmias, neurological disease, acromegaly or hypothyroidism; or</p> <p>(v) unexplained hypersomnolence which is not attributed to inadequate sleep hygiene or environmental factors; or</p> <p>(vi) suspected parasomnia or seizure disorder where clinical diagnosis cannot be established on clinical features alone (including associated atypical features, vigilance behaviours or failure to respond to conventional therapy); or</p> <p>(vii) suspected sleep related movement disorder, where the diagnosis of restless legs syndrome is not evident on clinical assessment; and</p> <p>(c) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</p> <p>(d) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures:</p> <p>(i) airflow;</p> <p>(ii) continuous EMG;</p> <p>(iii) anterior tibial EMG;</p> <p>(iv) continuous ECG;</p> <p>(v) continuous EEG;</p> <p>(vi) EOG;</p> <p>(vii) oxygen saturation;</p> <p>(viii) respiratory movement (chest and abdomen);</p> <p>(ix) position; and</p> <p>(e) polygraphic records are:</p> <p>(i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and</p> <p>(ii) stored for interpretation and preparation of report; and</p> <p>(f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and</p> <p>(g) the overnight diagnostic assessment is not provided to the patient on the same occasion that a service mentioned in any of items 11000 to 11005, 11503, 11713 or 12250 is provided to the patient</p> <p>Applicable only once in any 12 month period (See para DN.1.17 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$606.35      <b>Benefit:</b> 75% = \$454.80 85% = \$521.65</p>
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CATEGORY 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

<p>AMEND 1 Aug 20 12204</p>	<p>Overnight assessment of positive airway pressure, for a period of at least 8 hours duration, for a patient aged 18 years or more, if:</p> <p>(a) the necessity for an intervention sleep study is determined by a qualified sleep medicine practitioner or consultant respiratory physician where a diagnosis of a sleep-related breathing disorder has been made; and</p> <p>(b) the patient has not undergone positive airway pressure therapy in the previous 6 months; and</p> <p>(c) following professional attendance on the patient by a qualified sleep medicine practitioner or a consultant respiratory physician (either face-to-face or by video conference), the qualified sleep medicine practitioner or consultant respiratory physician establishes that the sleep-related breathing disorder is responsible for the patient's symptoms; and</p> <p>(d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</p> <p>(e) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures:</p> <p>(i) airflow;</p> <p>(ii) continuous EMG;</p> <p>(iii) anterior tibial EMG;</p> <p>(iv) continuous ECG;</p> <p>(v) continuous EEG;</p> <p>(vi) EOG;</p> <p>(vii) oxygen saturation;</p> <p>(viii) respiratory movement;</p> <p>(ix) position; and</p> <p>(f) polygraphic records are:</p> <p>(i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and</p> <p>(ii) stored for interpretation and preparation of a report; and</p> <p>(g) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and</p> <p>(h) the overnight assessment is not provided to the patient on the same occasion that a service mentioned in any of items 11000 to 11005, 11503, 11713 or 12250 is provided to the patient</p> <p>Applicable only once in any 12 month period (See para DN.1.17 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$606.35      <b>Benefit:</b> 75% = \$454.80 85% = \$521.65</p>
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CATEGORY 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

<p>AMEND 1 Aug 20 12205</p>	<p>Follow-up study for a patient aged 18 years or more with a sleep-related breathing disorder, following professional attendance on the patient by a qualified sleep medicine practitioner or consultant respiratory physician (either face-to-face or by video conference), if:</p> <p>(a) any of the following subparagraphs applies:</p> <p>(i) there has been a recurrence of symptoms not explained by known or identifiable factors such as inadequate usage of treatment, sleep duration or significant recent illness;</p> <p>(ii) there has been a significant change in weight or changes in co-morbid conditions that could affect sleep-related breathing disorders, and other means of assessing treatment efficacy (including review of data stored by a therapy device used by the patient) are unavailable or have been equivocal;</p> <p>(iii) the patient has undergone a therapeutic intervention (including, but not limited to, positive airway pressure, upper airway surgery, positional therapy, appropriate oral appliance, weight loss of more than 10% in the previous 6 months or oxygen therapy), and there is either clinical evidence of sub-optimal response or uncertainty about control of sleep-disordered breathing; and</p> <p>(b) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</p> <p>(c) there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures:</p> <p>(i) airflow;</p> <p>(ii) continuous EMG;</p> <p>(iii) anterior tibial EMG;</p> <p>(iv) continuous ECG;</p> <p>(v) continuous EEG;</p> <p>(vi) EOG;</p> <p>(vii) oxygen saturation;</p> <p>(viii) respiratory movement (chest and abdomen);</p> <p>(ix) position; and</p> <p>(d) polygraphic records are:</p> <p>(i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and</p> <p>(ii) stored for interpretation and preparation of report; and</p> <p>(e) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and</p> <p>(f) the follow-up study is not provided to the patient on the same occasion that a service mentioned in any of items 11000 to 11005, 11503, 11713, or 12250 is provided to the patient</p> <p>Applicable only once in any 12 month period (See para DN.1.17 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$606.35      <b>Benefit:</b> 75% = \$454.80 85% = \$521.65</p>
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CATEGORY 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

<p>AMEND 1 Aug 20 12207</p>	<p>Overnight investigation, for a patient aged 18 years or more, for a sleep-related breathing disorder, following professional attendance by a qualified sleep medicine practitioner or a consultant respiratory physician (either face-to-face or by video conference), if:</p> <ul style="list-style-type: none"> <li>(a) the patient is referred by a medical practitioner; and</li> <li>(b) the necessity for the investigation is determined by a qualified sleep medicine practitioner before the investigation; and</li> <li>(c) there is continuous monitoring and recording, in accordance with current professional guidelines, of the following measures: <ul style="list-style-type: none"> <li>(i) airflow;</li> <li>(ii) continuous EMG;</li> <li>(iii) anterior tibial EMG;</li> <li>(iv) continuous ECG;</li> <li>(v) continuous EEG;</li> <li>(vi) EOG;</li> <li>(vii) oxygen saturation;</li> <li>(viii) respiratory movement (chest and abdomen)</li> <li>(ix) position; and</li> </ul> </li> <li>(d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</li> <li>(e) polygraphic records are: <ul style="list-style-type: none"> <li>(i) analysed (for assessment of sleep stage, arousals, respiratory events and assessment of clinically significant alterations in heart rate and limb movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and</li> <li>(ii) stored for interpretation and preparation of report; and</li> </ul> </li> <li>(f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and</li> <li>(g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items 11000 to 11005, 11503, 11713 or 12250 is provided to the patient; and</li> <li>(h) previous studies have demonstrated failure of continuous positive airway pressure or oxygen; and</li> <li>(i) if the patient has severe respiratory failure—a further investigation is indicated in the same 12 month period to which items 12204 and 12205 apply to a service for the patient, for the adjustment or testing, or both, of the effectiveness of a positive pressure ventilatory support device (other than continuous positive airway pressure) in sleep</li> </ul> <p>Applicable only once in the same 12 month period to which item 12204 or 12205 applies (See para DN.1.17 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$606.35      <b>Benefit:</b> 75% = \$454.80 85% = \$521.65</p>
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CATEGORY 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

<p>AMEND 1 Aug 20 12208</p>	<p>Overnight investigation for sleep apnoea for a period of at least 8 hours duration, for a patient aged 18 years or more, if:</p> <ul style="list-style-type: none"> <li>(a) a qualified sleep medicine practitioner or consultant respiratory physician has determined that the investigation is necessary to confirm the diagnosis of a sleep disorder; and</li> <li>(b) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</li> <li>(c) there is continuous monitoring and recording, in accordance with current professional guidelines, of the following measures:             <ul style="list-style-type: none"> <li>(i) airflow;</li> <li>(ii) continuous EMG;</li> <li>(iii) anterior tibial EMG;</li> <li>(iv) continuous ECG;</li> <li>(v) continuous EEG;</li> <li>(vi) EOG;</li> <li>(vii) oxygen saturation;</li> <li>(viii) respiratory movement (chest and abdomen);</li> <li>(ix) position; and</li> </ul> </li> <li>(d) polygraphic records are:             <ul style="list-style-type: none"> <li>(i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and</li> <li>(ii) stored for interpretation and preparation of report; and</li> </ul> </li> <li>(e) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and</li> <li>(f) a further investigation is indicated in the same 12 month period to which item 12203 applies to a service for the patient because insufficient sleep was acquired, as evidenced by a sleep efficiency of 25% or less, during the previous investigation to which that item applied; and</li> <li>(g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items 11000 to 11005, 11503, 11713 or 12250 is provided to the patient</li> </ul> <p>Applicable only once in any 12 month period (See para DN.1.17 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$606.35      <b>Benefit:</b> 75% = \$454.80 85% = \$521.65</p>
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CATEGORY 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

<p>AMEND 1 Aug 20 12250</p>	<p>Overnight investigation of sleep for a period of at least 8 hours of a patient aged 18 years or more to confirm diagnosis of obstructive sleep apnoea, if:</p> <p>(a) either:</p> <p>(i) the patient has been referred by a medical practitioner to a qualified sleep medicine practitioner or a consultant respiratory physician who has determined that the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea based on a STOP-Bang score of 4 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more; or</p> <p>(ii) following professional attendance on the patient (either face-to-face or by video conference) by a qualified sleep medicine practitioner or a consultant respiratory physician, the qualified sleep medicine practitioner or consultant respiratory physician determines that investigation is necessary to confirm the diagnosis of obstructive sleep apnoea; and</p> <p>(b) during a period of sleep, there is continuous monitoring and recording, performed in accordance with current professional guidelines, of the following measures:</p> <p>(i) airflow;</p> <p>(ii) continuous EMG;</p> <p>(iii) continuous ECG;</p> <p>(iv) continuous EEG;</p> <p>(v) EOG;</p> <p>(vi) oxygen saturation;</p> <p>(vii) respiratory effort; and</p> <p>(c) the investigation is performed under the supervision of a qualified sleep medicine practitioner; and</p> <p>(d) either:</p> <p>(i) the equipment is applied to the patient by a sleep technician; or</p> <p>(ii) if this is not possible—the reason it is not possible for the sleep technician to apply the equipment to the patient is documented and the patient is given instructions on how to apply the equipment by a sleep technician supported by written instructions; and</p> <p>(e) polygraphic records are:</p> <p>(i) analysed (for assessment of sleep stage, arousals, respiratory events and cardiac abnormalities) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and</p> <p>(ii) stored for interpretation and preparation of report; and</p> <p>(f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and</p> <p>(g) the investigation is not provided to the patient on the same occasion that a service mentioned in any of items 11000 to 11005, 11503, 11713 and 12203 is provided to the patient</p> <p>Applicable only once in any 12 month period (See para DN.1.17 of explanatory notes to this Category) Fee: \$345.75 Benefit: 75% = \$259.35 85% = \$293.90</p>
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## Category 3: Therapeutic Procedures

### Explanatory Notes

#### TN.11.1 Botulinum Toxin - (Items 18350 to 18379)

The Therapeutic Goods Administration (TGA) assesses each indication for the therapeutic use of botulinum toxin on an individual basis. There are currently three botulinum toxin agents with TGA registration (Botox®, Dysport® and Xeomin®). Each has undergone a separate evaluation of its safety and efficacy by the TGA as they are neither bioequivalent, nor dose equivalent. When claiming under an item for the injection of botulinum toxin, only the botulinum toxin agent specified in the item can be used. Benefits are not payable where an agent other than that specified in the item is used.

