



Community Services and Health Legislation Amendment Act 1989

No. 95 of 1989

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NEW SCHEDULE 1A TO THE HEALTH INSURANCE ACT 1973



Community Services and Health Legislation Amendment Act 1989

No. 95 of 1989

**An Act to amend laws relating to community services and
health, and for related purposes**

[Assented to 28 June 1989]

BE IT ENACTED by the Queen, and the Senate and the House of
Representatives of the Commonwealth of Australia, as follows:

PART 1—PRELIMINARY

Short title

1. This Act may be cited as the *Community Services and Health
Legislation Amendment Act 1989*.

Commencement

2. (1) Subject to subsections (2), (3), (4), (5), (6), (7), (8), (9) and
(10), this Act commences on the day on which it receives the Royal Assent.

(2) Part 7 shall be taken to have commenced on 1 January 1989.

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(3) Section 23 shall be taken to have commenced on 15 March 1989.

(4) Paragraphs 37 (a) to (k) (inclusive) and (s) commence, or shall be taken to have commenced, on 1 June 1989.

(5) Part 5 commences on 1 July 1989.

(6) Sections 11, 12, 13, 14, 15, 16 and 18 and the Schedule commence on 1 August 1989.

(7) Subject to subsection (8), subsection 20 (2), sections 21, 22, 28, 29, 30, 31, 32, 33, 43 and 44, subsection 53 (2) and section 54 commence on a day or days to be fixed by Proclamation.

(8) If a provision referred to in subsection (7) does not commence within the period of 6 months beginning on the day on which this Act receives the Royal Assent, it commences at the end of that period.

(9) Subject to subsection (10), section 10 commences on a day to be fixed by Proclamation.

(10) The day fixed by Proclamation for the commencement of section 10 shall be a day not earlier than the day immediately after the day on which the Senate, by resolution, having concluded debate on the report of the Senate Select Committee on Health Legislation and Health Insurance on section 10 of this Act, approves proposed new sections 3F, 3G and 3H of the *Health Insurance Act 1973* as contained in section 10 of this Act.

**PART 2—AMENDMENTS OF THE AUSTRALIAN INSTITUTE OF
HEALTH ACT 1987**

Principal Act

3. In this Part, “Principal Act” means the *Australian Institute of Health Act 1987*¹.

Interpretation

4. Section 3 of the Principal Act is amended by inserting the following definition in subsection (1):

“‘State Health Minister’ means:

- (a) the Minister of the Crown for a State;
- (b) the Minister of the Australian Capital Territory; or
- (c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to health in the State, the Australian Capital Territory or the Northern Territory, as the case may be;”.

Directions by Minister

5. Section 7 of the Principal Act is amended by inserting in subsection (1) “and each of the State Health Ministers” after “with the Chairperson”.

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Confidentiality

6. Section 29 is amended:

(a) by omitting paragraphs (2) (b) and (c) and substituting the following paragraphs:

“(b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the ‘information provider’) who divulged or communicated the information, or produced the document, directly to the Institute;

(c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Australian Institute of Health Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or

(d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:

(i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and

(ii) the publication does not identify the information subject.”;

(b) by omitting from subsection (3) “or (b)” and substituting “, (b) or (c),”;

(c) by omitting from paragraph (4) (b) all words from and including “and” and substituting the following words and subparagraphs:

“and also includes:

(i) in the case of an information provider—a body politic;
or

(ii) in the case of an information subject—a deceased person.”.

**PART 3—AMENDMENTS OF THE HEALTH INSURANCE ACT
1973**

Principal Act

7. In this Part, “Principal Act” means the *Health Insurance Act 1973*.

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Interpretation

8. Section 3 of the Principal Act is amended by inserting in subsection (1) the following definition:

“‘vocationally registered general practitioner’ means a medical practitioner registered under section 3F;”.

Certification of in-patient as needing acute care

9. (1) Section 3B of the Principal Act is amended:

(a) by omitting from paragraph (5) (b) “an application in writing is made to him” and substituting “receiving from the Private Health Insurance Administration Council a copy of an application in writing made to it”;

(b) by omitting subsection (8) and substituting the following subsection:

“(8) The Secretary may establish a Committee or Committees to be known as the Acute Care Advisory Committee or the Acute Care Advisory Committees.”.

(2) Notwithstanding the amendments made by this section, an Acute Care Advisory Committee reviewing a certificate on the commencement of this section shall continue the review as if the amendment had not been made.

10. After section 3E of the Principal Act the following sections are inserted:

Vocationally registered general practitioners

“3F. (1) The purpose of this section is to provide for the registration of certain medical practitioners as vocationally registered general practitioners.

Note: Some items in the general medical services table apply only to services rendered by medical practitioners who are registered under this section.

“(2) The Commission is to establish and maintain a Vocational Register of General Practitioners.

“(3) The Register may be maintained in any form, including the form of a computer record.

“(4) A medical practitioner may apply to the Commission for registration under this section.

“(5) The application must be made in a manner approved by the Minister.

“(6) If:

(a) the General Manager of the Commission is satisfied that the Royal Australian College of General Practitioners has certified that the applicant’s medical practice is predominantly general practice and

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that the applicant has training and experience in general practice that make it appropriate for the applicant to be registered under this section; or

- (b) the applicant is, in accordance with the regulations, eligible for registration under this section;

the General Manager shall, within 14 days after receiving the application, enter the applicant's name in the Register.

“(7) The General Manager of the Commission shall give the applicant written notice of the day on which the applicant's name is to be entered in the Register.

“(8) The Commission may give the Royal Australian College of General Practitioners information about:

- (a) the current state of the Register;
- (b) additions to the Register; and
- (c) deletions from the Register.

“(9) The General Manager of the Commission or an authorised officer may make available to members of the public, on request, the names of medical practitioners who are registered under this section and the addresses at which they practise.

“(10) In the section:

‘authorised officer’ means a Commission staff member authorised by the General Manager of the Commission as an authorised officer for the purposes of this section;

‘Commission staff member’ means a member of the staff of the Commission referred to in subsection 28 (1) of the *Health Insurance Commission Act 1973*.

Removal from Register

“3G. (1) The General Manager of the Commission shall remove a medical practitioner's name from the Vocational Register of General Practitioners if:

- (a) the medical practitioner requests the General Manager to do so;
- (b) the Royal Australian College of General Practitioners gives the General Manager written notice that:
 - (i) the College is no longer satisfied that the medical practitioner's medical practice is predominantly general practice;
 - (ii) the College is no longer satisfied that it is appropriate for the medical practitioner to be registered under section 3F; or
 - (iii) the medical practitioner has failed to meet the College's minimum requirements for participation in continuing medical education and quality assurance programs; or
- (c) removal is required by regulations made for the purposes of this paragraph.

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“(2) Where the General Manager decides that a medical practitioner’s name should be removed from the Register, the General Manager shall give the medical practitioner written notice of the decision.

“(3) The decision shall be made in writing and shall specify the day on which the medical practitioner’s name is to be removed from the Register.

“(4) The day specified under subsection (3) shall be not less than 14 days after the day on which the decision is made.

Minister’s powers to make determinations

“3H. (1) The Minister may, by notice published in the *Gazette*, determine that a reference in section 3F or 3G to the Royal Australian College of General Practitioners is to be taken to be a reference to the body specified in the determination.

“(2) If a determination is made under subsection (1), section 3F or 3G applies as if the reference to the College were a reference to the body specified in the determination.”.

11. Section 4A of the Principal Act is repealed and the following section is substituted:

Variations and alterations of pathology services table

“4A. (1) The regulations may provide that this Act shall have effect as if the pathology services table were varied:

- (a) by omitting an item or rule of interpretation from the table;
- (b) by inserting an item or rule of interpretation in the table; or
- (c) by substituting another amount for an amount set out in the table.

“(2) The regulations may prescribe a table of pathology services in accordance with the form of table set out in Schedule 1A.

“(3) On the commencement of a regulation prescribing a table of pathology services:

- (a) the table so prescribed has effect as if it were set out in Schedule 1A in the place of the table (in this subsection referred to as ‘the superseded table’) in that Schedule; and
- (b) the superseded table or, if another table has effect, by virtue of this section, in the place of the superseded table, that other table ceases to have effect.

“(4) The regulations may amend a table that has effect by virtue of paragraph (3) (a) and, on the commencement of the amendment, the table as so amended has effect in the place of the first-mentioned table.

“(5) In this section, a reference to a table of pathology services shall be read as including a reference to rules for the interpretation of that table.

“(6) Regulations under this section shall, unless sooner repealed, cease to be in force on the day next following the 15th sitting day of the House

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of Representatives after the expiration of a period of 12 months commencing on the day on which the regulations are notified in the *Gazette*, and shall be deemed to have been repealed on the first-mentioned day.”.

Multiple pathology services

12. Section 4B of the Principal Act is amended by omitting from subsection (2) “determination” and substituting “regulation”.

Manner of making determinations under sections 4BA and 4BB

13. Section 4BC of the Principal Act is amended by omitting from subsection (1) “4A,”.

Increased fee in complex cases

14. Section 11 of the Principal Act is amended:

- (a) by omitting from subsections (2) “the professional service referred to in the claim is a service other than a pathology service and”;
- (b) by omitting subsection (2A);
- (c) by omitting from subsection (3) “or (2A) (b)”.

Appeal from decision on increased fee

15. Section 12 of the Principal Act is amended:

- (a) by omitting from subsections (2), (3), (4) and (6) “relevant committee” (wherever occurring) and substituting “Medicare Benefits Advisory Committee”;
- (b) by omitting subsection (8).

Repeal of provisions establishing the Pathology Services Advisory Committee

16. Division 2A of Part V of the Principal Act is repealed.

Prohibition of certain medical insurance

17. Section 126 of the Principal Act is amended:

- (a) by omitting from subsection (1) “indemnify the other person in respect of loss arising out” and substituting “make a payment in the event”;
- (b) by omitting from subsection (2) “indemnify a person in respect of loss arising out” and substituting “make a payment in the event”.

Repeal of Schedule 1A and substitution of new Schedule

18. Schedule 1A to the Principal Act is repealed and the Schedule set out in the Schedule to this Act is substituted.

PART 4—AMENDMENTS OF THE NATIONAL HEALTH ACT 1953

Principal Act

19. In this Part, “Principal Act” means the *National Health Act 1953*³.

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Interpretation

20. (1) Section 4 of the Principal Act is amended by inserting in subsection (1) the following definitions:

“‘Council’ means the Private Health Insurance Administration Council established by section 82B;

‘Council’s rules’ means rules made by the Council in the performance of its functions under paragraph 82G (r);”.

(2) Section 4 of the Principal Act is amended:

(a) by omitting paragraph (a) of the definition of “basic private table” or “basic table” in subsection (1) (in this section called the “relevant definition”) and substituting the following paragraph:

“(a) in respect of hospital treatment provided to patients (other than nursing-home type patients) in a hospital in the State or Territory to which the table relates for the purpose of permitting the provision to them at the hospital of:

(i) type-A professional attention; or

(ii) professional attention that, under subsection 4C (1), is taken to be professional attention to which this paragraph applies;

where the hospital treatment has been provided for a period that includes part of an overnight stay—benefits equal to the amount of the standard hospital fees in relation to that State or Territory;”;

(b) by omitting from paragraph (b) of the relevant definition “persons as in-patients” and “that patient is an in-patient” and substituting “nursing-home type patients” and “hospital treatment is provided to that patient” respectively;

(c) by omitting from paragraph (b) of the relevant definition “, being nursing-home type patients”;

(d) by omitting from paragraph (c) of the relevant definition “persons as in-patients” and “that patient was an in-patient” and substituting “nursing-home type patients” and “hospital treatment is provided to that patient” respectively;

(e) by omitting from paragraph (c) of the relevant definition “, being nursing-home type patients”;

(f) by omitting from paragraph (d) of the relevant definition “persons as in-patients” and substituting “patients”;

(g) by omitting from paragraph (da) of the relevant definition “the person is an in-patient of” and substituting “hospital treatment is provided to the person in”;

(h) by omitting paragraphs (db) and (dc) of the relevant definition and substituting the following paragraphs:

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“(db) in respect of hospital treatment provided to a patient in a hospital for the purpose of permitting the provision to the patient at the hospital of:

- (i) type-A professional attention;
- (ii) type-B professional attention; or
- (iii) professional attention that is, under subsection 4C (2), to be taken to be professional attention to which this paragraph applies;

where the hospital treatment has been provided for a period that does not include part of an overnight stay—a benefit equal to the amount that, under the determination made by the Minister under paragraph 4D (1) (a), is payable in respect of that hospital treatment;

(dc) in respect of hospital treatment provided to a person in a day hospital facility for the purpose of permitting the provision to the person at the day hospital facility of professional attention other than type-C professional attention—a benefit equal to the amount that, under the determination made by the Minister under paragraph 4D (1) (b), is payable in respect of that hospital treatment;”;

(j) by omitting from paragraph (dd) of the relevant definition “person who is an in-patient” and substituting “patient while hospital treatment is provided to the patient”;

(k) by inserting in subsection (1) the following definitions:

“‘patient’, in relation to a hospital, does not include:

- (a) a member of the staff of the hospital who is receiving treatment in his or her own quarters; or
- (b) except as provided by subsection 3 (2) of the *Health Insurance Act 1973*, a newly-born child whose mother also occupies a bed in the hospital;

‘type-A professional attention’ means professional attention, other than professional attention to which a determination under paragraph 4B (a) relates, the provision of which to a patient normally requires that the patient be given hospital treatment in a hospital;

‘type-B professional attention’ means professional attention to which a determination under paragraph 4B (a) relates;

‘type-C professional attention’ means professional attention to which a determination under paragraph 4B (b) relates;”.