The TGA assesses each indication for the therapeutic use of botulinum toxin by assessment of clinical evidence for its use in paediatric or adult patients. Where an indication has been assessed for adult use, data has generally been assessed using patients over 12 years of age. Paediatric indications have been assessed using data from patients under 18 years of age. Botulinum toxin should only be administered to patients under the age of 18 where an item is for a paediatric indication, and patients over 12 years of age where the item is for an adult indication, unless otherwise specified.

Items for the administration of botulinum toxin can only be claimed by a medical practitioner who is recognised as an eligible medical practitioner for the relevant indication under the arrangements under Section 100 of the National Health Act 1953 (the Act) relating to the use and supply of botulinum toxin. The specialist qualifications required to administer botulinum toxin vary across the indications for which the medicine is listed on the PBS, and are detailed within the relevant PBS restrictions available at: [www.pbs.gov.au/browse/section100-mf](http://www.pbs.gov.au/browse/section100-mf)

Item 18354 for the treatment of equinus, equinovarus or equinovalgus is limited to a maximum of 4 injections per patient on any day (2 per limb). Accounts should be annotated with the limb which has been treated. Item 18292 may not be claimed for the injection of botulinum toxin, but may be claimed where a neurolytic agent (such as phenol) is used, in addition to botulinum toxin injection(s), to treat the obturator nerve in patients with a dynamic foot deformity.

Treatment under item 18375 or 18379 can only continue if the patient achieves at least a 50% reduction in urinary incontinence episodes from baseline from the start of week 6 through to the end of week 12 after the first treatment. The term 'continue' means the patient can be retreated under item 18375 or 18379 at some point after the 12 week period (for example; 6 to 12 months after the first treatment). This requirement is in line with the PBS listing for the supply of the medicine for this indication under Section 100 of the Act.

Item 18362 for the treatment of severe primary axillary hyperhidrosis allows for a maximum number of 3 treatments per patient in a 12 month period, with no less than 4 months to elapse between treatments.

Botulinum toxin which is not supplied and administered in accordance with the arrangements under Section 100 of the Act is not required to be provided free of charge to patients. Where a charge is made for the botulinum toxin administered, it must be separately listed on the account and not billed to Medicare. Since 1 September 2015, PBS patient co-payments have applied to botulinum toxin supplied and administered in accordance with the arrangements under Section 100 of the Act.

The Department of Human Services (DHS) has developed a Health Practitioner Guideline to substantiate that a patient had a pre-existing condition at the time of the service which is located on the DHS website.

Group T11 - Botulinum Toxin Injections

<p>AMEND 1 Aug 20 18365</p>	<p>Botulinum Toxin Type A Purified Neurotoxin Complex (Botox) or Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport) or IncobotulinumtoxinA (Xeomin), injection of, for the treatment of moderate to severe spasticity of the upper limb following an acute event, if:</p> <p>(a) the patient is at least 18 years of age; and</p> <p>(b) treatment is provided as:</p> <p style="padding-left: 20px;">(i) second line therapy when standard treatment for the condition has failed; or</p> <p style="padding-left: 20px;">(ii) an adjunct to physical therapy; and</p> <p>(c) the patient does not have established severe contracture in the limb that is to be treated; and</p> <p>(d) the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each upper limb), including all injections per set; and</p> <p>(e) for a patient who has received treatment on 2 previous separate occasions - the patient has responded to the treatment</p> <p>(See para TN.11.1 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$128.75      <b>Benefit:</b> 75% = \$96.60 85% = \$109.45</p>
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## Category 5: Diagnostic Imaging Services

### Explanatory Notes

#### IN.0.19 Bulk Billing Incentive

Out-of-hospital services (except item 61369) attract higher benefits when they are bulk billed by the provider.

For other than items in Group I5 - Magnetic Resonance Imaging (MRI) - benefits for bulk billed services are payable at 95% of the schedule fee for the item. For MRI services, benefits for bulk billed services are payable at 100% of the schedule for the item.

#### IN.1.3 Echocardiography - Initial study

##### Indications

Examples of other rare but acceptable indications include (but are not limited to): sudden death of an immediate relative, prior to the commencement of specific drugs which require cardiac monitoring, and for patients scheduled for cardiac surgery who have not previously had an echocardiogram.

##### Providers

Providers of this item number should meet the Level 1 requirements described in the Cardiac Society of Australia & New Zealand Guidelines for Training and Performance in Adult Echocardiography or equivalent. [https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo\\_2015-February.pdf](https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo_2015-February.pdf)

##### Results

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

#### IN.1.4 Echocardiography - Primary valvular

Recommended intervals adapted from the 2014 American Heart Association/American College of Cardiology Guideline for the Management of Patients with Valvular Heart Disease.

The guidelines are available at: [http://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm\\_462851.pdf](http://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_462851.pdf)

##### Mild to moderate disease:

Aortic stenosis should have a repeat every 3-5 years for mild disease and 1-2 years for moderate disease.

Other valvular disease should NOT have repeat imaging more frequently than every 3 years for mild disease and every 1-2 years for moderate disease.

**Severe disease:** should be monitored in line with the guidelines.

##### Provider

Providers of this item number should meet the Level 1 requirements described in the CSANZ Guidelines for Training and Performance in Adult Echocardiography or equivalent. [https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo\\_2015-February.pdf](https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo_2015-February.pdf)

**Results**

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

**IN.1.5 Echocardiography - Structural Heart Disease and Heart failure**

**Indications**

When requesting this service the provider should adhere to the National Heart Foundation/Cardiac Society of Australia & New Zealand guidelines which state “An echocardiogram is usually repeated 3-6 months after commencing medical therapy in patients with heart failure and reduced ejection fraction (HFrEF) or if there is a change in clinical status, or to determine eligibility for other pharmacological treatments (e.g. switching an ACE inhibitor or angiotensin receptor blocker to an angiotensin receptor neprilysin inhibitor [ARNI], adding ivabradine) or to determine eligibility for device therapy (ICD and CRT)”

**Providers**

Providers of this item number should meet the Level 1 requirements described in the CSANZ Guidelines for Training and Performance in Adult Echocardiography or equivalent. [https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo\\_2015-February.pdf](https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo_2015-February.pdf)

**Results**

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

**IN.1.6 Echocardiography - Paediatric and Adult Congenital Heart Disease**

**Providers**

For patients under 17 years it is expected that this service will be conducted by a paediatric cardiologist or appropriately qualified sonographer under the paediatric cardiologist's supervision.

For patients 17 years and over with complex congenital heart disease it is expected that this service will be provided by a specialist practicing in the area of congenital heart disease or appropriately qualified sonographer under the specialist's supervision.

Providers of this service for patients under 17 years should meet the requirements described in the Cardiac Society of Australia & New Zealand guidelines for paediatric echocardiography, and should be competent to perform paediatric echocardiography. [https://www.csanz.edu.au/wp-content/uploads/2016/09/Paeds-Echo-Standards-of-Practice\\_2015\\_ratified\\_11-March-2016.pdf](https://www.csanz.edu.au/wp-content/uploads/2016/09/Paeds-Echo-Standards-of-Practice_2015_ratified_11-March-2016.pdf)

Providers of this item number for patients 17 years and over with complex congenital heart disease should meet the Level 2 requirements described in the Cardiac Society of Australia & New Zealand Guidelines for Training and Performance in Adult Echocardiography. [https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo\\_2015-February.pdf](https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo_2015-February.pdf)

**Indications**

Complex congenital heart disease does not include single lesions which are haemodynamically insignificant and uncomplicated.

Examples of non-complex congenital lesions include but are not limited to:

- i) isolated atrial septal defect,
- ii) ventricular septal defect,
- iii) patent ductus arteriosus,
- iv) mitral valve prolapse,
- v) bicuspid aortic valve,
- vi) other isolated congenital valvular disease including congenital aortic stenosis or
- vii) aortic root dilation

Accepted for use in those persons under 17 years with significant genetic syndromes or dysrhythmias that are likely to lead to substantial structural or functional abnormalities.

### Results

Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

### Paediatric Investigations and Consultations

For investigations performed by a specialist paediatric or fetal cardiologist, co-claiming of a consultation with the investigation is permitted even when a consultation was not specifically requested when:

- the paediatric patient was referred for an investigation; and
- the paediatric patient was not known to the provider; and
- the paediatric patient was not under the care of another paediatric cardiologist; and
- the findings on the investigation appropriately warranted a consultation.

The paediatric co-claiming exception should not be applied to adult cardiologists treating or investigating adult congenital heart disease, unless the consultation service is provided after the echocardiographic examination where clinical management decisions are made, or the decision to perform the echocardiographic examination on the same day was made during the consultation service subject to clinical assessment.