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21. After section 4A of the Principal Act the following sections are inserted:

Determinations—professional attention

“4B. The Minister may make the following determinations in writing:

- (a) a determination that the provision of professional attention of a kind specified in the determination normally requires hospital treatment in a hospital but does not require such hospital treatment for a period that includes part of an overnight stay;
- (b) a determination that the provision of professional attention of a kind specified in the determination does not normally require hospital treatment.

Certificates in respect of professional attention

“4C. (1) Where:

- (a) hospital treatment is provided, for a period that includes part of an overnight stay, to a patient in a hospital for the purpose of permitting the provision to the patient at the hospital of professional attention other than type-A professional attention; and
- (b) the practitioner providing the professional attention certifies in writing that:
 - (i) because of the medical condition of the patient specified in the certificate; or
 - (ii) because of the special circumstances specified in the certificate; it would be contrary to accepted medical practice to provide the professional attention to the patient unless the patient were given hospital treatment in the hospital for a period that includes part of an overnight stay;

the professional attention shall be taken to be professional attention to which paragraph (a) of the definition of ‘basic private table’ or ‘basic table’ in subsection 4 (1) (in this section called the ‘relevant definition’) applies.

“(2) Where:

- (a) hospital treatment is provided, for a period that does not include part of an overnight stay, to a patient in a hospital for the purpose of permitting the provision to the patient at the hospital of professional attention other than type-A professional attention or type-B professional attention; and
- (b) the practitioner providing the professional attention certifies in writing that:
 - (i) because of the medical condition of the patient specified in the certificate; or
 - (ii) because of the special circumstances specified in the certificate; it would be contrary to accepted medical practice to provide the professional attention to the patient unless the patient were given hospital treatment in the hospital for a period that does not include part of an overnight stay;

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the professional attention shall be taken to be professional attention to which paragraph (db) of the relevant definition applies.

Determination—amount of benefit

“4D. (1) The Minister may, in relation to a State or Territory:

- (a) determine, for the purposes of paragraph (db) of the definition of ‘basic private table’ or ‘basic table’ in subsection 4 (1) (in this section called the ‘relevant definition’), the amount payable in respect of hospital treatment provided in hospitals in the State or Territory; and
- (b) determine, for the purposes of paragraph (dc) of the relevant definition, the amount payable in respect of hospital treatment provided in day hospital facilities in the State or Territory.

“(2) In making a determination under subsection (1), the Minister may determine:

- (a) different amounts in respect of hospital treatment relating to the provision of different classes of professional attention; and
- (b) in the case of a determination for the purposes of paragraph (db) of the relevant definition—different amounts in respect of hospital treatment provided in different classes of hospital.”.

22. Section 5 of the Principal Act is repealed and the following section is substituted:

Certain determinations to be disallowable instruments

“5. (1) In this section:

‘determination’ means:

- (a) a determination for the purposes of paragraph (dd) of the definition of ‘basic private table’ or ‘basic table’ in subsection 4 (1);
- (b) a determination under section 4B; or
- (c) a determination under subsection 4D (1).

“(2) A determination is a disallowable instrument for the purposes of section 46A of the *Acts Interpretation Act 1901*.”.

Interim decisions on applications under subsection 40AD (1B)

23. Section 40ADA of the Principal Act is amended by omitting from subsection (6) “(2)” and substituting “(1)”.

Application by proprietor of home for patient classification

24. Section 40AFD of the Principal Act is amended:

- (a) by omitting from subsection (1) “When” and substituting “Subject to section 40AFJ, when”;

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- (b) by omitting from subsection (2) “The” and substituting “Subject to section 40AFJ, the”.

Review by Secretary of classification

25. Section 40AFE of the Principal Act is amended by omitting from subsection (5) all words to and including “written” and substituting the following:

“The Secretary shall, as soon as practicable, give in writing:

- (a) to the proprietor of the nursing home; and
- (b) if another person or body applied for the classification of the nursing home patient under section 40AFD—to that other person or body;”.

26. After section 40AFF of the Principal Act the following sections are inserted:

Determination by Secretary where classifications found to be inaccurate

“40AFG. (1) In subsection (2):

‘review’ means:

- (a) a review under section 40AFE; or
- (b) where a review under that section has been confirmed by the Minister under section 40AFF, the review as so confirmed by the Minister.

“(2) Where reviews of classifications of patients in a nursing home have in a substantial number of cases resulted in:

- (a) those classifications being revoked on the ground that they were based on inaccurate information given by the proprietor of the nursing home; and
- (b) lower classifications being substituted for them;

the Secretary may:

- (c) determine in writing that section 40AFD does not apply in relation to the proprietor; and
- (d) nominate in the determination the person or body who is to make applications for the purposes of that section in the place of the proprietor.

“(3) Unless it is set aside by the Minister under subsection 40AFH (2), a determination remains in force for the period specified in the determination.

“(4) The Secretary shall, as soon as practicable, give in writing to the proprietor of the nursing home notice of:

- (a) the determination;
- (b) the reasons for the determination; and
- (c) the rights of the proprietor under section 40AFH.

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Review of determination

“40AFH. (1) A proprietor of a nursing home dissatisfied with a determination under subsection 40AFG (2) may, within 28 days after the day on which notice of the determination was given to the proprietor, request in writing the Minister to review the determination.

“(2) The Minister shall review the determination and may:

- (a) confirm it;
- (b) set it aside; or
- (c) set it aside and substitute any determination that the Minister thinks appropriate.

“(3) A determination by the Minister under paragraph (2) (c) remains in force for the period specified in the determination.

“(4) The Minister shall, as soon as practicable, give in writing to the proprietor of the nursing home:

- (a) notice of his or her decision under subsection (2); and
- (b) if the Minister has confirmed the determination of the Secretary or substituted another determination for it—the reasons for the decision.

Effect of determination on applications for patient classification

“40AFJ. Where there is in force a determination under subsection 40AFG (2) or 40AFH (2) in relation to the proprietor of a nursing home, the following provisions apply:

- (a) the proprietor may not apply to the Secretary under section 40AFD for the classification of patients in the nursing home;
- (b) any application under that section in respect of a patient in the nursing home shall be made by the person or body nominated for that purpose in the determination;
- (c) the Secretary shall give to the proprietor notice of any classification in respect of a nursing home patient granted under an application made in accordance with paragraph (b);
- (d) where an application under subsection 40AFD (2) for the classification of a nursing home patient is made in accordance with paragraph (b):
 - (i) subsections 40AFD (7) to (10) (inclusive) do not apply in relation to the application; and
 - (ii) the classification granted on the application takes effect, or is to be regarded as having taken effect, at the expiration of the previous classification of the patient.

Proprietor to be given notice of classification of classified patient admitted to nursing home

“40AFK. Where a person in respect of whom a classification under section 40AFA is in force is admitted to an approved nursing home, the Secretary shall, on request, give to the proprietor of the nursing home

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written notice of the classification and of the day on which the classification expires.”.

27. After section 67 of the Principal Act the following section is inserted:

Injunctions for contravention of section 67

“67A. (1) Where, on the application of the Minister, the Council or any other person, the Federal Court of Australia is satisfied that a person has engaged, or is proposing to engage, in conduct that constitutes or would constitute a contravention of subsection 67 (1), the Court may grant an injunction in such terms as the Court determines to be appropriate.

“(2) Where in the opinion of the Court it is desirable to do so, the Court may grant an interim injunction pending determination of an application under subsection (1).

“(3) The Court may rescind or vary an injunction granted under subsection (1) or (2).

“(4) The power of the Court to grant an injunction restraining a person from engaging in conduct may be exercised:

- (a) whether or not it appears to the Court that the person intends to engage again, or to continue to engage, in conduct of that kind; and
- (b) whether or not the person has previously engaged in conduct of that kind.

“(5) The power of the Court to grant an injunction requiring a person to do an act or thing may be exercised:

- (a) whether or not it appears to the Court that the person intends to refuse or fail again, or to continue to refuse or fail, to do that act or thing; and
- (b) whether or not the person has previously refused or failed to do that act or thing.”.

Application by organisation for registration as health benefits organisation or to carry on health insurance business

28. (1) Section 68 of the Principal Act is amended:

(a) by omitting subsection (1) and substituting the following subsections:

“(1) In this section:

‘State’, except in subsections (2), (2A) and (3), includes the Northern Territory.

“(1A) An organisation may apply for registration as a registered health benefits organisation.

“(1B) An application shall specify the State or States in which the organisation proposes to carry on business as a registered health benefits organisation.

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“(1C) It is a condition of the registration of a registered health benefits organisation that it only carries on business as a registered health benefits organisation in the State or States:

- (a) specified in its application for registration;**
- (b) specified in a successful application by it under subsection (1D); or**
- (c) in which it has a fund transferred to it under paragraph 82ZP (1) (b).**

“(1D) A registered health benefits organisation may apply to carry on business as a registered health benefits organisation in a specified State, or specified States, not specified in its application for registration.”;

- (b) by omitting from subsection (2) “be registered as a registered health benefits organisation in respect of a State” and substituting “carry on business as a registered health benefits organisation in a State”;**
- (c) by omitting from subparagraph (2) (c) (v) “Administrators” and substituting “Council”;**
- (d) by omitting from paragraph (2A) (c) “in respect of” and substituting “in an application specifying, or applies to carry on business as a registered health benefits organisation in,”;**
- (e) by omitting from subsection (3) “be registered as a registered health benefits organisation in respect of” and substituting “carry on business as a registered health benefits organisation in”;**
- (f) by omitting subparagraph (3) (a) (i) and substituting the following subparagraph:**

“(i) the Northern Territory is to be treated as part of another State in which the organisation, carries on, or proposes to carry on, business as a registered health benefits organisation.”;

- (g) by omitting from subsection (4) “be registered as a registered health benefits organisation in respect of any State or in respect of the Northern Territory” and substituting “carry on business as a registered health benefits organisation in any State”;**
- (h) by omitting from subparagraph (4) (c) (iv) “Administrators” and substituting “Council”.**

(2) Where, immediately before the commencement of this section, an organisation was a registered health benefits organisation:

- (a) the organisation shall be taken to be registered under section 68 of the Principal Act as amended by this section; and**
- (b) for the purposes of subsection 68 (1C) of that section, every State and Territory in respect of which the organisation was registered as a registered health benefits organisation immediately before that**

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commencement shall be taken to have been specified in the application for registration under that section.

Giving of information by applicant organisations

29. Section 69 of the Principal Act is amended by inserting “, or for permission to carry on business as a registered health benefits organisation” after “registration” (wherever occurring).

Application to be referred to Committee

30. Section 71 of the Principal Act is amended by inserting “or for permission to carry on business as a registered health benefits organisation” after “registration”.

Report of the Committee

31. Section 72 of the Principal Act is amended by inserting “, or permission to carry on business as a registered health benefits organisation, as the case requires,” after “organisation”.

Matters to be taken into account by Committee and by Ministers

32. Section 72A of the Principal Act is amended:

- (a) by omitting “in respect of” and substituting “or for permission to carry on business as a registered health benefits organisation in”;
- (b) by inserting “or to carry on that business in the State or Territory, as the case may be” after “registered”;
- (c) by inserting in paragraph (a) “or funds” after “fund”;
- (d) by inserting in paragraphs (b) and (c) “or those funds” after “fund” (wherever occurring);
- (e) by inserting in paragraph (d) “in respect of that fund or each of those funds—” before “the ratio”.

Registration and permission to carry on business as registered health benefits organisation

33. Section 73 of the Principal Act is amended:

- (a) by inserting in subsection (2AA) “for registration” after “application” (first occurring);
- (b) by omitting from subsection (2A) “for registration by an organisation” and substituting “by an organisation for registration or to carry on business as a registered health benefits organisation”;
- (c) by inserting in subsection (2A) “or a relevant fund” after “fund”;
- (d) by adding at the end the following subsections:

“(9) Where the Minister grants an application by a registered organisation to carry on business as a registered health benefits organisation in a State or the Northern Territory, the Minister shall, within one month after the Minister has granted the application publish in the *Gazette* a notification to that effect setting out:

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- (a) the name of the organisation; and
- (b) the name of the State or Territory.

“(10) Where the Minister refuses an application by a registered organisation to carry on business as a registered health benefits organisation in a State or the Northern Territory, the Minister shall, within one month after so refusing the application publish in the *Gazette* a notification of the refusal.”.

Registered organisation not to carry on other business etc.

34. Section 73BAA of the Principal Act is repealed.

Minimum reserves

35. Section 73BAB of the Principal Act is amended:

- (a) by omitting subsection (1) and substituting the following subsections:

“(1) It is a condition of registration of a registered organisation that, where it conducts only one health benefits fund, the value of the assets of that fund shall at all times exceed the sum of:

- (a) whichever is the higher of:
 - (i) the prescribed minimum amount; or
 - (ii) the amount (if any) by which the sum of the amounts debited to that fund during the last preceding prescribed period of the organisation exceeds the amount of income received during that period from assets of that fund consisting of investments;
- (b) the liabilities that are required to be met out of that fund;
- (c) the amount of any subsisting guarantee, not falling within paragraph (b), given by the organisation in relation to a prescribed company;
- (d) the sum of the amounts of payments by way of calls in respect of shares in a prescribed company, not falling within paragraph (b), that the organisation is, or could become, liable to pay; and
- (e) any other amount that the Minister, after taking into account the advice of the Council, considers should be a liability for the purposes of this subsection.