### IN.1.7 Echocardiography - Frequent repetition (Item 55133)

#### Providers

Providers of this item number should meet the Level 1 requirements described in the Cardiac Society of Australia & New Zealand Guidelines for Training and Performance in Adult Echocardiography or equivalent. [https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo\\_2015-February.pdf](https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo_2015-February.pdf)

#### Results

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

### IN.1.8 Repeat Echocardiogram (Item 55134)

#### Providers

It is expected that on average, a limited percentage of a provider's services would be claimed under this item. However it is acknowledged that some providers in specific areas of clinical practice may have higher rates that are clinically appropriate, and substantiation of this appropriateness (such as compliance with guidelines or best practice) may be requested by the Department of Health's compliance area and will be considered during any clinical audit activities.

Providers of this item number should meet the Level 1 requirements described in the Cardiac Society of Australia & New Zealand Guidelines for Training and Performance in Adult Echocardiography or equivalent at [https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo\\_2015-February.pdf](https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo_2015-February.pdf)

#### Results

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult

### IN.1.9 Echocardiogram fetal item (55137)

#### Providers

This item may be claimed for fetal cardiac evaluation (claimed against the mother). It is expected that this service will be conducted by a paediatric cardiologist trained in fetal echocardiography or appropriately qualified sonographer under the paediatric cardiologist's supervision.

Providers of this item number should meet the:

- the Cardiac Society of Australia & New Zealand Guidelines for Paediatric Echocardiography for paediatric patients; and
- be competent to perform fetal echocardiography.

The Cardiac Society of Australia & New Zealand Guidelines for Paediatric Echocardiography are available at [https://www.csanz.edu.au/wp-content/uploads/2016/09/Paeds-Echo-Standards-of-Practice\\_2015\\_ratified\\_11-March-2016.pdf](https://www.csanz.edu.au/wp-content/uploads/2016/09/Paeds-Echo-Standards-of-Practice_2015_ratified_11-March-2016.pdf)

#### Indications

For use when there is suspected or confirmed congenital structural or functional abnormality, fetal cardiac rhythm abnormalities, or where co-pathology, maternal illness or family history creates an increased risk of congenital cardiac abnormality requiring review by a paediatric cardiologist with specialist training and ongoing involvement in fetal cardiology.

#### Results

Discussion of these findings with a patient (mother) does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

For investigations performed by a specialist paediatric cardiologist (with fetal cardiology training), co-claiming of a consultation with the investigation is permitted even when a consultation was not specifically requested when:

- the patient was referred for an investigation; and
- the patient was not known to the provider; and
- the findings on the investigation appropriately warranted a consultation.

### IN.1.10 Functional studies include stress echocardiograms and myocardial perfusion studies

#### Functional studies include stress echocardiograms and nuclear myocardial perfusion studies

#### Indications

Assessment before cardiac surgery or catheter-based interventions to ensure the criteria for intervention are met could include assessment of the severity of aortic stenosis in patients with impaired left ventricular function or obtaining objective evidence of the correlation between functional capacity and ischaemic threshold.

A calcium score of zero is normal in adults and clinician judgement should be applied for scores of 0-10 (does not apply to persons under 17 years).

#### Providers

Appropriately trained means a provider that meets the level 2 requirements for stress echocardiography as described in the Cardiac Society of Australia & New Zealand Guidelines for Training and Performance in Adult Echocardiography or CSANZ Guidelines for Training and Performance in Paediatric Echocardiography, or an equivalent training standard.

This available at: [https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo\\_2015-February.pdf](https://www.csanz.edu.au/wp-content/uploads/2015/04/Adult-Echo_2015-February.pdf)

A complete echocardiogram refers to services performed under items 55126, 55127, 55128, 55129, 55132, 55134 and 55137.

In most cases, stress echocardiography and myocardial perfusion studies provide equivalent information. Consideration should be given to the radiation burden of any test that is requested when determining the appropriate modality for a patient, and the patient should be fully informed and involved in this decision.



**Results**

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

**IN.4.1 Single Rest Myocardial Perfusion Study - Item 61321**

**Item interpretation**

A service provided under new item 61321 is for a single rest myocardial perfusion study (MPS) for the assessment of extent and severity of viable and non-viable heart tissue (myocardium), when performed on a patient with left ventricular systolic dysfunction, using a single rest technetium-99m (Tc-99m) protocol.

**Results**

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

**IN.4.2 Single Rest Myocardial Perfusion Study Item 61325**

**Item indication**

A service provided under new item 61325 is for a single rest myocardial perfusion study (MPS) for the assessment of extent and severity of viable and non-viable heart tissue (myocardium), when performed on a patient with left ventricular systolic dysfunction. This item allows the use of an initial rest study followed by redistribution study, later the same day, with or without 24 hour imaging, with thallous chloride-201 (Tl-201).

**Claiming**

This item can be claimed twice in a 24 month period, however it would be expected that the item would be claimed twice in a 24 hour period to reflect the requirements of the study.

**Results**

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

**IN.4.3 Myocardial Perfusion Study Items (61324, 61329, 61345, 61349 and 61357)**

**Stress Myocardial Perfusion Study Items (61324, 61329, 61345, 61349 and 61357)**

Functional studies include stress echocardiograms and nuclear myocardial perfusion studies.

In most cases, stress echocardiography and myocardial perfusion studies provide equivalent information. Consideration should be given to the radiation burden of any test that is requested when determining the appropriate modality for a patient, the patient should be fully informed and involved in this decision.

A calcium score of zero is normal in adults and clinician judgement should be applied for scores of 0-10 (does not apply to persons under 17 years).

**Results**

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

**IR.0.1 Stress echocardiography indications and requirements of use**

1. For any particular patient, item 55141, 55143, 55145 or 55146 applies if one or more of the following is applicable:
  - a. if the patient displays one or more of the following symptoms of typical or atypical angina:
    - i. constricting discomfort in the:
      - a. front of the chest; or
      - b. neck; or
      - c. shoulders; or
      - d. jaw; or
      - e. arms; or
    - ii. the patient's symptoms, as described in subparagraph (3)(a)(i), are precipitated by physical exertion; or
    - iii. the patient's symptoms, as described in subparagraph (3)(a)(i), are relieved by rest or glyceryl trinitrate within 5 minutes or less; or
  - b. if the patient has known coronary artery disease and displays one or more symptoms that are suggestive of ischaemia:
    - i. which are not adequately controlled with medical therapy; or
    - ii. have evolved since the last functional study; or
  - c. if the patient qualifies for one or more of the following indications:
    - i. assessment of myocardial ischaemia with exercise is required if a patient with congenital heart lesions has undergone surgery and reversal of ischemia is considered possible; or
    - ii. assessment indicates that resting 12 lead electrocardiogram changes are consistent with coronary artery disease or ischaemia, in a patient that is without known coronary artery disease; or
    - iii. coronary artery disease related lesions, of uncertain functional significance, which have previously been identified on computed tomography coronary angiography or invasive coronary angiography; or
    - iv. assessment indicates that the patient has potential non-coronary artery disease, which includes undue exertional dyspnoea of uncertain aetiology; or
    - v. a pre-operative assessment of a patient with functional capacity of less than 4 metabolic equivalents confirming that surgery is intermediate to high risk, and the patient has at least one of following conditions:
      - a. ischaemic heart disease or previous myocardial infarction; or
      - b. heart failure; or
      - c. stroke or transient ischaemic attack; or
      - d. renal dysfunction (serum creatinine greater than 170umol/L or 2 mg/dL or a creatinine clearance of less than 60 mL/min); or
      - e. diabetes mellitus requiring insulin therapy; or
    - vi. assessment before cardiac surgery or catheter-based interventions is required to:
      - a. increase the cardiac output to assess the severity of aortic stenosis; or
      - b. determine whether valve regurgitation worsens with exercise and/or correlates with functional capacity; or
      - c. correlate functional capacity with the ischaemic threshold; or
    - vii. for patients where silent myocardial ischaemia is suspected, or due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.
2. For any particular patient, the request for a service to be provided under item 55141, 55143, 55145 or 55146 must identify the symptom/s or clinical indications/s, as outlined in subclause 1.1.1(3).
3. For any particular patient, item 55141, 55143, 55145 or 55146 applies to a service if:
  - a. the diagnostic imaging procedure is performed on premises equipped with resuscitation equipment, which includes a defibrillator; and
  - b. the diagnostic imaging procedure is performed by a person trained in exercise testing and cardiopulmonary resuscitation who is in personal attendance during the procedure; and
  - c. a second person trained in exercise testing and cardiopulmonary resuscitation is located at the diagnostic imaging premise where the procedure is performed and is immediately available to respond at the time the exercise test is performed on the patient, if required; and
  - d. one of the persons mentioned in paragraphs (b) and (c) must be a medical practitioner.

4. Limitation of ultrasound items 55141, 55143, 55145 and 55146

1. For any particular patient, a service under item 55141, 55143, 55145 and 55146 does not apply if:
  - a. the patient has body habitus or other physical condition/s (including heart rhythm disturbance) to the extent where a stress echocardiography would not provide adequate information; or
  - b. the patient is unable to exercise to the extent where a stress echocardiography would not provide adequate information; or
  - c. results of a previous imaging service indicate that a stress echocardiography service would not provide adequate information.

**IR.1.1 Repeat Stress echo requirements 55143**

1. For any particular patient, item 55143 applies to a service if:

- a. the service is for an exercise stress echocardiography and includes all of the following:
  - i. two-dimensional recordings before exercise (baseline) from at least 2 acoustic windows; and
  - ii. matching recordings at or immediately after peak exercise, which include at least parasternal short and long axis views, and apical 4-chamber and 2 chamber views; and
  - iii. recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen; and
  - iv. resting electrocardiogram and continuous multi-channel electrocardiogram monitoring and recording during stress; and
  - v. blood pressure monitoring and the recording of other parameters (including heart rate); or
- b. the service is for a pharmacological stress echocardiography and includes all of the following:
  - i. two-dimensional recordings before drug infusion (baseline) from at least 2 acoustic windows; and
  - ii. matching recordings at least twice during drug infusion, including a recording at the peak drug dose, which include at least parasternal short and long axis views, and apical 4-chamber and 2 chamber views; and
  - iii. recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen; and
  - iv. resting electrocardiogram and continuous multi-channel electrocardiogram monitoring and recording during stress; and
  - v. blood pressure monitoring and the recording of other parameters (including heart rate).

**IR.1.2 Echocardiography and attendance requirements**

1. For any particular patient, a service associated with an attendance item listed in Part 2 of the general medical services table does not apply if a service to which item 55126, 55127, 55128, 55129, 55132, 55133, 55134, 55137, 55141, 55143, 55145 or 55146 applies is provided on the same day; unless:

- a. the attendance service is provided after the service where clinical management decisions are made; or
- b. the decision to perform the service on the same day was made during the attendance service subject to clinical assessment.

**IR.1.3 Echocardiography Multiple Services Rule (EMSR)**

1. If one or more services in paragraph (a) is rendered with one or more services in paragraph (b) for the same patient on the same day by the same medical practitioner, then the item with the lesser fee will be reduced by 40% of the fee.

2. The items applicable to the echocardiography multiple services fee reduction rule are:

- a. a service to which one or more of items 55126, 55127, 55128, 55129, 55132, 55133, 55134 or 55137 apply; and
- b. a service to which one or more of items 55141, 55143, 55145 or 55146 apply.

**IR.4.1 Stress myocardial perfusion studies - Indications and requirements of use**

1. For any particular patient, item 61324, 61329, 61345, 61349 or 61357 applies if one or more of the following is applicable:

- a. if the patient displays one or more of the following symptoms of typical or atypical angina:
  - i. constricting discomfort in the:
    - a. front of the chest; or
    - b. neck; or
    - c. shoulders; or
    - d. jaw; or
    - e. arms; or
  - ii. the patient's symptoms, as described in subparagraph (3)(a)(i), are precipitated by physical exertion; or
  - iii. the patient's symptoms, as described in subparagraph (3)(a)(i), are relieved by rest or glyceryl trinitrate within 5 minutes or less; or

- b. if the patient has known coronary artery disease, and displays one or more symptoms that are suggestive of ischaemia:
    - i. which are not adequately controlled with medical therapy; or
    - ii. which have evolved since the last functional study; or
  - c. if the patient qualifies for one or more of the following indications:
    - i. assessment indicates that resting 12 lead electrocardiogram changes are consistent with coronary artery disease or ischaemia, in a patient that is without known coronary artery disease; or
    - ii. coronary artery disease related lesions, of uncertain functional significance, which have previously been identified on computed tomography coronary angiography or invasive coronary angiography; or
    - iii. an assessment by a specialist or consultant physician indicates that the patient has possible painless myocardial ischaemia, which includes undue exertional dyspnoea of uncertain aetiology; or
    - iv. a pre-operative assessment of a patient with functional capacity of less than 4 metabolic equivalents, confirming that surgery is intermediate to high risk, and the patient has at least one of following conditions:
      - a. ischaemic heart disease or previous myocardial infarction; or
      - b. heart failure; or
      - c. stroke or transient ischaemic attack; or
      - d. renal dysfunction (serum creatinine greater than 70µmol/L or 2 mg/dL or a creatinine clearance of less than 60 mL/min); or
      - e. diabetes mellitus requiring insulin therapy: or
    - v. quantification of extent and severity of myocardial ischaemia, before either percutaneous coronary intervention or coronary bypass surgery, to ensure the criteria for intervention are met; or
    - vi. assessment of relative amounts of ischaemic viable myocardium and non-viable (infarcted) myocardium, in patients with previous myocardial infarction; or
    - vii. assessment of myocardial ischaemia with exercise is required, if a patient with congenital heart lesions has undergone surgery and reversal of ischemia is considered possible; or
    - viii. assessment of myocardial perfusion in a person who is under 17 years old with coronary anomalies, before and after cardiac surgery for congenital heart disease, or where there is a probable or confirmed coronary artery abnormality; or
    - ix. for patients where myocardial perfusion abnormality is suspected but due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.
2. For any particular patient, the request for a service to be provided under item 61324, 61329, 61345, 61349 or 61357 must identify the symptom/s or clinical indications/s, as outlined in subclause 1.2.1(1).
3. For any particular patient, item 61324, 61329, 61345, 61349 or 61357 applies to a service if:
- a. the diagnostic imaging procedure is performed on premises equipped with resuscitation equipment, which includes a defibrillator; and
  - b. the diagnostic imaging procedure is performed by a person trained in cardiopulmonary resuscitation who is in personal attendance during the procedure; and
  - c. a second person trained in exercise testing and cardiopulmonary resuscitation is located at the diagnostic imaging premise where the procedure is performed and is immediately available to respond at the time the exercise test is performed on the patient, if required; and
  - d. one of the persons mentioned in paragraphs (b) and (c) must be a medical practitioner.
4. For any particular patient, a service associated with an attendance item listed in Part 2 of the general medical services table does not apply if a service to which item 61324, 61329, 61345, 61349 or 61357 applies is provided in the same day; unless:
- a. the attendance service is provided after the service where clinical management decisions are made; or
  - b. the decision to perform the service on the same day was made during the attendance service subject to clinical assessment.
5. Limitation of items 61324, 61329, 61345 and 61357
- 1. Item 61324, 61329, 61345 or 61357 are applicable not more than once in any 24 month period if the patient is 17 years old or older.

#### IR.4.2 Single rest myocardial perfusion studies - requirements for use

1. For any particular patient, a service associated with an attendance item listed in Part 2 of the general medical services table does not apply if a service to which item 61321 or 61325 applies is provided in the same day; unless:
- a. the attendance service is provided after the service where clinical management decisions are made; or
  - b. the decision to perform the service on the same day was made during the attendance service subject to clinical assessment.
2. Limitations of items 61321 and 61325
- 1. Item 61321 is applicable not more than once in any 24 month period if the patient is 17 years old or older.
  - 2. Item 61325 is applicable not more than twice in any 24 month period if the patient is 17 years old or older.

Group I1. Ultrasound

Subgroup 7. Transthoracic Echocardiogram and Stress Echocardiogram

<p>NEW 1 Aug 20 55126</p>	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Initial real time echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media:</p> <p>(a) for the investigation of any of the following:</p> <ul style="list-style-type: none"> <li>(i) symptoms or signs of cardiac failure; or</li> <li>(ii) suspected or known ventricular hypertrophy or dysfunction; or</li> <li>(iii) pulmonary hypertension; or</li> <li>(iv) valvular, aortic, pericardial, thrombotic or embolic disease; or</li> <li>(v) heart tumour; or</li> <li>(vi) symptoms or signs of congenital heart disease; or</li> <li>(vii) other rare indications; and</li> </ul> <p>(b) if the service involves all of the following, where possible:</p> <ul style="list-style-type: none"> <li>(i) assessment of left ventricular structure and function including quantification of systolic function using M-mode, 2-dimensional or 3-dimensional imaging and diastolic function; and</li> <li>(ii) assessment of right ventricular structure and function with quantitative assessment; and</li> <li>(iii) assessment of left and right atrial structure including quantification of atrial sizes; and</li> <li>(iv) assessment of vascular connections of the heart including the great vessels and systemic venous structures; and</li> <li>(v) assessment of pericardium and assessment of any haemodynamic consequences of pericardial abnormalities; and</li> <li>(vi) assessment of all present valves including structural assessment and measurement of blood flow velocities across the valves using pulsed wave and continuous wave Doppler techniques with quantification of stenosis or regurgitation; and</li> <li>(vii) assessment of additional haemodynamic parameters including the assessment of pulmonary pressures; and</li> </ul> <p>(c) not being a service associated with a service to which another item in this Subgroup (except items 55137, 55141, 55143, 55145 and 55146) or an item in Subgroup 2 (except items 55118 and 55130) applies; and</p> <p>(d) cannot be claimed within 24 months if a service associated with a service to which item 55127, 55128, 55129, 55132, 55133 or 55134 is provided</p> <p>For any particular patient, applicable not more than once in 24 months (R) (See para IN.0.19, IN.1.3, IR.1.2, IR.1.3 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$234.15      <b>Benefit:</b> 75% = \$175.65    85% = \$199.05</p>
<p>NEW 1 Aug 20 55127</p>	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Repeat serial real time echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, for the investigation of known valvular dysfunction, if:</p> <p>(a) the service involves all of the following, where possible:</p> <ul style="list-style-type: none"> <li>(i) assessment of left ventricular structure and function including quantification of systolic function using M-mode, 2-dimensional or 3-dimensional imaging and diastolic function; and</li> <li>(ii) assessment of right ventricular structure and function with quantitative assessment; and</li> <li>(iii) assessment of left and right atrial structure including quantification of atrial sizes; and</li> <li>(iv) assessment of vascular connections of the heart including the great vessels and systemic venous structures; and</li> <li>(v) assessment of pericardium and assessment of any haemodynamic consequences of pericardial abnormalities; and</li> <li>(vi) assessment of all present valves including structural assessment and measurement of blood flow velocities across the valves using pulsed wave and continuous wave Doppler techniques with quantification of stenosis or regurgitation; and</li> <li>(vii) assessment of additional haemodynamic parameters including the assessment of pulmonary pressures; and</li> </ul> <p>(b) the service is requested by a specialist or consultant physician; and</p> <p>(c) not being a service associated with a service to which another item in this Subgroup (except items 55137, 55141, 55143, 55145 and 55146) or an item in Subgroup 2 (except items 55118 and 55130) applies (R) (See para IN.0.19, IN.1.4, IR.1.2, IR.1.3 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$234.15      <b>Benefit:</b> 75% = \$175.65    85% = \$199.05</p>