“(1A) It is a condition of registration of a registered health benefits organisation that, where it conducts 2 or more health benefits funds, the value of the assets of each of those funds shall at all times exceed the sum of:

- (a) the amount (if any) by which the sum of the amounts debited to that fund during the last preceding prescribed period of the organisation exceeds the amount of income received during that period from assets of that fund consisting of investments;

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- (b) the liabilities that are required to be met out of that fund;
- (c) so much as the Minister, by instrument in writing, determines of the amount of any subsisting guarantee, not falling within paragraph (b), given by the organisation in relation to a prescribed company;
- (d) the amount equal to so much as the Minister, by instrument in writing, determines of the sum of the amounts of payments by way of calls in respect of shares in a prescribed company, not falling within paragraph (b), that the organisation is, or could become, liable to pay; and
- (e) any other amount that the Minister, after taking into account the advice of the Council, considers should be a liability for the purposes of this subsection.

“(1B) It is a condition of registration of a registered health benefits organisation that, where it conducts 2 or more health benefits funds, the value of the sum of the assets of all those funds shall at all times exceed the sum of:

- (a) whichever is the higher of:
 - (i) the prescribed minimum amount; or
 - (ii) the amount (if any) by which the sum of the amounts debited to those funds during the last preceding prescribed period of the organisation exceeds the amount of income received during that period from assets of those funds consisting of investments;
 - (b) the liabilities that are required to be met out of those funds;
 - (c) the amount of any subsisting guarantee, not falling within paragraph (b), given by the organisation in relation to a prescribed company;
 - (d) the sum of the amounts of payments by way of calls in respect of shares in a prescribed company, not falling within paragraph (6), that the organisation is, or could become, liable to pay; and
 - (e) any other amount that the Minister, after taking into account the advice of the Council, considers should be a liability for the purposes of this subsection.”;
- (b) by omitting from paragraph (2) (b) “or” (last occurring);
 - (c) by adding at the end of subsection (2) the following word and paragraph:
 - “; or (d) any property that the Minister, after taking into account the advice of the Council, considers should not be an asset for the purposes of this section.”;
 - (d) by inserting in subsection (3) the following definitions:
 - “‘prescribed minimum amount’ means \$1,000,000 or, if a higher amount is prescribed, that higher amount;

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‘property’ includes an interest, power, right or privilege;”.

Exemption from maximum reserve conditions

36. (1) Section 73BAC of the Principal Act is amended by omitting subsection (1) and substituting the following subsections:

“(1) Upon application in writing made to the Minister by a registered organisation, the Minister, after consulting the Council, may, by notice in writing served on the public officer of the organisation, exempt the organisation from compliance with the conditions referred to in section 73BAB.

“(1B) An application by an organisation under subsection (1) shall be accompanied by such evidence, valuations or actuarial certification of the assets and liabilities of the organisation as the Minister considers appropriate.”.

(2) Where immediately before the amendment of section 73BAB of the Principal Act made by this Act, an exemption of an organisation from compliance with the condition referred to in that section was in force, that exemption shall be taken to be an exemption under subsection 73BAC (1) of the Principal Act as amended by subsection (1).

Reinsurance Account in health benefits fund

37. Section 73BB of the Principal Act is amended:

- (a) by omitting from subsection (2) “this section” and substituting “subsections (3), (4) and (8)”;
- (b) by inserting in subsection (2) “or a supplementary hospital table” after “Schedule”;
- (c) by inserting in subsection (2) “for a person who has not, or persons who have not, reached the prescribed age” after “matter” (first occurring);
- (d) by inserting in paragraph (2) (a) “such” before “person”;
- (e) by inserting in paragraph (2) (b) “such” before “persons” (first occurring);
- (f) by omitting from subsection (3) “this section” and substituting “subsection (4)”;
- (g) by omitting from subsection (4) “section” (first occurring) and substituting “subsection”;
- (h) by inserting in subsection (4) “or a supplementary hospital table” after “Schedule”;
- (j) by omitting from subsection (4) “section” (last occurring) and substituting “subsection”;
- (k) by inserting after subsection (4) the following subsection:

“(5) A registered organisation may debit to the Reinsurance Account maintained by it in a health benefits fund the amounts of any payments of any benefits made out of that fund in accordance

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with a basic table (whether or not modified by an election of the kind referred to in the condition set out in paragraph (ba) of the Schedule) or a supplementary hospital table to a contributor in respect of the provision of treatment, a service or another matter for a person who has reached the prescribed age.”;

- (m) by omitting subsection (5A);
- (n) by omitting from paragraph (7) (a) “Minister” and substituting “Council”;
- (p) by omitting paragraph 7 (c) and substituting the following paragraph:

“(c) shall give to the Council, at such times as the Council determines, such information drawn from the records referred to in paragraph (a) as the Council requires.”;
- (q) by omitting subsection (9) and substituting the following subsection:

“(9) This section only applies to classes of benefits declared by the Minister, by notice published in the *Gazette*, to be classes of benefits for the purposes of reinsurance.”;
- (r) by omitting from subsection (11) the definition of “nursing home fund benefit”;
- (s) by inserting in subsection (11) the following definition:

“‘prescribed age’ means 65 years or, if another age is prescribed, that other age;”.

Health Benefits Reinsurance Trust Fund

38. Section 73BC of the Principal Act is amended:

- (a) by omitting from subsection (1) “and the Commonwealth”;
- (b) by inserting in that subsection “, and for the Commonwealth to make a payment towards,” before “meeting”;
- (c) by omitting subsection (4);
- (d) by omitting paragraph (5) (a) and substituting the following paragraph:

“(a) such amount as is appropriated by the Parliament in the financial year ending on 30 June 1989 for payment into the Fund;”;
- (e) by omitting subsections (5B), (5C) and (5D) and substituting the following subsections:

“(5B) The Minister shall determine in writing principles relating to the operation of the Fund.

“(5C) The principles shall include principles for determining the method of, and the matters to be taken into account in, calculating the amounts to be paid into the Fund by registered health benefits organisations.

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“(5D) Where the Minister determines or varies the principles, he or she shall as soon as practicable:

- (a) notify the Council of the principles or variation, as the case may be; and
- (b) cause a copy of the principles or particulars of the variation, as the case may be, to be published in the *Gazette*.

“(5E) The Council shall exercise its functions and powers in relation to the Fund in accordance with the principles.”;

- (f) by omitting from subsection (6) “Administrators determine” and substituting “Council determines”;
- (g) by omitting from subsection (8) “Administrators determine” and substituting “Council determines”;
- (h) by omitting from subsection (8) “they” and substituting “it”;
- (j) by omitting from subsection (9) “Administrators” and substituting “Council”;
- (k) by omitting from subsection (10) “Administrators make” and substituting “Council makes”;
- (m) by omitting from subsection (10) “they” and substituting “it”;
- (n) by omitting from subsection (11) “Administrators” and substituting “Council”;
- (p) by omitting from subsection (12) “Administrators” (first occurring) and substituting “Council”;
- (q) by omitting from subsection (12) “Administrators otherwise direct” and substituting “Council otherwise directs”;
- (r) by omitting from subsection (13) the definition of “Administrator”.

Repeal

39. Section 73BD of the Principal Act is repealed.

Conduct of health benefits funds

40. Section 74B of the Principal Act is amended:

- (a) by omitting from paragraph (c) “and” (last occurring);
- (b) by inserting after paragraph (c) the following paragraph:
“(ca) the Council’s rules; and”.

Repeal of sections 76, 76A and 77

- 41. (1) Section 76 of the Principal Act is repealed.
- (2) Section 76A of the Principal Act is repealed.
- (3) Section 77 of the Principal Act is repealed.

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Changes of rules etc. by registered organisations

42. Section 78 of the Principal Act is amended:

- (a) by inserting in subsection (1) “in a form approved by the Minister” after “writing”;
- (b) by omitting subsections (1A) to (11) (inclusive) and substituting the following subsections:

“(2) The notification shall:

- (a) identify the change; and
- (b) show that the change is consistent with this Act and the conditions of registration of the organisation.

“(3) Where subsection (1) or (2) is not complied with in relation to a change, that change shall not be taken to have come into operation.

“(4) Where the Minister is of the opinion that a change:

- (a) would or might result in a breach of this Act or of a condition of registration of an organisation;
- (b) imposes an unreasonable or inequitable condition affecting the rights of any contributors; or
- (c) might, having regard to the advice of the Council, adversely affect the financial stability of a health benefits fund;

the Minister may, by declaration in writing, declare that the change shall not be taken to have come into operation.

“(5) The Secretary shall tell the Council of any declaration made by the Minister under paragraph (4) (c).

“(6) Where the Minister makes a declaration under subsection (4) in relation to a notification by an organisation, the Secretary shall tell the organisation of the declaration.”.

Cancellation of registration of organisation

43. Section 79 of the Principal Act is amended:

- (a) by omitting subsection (3) and substituting the following subsection:

“(3) The Minister shall cancel the registration of a registered organisation if all health benefits funds conducted by the organisation have been wound up in accordance with Part VIA.”;

- (b) by omitting subsection (5).

Offences

44. Section 82 of the Principal Act is amended by inserting in paragraph

- (1) (a) “or for permission to carry on business as a registered health benefits organisation” after “organisation”.

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45. After Part VI of the Principal Act the following Part is inserted:

**“PART VIAA—PRIVATE HEALTH INSURANCE
ADMINISTRATION COUNCIL**

“Division 1—Preliminary

Interpretation

“82A. In this Part, unless the contrary intention appears:

‘Commissioner’ means the Commissioner of Private Health Insurance Administration referred to in section 82C;

‘deputy’ means a deputy of a member appointed under section 82PD;

‘Director’ means the Director of the Council referred to in section 82PH;

‘guidelines’ means the guidelines referred to in section 82F;

‘member’ means a member of the Council and includes the Commissioner.

“Division 2—Establishment and Constitution of Council

Establishment

“82B. (1) There is established a Private Health Insurance Administration Council.

“(2) The Council:

(a) is a body corporate with perpetual succession;

(b) shall have a common seal;

(c) may acquire, hold and dispose of real and personal property; and

(d) may sue and be sued in its corporate name.

“(3) The common seal of the Council shall be kept in such custody as the Council directs and shall not be used except as authorised by the Council.

“(4) All courts, judges and persons acting judicially shall take judicial notice of the imprint of the common seal of the Council appearing on a document and shall presume that it was duly affixed.

Commissioner

“82C. (1) There shall be a Commissioner of Private Health Insurance Administration.

“(2) The Commissioner may perform the functions and exercise the powers of the Council and, where he or she performs such a function or exercises such a power, that function or power shall be taken to have been performed or exercised by the Council.

“(3) The Commissioner shall, in the performance of a function or the exercise of a power of the Council, have regard, as far as is practicable, to the advice of the other members.

“(4) The Commissioner shall be appointed by the Minister in accordance with the guidelines.

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“(5) The Commissioner shall be appointed on a full-time basis or on a part-time basis.

Constitution of Council

“82D. (1) The Council consists of:

- (a) the Commissioner;
- (b) 3 members representing registered organisations; and
- (c) one other member.

“(2) The performance of the functions, or the exercise of the powers, of the Council is not affected by a vacancy or vacancies in the membership of the Council.

Appointment of non-Commissioner members

“82E. (1) In this section:

‘member’ does not include the Commissioner.

“(2) The members shall be appointed by the Minister in accordance with the guidelines.

“(3) A member holds office on a part-time basis.

Guidelines

“82F. (1) The Minister may, by written instrument, make guidelines, not inconsistent with this Part, relating to:

- (a) the appointment of the Commissioner, other members and deputies;
- (b) the terms and conditions of their offices; and
- (c) their periods of appointment.

“(2) Before making, varying or revoking guidelines, the Minister shall consult with such registered organisations or associations of registered organisations as he or she considers appropriate.

“(3) An instrument referred to in subsection (1) is a disallowable instrument for the purposes of section 46A of the *Acts Interpretation Act 1901*.