## CATEGORY 5 - DIAGNOSTIC IMAGING

<p>NEW 1 Aug 20 55128</p>	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Repeat serial real time echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, for the investigation of known valvular dysfunction, if:</p> <p>(a) the service involves all of the following, where possible:</p> <ul style="list-style-type: none"> <li>(i) assessment of left ventricular structure and function including quantification of systolic function using M-mode, 2-dimensional or 3-dimensional imaging and diastolic function; and</li> <li>(ii) assessment of right ventricular structure and function with quantitative assessment; and</li> <li>(iii) assessment of left and right atrial structure including quantification of atrial sizes; and</li> <li>(iv) assessment of vascular connections of the heart including the great vessels and systemic venous structures; and</li> <li>(v) assessment of pericardium and assessment of any haemodynamic consequences of pericardial abnormalities; and</li> <li>(vi) assessment of all present valves including structural assessment and measurement of blood flow velocities across the valves using pulsed wave and continuous wave Doppler techniques with quantification of stenosis or regurgitation; and</li> <li>(vii) assessment of additional haemodynamic parameters including the assessment of pulmonary pressures; and</li> </ul> <p>(b) the service is requested by a medical practitioner (other than a specialist or consultant physician) at, or from, a practice location in:</p> <ul style="list-style-type: none"> <li>(i) a Modified Monash 3 area; or</li> <li>(ii) a Modified Monash 4 area; or</li> <li>(iii) a Modified Monash 5 area; or</li> <li>(iv) a Modified Monash 6 area; or</li> <li>(v) a Modified Monash 7 area; and</li> </ul> <p>(c) not being a service associated with a service to which another item in this Subgroup (except items 55137, 55141, 55143, 55145 and 55146) or an item in Subgroup 2 (except items 55118 and 55130) applies (R) (See para IN.0.19, IN.1.4, IR.1.2, IR.1.3 of explanatory notes to this Category) <b>Fee:</b> \$234.15      <b>Benefit:</b> 75% = \$175.65    85% = \$199.05</p>
<p>NEW 1 Aug 20 55129</p>	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Repeat serial real time echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, excluding valvular dysfunction (when valvular dysfunction is the primary condition):</p> <p>(a) for the investigation of any of the following:</p> <ul style="list-style-type: none"> <li>(i) symptoms or signs of cardiac failure; or</li> <li>(ii) suspected or known ventricular hypertrophy or dysfunction; or</li> <li>(iii) pulmonary hypertension; or</li> <li>(iv) aortic, thrombotic, embolic disease or pericardial disease (excluding isolated pericardial effusion or pericarditis); or</li> <li>(v) heart tumour; or</li> <li>(vi) structural heart disease; or</li> <li>(vii) other rare indications; and</li> </ul> <p>(b) if the service involves all of the following, where possible:</p> <ul style="list-style-type: none"> <li>(i) assessment of left ventricular structure and function including quantification of systolic function using M-mode, 2-dimensional or 3-dimensional imaging and diastolic function; and</li> <li>(ii) assessment of right ventricular structure and function with quantitative assessment; and</li> <li>(iii) assessment of left and right atrial structure including quantification of atrial sizes; and</li> <li>(iv) assessment of vascular connections of the heart including the great vessels and systemic venous structures; and</li> <li>(v) assessment of pericardium and assessment of any haemodynamic consequences of pericardial abnormalities; and</li> <li>(vi) assessment of all present valves including structural assessment and measurement of blood flow velocities across the valves using pulsed wave and continuous wave Doppler techniques with quantification of stenosis or regurgitation if present; and</li> <li>(vii) assessment of additional haemodynamic parameters including the assessment of pulmonary pressures when possible; and</li> </ul> <p>(c) the service is requested by a specialist or consultant physician; and</p> <p>(d) not being a service associated with a service to which another item in this Subgroup (except items 55137, 55141, 55143, 55145 and 55146) or an item in Subgroup 2 (except items 55118 and 55130) applies (R) (See para IN.0.19, IN.1.5, IR.1.2, IR.1.3 of explanatory notes to this Category) <b>Fee:</b> \$234.15      <b>Benefit:</b> 75% = \$175.65    85% = \$199.05</p>

## CATEGORY 5 - DIAGNOSTIC IMAGING

NEW 1 Aug 20 55132	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Serial real time echocardiographic examination of the heart with real time colour flow mapping from at least 4 acoustic windows, with recordings on digital media, for the investigation of a patient who is under 17 years of age, or a patient of any age with complex congenital heart disease, if:</p> <p>(a) the service involves the all of the following, where possible:</p> <ul style="list-style-type: none"> <li>(i) assessment of ventricular structure and function including quantification of systolic function (if the ventricular configuration allows accurate quantification) using at least one of M-mode, 2-dimensional or 3-dimensional imaging; and</li> <li>(ii) assessment of diastolic function; and</li> <li>(iii) assessment of atrial structure including quantification of atrial sizes; and</li> <li>(iv) assessment of vascular connections of the heart including the great vessels and systemic venous structures; and</li> <li>(v) assessment of pericardium and assessment of any haemodynamic consequences of pericardial abnormalities; and</li> <li>(vi) assessment of all present valves including structural assessment and measurement of blood flow velocities across the valves using relevant Doppler techniques with quantification; and</li> <li>(vii) subxiphoid views where recommended for congenital heart lesions; and</li> <li>(viii) additional haemodynamic parameters relevant to the clinical condition under review; and</li> </ul> <p>(b) the service is performed by a specialist or consultant physician practising in the speciality of cardiology; and</p> <p>(c) the service is requested by a specialist or consultant physician; and</p> <p>(d) not being a service associated with a service to which another item in this Subgroup (except items 55137, 55141, 55143, 55145 and 55146) or an item in Subgroup 2 (except items 55118 and 55130) applies (R)</p> <p>(See para IN.0.19, IN.1.6, IR.1.2, IR.1.3 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$234.15      <b>Benefit:</b> 75% = \$175.65    85% = \$199.05</p>
NEW 1 Aug 20 55133	<p>Note: the service only applies if the patient meets one or more of the following and the requirements of Note: IR.1.2 Frequent repetition serial real time echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media:</p> <p>(a) for the investigation of a patient:</p> <ul style="list-style-type: none"> <li>(i) with isolated pericardial effusion or pericarditis; or</li> <li>(ii) who has commenced medication for non-cardiac purposes that have cardiotoxic side effects, and if the patient has a normal baseline study which requires echocardiograms to comply with the requirements of the Pharmaceutical Benefits Scheme; and</li> </ul> <p>(b) the service involves all of the following, where possible:</p> <ul style="list-style-type: none"> <li>(i) assessment of left ventricular structure and function including quantification of systolic function using M-mode, 2-dimensional or 3-dimensional imaging and diastolic function; and</li> <li>(ii) assessment of right ventricular structure and function with quantitative assessment; and</li> <li>(iii) assessment of left and right atrial structure including quantification of atrial sizes; and</li> <li>(iv) assessment of vascular connections of the heart including the great vessels and systemic venous structures; and</li> <li>(v) assessment of pericardium and assessment of any haemodynamic consequences of pericardial abnormalities; and</li> <li>(vi) assessment of all present valves including structural assessment and measurement of blood flow velocities across the valves using pulsed wave and continuous wave Doppler techniques with quantification of stenosis or regurgitation; and</li> <li>(vii) assessment of additional haemodynamic parameters including the assessment of pulmonary pressures; and</li> </ul> <p>(c) not being a service associated with a service to which another item in this Subgroup (except items 55137, 55141, 55143, 55145 and 55146) or an item in Subgroup 2 (except items 55118 and 55130) applies (R)</p> <p>(See para IN.0.19, IN.1.7, IR.1.2, IR.1.3 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$210.75      <b>Benefit:</b> 75% = \$158.10    85% = \$179.15</p>

## CATEGORY 5 - DIAGNOSTIC IMAGING

NEW 1 Aug 20 55134	<p>Note: the service only applies if the patient meets one or more of the following and the requirements of Note: IR.1.2 Repeat real time echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, for rare cardiac pathologies, if:</p> <p>(a) the service involves all of the following, where possible:</p> <ul style="list-style-type: none"> <li>(i) assessment of left ventricular structure and function including quantification of systolic function using M-mode, 2-dimensional or 3-dimensional imaging and diastolic function; and</li> <li>(ii) assessment of right ventricular structure and function with quantitative assessment; and</li> <li>(iii) assessment of left and right atrial structure including quantification of atrial sizes; and</li> <li>(iv) assessment of vascular connections of the heart including the great vessels and systemic venous structures; and</li> <li>(v) assessment of pericardium and assessment of any haemodynamic consequences of pericardial abnormalities; and</li> <li>(vi) assessment of all present valves including structural assessment and measurement of blood flow velocities across the valves using pulsed wave and continuous wave Doppler techniques with quantification of stenosis or regurgitation; and</li> <li>(vii) assessment of additional haemodynamic parameters including the assessment of pulmonary pressures; and</li> </ul> <p>(b) the service is requested by a specialist or consultant physician; and</p> <p>(c) not being a service associated with a service to which another item in this Subgroup (except items 55137, 55141, 55143, 55145 and 55146) or an item in Subgroup 2 (except items 55118 and 55130) applies (R) (See para IN.0.19, IN.1.8, IR.1.2, IR.1.3 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$234.15      <b>Benefit:</b> 75% = \$175.65    85% = \$199.05</p>
NEW 1 Aug 20 55137	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.1.2 Serial real time echocardiographic examination of the heart with real time colour flow mapping from at least 4 acoustic windows, with recordings on digital media:</p> <p>(a) for the investigation of a fetus with suspected or confirmed of one or more of the following:</p> <ul style="list-style-type: none"> <li>(i) complex congenital heart disease; or</li> <li>(ii) functional heart disease; or</li> <li>(iii) fetal cardiac arrhythmia; or</li> <li>(iv) cardiac structural abnormality requiring confirmation; and</li> </ul> <p>(b) the service involves the assessment all of the following, where possible:</p> <ul style="list-style-type: none"> <li>(i) ventricular structure and function; and</li> <li>(ii) atrial structure; and</li> <li>(iii) vascular connections of the heart including the great vessels and systemic venous structures; and</li> <li>(iv) pericardium and assessment of any haemodynamic consequences of pericardial abnormalities; and</li> <li>(v) all present valves including structural assessment and measurement of blood flow velocities across the valves using relevant Doppler techniques with quantification; and</li> </ul> <p>(c) the service is performed by a specialist or consultant physician practising in the speciality of cardiology with advanced training and expertise in fetal cardiac imaging; and</p> <p>(d) not being a service associated with a service to which another item in this Subgroup (except items 55141, 55143, 55145 and 55146) or an item in Subgroup 2 (except items 55118 and 55130) applies (R) (See para IN.0.19, IN.1.9, IR.1.2, IR.1.3 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$234.15      <b>Benefit:</b> 75% = \$175.65    85% = \$199.05</p>
NEW 1 Aug 20 55141	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1 and IR.1.2 Exercise stress echocardiography focused study if;</p> <p>(a) the service involves all of the following:</p> <ul style="list-style-type: none"> <li>(i) two-dimensional recordings before exercise (baseline) from at least 2 acoustic windows; and</li> <li>(ii) matching recordings at or immediately after peak exercise, which include at least parasternal short and long axis views, and apical 4-chamber and 2 chamber views; and</li> <li>(iii) recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen; and</li> <li>(iv) resting electrocardiogram and continuous multi-channel electrocardiogram monitoring and recording during stress; and</li> <li>(v) blood pressure monitoring and the recording of other parameters (including heart rate); and</li> </ul> <p>(b) cannot be claimed if a service associated with a service to which item 55143, 55145 or 55146 applies is provided in the previous 24 months; and</p> <p>(c) not being a service associated with a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies For any particular patient, applicable not more than once in 24 months (R) (See para IN.0.19, IN.1.10, IR.0.1, IR.1.2, IR.1.3 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$417.45      <b>Benefit:</b> 75% = \$313.10    85% = \$354.85</p>



## CATEGORY 5 - DIAGNOSTIC IMAGING

NEW 1 Aug 20 55143	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1, IR.1.1 and IR.1.2</p> <p>Repeat pharmacological or exercise stress echocardiography if:</p> <ul style="list-style-type: none"> <li>(a) the patient has had a service associated with a service to which item 55141, 55145 or 55146 applies provided in the previous 24 months; and</li> <li>(b) the patient has symptoms of ischaemia that have evolved and are not adequately controlled with optimal medical therapy; and</li> <li>(c) the service is requested by a specialist or a consultant physician; and</li> <li>(d) not being a service associated with a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies</li> </ul> <p>For any particular patient, applicable not more than once in 12 months (R) (See para IN.0.19, IN.1.10, IR.0.1, IR.1.1, IR.1.2, IR.1.3 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$417.45      <b>Benefit:</b> 75% = \$313.10    85% = \$354.85</p>
NEW 1 Aug 20 55145	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1 and IR.1.2</p> <p>Pharmacological stress echocardiography if:</p> <ul style="list-style-type: none"> <li>(a) the service involves all of the following:                         <ul style="list-style-type: none"> <li>(i) two-dimensional recordings before drug infusion (baseline) from at least 2 acoustic windows; and</li> <li>(ii) matching recordings at least twice during drug infusion, including a recording at the peak drug dose, which include at least parasternal short and long axis views, and apical 4-chamber and 2 chamber views; and</li> <li>(iii) recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen; and</li> <li>(iv) resting electrocardiogram and continuous multi-channel electrocardiogram monitoring and recording during stress; and</li> <li>(v) blood pressure monitoring and the recording of other parameters (including heart rate); and</li> </ul> </li> <li>(b) a service to which item 55141, 55146 or 55143 applies has not been provided in the previous 24 months; and</li> <li>(c) not being a service associated with a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies</li> </ul> <p>For any particular patient, applicable not more than once in 24 months (R) (See para IN.0.19, IN.1.10, IR.0.1, IR.1.2, IR.1.3 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$483.85      <b>Benefit:</b> 75% = \$362.90    85% = \$411.30</p>
NEW 1 Aug 20 55146	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.0.1 and IR.1.2</p> <p>Pharmacological stress echocardiography if:</p> <ul style="list-style-type: none"> <li>(a) the service involves all of the following:                         <ul style="list-style-type: none"> <li>(i) two-dimensional recordings before drug infusion (baseline) from at least 2 acoustic windows; and</li> <li>(ii) matching recordings at least twice during drug infusion, including a recording at the peak drug dose, which include at least parasternal short and long axis views, and apical 4-chamber and 2 chamber views; and</li> <li>(iii) recordings on digital media with equipment permitting display of baseline and matching peak images on the same screen; and</li> <li>(iv) resting electrocardiogram and continuous multi-channel electrocardiogram monitoring and recording during stress; and</li> <li>(v) blood pressure monitoring and the recording of other parameters (including heart rate); and</li> </ul> </li> <li>(b) the patient has had a service performed under item 55141 in the previous 4 weeks and the test has failed due to an inadequate heart rate response; and</li> <li>(c) a service to which item 55143 or 55145 applies has not been provided in the previous 24 months; and</li> <li>(d) not being a service associated with a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies</li> </ul> <p>For any particular patient, applicable not more than once in 24 months (R) (See para IN.0.19, IN.1.10, IR.0.1, IR.1.2, IR.1.3 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$483.85      <b>Benefit:</b> 75% = \$362.90    85% = \$411.30</p>

Group I4. Nuclear Medicine Imaging

Subgroup 1. Nuclear medicine - non PET

<p>NEW 1 Aug 20 61321</p>	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.2 Single rest myocardial perfusion study for the assessment of extent and severity of viable and non-viable myocardium - with single photon emission tomography and with planar imaging, when performed on a patient who has left ventricular systolic dysfunction and probable or confirmed coronary artery disease, if: (a) using a single rest technetium-99m (Tc-99m) protocol; and (b) the service is requested by a specialist or a consultant physician; and (c) not being a service associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61325, 61329 or 61345 applies (R) (See para IN.0.19, IN.4.1, IR.4.2 of explanatory notes to this Category) <b>Fee:</b> \$329.00      <b>Benefit:</b> 75% = \$246.75    85% = \$279.65</p>
<p>NEW 1 Aug 20 61324</p>	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study - with single photon emission tomography and with planar imaging, if: (a) the patient has symptoms of cardiac ischaemia where at least one of the following applies: (i) the patient has body habitus or other physical condition/s (including heart rhythm disturbance) to the extent where a stress echocardiography would not provide adequate information; or (ii) the patient is unable to exercise to the extent where a stress echocardiography would not provide adequate information; or (iii) the patient has had a failed stress echocardiography provided under a service to which items 55141, 55143, 55145 or 55146 applies; or (iv) the patient has had an assessment of undue exertional dyspnoea of uncertain aetiology; and (b) the service includes resting ECG, continuous ECG monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (c) the service is requested by a specialist or consultant physician; and (d) not being a service associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61325, 61329, 61345 or 61357 applies (R) (See para IN.0.19, IN.4.3, IR.4.1 of explanatory notes to this Category) <b>Fee:</b> \$653.05      <b>Benefit:</b> 75% = \$489.80    85% = \$568.35</p>
<p>NEW 1 Aug 20 61325</p>	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.2 Single rest myocardial perfusion study for the assessment of extent and severity of viable and non-viable myocardium - with single photon emission tomography and with planar imaging, when performed on a patient with left ventricular systolic dysfunction and probable or confirmed coronary artery disease, if: (a) using an initial rest study followed by redistribution study on the same day; and (b) using a thallous chloride-201 (Tl-201) protocol; and (c) the service is requested by a specialist or a consultant physician; and (d) not being a service associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61329 or 61345 applies (R) (See para IN.0.19, IN.4.2, IR.4.2 of explanatory notes to this Category) <b>Fee:</b> \$329.00      <b>Benefit:</b> 75% = \$246.75    85% = \$279.65</p>
<p>NEW 1 Aug 20 61329</p>	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion - with single photon emission tomography and with planar imaging, if: (a) the patient has symptoms of cardiac ischaemia where at least one of the following applies: (i) the patient has body habitus or other physical condition/s (including heart rhythm disturbance) to the extent where a stress echocardiography would not provide adequate information; or (ii) the patient is unable to exercise to the extent where a stress echocardiography would not provide adequate information; or (iii) the patient has had a failed stress echocardiography provided under a service to which item 55141, 55143, 55145 or 55146 applies; and (b) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and (c) the service is requested by a medical practitioner (other than a specialist or consultant physician); and (d) not being a service associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61345 or 61357 applies (R) (See para IN.0.19, IN.4.3, IR.4.1 of explanatory notes to this Category) <b>Fee:</b> \$982.05      <b>Benefit:</b> 75% = \$736.55    85% = \$897.35</p>