“Division 3—Functions and powers of Council

Functions

“82G. The functions of the Council are:

- (a) to administer the Health Benefits Reinsurance Trust Fund;
- (b) to obtain from each registered organisation regular reports about the financial affairs of the organisation, including reports supported by actuarial certification;
- (c) to establish uniform standards of reporting by registered organisations to the Council;

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- (d) to examine, from time to time, the financial affairs of registered organisations, by means of the inspection and analysis of the records, books and accounts of the organisations and any other relevant information;
- (e) to review, by carrying out independent actuarial assessment, the value of the assets of each health benefits fund;
- (f) to determine whether a registered organisation is, or is about to be, in breach of a condition referred to in section 73BAB (in this section called a 'minimum reserve condition');
- (g) where the Council determines that a registered organisation is, or is about to be, in breach of a minimum reserve condition:
 - (i) to consult with the organisation; and
 - (ii) to make recommendations to the Minister about the action to be taken, including, where appropriate, a recommendation that the Minister apply under section 82Z for the judicial management or winding up of the fund concerned;
- (h) to impose levies on each registered organisation, to be calculated on the basis of the number of members of each organisation, for the purpose of meeting the:
 - (i) general administrative costs of the Council; and
 - (ii) administrative costs of reviews conducted by Acute Care Advisory Committees under section 3B of the *Health Insurance Act 1973*;
- (j) in the event of a registered organisation being unable to meet its liabilities to its members—to impose a levy on each other registered organisation, to be calculated on the basis of the number of their members, for the purpose of helping to meet those liabilities;
- (k) where it is necessary, for the purpose of making a proper examination of the financial affairs of a registered organisation, for the Council to incur unusually high costs—to impose an appropriate fee on the organisation concerned;
- (m) to make statistics, and other financial information, relating to a registered organisation or registered organisations, publicly available in accordance with the Council's rules;
- (n) to receive applications from registered organisations for review of certificates given under subsection 3B (1) of the *Health Insurance Act 1973* and to refer the applications to the Secretary;
- (p) to impose fees in relation to applications for review of certificates given under subsection 3B (1) of the *Health Insurance Act 1973*;
- (q) to make recommendations to the Minister in relation to applications made by registered organisations under section 73BAC seeking exemption from the minimum reserve conditions;
- (r) to make rules, not inconsistent with this Act, for the purpose of the performance of its functions and the exercise of its powers;

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- (s) to advise the Minister about the financial operations and affairs of registered organisations;
- (t) functions incidental to any other functions of the Council; and
- (u) any other functions conferred on the Council by this, or any other, Act.

Powers

“82H. The Council has power to do all things necessary or convenient to be done for, or in connection with the performance of its functions.

Directions by Minister

“82J. (1) The Minister may, by notice in writing to the Commissioner, give directions with respect to the performance of the Council’s functions or the exercise of its powers, and the Council shall comply with any such direction.

“(2) Before giving a direction under subsection (1), the Minister shall consult the Council about the proposed direction.

“(3) The Minister shall cause a copy of each direction to be laid before each House of the Parliament within 15 sitting days of the House after the direction is given.

Examination of records, books and accounts of registered organisations

“82K. (1) Where, in the opinion of the Commissioner it is desirable, for the proper performance of the Council’s functions that the records, books and accounts of a registered organisation be examined, the Commissioner may, by signed instrument, authorise:

- (a) the Director;
- (b) a member of staff of the Council; or
- (c) a consultant engaged by the Council;

to examine and report on those records, books and accounts.

“(2) The person authorised under subsection (1) shall, at all reasonable times, have full and free access to any premises in which the records, books and accounts are kept and may take extracts from, or make copies of, the records, books and accounts.

“(3) The Commissioner may, by written notice given to a person who is or has been an officer, servant or agent of a registered organisation, require that person:

- (a) to give the Council, within the time specified in the notice, such information relating to the affairs of the registered organisation as is stated by the notice to be required;
- (b) to attend, at a time and place specified in the notice, before the Council and give evidence relating to the affairs of the registered organisation; or

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- (c) to produce, at a time and place specified in the notice, all records, books and accounts in the person's custody or under the person's control relating to the affairs of the registered organisation.

“(4) The Commissioner may require the information or evidence, to be given on oath and either orally or in writing and, for that purpose, the Commissioner, or a person authorised in writing by the Commissioner to do so, may administer an oath or affirmation.

“(5) A person shall not:

- (a) refuse or fail to comply with a requirement contained in a notice served on the person under subsection (3); or
- (b) refuse to be sworn or to make an affirmation.

Penalty: \$1,000 or imprisonment for 6 months, or both.

“(6) In this section:

‘registered organisation’ includes an organisation the registration of which was cancelled under section 79 within 12 months before the date of the notice under subsection (3).

Registered organisation to give information to the Council annually

“82L. (1) A registered organisation which makes any report to all or any of its members at any time after 30 June 1989, shall, within one month after making the report or within such further time as the Council allows, give a copy of the report to the Council.

“(2) A registered organisation shall, within 3 months after the end of each year commencing with the year ending on 30 June 1989, or within such further time as the Council allows give to the Council:

- (a) such financial accounts and statements in respect of that year as the Council requires to be given for use in preparing the report referred to in section 82PA; and
- (b) such other statements in respect of that year as are required by the Council's rules;

certified on behalf of the organisation in accordance with the Council's rules to be true and correct.

Penalty: \$1,000.

Registered organisation to comply with Council's reporting requirements

“82M. It is a condition of registration of a registered organisation that the organisation comply, within a reasonable time, with such requirements as the Council, in the performance of its functions, imposes on the organisation.

“Division 4—Administration

Meetings of Council

“82N. (1) Subject to subsection (2), the Commissioner shall convene a meeting of the Council when:

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- (a) the Commissioner thinks it necessary for the efficient performance of the Council's functions; or
- (b) directed to do so by written notice of the Minister.

"(2) The Commissioner shall convene a meeting at least once every 6 months.

"(3) The Commissioner shall determine the time and place at which a meeting is to be held.

"(4) At a meeting, the Commissioner and 2 other members constitute a quorum.

"(5) The Commissioner shall preside at all meetings.

"(6) Questions arising at a meeting shall be determined by the Commissioner, having regard to the advice of the members present.

"(7) Subject to this section, the Commissioner shall determine the procedure of the meeting.

Delegation by Council

"82P. The Council may, by writing under its common seal, delegate to:

- (a) the Director; or
- (b) another member of staff of the Council;

all or any of the functions and powers of the Council.

Annual report by Council

"82PA. (1) The Council shall, as soon as practicable after 30 September in each year give the Minister a report on the operations of registered organisations during the year ending on 30 June in that year.

"(2) The report shall include, in respect of each health benefits fund conducted by a registered organisation during the year to which the report relates, the following information in respect of the fund:

- (a) contributions payable to the fund;
- (b) other amounts payable to the fund;
- (c) fund benefits payable out of the fund;
- (d) management expenses;
- (e) other amounts payable out of the fund;
- (f) the balance of the fund as at the end of that year;
- (g) details of how the reserves of the fund have been invested;
- (h) such other information as the Minister requires to be included.

"(3) The Minister shall lay each report under this section before each House of the Parliament within 15 sitting days of that House after it is received by the Minister.

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“Division 5—Offices of Members

Validity of appointments

“82PB. The appointment of a person as Commissioner or as another member is not invalid because of a defect or irregularity in connection with the person’s appointment.

Acting Commissioner

“82PC. (1) The Minister may appoint a person to act as Commissioner:

- (a) during a vacancy in the office of Commissioner (whether or not an appointment has been previously made to the office); or
- (b) during any period, or during all periods, when the Commissioner is absent from duty or from Australia or is, for any other reason, unable to perform the duties of the office;

but a person appointed to act during a vacancy shall not continue to act for more than 12 months.

“(2) Anything done by or in relation to a person purporting to act as Commissioner is not invalid because:

- (a) the occasion for the appointment had not arisen;
- (b) there was a defect or irregularity in connection with the appointment;
- (c) the appointment had ceased to have effect; or
- (d) the occasion for the person to act as Commissioner had not arisen or had ceased.

Deputies of members

“82PD. (1) The Minister may appoint a person to be the deputy of a member (other than the Commissioner) in accordance with the guidelines.

“(2) The deputy of a member may attend meetings of the Council that the member does not attend and shall, while attending such a meeting, be taken to be a member.

“(3) Anything done by or in relation to a deputy purporting to act under this section is not invalid because:

- (a) there was a defect or irregularity in connection with the appointment;
or
- (b) the appointment had ceased to have effect.

“Division 6—Conditions of Members

Remuneration and allowances of members

“82PE. Subject to the *Remuneration Tribunal Act 1973*, a member shall be paid:

- (a) such remuneration as is determined by the Remuneration Tribunal;
and

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(b) such allowances as are prescribed.

Resignation

“82PF. A member or a deputy may resign by writing signed and given to the Minister.

Termination of appointment

“82PG. (1) The Minister may terminate the appointment of a member or a deputy for misbehaviour or physical or mental incapacity.

“(2) If:

(a) a member or a deputy becomes bankrupt, applies to take the benefit of a law for the relief of bankrupt or insolvent debtors, compounds with his or her creditors or makes an assignment of his or her remuneration for their benefit; or

(b) a member of the Council is absent, except with the leave of the Commissioner, from 3 consecutive meetings of the Council;

the Minister shall terminate the appointment of the member or deputy.

“Division 7—Director and Staff

Director

“82PH. (1) There shall be a Director of the Council who shall be appointed by the Council.

“(2) The Council may:

(a) determine the terms and conditions of service of the Director in respect of matters not provided for by this Part; and

(b) at any time terminate such an appointment.

“(3) The Director holds office on a full-time basis.

“(4) Subject to this section, the Director holds office for the period, and subject to the terms and conditions, specified in the instrument of appointment.

“(5) A person who has attained the age of 65 years shall not be appointed as Director.

“(6) A person shall not be appointed as Director for a period that extends beyond the day on which the person will attain the age of 65 years.

“(7) The appointment of a person as Director is not invalid because of a defect or irregularity in connection with the person's appointment.

Duties of Director

“82PJ. (1) The Director shall, to the extent determined by the Council, manage the affairs of the Council.

“(2) The Director shall, in managing the affairs of the Council, act in accordance with the policy of, and with any directions given by, the Council.

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Conflict of interests

“82PK. (1) The Director shall not be present at a meeting of the Council when the Council is making a decision in relation to the office of Director.

“(2) Where the Director has a direct or indirect pecuniary interest in a matter related to his or her duties as Director, he or she shall disclose the nature of the interest to the Commissioner as soon as possible after the relevant facts have come to his or her knowledge.

Staff and consultants

“82PL. (1) The Council may employ such staff as the Council thinks necessary to employ to assist the Council in the performance of its functions and the exercise of its powers.

“(2) The Commissioner may arrange with the Secretary of a Department of the Australian Public Service for the services of officers or employees in the Department to be made available to the Council.

“(3) The Council may engage, under agreements in writing, persons having suitable qualifications and experience to perform services as consultants to the Council.

“(4) The terms and conditions of staff employed, or consultants engaged, by the Council are such as are determined by the Council from time to time.

Remuneration and allowances of Director

“82PM. Subject to the *Remuneration Tribunal Act 1973*, the Director shall be paid:

- (a) such remuneration as is determined by the Remuneration Tribunal;
and
- (b) such allowances as are prescribed.”.

Investigation of organisation by inspector

46. Section 82R of the Principal Act is amended by omitting paragraph (1) (a).

Application for judicial management or winding up of a fund

47. Section 82Z of the Principal Act is amended:

- (a) by omitting subsection (1) and substituting the following subsection:

“(1) Where the Minister, after consideration of:

- (a) a report made under section 82W on the completion or termination of an investigation of a registered organisation;
or
- (b) any recommendation of the Council about the action to be taken in relation to the organisation;

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is of the opinion that it is necessary or proper to do so, the Minister may apply to the Court for an order for the fund, or one or more of the funds, conducted by the organisation be placed under judicial management or be wound up.”;

- (b) by omitting from paragraph (2) (b) “or” (last occurring);
- (c) by adding at the end of subsection (2) the following word and paragraph:
“; or (d) the Council’s rules.”.

Merger of funds

48. Section 82ZP of the Principal Act is amended by omitting from subsection (1) all words from and including “proposing” to and including “Territory,” and substituting:

“proposing:

- (a) the transfer to a fund conducted by one of the organisations in a State or the Northern Territory of the business of the fund or funds conducted by the other organisation or organisations in that State or Territory; or
- (b) where one of the organisations has not begun to conduct a fund in a particular State or the Northern Territory—the transfer to that organisation of the business of the fund or funds conducted by the other organisation or organisations in that State or Territory;

being a transfer in accordance with a scheme specified in the application.”.

Application for review by Tribunal

49. Section 105AB of the Principal Act is amended:

- (a) by omitting from subsection (1A) “for registration of the organisation”;
- (b) by omitting subsections (5) and (6) and substituting the following subsection:

“(5) An application may be made to the Tribunal for review of a decision of the Minister under subsection 78 (4).”.

Officers to observe secrecy

50. Section 135A of the Principal Act is amended:

- (a) by inserting after subsection (4) the following subsection:

“(4A) Nothing in this section prohibits the Council from publishing under paragraph 82G (m) statistics or financial information relating to a registered organisation or registered organisations.”;

- (b) by inserting after subsection (12) the following subsection:

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“(12A) Where information referred to in subsection (1) is information acquired in the performance of functions or duties, or in the exercise of powers, under Part VIAA, this section applies as if a reference to the Secretary were a reference to the Commissioner of the Private Health Insurance Administration Council.”.

51. The Principal Act is amended by inserting the following section after section 138:

Telephone access to offices

“138A. The Minister shall direct the Secretary to make provision for the development of a service which will enable a person to make a telephone call to an office that is under the general control of the Secretary, at no greater cost than the cost of a local telephone call.”.

Regulations

52. Section 140 of the Principal Act is amended by adding at the end the following subsection:

“(2) The regulations may provide that a specified provision of the Act relating to the basic table does not apply, or applies with specified modifications, in respect of:

- (a) a specified registered health benefits organisation; or
- (b) a specified registered health benefits organisation in the conduct of its business in a specified State or in the Northern Territory.”.