## CATEGORY 5 - DIAGNOSTIC IMAGING

<p>NEW 1 Aug 20 61345</p>	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion - with single photon emission tomography and with planar imaging, if:</p> <p>(a) the patient has symptoms of cardiac ischaemia where at least one of the following applies:</p> <ul style="list-style-type: none"> <li>(i) the patient has body habitus or other physical condition/s (including heart rhythm disturbance) to the extent where a stress echocardiography would not provide adequate information; or</li> <li>(ii) the patient is unable to exercise to the extent where a stress echocardiography would not provide adequate information; or</li> <li>(iii) the patient has had a failed stress echocardiography provided under a service to which item 55141, 55143, 55145 or 55146 applies; or</li> <li>(iv) the patient has had an assessment of undue exertional dyspnoea of uncertain aetiology; and</li> </ul> <p>(b) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and</p> <p>(c) the service is requested by a specialist or consultant physician; and</p> <p>(d) not being a service associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329 or 61357 applies (R)</p> <p>(See para IN.0.19, IN.4.3, IR.4.1 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$982.05      <b>Benefit:</b> 75% = \$736.55    85% = \$897.35</p>
<p>NEW 1 Aug 20 61348</p>	<p>Lung perfusion study and lung ventilation study using aerosol, technegas or xenon gas (R)</p> <p>(See para IN.0.19 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$443.35      <b>Benefit:</b> 75% = \$332.55    85% = \$376.85</p>
<p>NEW 1 Aug 20 61349</p>	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Repeat combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion—with single photon emission tomography and with planar imaging, if:</p> <p>(a) in the previous 24 months, the patient has had a single stress or combined rest and stress myocardial perfusion study performed under item 61324, 61329, 61345 or 61357 and has undergone a revascularisation procedure; and</p> <p>(b) the patient has one or more of the following symptoms of cardiac ischaemia that have evolved and are not adequately controlled with optimal medical therapy, where at least one of the following applies;</p> <ul style="list-style-type: none"> <li>(i) the patient has body habitus or other physical condition/s (including heart rhythm disturbance) to the extent where a stress echocardiography would not provide adequate information; or</li> <li>(ii) the patient is unable to exercise to the extent where a stress echocardiography would not provide adequate information; or</li> <li>(iii) the patient has had a failed stress echocardiography provided under service to which item 55141, 55143, 55145 or 55146 applies; or</li> <li>(iv) the patient has had an assessment of undue exertional dyspnoea of uncertain aetiology; and</li> </ul> <p>(c) the service is requested by a specialist or a consultant physician; and</p> <p>(d) not being a service associated with a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies; and</p> <p>For any particular patient, applicable not more than once in 12 months (R)</p> <p>(See para IN.0.19, IN.4.3, IR.4.1 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$982.05      <b>Benefit:</b> 75% = \$736.55    85% = \$897.35</p>
<p>NEW 1 Aug 20 61357</p>	<p>Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: IR.4.1 Single stress myocardial perfusion study - with single photon emission tomography and with planar imaging, if:</p> <p>(a) the patient has symptoms of cardiac ischaemia where at least one of the following applies:</p> <ul style="list-style-type: none"> <li>(i) the patient has body habitus or other physical condition/s (including heart rhythm disturbance) to the extent where a stress echocardiography would not provide adequate information; or</li> <li>(ii) the patient is unable to exercise to the extent where a stress echocardiography would not provide adequate information; or</li> <li>(iii) the patient has had a failed stress echocardiography provided under a service to which items 55141, 55143, 55145 or 55146 applies; or</li> </ul> <p>(b) the service includes resting electrocardiograph, continuous electrocardiograph monitoring during exercise (with recording), blood pressure monitoring and the recording of other parameters (including heart rate); and</p> <p>(c) the service is requested by a medical practitioner (other than a specialist or consultant physician); and</p> <p>(d) not being a service associated with a service to which item 11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329 or 61345 applies (R)</p> <p>(See para IN.0.19, IN.4.3, IR.4.1 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$653.05      <b>Benefit:</b> 75% = \$489.80    85% = \$568.35</p>

## Category 6: Pathology Services

### Explanatory Notes

#### PN.0.27 Germline BRCA gene mutation tests (Items 73295, 73296 and 73333)

Patients who are found to have any form of affected allele should be referred for post-test genetic counselling as there may be implications for other family members. Appropriate genetic counselling should be provided to the patient either by the specialist treating practitioner, a genetic counselling service or a clinical geneticist on referral.

#### PN.1.2 Exemptions to Basic Requirements

##### Satisfying requirements described in pathology service

Unless the contrary intention appears, a requirement contained in the description of a pathology service in Part 2 is satisfied if:

- (a) for a requirement for information - the information:
  - (i) is included in the request for the service; or
  - (ii) was supplied in writing on an earlier occasion to the approved pathology authority that rendered the service, and has been kept by the approved pathology authority; or
- (b) for a requirement for laboratory test results  $\zeta$  the results are:
  - (i) included in the request for the service; or
  - (ii) obtained from another laboratory test performed in the same patient episode; or
  - (iii) included in results from an earlier laboratory test that have been kept by the approved pathology authority.

##### Services Where Request Not Required

- (i) a pathologist determinable service. A pathologist-determinable service is a pathology service:
  - (a) that is rendered by or on behalf of an approved pathology practitioner for a person who is a patient of that approved pathology practitioner who has determined that the service is necessary; or
  - (b) that is specified in item 73332, 73336, 73337, 73341, 73342, 73344 or only one immunohistochemistry items 72846, 72847, 72848, 72849, 72850 and 72860 or electronmicroscopy items 72851 and 72852 or immunocytochemistry items 73059, 73060 or 73061, and 73364 to 73383 and is considered necessary by the approved pathology practitioner as a consequence of information resulting from a pathology service contained in tissue examination items 72813 - 72838 or cytology items 73045 - 73051 respectively.

Please note: a written request is required for a service contained in items 72813 to 72838 and items 73045 to 73051.

- (c) that is specified in one of the antigen detection items 69494, 69495 or 69496 is considered necessary by the approved pathology practitioner as a consequence of information provided by the requesting practitioner or by the nature or appearance of the specimen or as a consequence of information resulting from a pathology service contained in items 69303, 69306, 69312, 69318, 69321 and 69345.

Please note: a written request is required for a service contained in items 69303, 69306, 69312, 69318, 69321 and 69345.

- (d) that is specified in item 73320, HLA-B27 typing by nucleic acid amplification, and is considered necessary by the approved pathology practitioner because the results of HLA-B27 typing described in item 71147 are unsatisfactory.
- (e) that is specified in item 73305, detection of mutation of the FMRI gene by Southern Blot analysis where the results in item 73300 are inconclusive.

## CATEGORY 6 - PATHOLOGY SERVICES

### PN.3.6 Note for item 69501

Item 69501 - Detection of a SARS-CoV-2 nucleic acid 1 or more tests - is restricted to people employed, hired, retained or contracted;

- i. by an approved aged care provider, or are working in an aged care service in Victoria; or
- ii. to travel interstate as a driver of a heavy vehicle.

Results of the tests must be provided within 24 hours of receipt of the specimen to all appropriate authorities in accordance with relevant state or territory legislation or regulations.

The test can only be performed out of hospital by a private pathology provider.

The test must bulk-billed. PEI and bulk billing items cannot be claimed with this item.

### Group P3. Microbiology

AMEND 3 Aug 20 69501	Detection of a SARS-CoV-2 nucleic acid 1 or more tests if: (a) the person is employed, hired, retained or contracted; (i) by an approved provider, or works in an aged care service, in Victoria; or (ii) to travel interstate as a driver of a heavy vehicle; and (b) the person is informed of the results of the tests within 24 hours of receipt of the specimen at an accredited pathology laboratory; and (c) the results of the test are reported in adherence with the applicable State or Territory reporting requirements within 24 hours of receipt of the specimen at an accredited pathology laboratory; and (d) the person is not a private patient in a recognised hospital; and (e) the person is not an admitted patient of a hospital; and (f) the service is not performed in a prescribed laboratory as described in 4.1 of the pathology services table Other than a service to which an item in this instrument or an item in the pathology services tables applies. Where the service is bulk billed. (See para PN.3.6 of explanatory notes to this Category) <b>Fee:</b> \$110.00 <b>Benefit:</b> 85% = \$93.50
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### Group P7. Genetics

AMEND 1 Aug 20 73295	Detection of germline BRCA1 or BRCA2 pathogenic or likely pathogenic gene variants, in a patient with advanced (FIGO III-IV) high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer for whom testing of tumour tissue is not feasible, requested by a specialist or consultant physician, to determine eligibility for olaparib under the Pharmaceutical Benefits Scheme (PBS) Maximum of one test per patient's lifetime (See para PN.0.27 of explanatory notes to this Category) <b>Fee:</b> \$1,200.00 <b>Benefit:</b> 75% = \$900.00 85% = \$1,115.30
NEW 1 Aug 20 73301	A test of tumour tissue from a patient with advanced (FIGO III-IV), high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer, requested by a specialist or consultant physician, to determine eligibility relating to BRCA status for access to olaparib under the Pharmaceutical Benefits Scheme (PBS). Applicable once per primary tumour diagnosis <b>Fee:</b> \$1,200.00 <b>Benefit:</b> 75% = \$900.00 85% = \$1115.30
NEW 1 Aug 20 73302	Characterisation of germline gene variants including copy number variants, in BRCA1 or BRCA2 genes, in a patient who has had a pathogenic or likely pathogenic variant identified in either gene by tumour testing and who has not previously received a service to which items 73295, 73296 or 73297 applies, requested by a specialist or consultant physician. Applicable once per primary tumour diagnosis <b>Fee:</b> \$400.00 <b>Benefit:</b> 75% = \$300.00 85% = \$340.00

CATEGORY 6 - PATHOLOGY SERVICES

<p>AMEND 1 Aug 20 73344</p>	<p>Fluorescence in situ hybridization (FISH) test of tumour tissue from a patient with locally advanced or metastatic non-small-cell lung cancer (NSCLC), which is of non-squamous histology or histology not otherwise specified, with documented evidence of ROS proto-oncogene 1 (ROS1) immunoreactivity by immunohistochemical (IHC) examination giving a staining intensity score of 2+ or 3+; and with documented absence of both activating mutations of the epidermal growth factor receptor (EGFR) gene and anaplastic lymphoma kinase (ALK) immunoreactivity by IHC, requested by a specialist or consultant physician to determine if requirements relating to ROS1 gene rearrangement status for access to crizotinib or entrectinib under the Pharmaceutical Benefits Scheme are fulfilled. (See para PN.1.2 of explanatory notes to this Category) <b>Fee:</b> \$400.00      <b>Benefit:</b> 75% = \$300.00 85% = \$340.00</p>
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## Category 8: Miscellaneous Services

### Group M25. COVID-19 Additional psychological therapy services

<p>NEW 7 Aug 20 93330</p>	<p>Psychological therapy health service provided to a person in consulting rooms (but not as an admitted patient of a hospital), by an eligible clinical psychologist if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <ul style="list-style-type: none"> <li>(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment; or</li> <li>(ii) determines it appropriate for the person to access additional mental health treatment services ; or</li> <li>(iii) makes a written record of the need for additional mental health treatment services; and</li> </ul> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 30 minutes but less than 50 minutes duration</p> <p><b>Fee:</b> \$102.85      <b>Benefit:</b> 85% = \$87.45</p>
<p>NEW 7 Aug 20 93331</p>	<p>Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <ul style="list-style-type: none"> <li>(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment; or</li> <li>(ii) determines it appropriate for the person to access additional mental health treatment services; or</li> <li>(iii) makes a written record of the need for additional mental health treatment services; and</li> </ul> <p>(c) the service is provided to the person individually; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 30 minutes but less than 50 minutes duration</p> <p><b>Fee:</b> \$102.85      <b>Benefit:</b> 85% = \$87.45</p>
<p>NEW 7 Aug 20 93332</p>	<p>Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <ul style="list-style-type: none"> <li>(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment; or</li> <li>(ii) determines it appropriate for the person to access additional mental health treatment services; or</li> <li>(iii) makes a written record of the need for additional mental health treatment services; and</li> </ul> <p>(c) the service is provided to the person individually; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 30 minutes but less than 50 minutes duration</p> <p><b>Fee:</b> \$102.85      <b>Benefit:</b> 85% = \$87.45</p>

## CATEGORY 8 - MISCELLANEOUS SERVICES

<p>NEW 7 Aug 20 93333</p>	<p>Psychological therapy health service provided to a person in consulting rooms (but not as an admitted patient of a hospital), by an eligible clinical psychologist if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 50 minutes duration</p> <p><b>Fee:</b> \$151.05      <b>Benefit:</b> 85% = \$128.40</p>
<p>NEW 7 Aug 20 93334</p>	<p>Psychological therapy health service provided by telehealth attendance by an eligible clinical psychologist if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 50 minutes duration</p> <p><b>Fee:</b> \$151.05      <b>Benefit:</b> 85% = \$128.40</p>
<p>NEW 7 Aug 20 93335</p>	<p>Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 50 minutes duration</p> <p><b>Fee:</b> \$151.05      <b>Benefit:</b> 85% = \$128.40</p>



Group M26. COVID-19 Additional focussed psychological strategies (allied mental health)

Subgroup 1. Additional focussed psychological strategies (eligible psychologist, attendance 20 to 50 minutes)

<p>NEW 7 Aug 20 93350</p>	<p>Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible psychologist if:</p> <ul style="list-style-type: none"> <li>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</li> <li>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who: <ul style="list-style-type: none"> <li>(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment; or</li> <li>(ii) determines it appropriate for the person to access additional mental health treatment services; or</li> <li>(iii) makes a written record of the need for additional mental health treatment services; and</li> </ul> </li> <li>(c) the service is provided to the person individually and in person; and</li> <li>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</li> <li>(e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</li> <li>(f) the service is at least 20 minutes but less than 50 minutes duration</li> </ul> <p><b>Fee:</b> \$72.90      <b>Benefit:</b> 85% = \$62.00</p>
<p>NEW 7 Aug 20 93351</p>	<p>Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if:</p> <ul style="list-style-type: none"> <li>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</li> <li>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who: <ul style="list-style-type: none"> <li>(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment; or</li> <li>(ii) determines it appropriate for the person to access additional mental health treatment services; or</li> <li>(iii) makes a written record of the need for additional mental health treatment services; and</li> </ul> </li> <li>(c) the service is provided to the person individually; and</li> <li>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</li> <li>(e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</li> <li>(f) the service is at least 20 minutes but less than 50 minutes duration</li> </ul> <p><b>Fee:</b> \$72.90      <b>Benefit:</b> 85% = \$62.00</p>
<p>NEW 7 Aug 20 93352</p>	<p>Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if:</p> <ul style="list-style-type: none"> <li>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</li> <li>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who: <ul style="list-style-type: none"> <li>(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment; or</li> <li>(ii) determines it appropriate for the person to access additional mental health treatment services; or</li> <li>(iii) makes a written record of the need for additional mental health treatment services; and</li> </ul> </li> <li>(c) the service is provided to the person individually; and</li> <li>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</li> <li>(e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</li> <li>(f) the service is at least 20 minutes but less than 50 minutes duration</li> </ul> <p><b>Fee:</b> \$72.90      <b>Benefit:</b> 85% = \$62.00</p>

CATEGORY 8 - MISCELLANEOUS SERVICES

Subgroup 2. Additional focussed psychological strategies (eligible psychologist, attendance at least 50 minutes)

<p>NEW 7 Aug 20 93353</p>	<p>Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital), by an eligible psychologist if:</p> <ul style="list-style-type: none"> <li>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</li> <li>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who: <ul style="list-style-type: none"> <li>(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</li> </ul> </li> <li>or</li> <li>(ii) determines it appropriate for the person to access additional mental health treatment services; or</li> <li>(iii) makes a written record of the need for additional mental health treatment services; and</li> <li>(c) the service is provided to the person individually and in person; and</li> <li>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</li> <li>(e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</li> <li>(f) the service is at least 50 minutes duration</li> </ul> <p><b>Fee:</b> \$102.85      <b>Benefit:</b> 85% = \$87.45</p>
<p>NEW 7 Aug 20 93354</p>	<p>Focussed psychological strategies health service provided by telehealth attendance by an eligible psychologist if:</p> <ul style="list-style-type: none"> <li>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</li> <li>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who: <ul style="list-style-type: none"> <li>(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</li> </ul> </li> <li>or</li> <li>(ii) determines it appropriate for the person to access additional mental health treatment services; or</li> <li>(iii) makes a written record of the need for additional mental health treatment services; and</li> <li>(c) the service is provided to the person individually; and</li> <li>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</li> <li>(e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</li> <li>(f) the service is at least 50 minutes duration</li> </ul> <p><b>Fee:</b> \$102.85      <b>Benefit:</b> 85% = \$87.45</p>
<p>NEW 7 Aug 20 93355</p>	<p>Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if:</p> <ul style="list-style-type: none"> <li>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</li> <li>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who: <ul style="list-style-type: none"> <li>(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</li> </ul> </li> <li>or</li> <li>(ii) determines it appropriate for the person to access additional mental health treatment services; or</li> <li>(iii) makes a written record of the need for additional mental health treatment services; and</li> <li>(c) the service is provided to the person individually; and</li> <li>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</li> <li>(e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</li> <li>(f) the service is at least 50 minutes duration</li> </ul> <p><b>Fee:</b> \$102.85      <b>Benefit:</b> 85% = \$87.45</p>

## CATEGORY 8 - MISCELLANEOUS SERVICES

### Subgroup 3. Additional focussed psychological strategies (eligible occupational therapist)

<p>NEW 7 Aug 20 93356</p>	<p>Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible occupational therapist if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 20 minutes but less than 50 minutes duration</p> <p><b>Fee: \$64.20                      Benefit: 85% = \$54.60</b></p>
<p>NEW 7 Aug 20 93357</p>	<p>Focussed psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 20 minutes but less than 50 minutes duration</p> <p><b>Fee: \$64.20                      Benefit: 85% = \$54.60</b></p>
<p>NEW 7 Aug 20 93358</p>	<p>Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 20 minutes but less than 50 minutes duration</p> <p><b>Fee: \$64.20                      Benefit: 85% = \$54.60</b></p>

## CATEGORY 8 - MISCELLANEOUS SERVICES

<p>NEW 7 Aug 20 93359</p>	<p>Focused psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible occupational therapist if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 50 minutes duration</p> <p><b>Fee: \$90.70                      Benefit: 85% = \$77.10</b></p>
<p>NEW 7 Aug 20 93360</p>	<p>Focused psychological strategies health service provided by telehealth attendance by an eligible occupational therapist if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 50 minutes in duration</p> <p><b>Fee: \$90.70                      Benefit: 85% = \$77.10</b></p>
<p>NEW 7 Aug 20 93361</p>	<p>Focused psychological strategies health service provided by phone attendance by an eligible occupational therapist if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders ; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 50 minutes in duration</p> <p><b>Fee: \$90.70                      Benefit: 85% = \$77.10</b></p>

## CATEGORY 8 - MISCELLANEOUS SERVICES

### Subgroup 4. Additional focussed psychological strategies (eligible social worker)

<p>NEW 7 Aug 20 93362</p>	<p>Focussed psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible social worker if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 20 minutes but less than 50 minutes duration</p> <p><b>Fee: \$64.20                      Benefit: 85% = \$54.60</b></p>
<p>NEW 7 Aug 20 93363</p>	<p>Focussed psychological strategies health service provided by telehealth attendance by an eligible social worker if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 20 minutes but less than 50 minutes duration</p> <p><b>Fee: \$64.20                      Benefit: 85% = \$54.60</b></p>
<p>NEW 7 Aug 20 93364</p>	<p>Focussed psychological strategies health service provided by phone attendance by an eligible social worker if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 20 minutes but less than 50 minutes duration</p> <p><b>Fee: \$64.20                      Benefit: 85% = \$54.60</b></p>

## CATEGORY 8 - MISCELLANEOUS SERVICES

<p>NEW 7 Aug 20 93365</p>	<p>Focused psychological strategies health service provided to a person in consulting rooms (but not as an admitted patient of a hospital) by an eligible social worker if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 50 minutes duration</p> <p><b>Fee: \$90.70                      Benefit: 85% = \$77.10</b></p>
<p>NEW 7 Aug 20 93366</p>	<p>Focused psychological strategies health service provided by telehealth attendance by an eligible social worker if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 50 minutes duration</p> <p><b>Fee: \$90.70                      Benefit: 85% = \$77.10</b></p>
<p>NEW 7 Aug 20 93367</p>	<p>Focused psychological strategies health service provided by phone attendance by an eligible social worker if:</p> <p>(a) the person is a person with a mental health disorder subject to COVID-19 public health orders; and</p> <p>(b) the person is referred by a medical practitioner working in general practice, a psychiatrist or a paediatrician who:</p> <p style="padding-left: 20px;">(i) determines the person is responding to mental health treatment, or may respond to additional mental health treatment;</p> <p>or</p> <p style="padding-left: 20px;">(ii) determines it appropriate for the person to access additional mental health treatment services; or</p> <p style="padding-left: 20px;">(iii) makes a written record of the need for additional mental health treatment services; and</p> <p>(c) the service is provided to the person individually; and</p> <p>(d) at the completion of a course of treatment, the referring medical practitioner reviews the need for a further course of treatment; and</p> <p>(e) on the completion of the course of treatment, the eligible social worker gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition; and</p> <p>(f) the service is at least 50 minutes duration</p> <p><b>Fee: \$90.70                      Benefit: 85% = \$77.10</b></p>