Schedule

53. (1) The Schedule to the Principal Act is amended:

- (a) by omitting paragraph (a) of the CONDITIONS OF REGISTRATION OF AN ORGANISATION;
- (b) by omitting from paragraph (l) of those conditions all words after “benefits” (first occurring) and before “who”;
- (c) by adding at the end of subparagraph (l) (i) “or”;
- (d) by omitting subparagraph (l) (ii);
- (e) by adding at the end of paragraph (l) of those conditions:
 - “; and those contributors shall:
 - (iv) only be affected by any waiting periods that applied to them for the purposes of the fund from which they transferred; and
 - (v) have the same entitlements to benefits that they would have had if they had been members of the fund to which they transferred for the period for which they were members of the fund from which they transferred, being benefits of a kind available to members of the fund to which they transferred.”.

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(2) The Schedule to the Principal Act is amended by omitting from paragraph (d) “of a kind referred to in paragraph (a) or (d)” and substituting “for which a benefit is payable under paragraph (a), (d), (db) or (dc)”.

Saving

54. A determination for the purposes of subparagraph (db) (i) or (dc) (i) of the definition of “basic private table” or “basic table” in subsection 4 (1) of the Principal Act as in force immediately before the commencement of section 21 (in this section called the “relevant definition”) continues to have effect, and may be revoked, amended or varied, as if it were:

- (a) in the case of a determination for the purposes of subparagraph (db) (i) of the relevant definition—a determination under paragraph 4D (1) (a) of the Principal Act as amended by this Act; or
- (b) in the case of a determination for the purposes of subparagraph (dc) (i) of the relevant definition—a determination under paragraph 4D (1) (b) of the Principal Act as amended by this Act.

**PART 5—AMENDMENTS OF THE NURSING HOMES
ASSISTANCE ACT 1974**

Principal Act

55. In this Part, “Principal Act” means the *Nursing Homes Assistance Act 1974*.

Interpretation

56. Section 3 of the Principal Act is amended:

- (a) by inserting in the definition of “nursing home care” in subsection (1) “, personal care” after “accommodation”;
- (b) by inserting in subsection (1) the following definition:

“‘personal care’ means assistance of a personal nature given to help a person attend to his or her daily needs or carry out his or her daily routine;”.

Approval in principle of nursing home etc.

57. Section 3A of the Principal Act is amended by inserting after subsection (3) the following subsection:

“(3A) After the commencement of this subsection, the Minister shall not give a certificate under subsection (2) or (3).”.

Approval of nursing home

58. Section 4 of the Principal Act is amended:

- (a) by omitting from subparagraph (6) (c) (i) “or”;
- (b) by inserting after subparagraph (6) (c) (i) the following subparagraph:

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“(ia) ensuring that, to the extent that the principles and objectives formulated by the Minister under section 5 of the *Disability Services Act 1986* are applicable in relation to the provision to qualified nursing home patients in the nursing home of:

(A) nursing home care; or

(B) any services that, as specified in the agreement entered into under section 15 by the Commonwealth with the proprietor of the nursing home, are to be provided for qualified nursing home patients in the nursing home;

that care and those services are provided in a manner that furthers those principles and objectives; or”;

(c) by adding at the end the following subsections:

“(13) Subject to subsection (14), the Minister shall not, after the commencement of this subsection, grant an approval under this section.

“(14) The Minister may, not later than 30 June 1992, on application made under subsection (1), grant an approval under this section if:

(a) the applicant is the holder of a certificate in force under section 3A in respect of the premises to which the application relates; or

(b) the application relates to premises in respect of which an approval previously granted under this section is in force at the time when the application is made.

“(15) After the commencement of this subsection, the Minister may not determine under subsection (10) a period ending after 30 June 1992.

“(16) If, before the commencement of this subsection, the Minister had determined under subsection (10) a period ending after 30 June 1992, the period so determined shall, for the purposes of this Act, be taken to be a period ending at the end of 30 June 1992.”.

Application of National Health Act

59. Section 5 of the Principal Act is amended:

(a) by omitting from paragraph (1) (a) “and” (last occurring);

(b) by inserting after paragraph (1) (a) the following paragraph:

“(ab) section 40AB of the *National Health Act 1953* has also effect after the commencement of this paragraph as if:

(i) any reference in subsections (2) and (3) to a person’s needing or requiring nursing care by reason of infirmity or illness, disease, incapacity or disability were a reference to that person’s needing or requiring

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nursing care or personal care by reason of that person's condition as a disabled person; and

- (ii) subsection (4) were omitted and the following subsection substituted:

‘(4) The Minister shall not approve an application under subsection (3) on behalf of a patient if the Minister is satisfied that:

- (a) having regard to the medical condition of the patient and to any other relevant circumstances, the needs of the patient would be adequately, and more suitably, provided for in a place other than an approved nursing home; and

- (b) accommodation in such a place is available to the patient’; and”.

Approval of additional services

60. Section 6 of the Principal Act is amended:

- (a) by omitting paragraph (4) (b) and substituting the following paragraph:

“(b) any other conditions determined by the Minister for the purpose of ensuring:

- (i) that the needs of persons of that class who seek the services are satisfactorily provided for; or

- (ii) that, to the extent that the principles and objectives formulated by the Minister under section 5 of the *Disability Services Act 1986* are applicable to the provision of those services for persons of that class, the services are provided in a manner that furthers those principles and objectives.”;

- (b) by adding at the end the following subsection:

“(7) At the end of 30 June 1992, any approval then in force under this section ceases to be in force.”.

Common form of nursing home agreement

61. Section 12 of the Principal Act is amended:

- (a) by omitting subsection (1A) and substituting the following subsection:

“(1A) In this section:

‘adjusted deficit’, in relation to the proprietor of an approved nursing home, in respect of a year or any other period, means the amount obtained by deducting from the amount that, under subsection (4), is the approved deficit of the proprietor in respect of that year or other period any approved

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expenditure by the proprietor in respect of that year or other period that is of one of the following kinds:

- (a) expenditure on the replacement of an asset of the nursing home exceeding \$1,200 in value;
- (b) expenditure exceeding \$1,200 on repairs, or maintenance work, carried out on an asset of the nursing home;
- (c) contributions paid to a superannuation scheme on behalf of persons employed by the proprietor for the purposes of the nursing home;
- (d) payments in respect of long service leave entitlements of persons referred to in paragraph (c);

‘approved expenditure’, in relation to the proprietor of a nursing home, means expenditure in accordance with particulars of expenditure or expected expenditure approved by the Secretary under the agreement relating to the nursing home entered into with the proprietor under section 15;

‘relevant association’ means an association that:

- (a) represents eligible organisations; and
- (b) is specified by the Minister by notice in writing published in the *Gazette* as a relevant association for the purposes of this section.”;

- (b) by omitting from subsection (4) “an amount” and substituting “, if subsection (4A) does not apply, the amount”;
- (c) by inserting in subsection (4) “(including approved services)” after “other services” (first occurring);
- (d) by inserting after subsection (4) the following subsections:

“(4A) If the adjusted deficit of the proprietor of a nursing home in respect of a year, or other period, ending after 30 June 1989 is more than the amount that, under subsection (4B), is the prescribed amount in relation to the proprietor in respect of that year or period:

- (a) the amount of the difference between that adjusted deficit and that prescribed amount shall be deducted from the amount that, under subsection (4), is the approved deficit of the proprietor in respect of that year or period; and
- (b) the amount obtained shall, for the purposes of this Act, be taken to be the approved deficit of the proprietor in respect of that year or period.

“(4B) The prescribed amount in relation to the proprietor of an approved nursing home in respect of a year, or other period, ending after 30 June 1989 (in this subsection called the ‘later year’ and ‘later period’ respectively) is:

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- (a) if the average number of beds occupied per day by qualified nursing home patients in the nursing home during the later year or later period is less than the average number of beds occupied per day by qualified nursing home patients in the nursing home during the year, or (if applicable) other period approved by the Secretary under paragraph (2) (a), ending on 30 June 1989:

- (i) the amount calculated by using the formula:

$$\frac{AD - EAS}{ANB_1} \times ANB_2 + EAS$$

where:

AD is the adjusted deficit of the proprietor in respect of the year, or other period, ending on 30 June 1989;

EAS is so much of the approved expenditure of the proprietor on the provision of approved services at the nursing home in respect of the year, or other period, ending on 30 June 1989 that is not expenditure of a kind referred to in paragraphs (a), (b), (c) and (d) of the definition of 'adjusted deficit' in subsection (1A);

ANB₁ is the average number of beds occupied per day by qualified nursing home patients in the nursing home during the year, or other period, ending on 30 June 1989; and

ANB₂ is the average number of beds occupied per day by qualified nursing home patients in the nursing home during the later year or later period; or

- (ii) if a determination under subsection (4C) is in force—the amount calculated under subparagraph (i) increased in the manner set out in the determination; or

- (b) if paragraph (a) does not apply:

- (i) the amount equal to the adjusted deficit of the proprietor in respect of the year, or (if applicable) other period approved by the Secretary under paragraph (2) (a), ending on 30 June 1989; or

- (ii) if a determination under subsection (4C) is in force—the amount referred to in subparagraph (i) increased in the manner set out in the determination.

“(4C) If the Minister, having regard to relevant economic indicators, is satisfied that prescribed amounts under subsection (4B)

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in respect of a year, or other period, ending after 30 June 1989 should be higher than amounts obtained under subparagraph (4B) (a) (i) or (b) (i), the Minister may, by written notice, determine that, in determining prescribed amounts under subsection (4B) in respect of that year or other period, any amount obtained under either of those subparagraphs should be increased in the manner set out in the determination.”.

Certain notices to be subject to disallowance

62. Section 36A of the Principal Act is amended by inserting in subsection (1) “12 (4C) or” after “subsection”.

**PART 6—AMENDMENT OF THE REMUNERATION TRIBUNAL
ACT 1973**

Principal Act

63. In this Part, “Principal Act” means the *Remuneration Tribunal Act 1973*⁵.

Inquiries and determinations by Tribunal

64. (1) Section 7 of the Principal Act is amended:

- (a) by omitting from paragraph (9) (ac) “and”;
- (b) by inserting after paragraph (9) (ac) the following paragraphs:

“(ad) in the case of remuneration or allowances payable to a person who holds the office of Commissioner of Private Health Insurance Administration, an office of member of the Private Health Insurance Administration Council or the office of Director of that Council—to be paid in accordance with the determination out of funds under the control of that Council;

(ae) in the case of remuneration or allowances payable to a person who holds an office of member of the Acute Care Advisory Committee or an Acute Care Advisory Committee—to be paid in accordance with the determination out of funds under the control of the Private Health Insurance Administration Council; and”.

(2) The amendment made by this section only applies in relation to Acute Care Advisory Committees established after the commencement of section 9 of this Act.

**PART 7—AMENDMENTS OF THE STATES GRANTS (NURSE
EDUCATION TRANSFER ASSISTANCE) ACT 1985**

Principal Act

65. In this Part, “Principal Act” means the *States Grants (Nurse Education Transfer Assistance) Act 1985*⁶.

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Interpretation

66. Section 3 of the Principal Act is amended by inserting in subsection (1) the following definitions:

“ ‘first census day’ means:

(a) 31 March; or

(b) if any other day is prescribed for the purposes of this paragraph—that other day;

‘second census day’ means:

(a) 31 August; or

(b) if any other day is prescribed for the purposes of this paragraph—that other day;”.

Special nurse education transfer grants

67. Section 4 of the Principal Act is amended:

(a) by omitting from subparagraph (3) (c) (i) “30 April” and substituting “the first census day”;

(b) by omitting from subparagraph (3) (c) (ii) “30 September” and substituting “the second census day”.

68. The Principal Act is amended by adding at the end the following section:

Regulations

“10. The Governor-General may make regulations, not inconsistent with this Act, prescribing all matters required or permitted by this Act to be prescribed.”.

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SCHEDULE

Section 18

NEW SCHEDULE 1A TO THE HEALTH INSURANCE ACT 1973

SCHEDULE 1A

PATHOLOGY SERVICES TABLE

RULES FOR INTERPRETATION OF THE PATHOLOGY SERVICES TABLE

1. In this Schedule:
 "recognised pathologist" means a medical practitioner who, by reason of a determination under section 61, is recognised for the purposes of this Act as a specialist in the speciality of pathology.
2. Where an item includes the symbol "(SP)", the item relates to a pathology service when rendered by or on behalf of an approved pathology practitioner who is a recognised pathologist other than a pathology service:
 - (a) rendered pursuant to a request made in the course of the provision of an out-patient service at a recognised hospital;
 - (b) rendered pursuant to a request made in respect of a person who was, at the time when the request was made, a private patient in a recognised hospital; or
 - (c) in the rendering of which:
 - (i) any pathology equipment of a recognised hospital, or a laboratory included in a prescribed class of laboratories, is used; or
 - (ii) any member of the staff of a recognised hospital, or a laboratory included in a prescribed class of laboratories, participates in the course of that member's employment with that hospital or laboratory.
3. Where an item includes the symbol "(OP)", the item shall be taken to relate to a pathology service other than a pathology service:
 - (a) to which an item that includes the symbol "(SP)" relates; or
 - (b) to which sub-section 16A (7) applies.
4. For the purposes of rules 2 and 3 each of the following classes of laboratories is a prescribed class of laboratories:
 - (a) laboratories operated by the Commonwealth;
 - (b) laboratories operated by a State or an authority of a State;
 - (c) laboratories operated by the Northern Territory of Australia;
 - (d) laboratories operated by the Australian Capital Territory Community and Health Service; and
 - (e) laboratories operated by an Australian tertiary institution.
5. Two or more pathology services rendered pursuant to 2 or more requests shall be taken to have been rendered pursuant to a single request if:
 - (a) each pathology service is rendered to the same person;
 - (b) each pathology service is of a kind listed in the one item of the table; and
 - (c) the determinations of the necessity for the pathology services were made on the same day.
6. In rule 5, "service" includes an assay, estimation or test.
7. A reference in these rules to a request made to an approved pathology practitioner includes a reference to a request that is deemed, for the purposes of section 16A, to have been made to that approved pathology practitioner.
8. Where:
 - (a) a pathology service (the 'first pathology service') is rendered pursuant to a request;

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SCHEDULE—continued

- (b) an item of the table applies to that pathology service;
 - (c) another pathology service (the 'second pathology service') is rendered pursuant to the request; and
 - (d) the second pathology service is of a kind referred to in the item referred to in paragraph (b);
- the second pathology service shall be treated as if it were completely subsumed within the first pathology service.

Example: Dr Proctor requests an extended blood grouping test (covered by item 1192) and the test includes a basic blood grouping test (covered by item 1187). Item 1187 is referred to in item 1192. Benefit is payable under item 1192 for the extended blood grouping test but benefit is not payable separately under item 1187 for the basic blood grouping test.

9. For the purposes of Division 1—Haematology:
 - (a) if pathology services of a kind referred to in item 1187, 1188, 1192 or 1193 are rendered to a person during a period of hospitalisation, the item applies only to the first pathology service of that kind rendered to the person during that person's hospitalisation; and
 - (b) tests performed on material stored from a previous patient episode (except tests specified in item 1198 or 1199) in response to a subsequent request are treated as being part of that previous patient episode if the second request is made within 14 days of that previous patient episode.
10. For the purposes of Division 2—Chemical Pathology:
 - (a) where a pathology service involving the measurement of any substance in urine requires a 24 hour urine collection and/or calculation of a substance/creatinine ratio, that pathology service is treated as including any estimation of creatinine in other fluids necessary for calculation; and
 - (b) tests performed on material stored from a previous patient episode in response to a subsequent request are treated as being part of that previous patient episode if the second request occurs within 14 days of that previous patient episode.
11. For the purposes of Division 3—Microbiology:
 - (a) serial examinations or cultures means examinations or cultures requested on the one occasion regardless of whether the materials are received on different days by the approved pathology practitioner and regardless of whether the examinations or cultures were requested on one or more request forms by the treating practitioner; and
 - (b) tests performed on material which has been stored from a previous patient episode in response to a subsequent request are treated as being part of that previous patient episode if the further request occurs within 14 days of that previous patient episode.
12. For the purposes of Division 4—Immunology:
 - (a) tests performed on material which has been stored from a previous patient episode in response to a subsequent request are treated as being part of that previous patient episode if the further request occurs within 14 days of that previous patient episode; and
 - (b) in items 2271, 2274, 2275, 2276, 2277, 2278, 2279 and 2280, the estimation of a single antibody includes qualitative and quantitative assays for that antibody.
13. For the purposes of Division 5—Histopathology:
 - (a) "biopsy material" means all tissue received by the approved pathology practitioner from any operation or group of operations performed on a patient at the one time other than a bone marrow biopsy; and

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SCHEDULE—continued

- (b) where a pathology service relating to the examination of biopsy material is rendered under an item set out in Division 5 in circumstances where a further pathology service or pathology services specified in an item or items in Division 5 are rendered also in relation to that biopsy material, all those pathology services are treated as one pathology service rendered under the one item appropriate to the pathology services provided.
14. For the purposes of Division 6—Cytopathology, “serial examinations” means examinations requested on the one occasion regardless of whether the materials are received on different days by the approved pathology practitioner and regardless of whether the examinations were requested on one or more request forms by the treating practitioner.
15. Where in these rules provision is made for 2 or more pathology services to be treated as one pathology service, a reference to an appropriate item is a reference to the item which incorporates whichever of the symbols (SP) or (OP) is relevant to the rendering of that pathology service.
16. The lists of abbreviations at the end of the table are provided to allow users of the table to identify and refer to particular pathology services, or particular groups of pathology services, more accurately and more conveniently.

Item No.	Pathology Service	Fees— All States
		\$
<i>Division 1—Haematology</i>		
1163	Blood count consisting of erythrocyte count, C-reactive protein, erythrocyte sedimentation rate, blood viscosity, haemoglobin, platelet count, leucocyte count, reticulocyte count—one or two procedures. SP	7.35
1164	Blood count consisting of erythrocyte count, C-reactive protein, erythrocyte sedimentation rate, blood viscosity, haemoglobin, platelet count, leucocyte count, reticulocyte count—one or two procedures. OP	5.55
1168	Three or more procedures to which item 1163 applies, including any calculation or measurement of erythrocyte or other indices. SP	10.00
1169	Three or more procedures to which item 1164 applies, including any calculation or measurement of erythrocyte or other indices. OP	7.50
1170	Examination of blood film, with or without differential cell count, or differential cell count with or without examination of blood film, and the performance of any of these additional services—Direct Coombs test, tests for heterophile antibodies, cold agglutinins, examination of blood film by special stains to demonstrate Heinz bodies, parasites or iron, or examination of a blood film with alpha-naphthyl acetate esterase, choloroacetate esterase, neutrophil alkaline phosphotase, nitro blue tetrazolium, periodic acid Schiff, Sudan Black stains, or Kleihauer test for HbF on blood film, including any services specified in item 1419. SP	13.20
1171	Examination of blood film, with or without differential cell count, or differential cell count with or without examination of blood film, and the performance of any of these additional services—Direct Coombs test, tests for heterophile antibodies, cold agglutinins, examination of blood film by special stains to demonstrate Heinz bodies, parasites or iron, or examination of a blood film with alpha-naphthyl acetate esterase, choloroacetate esterase, neutrophil alkaline phosphotase, nitro	9.90

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SCHEDULE—continued

Item No.	Pathology Service	Fees— All States
		\$
	blue tetrazolium, periodic acid Schiff, Sudan Black stains, or Kleihauer test for HbF on blood film, including any services specified in item 1420. OP	
1172	Full blood examination consisting of items 1168 and 1170. SP	23.00
1173	Full blood examination consisting of items 1169 and 1171. OP	17.25
1176	Erythrocytes, qualitative or quantitative assessment of haemolysis or metabolic enzymes by—erythrocyte autohaemolysis test, erythrocyte fragility test, sugar water test, erythrocyte metabolic enzyme test, heat denaturation test, isopropanol precipitation test, acid haemolysis test, and quantitation of muramidase in serum or urine—one or more procedures. SP	30.50
1177	Erythrocytes, qualitative or quantitative assessment of haemolysis or metabolic enzymes by—erythrocyte autohaemolysis test, erythrocyte fragility test, sugar water test, erythrocyte metabolic enzyme test, heat denaturation test, isopropanol precipitation test, acid haemolysis test, and quantitation of muramidase in serum or urine—one or more procedures. OP	22.90
1179	Tests for the diagnosis of haemoglobinopathy consisting of haemoglobin electrophoresis and two of the following—examination for HbH, quantitation of HbA ₂ or HbF, including any services specified in items 1163, 1168, 1170 and 1172. SP	47.50
1180	Tests for the diagnosis of haemoglobinopathy consisting of haemoglobin electrophoresis and two of the following—examination for HbH, quantitation of HbA ₂ or HbF, including any services specified in items 1164, 1169, 1171 and 1173. OP	35.65
1181	Histopathological examination of sections of bone marrow trephine biopsy including where indicated, examination of marrow smears and any special stains and immuno-chemical techniques, including any services specified in items 1163, 1168, 1170, 1172 and 1183. SP	146.00
1182	Histopathological examination of sections of bone marrow trephine biopsy including where indicated, examination of marrow smears and any special stains and immuno-chemical techniques, including any services specified in items 1164, 1169, 1171, 1173 and 1184. OP	109.50
1183	Bone marrow examination of aspirated material including any special stains, immuno-chemical techniques and clot sections where necessary, including any services specified in items 1163, 1168, 1170 and 1172. SP	106.00
1184	Bone marrow examination of aspirated material including any special stains, immuno-chemical techniques and clot sections where necessary, including any services specified in items 1164, 1169, 1171 and 1173. OP	79.50
1187	Blood grouping, including back-grouping when performed—ABO and Rh (D antigen). SP	12.80
1188	Blood grouping, including back-grouping when performed—ABO and Rh (D antigen). OP	9.60
1192	Blood grouping—Rh phenotypes, Kell system, Duffy system, M and N factors or any other blood group system—one or more systems, including any services specified in item 1187. SP	25.50
1193	Blood grouping—Rh phenotypes, Kell system, Duffy system, M and N factors or any other blood group system—one or more systems, including any services specified in item 1188. OP	19.15

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SCHEDULE—continued

Item No.	Pathology Service	Fees— All States
		\$
1196	Blood grouping, including back-grouping when performed, and examination of serum for Rh and other blood group antibodies, including identification and quantitative estimation of any antibodies detected, and including any services specified in items 1163, 1168, 1170 and 1172. SP	47.50
1197	Blood grouping, including back-grouping when performed, and examination of serum for Rh and other blood group antibodies, including identification and quantitative estimation of any antibodies detected, and including any services specified in items 1164, 1169, 1171 and 1173. OP	35.65
1198	Compatibility testing, including all necessary grouping checks of patient and donor, examination for antibodies, identification and, if necessary, quantitative estimation of any antibodies detected and any services specified in items 1163, 1168, 1170, 1172, 1187 and 1196 including all testing performed on any one day. SP	116.00
1199	Compatibility testing, including all necessary grouping checks of patient and donor, examination for antibodies, identification and, if necessary, quantitative estimation of any antibodies detected and any services specified in items 1164, 1169, 1171, 1173, 1188 and 1197 including all testing performed on any one day. OP	87.00
1417	Examination of serum for blood group antibodies including identification and, if necessary, quantitative estimation of any antibodies detected. SP	21.00
1418	Examination of serum for blood group antibodies including identification and, if necessary, quantitative estimation of any antibodies detected. OP	15.75
1419	Direct Coombs test, qualitative or quantitative test for cold agglutinins, or heterophile antibodies, qualitative spectroscopic examination of blood for abnormal haemoglobins, qualitative test for red cell porphyrins and detection of metalbumin (Schumm's test) excluding those services specified in items 1170 and 1173—one or more tests. SP	11.60
1420	Direct Coombs test, qualitative or quantitative test for cold agglutinins, or heterophile antibodies, qualitative spectroscopic examination of blood for abnormal haemoglobins, qualitative test for red cell porphyrins and detection of metalbumin (Schumm's test) excluding those services specified in items 1171 and 1173—one or more tests. OP	8.70
1521	Skin bleeding time, coagulation time, prothrombin time, activated partial thromboplastin time, thrombin time (including test for presence of an inhibitor and serial tests for fibrinolysis), test for factor XIII deficiency, fibrinogen, or one of—fibrinogen degradation products, fibrin monomer or D-dimer—one estimation. SP	16.00
1522	Skin bleeding time, coagulation time, prothrombin time, activated partial thromboplastin time, thrombin time (including test for presence of an inhibitor and serial tests for fibrinolysis), test for factor XIII deficiency, fibrinogen, or one of—fibrinogen degradation products, fibrin monomer or D-dimer—one estimation. OP	12.00
1523	Two estimations specified in item 1521. SP	21.00
1524	Two estimations specified in item 1522. OP	15.75
1525	Three estimations specified in item 1521. SP	26.50
1526	Three estimations specified in item 1522. OP	19.90
1527	Four or more estimations specified in item 1521. SP	31.50

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SCHEDULE—continued

Item No.	Pathology Service	Fees— All States
		\$
1528	Four or more estimations specified in item 1522. OP	23.65
1531	Quantitative assay, by one or more techniques, of plasminogen, antithrombin III, Protein C, Protein S, heparin co-factor II, Euglobulin clot lysis time and test for lupus anticoagulant—one estimation. SP	31.50
1532	Quantitative assay, by one or more techniques, of plasminogen, antithrombin III, Protein C, Protein S, heparin co-factor II, Euglobulin clot lysis time and test for lupus anticoagulant—one estimation. OP	23.65
1533	Four or more estimations specified in item 1531. SP	100.00
1534	Four or more estimations specified in item 1532. OP	75.00
1535	Platelet aggregation in response to ADP, collagen, 5HT, ristocetin or similar substance—one or more estimations. SP	63.00
1538	Platelet aggregation in response to ADP, collagen, 5HT, ristocetin or similar substance—one or more estimations. OP	47.25
1539	Heparin assay, only when monitoring a patient on subcutaneous heparin or low molecular weight heparin—one or more estimations. SP	42.00
1540	Heparin assay, only when monitoring a patient on subcutaneous heparin or low molecular weight heparin—one or more estimations. OP	31.50
1541	Quantitative assay of Von Willebrand's factor antigen (factor VIII related antigen), Von Willebrand's factor (ristocetin cofactor), factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, Fletcher factor, Fitzgerald factor, Passovv factor—one estimation. SP	42.00
1542	Quantitative assay of Von Willebrand's factor antigen (factor VIII related antigen), Von Willebrand's factor (ristocetin cofactor), factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, Fletcher factor, Fitzgerald factor, Passovv factor—one estimation. OP	31.50
1543	Two estimations as specified in item 1541. SP	63.00
1544	Two estimations as specified in item 1542. OP	47.25
1550	Three or more estimations as specified in item 1541. SP	79.00
1551	Three or more estimations as specified in item 1542. OP	59.25

Division 2—Chemical pathology

1558	Quantitative estimation in serum, plasma, urine or any other body fluid, by any method except by reagent strip with or without reflectance meter or electrophoresis of—alanine amino-transferase, albumin, alkaline phosphatase, amylase, aspartate aminotransferase, bicarbonate, bilirubin (total and any fractions), calcium (total, dialysed or ionized), chloride, cholesterol, creatine kinase, creatine kinase isoenzymes (when not performed as specified in item 1734), creatinine, fructosamine, gamma glutamyl transpeptidase, globulin, glucose, lactate dehydrogenase, lipase, lithium, magnesium, phosphate, potassium, total protein, sodium, triglycerides, urate, urea—one estimation. SP	13.20
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SCHEDULE—continued

Item No.	Pathology Service	Fees— All States
		\$
1559	Quantitative estimation in serum, plasma, urine or any other body fluid, by any method except by reagent strip with or without reflectance meter or electrophoresis of—alanine amino-transferase, albumin, alkaline phosphatase, amylase, aspartate aminotransferase, bicarbonate, bilirubin (total and any fractions), calcium (total, dialysed or ionized), chloride, cholesterol, creatine kinase, creatine kinase isoenzymes (when not performed as specified in item 1735), creatinine, fructosamine, gamma glutamyl transpeptidase, globulin, glucose, lactate dehydrogenase, lipase, lithium, magnesium, phosphate, potassium, total protein, sodium, triglycerides, urate, urea—one estimation. OP	9.90
1560	Two estimations specified in item 1558. SP	16.00
1561	Two estimations specified in item 1559. OP	12.00
1562	Three estimations specified in item 1558. SP	18.60
1563	Three estimations specified in item 1559. OP	13.95
1564	Four estimations specified in item 1558. SP	21.00
1565	Four estimations specified in item 1559. OP	15.75
1569	Five estimations specified in item 1558. SP	23.50
1570	Five estimations specified in item 1559. OP	17.65
1571	Six or more estimations specified in item 1558. SP	26.50
1572	Six or more estimations specified in item 1559. OP	19.90
1575	Qualitative estimation by any method, except by reagent strip or dipstick of the following urine constituents—bilirubin, cystine (cysteine), haemoglobin, melanin (melanogen), myoglobin, porphobilinogen, porphyrins, urobilinogen or pH measurement of body fluids other than urine (excepting urine acidification test), or cryoglobulins or cryofibrinogen in serum—one or more estimations. SP	12.60
1576	Qualitative estimation by any method, except by reagent strip or dipstick of the following urine constituents—bilirubin, cystine (cysteine), haemoglobin, melanin (melanogen), myoglobin, porphobilinogen, porphyrins, urobilinogen or pH measurement of body fluids other than urine (excepting urine acidification test), or cryoglobulins or cryofibrinogen in serum—one or more estimations. OP	9.45
1577	Qualitative estimation by any method except by reagent strip or dipstick of the following faecal constituents—haemoglobin, porphyrins, reducing substances—each estimation, to a maximum of three estimations, taken on separate days. SP	8.40
1578	Qualitative estimation by any method except by reagent strip or dipstick of the following faecal constituents—haemoglobin, porphyrins, reducing substances—each estimation, to a maximum of three estimations, taken on separate days. OP	6.30
1579	Immunological test for human haemoglobin in faeces performed in any twenty eight day period, including chemical test if performed—one estimation—SP	16.00
1580	Immunological test for human haemoglobin in faeces performed in any twenty eight day period, including chemical test if performed—one estimation. OP	12.00
1581	Two or more estimations specified in item 1579. SP	36.50
1582	Two or more estimations specified in item 1580. OP	27.40
1583	Osmolality, estimation by osmometer, in serum or in urine—one or more estimations. SP	31.50

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SCHEDULE—continued

Item No.	Pathology Service	Fees— All States
		\$
1584	Osmolality, estimation by osmometer, in serum or in urine—one or more estimations. OP	23.65
1590	Quantitative estimation of blood gases including tests performed from—pO ₂ , oxygen saturation, pCO ₂ , bicarbonate, pH, and any other measurement (eg. haemoglobin, potassium) or calculation performed on the same specimen by the same instrument or group of instruments—one or more estimation on one specimen. SP.	43.00
1591	Quantitative estimation of blood gases including tests performed from—pO ₂ , oxygen saturation, pCO ₂ , bicarbonate, pH, and any other measurement (eg. haemoglobin, potassium) or calculation performed on the same specimen by the same instrument or group of instruments—one or more estimation on one specimen. OP.	32.25
1592	One or more estimations of blood gases as specified in item 1590 on two or more specimens within any one day. SP	53.00
1593	One or more estimations of blood gases as specified in item 1591 on two or more specimens within any one day. OP	39.75
1595	Calculus, analysis of one or more. SP	39.00
1596	Calculus, analysis of one or more. OP	29.25
1598	Drug or chemical assays—including all qualitative and quantitative tests on blood, urine or other body fluid for a drug or drugs of abuse, including illegal drugs and legally available drugs taken other than in appropriate dosage, ingested or absorbed toxic chemicals including any services specified in items 1712, 1714 and 1716, but excluding the surveillance of sports people and athletes for performance improving substances—one or more assays. SP	53.00
1599	Drug or chemical assays—including all qualitative and quantitative tests on blood, urine or other body fluid for a drug or drugs of abuse, including illegal drugs and legally available drugs taken other than in appropriate dosage, ingested or absorbed toxic chemicals including any services specified in items 1713, 1715 and 1717, but excluding the surveillance of sports people and athletes for performance improving substances—one or more assays. OP	39.75
1627	Drug assays—including all qualitative and quantitative estimations on blood, urine or other body fluid for a drug or drugs of abuse or a therapeutic drug on a sample collected from a patient participating in a drug abuse treatment programme, or being treated for drug effects or under a court order or parole board supervision, but excluding the detection of nicotine and metabolites in smoking withdrawal programs—each assay to a maximum of four assays within any twenty eight day period. SP	26.50
1628	Drug assays—including all qualitative and quantitative estimations on blood, urine or other body fluid for a drug or drugs of abuse or a therapeutic drug on a sample collected from a patient participating in a drug abuse treatment programme, or being treated for drug effects or under a court order or parole board supervision, but excluding the detection of nicotine and metabolites in smoking withdrawal programs—each assay to a maximum of four assays within any twenty eight day period. OP	19.90

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SCHEDULE—continued

Item No.	Pathology Service	Fees— All States \$
1712	Drug assay—quantitative estimation on blood or other body fluid by any method or methods of a drug being used therapeutically for the patient from whom the specimen was taken (excluding antibiotics or antimicrobial chemotherapeutic agents)—one estimation. SP	26.50
1713	Drug assay—quantitative estimation on blood or other body fluid by any method or methods of a drug being used therapeutically for the patient from whom the specimen was taken (excluding antibiotics or antimicrobial chemotherapeutic agents)—one estimation. OP	19.90
1714	Two estimations specified in item 1712. SP	36.50
1715	Two estimations specified in item 1713. OP	27.40
1716	Three or more estimations specified in item 1712. SP	47.50
1717	Three or more estimations specified in item 1713. OP	35.65
1726	Amniotic fluid, spectrophotometric examination of, estimation of lecithin/sphingomyelin ratio or palmitic acid—one or more examinations or estimations. SP	42.00
1727	Amniotic fluid, spectrophotometric examination of, estimation of lecithin/sphingomyelin ratio or palmitic acid—one or more examinations or estimations. OP	31.50
1734	Electrophoresis, quantitative or qualitative of serum, urine or other body fluid to demonstrate protein classes or presence and amount of paraprotein, or the isoenzymes of lactate dehydrogenase, alkaline phosphatase and creatine kinase, including the preliminary quantitation of total protein, albumin and globulin or of total relevant enzyme activity, but excluding lipoprotein electrophoresis—one examination. SP	39.00
1735	Electrophoresis, quantitative or qualitative of serum, urine or other body fluid to demonstrate protein classes or presence and amount of paraprotein, or the isoenzymes of lactate dehydrogenase, alkaline phosphatase and creatine kinase, including the preliminary quantitation of total protein, albumin and globulin or of total relevant enzyme activity, but excluding lipoprotein electrophoresis—one examination. OP	29.25
1736	Electrophoresis, quantitative or qualitative of concurrently collected, or collected within a twenty eight day period, serum and urine to demonstrate protein classes or presence and amount of paraproteins, including the preliminary quantitation of total protein, albumin and globulin, but excluding lipoprotein electrophoresis—two or more examinations. SP	58.00
1737	Electrophoresis, quantitative or qualitative of concurrently collected, or collected within a twenty eight day period, serum and urine to demonstrate protein classes or presence and amount of paraproteins, including the preliminary quantitation of total protein, albumin and globulin, but excluding lipoprotein electrophoresis—two or more examinations. OP	43.50

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SCHEDULE—continued

Item No.	Pathology Service	Fees— All States
		\$
1738	Alpha-feto protein, Alpha-1 antitrypsin, Alpha-2 macroglobulin, beta-2 microglobulin, C-1 esterase inhibitor, Caeruloplasmin, Ferritin (unless specified in item 1752), Haptoglobins, Microalbumin (in proven diabetes mellitus), Transferrin (unless specified in item 1752) and, in the follow up of proven malignancy, CA-125 antigen, CA-19.9 antigen, CA-15.3 antigen, Carcinoembryonic antigen, Prostatic Acid Phosphatase (one or more fractions), Prostate specific antigen—quantitative estimation in serum, urine or other body fluid—one estimation. SP	25.50
1739	Alpha-feto protein, Alpha-1 antitrypsin, Alpha-2 macroglobulin, beta-2 microglobulin, C-1 esterase inhibitor, Caeruloplasmin, Ferritin (unless specified in item 1753), Haptoglobins, Microalbumin (in proven diabetes mellitus), Transferrin (unless specified in item 1753) and, in the follow up of proven malignancy, CA-125 antigen, CA-19.9 antigen, CA-15.3 antigen, Carcinoembryonic antigen, Prostatic Acid Phosphatase (one or more fractions), Prostate specific antigen—quantitative estimation in serum, urine or other body fluid—one estimation. OP	19.15
1740	Two or more estimations specified in item 1738. SP	47.50
1741	Two or more estimations specified in item 1739. OP	35.65
1752	Iron studies consisting of quantitative analysis of iron, transferrin or iron binding capacity and ferritin. SP	50.00
1753	Iron studies consisting of quantitative analysis of iron, transferrin or iron binding capacity and ferritin. OP	37.50
1768	Serum B12, serum folate—one or more estimations within any twenty eight day period. SP	31.50
1769	Serum B12, serum folate—one or more estimations within any twenty eight day period. OP	23.65
1770	Red cell folate and serum B12 and, if required, serum folate, to a maximum of three estimations in any twelve month period. SP	57.50
1771	Red cell folate and serum B12 and, if required, serum folate, to a maximum of three estimations in any twelve month period. OP	43.00
1780	Vitamins, quantitative estimation in blood, urine or other body fluid, by direct or indirect means, of Vitamins A, B1, B2, B3, B6, C, and E—one or more estimations within any six month period. SP	39.00
1783	Vitamins, quantitative estimation in blood, urine or other body fluid, by direct or indirect means, of Vitamins A, B1, B2, B3, B6, C, and E—one or more estimations within any six month period. OP	29.25
1786	Vitamin D or D fractions—one or more estimations. SP	39.00
1787	Vitamin D or D fractions—one or more estimations. OP	29.25
1791	Alcohol, ammonia, angiotensin converting enzyme, neonatal bilirubin (one or more fractions), cholinesterase, cystine (cysteine), hydroxyindoleacetic acid, hydroxyproline, lactate, pyruvate, oxalate, xylose, zinc—one quantitative estimation. SP	31.50
1792	Alcohol, ammonia, angiotensin converting enzyme, neonatal bilirubin (one or more fractions), cholinesterase, cystine (cysteine), hydroxyindoleacetic acid, hydroxyproline, lactate, pyruvate, oxalate, xylose, zinc—one quantitative estimation. OP	23.65
1795	Two or more estimations specified in item 1791. SP	49.50
1798	Two or more estimations specified in item 1792. OP	37.15

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Item No.	Pathology Service	Fees— All States
		\$
1871	Aluminium, arsenic, beryllium, cadmium, copper, chromium, gold, manganese, mercury, nickel, selenium, strontium—in blood, urine or other body fluid or tissue—one or more estimations within any six month period. SP	44.50
1872	Aluminium, arsenic, beryllium, cadmium, copper, chromium, gold, manganese, mercury, nickel, selenium, strontium—in blood, urine or other body fluid or tissue—one or more estimations within any six month period. OP	33.40
1895	Blood lead estimation, other than for occupational health screening purposes, to a maximum of three estimations in any six month period—each estimation. SP	39.00
1896	Blood lead estimation, other than for occupational health screening purposes, to a maximum of three estimations in any six month period—each estimation. OP	29.25
1959	Porphyrins (one or more fractions), Catecholamines (one or more fractions), Hydroxy Methoxy Mandelic Acid (HMMA), Homovanillic Acid (HVA), Methoxy Hydroxy Phenylethylene Glycol (MHPG), Phenyl Acetic Acid (PAA)—quantitative including any qualitative estimations—one or more estimations. SP	51.00
1960	Porphyrins (one or more fractions), Catecholamines (one or more fractions), Hydroxy Methoxy Mandelic Acid (HMMA), Homovanillic Acid (HVA), Methoxy Hydroxy Phenylethylene Glycol (MHPG), Phenyl Acetic Acid (PAA)—quantitative including any qualitative estimations—one or more estimations. OP	38.25
1963	Faecal fat—one or more quantitative estimations within any twenty eight day period. SP	51.00
1964	Faecal fat—one or more quantitative estimations within any twenty eight day period. OP	38.25
1969	Solid tissue or tissues excluding blood elements—assay of one or two enzymes. SP	51.00
1970	Solid tissue or tissues excluding blood elements—assay of one or two enzymes. OP	38.25
1975	Assay of three to five enzymes as specified in item 1969. SP	95.00
1976	Assay of three to five enzymes as specified in item 1970. OP	71.25
1977	Assay of six or more enzymes as specified in item 1969. SP	126.00
1978	Assay of six or more enzymes as specified in item 1970. OP	94.50
1983	Thyroid function tests, including thyrotrophin (TSH) and at least one or more of the following tests—free thyroxine index, free thyroxine, free T3, total T3, thyroxine binding globulin. SP	53.00
1984	Thyroid function tests, including thyrotrophin (TSH) and at least one or more of the following tests—free thyroxine index, free thyroxine, free T3, total T3, thyroxine binding globulin. OP	39.75
1985	Thyrotrophin releasing hormone (TRH) test, including provision and administration of TRH and all necessary estimations of hormones. SP	63.00
1986	Thyrotrophin releasing hormone (TRH) test, including provision and administration of TRH and all necessary estimations of hormones. OP	47.25

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Item No.	Pathology Service	Fees— All States
		\$
2021	Hormones and hormone binding proteins, quantitative estimation by any method of—ACTH, Aldosterone, Androstenedione, C-peptide, Calcitonin, Cortisol, Cyclic AMP, DHEAS, FSH, Gastrin, Growth hormone, Hydroxyprogesterone, Insulin, LH, Oestradiol, Oestriol, Oestrone, Progesterone, Prolactin, PTH, Renin, Sex hormone binding globulin, Somatomedin C(IgF1), free or total Testosterone, Urine steroid fraction or fractions, Vasoactive intestinal peptide, Vasopressin (anti diuretic hormone)—one estimation. SP	36.50
2024	Hormones and hormone binding proteins, quantitative estimation by any method of—ACTH, Aldosterone, Androstenedione, C-peptide, Calcitonin, Cortisol, Cyclic AMP, DHEAS, FSH, Gastrin, Growth hormone, Hydroxyprogesterone, Insulin, LH, Oestradiol, Oestriol, Oestrone, Progesterone, Prolactin, PTH, Renin, Sex hormone binding globulin, Somatomedin C(IgF1), free or total Testosterone, Urine steroid fraction or fractions, Vasoactive intestinal peptide, Vasopressin (anti diuretic hormone)—one estimation. OP	27.40
2025	Two estimations specified in item 2021. SP	58.00
2026	Two estimations specified in item 2024. OP	43.50
2027	Three estimations specified in item 2021. SP	73.00
2028	Three estimations specified in item 2024. OP	54.75
2029	Four estimations specified in item 2021. SP	89.00
2030	Four estimations specified in item 2024. OP	66.75
2031	Five estimations specified in item 2021. SP	100.00
2032	Five estimations specified in item 2024. OP	53.45
2033	Six or more estimations specified in item 2021. SP	112.00
2034	Six or more estimations specified in item 2024. OP	84.00
2037	Hormone receptor assay on proven primary breast carcinoma or subsequent lesion in the breast or metastasis from a breast carcinoma—one or more assays. SP	102.00
2038	Hormone receptor assay on proven primary breast carcinoma or subsequent lesion in the breast or metastasis from a breast carcinoma—one or more assays. OP	76.50
2039	HDL cholesterol, estimation of, in patients, with serum cholesterol >5.5mmol/l—each estimation to a maximum of four estimations in any twelve month period. SP	16.00
2040	HDL cholesterol, estimation of, in patients, with serum cholesterol >5.5mmol/l—each estimation to a maximum of four estimations in any twelve month period. OP	12.00
2043	Glycosylated haemoglobin only when performed in the management of established diabetes—each estimation to a maximum of four estimations in any twelve month period. SP	21.50
2044	Glycosylated haemoglobin only when performed in the management of established diabetes—each estimation to a maximum of four estimations in any twelve month period. OP	16.15

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SCHEDULE—continued

Item No.	Pathology Service	Fees— All States
		\$
<i>Division 3—Microbiology</i>		
2083	Microscopic examination including serial examinations of material other than blood, from one or more sites, obtained directly from a patient and excluding material from cultures—wet film, including differential cell count if performed, examination for dermatophytes or dark ground illumination, of stained preparation or preparations using any relevant stain or stains—one or more examinations. SP	9.50
2084	Microscopic examination including serial examinations of material other than blood, from one or more sites, obtained directly from a patient and excluding material from cultures—wet film, including differential cell count if performed, examination for dermatophytes or dark ground illumination, or stained preparation or preparation using any relevant stain or stains—one or more examinations. OP	7.15
2085	Microscopic examination of faeces for parasites using concentration techniques including the use of appropriate stains, to a maximum of three estimations taken on separate days including any services specified in item 2083—each estimation. SP	16.00
2086	Microscopic examination of faeces for parasites using concentration techniques including the use of appropriate stains, to a maximum of three estimations taken on separate days including any services specified in item 2084—each estimation. OP	12.00
2087	The cultural examination and microscopical examination when indicated (including the detection of antigens not elsewhere specified in the Schedule) to determine the presence of pathogenic micro-organisms, including fungi but excluding viruses, from nasal swabs, throat swabs, eye swabs and ear swabs, including pathogen identification and antibiotic sensitivity testing, including any services specified in item 2083, 2089 and 2098—one or more sites. SP	25.00
2088	The cultural examination and microscopical examination when indicated (including the detection of antigens not elsewhere specified in the Schedule) to determine the presence of pathogenic micro-organisms, including fungi but excluding viruses, from nasal swabs, throat swabs, eye swabs and ear swabs, including pathogen identification and antibiotic sensitivity testing, including any services specified in item 2084, 2090 and 2099—one or more sites. OP	18.75
2089	Microscopical and cultural examination (including the detection of antigens not elsewhere specified in the Schedule) to determine the presence of pathogenic micro-organisms, including fungi but excluding viruses, from the following sites—skin or other superficial sites, urethral, vaginal, cervical, sputum (except when part of item 2119) and rectal (except for faecal pathogens), including pathogenic identification and antibiotic sensitivity testing, including any services specified in item 2083, 2087 and 2098—one or more sites. SP	36.50
2090	Microscopical and cultural examination (including the detection of antigens not elsewhere specified in the Schedule) to determine the presence of pathogenic micro-organisms, including fungi but excluding viruses, from the following sites—skin or other superficial sites, urethral, vaginal, cervical, sputum (except when part of item 2120) and rectal (except for faecal pathogens), including pathogenic identification and antibiotic sensitivity testing, including any services specified in item 2084, 2088 and 2099—one or more sites. OP	27.40

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SCHEDULE—continued

Item No.	Pathology Service	Fees— All States
		\$
2098	Microscopical and cultural examination (including the detection of antigens not elsewhere specified in the Schedule) of post-operative wounds, aspirations of body cavities, synovial fluid CSF and operative or biopsy specimens for the presence of pathogenic micro-organisms, including fungi but excluding viruses, involving aerobic and anaerobic culture and the use of different culture media and including pathogen identification and antibiotic sensitivity testing, including any services specified in item 2083, 2087 and 2089—one or more sites. SP	49.50
2099	Microscopical and cultural examination (including the detection of antigens not elsewhere specified in the Schedule) of post-operative wounds, aspirations of body cavities, synovial fluid CSF and operative or biopsy specimens for the presence of pathogenic micro-organisms, including fungi but excluding viruses, involving aerobic and anaerobic culture and the use of different culture media and including pathogen identification and antibiotic sensitivity testing, including any services specified in item 2084, 2088 and 2090—one or more sites. OP	37.15
2117	Cultural examination (including the detection of antigens not elsewhere specified in the Schedule) of faeces to determine the presence or absence of faecal pathogens, involving the use of at least two selective or enrichment media as well as culture in at least two different atmospheres and includes pathogen identification and antibiotic sensitivity testing, including any services specified in item 2083, to a maximum of three specimens in any seven day period—each examination. SP	60.00
2118	Cultural examination (including the detection of antigens not elsewhere specified in the Schedule) of faeces to determine the presence or absence of faecal pathogens, involving the use of at least two selective or enrichment media as well as culture in at least two different atmospheres and includes pathogen identification and antibiotic sensitivity testing, including any services specified in item 2084, to a maximum of three specimens in any seven day period—each examination. OP	45.00
2119	Microscopy with appropriate stains and cultural examinations of three specimens of sputum, urine or other bodily fluids for mycobacteria and any other bacterial pathogens, including pathogen identification and antibiotic sensitivity testing and including any services specified in item 2083. SP	84.00
2120	Microscopy with appropriate stains and cultural examinations of three specimens of sputum, urine or other bodily fluids for mycobacteria and any other bacterial pathogens, including pathogen identification and antibiotic sensitivity testing and including any services specified in item 2084. OP	63.00
2123	Blood culture to determine the presence or absence of pathogenic micro-organisms excluding viruses, including serial cultures and sub-cultures, any relevant cultural methods and any tests necessary to identify any cultured pathogen and necessary antibiotic sensitivity testing—each set of cultures to a maximum of three sets. SP	22.00

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Item No.	Pathology Service	Fees— All States
		\$
2124	Blood culture to determine the presence or absence of pathogenic micro-organisms excluding viruses, including serial cultures and sub-cultures, any relevant cultural methods and any tests necessary to identify any cultured pathogen and necessary antibiotic sensitivity testing—each set of cultures to a maximum of three sets. OP	16.50
2127	Urine examination including serial examination, with cell count, relevant stained preparations, culture, colony count by any method, identification of any cultured pathogens, antibiotic sensitivity testing when necessary, and with any relevant general examination for pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone or bile salts. (Simple culture by dip slide is excluded from this item). SP	26.50
2128	Urine examination including serial examination, with cell count, relevant stained preparations, culture, colony count by any method, identification of any cultured pathogens, antibiotic sensitivity testing when necessary, and with any relevant general examination for pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone or bile salts. (Simple culture by dip slide is excluded from this item). OP	19.90
2129	Direct detection of the antigens of Haemophilus influenzae, Streptococcus pneumoniae, Neisseria meningitidis, Group B streptococcus (in CSF and urine specimens only), RSV, cryptococcal antigens and Varicella Zoster—one or more estimations. SP	21.00
2130	Direct detection of the antigens of Haemophilus influenzae, Streptococcus pneumoniae, Neisseria meningitidis, Group B streptococcus (in CSF and urine specimens only), RSV, cryptococcal antigens and Varicella Zoster—one or more estimations. OP	15.75
2133	Direct detection of Chlamydia from clinical material, not cultures—one or more estimations. SP	12.60
2134	Direct detection of Chlamydia from clinical material, not cultures—one or more estimations. OP	9.45
2135	Direct detection of Herpes simplex from clinical material, not cultures—one or more estimations. SP	12.60
2136	Direct detection of Herpes simplex from clinical material, not cultures—one or more estimations. OP	9.45
2139	Investigation for Herpes simplex virus (one or more types) or Chlamydia trachomatis, in material obtained directly from a patient, by one or more cultural methods, including any services specified in items 2133 and 2135. SP	36.50
2140	Investigation for Herpes simplex virus (one or more types) or Chlamydia trachomatis, in material obtained directly from a patient, by one or more cultural methods, including any services specified in items 2134 and 2136. OP	27.40
2145	Serology including IgG and IgM estimations of Rubella, toxoplasma or CMV when performed during pregnancy—one or more assays. SP	17.80
2146	Serology including IgG and IgM estimations of Rubella, toxoplasma or CMV when performed during pregnancy—one or more assays. OP	13.35
2181	Antibodies to microbial or exogenous antigens not elsewhere specified in the Schedule—estimation of one antibody. SP	17.80
2182	Antibodies to microbial or exogenous antigens not elsewhere specified in the Schedule—estimation of one antibody. OP	13.35

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Item No.	Pathology Service	Fees— All States
		\$
2183	Two estimations specified in item 2181. SP	27.50
2184	Two estimations specified in item 2182. OP	20.65
2185	Three estimations specified in item 2181. SP	36.50
2186	Three estimations specified in item 2182. OP	27.40
2187	Four estimations specified in item 2181. SP	46.00
2188	Four estimations specified in item 2182. OP	34.50
2189	Five estimations specified in item 2181. SP	56.00
2190	Five estimations specified in item 2182. OP	42.00
2191	Six or more estimations specified in item 2181. SP	65.00
2192	Six or more estimations specified in item 2182. OP	48.75
2221	Hepatitis B surface antigen test. SP	17.80
2222	Hepatitis B surface antigen test. OP	13.35
2223	Hepatitis B serology to define the immune status of an individual, including at least Hepatitis B surface antibody or Hepatitis B core antibody tests, including services specified in items 2221, 2229 and 2231. SP	24.00
2224	Hepatitis B serology to define the immune status of an individual, including at least Hepatitis B surface antibody or Hepatitis B core antibody tests, including services specified in items 2222, 2230 and 2232. OP	18.00
2229	All serological tests performed for the identification of the agent causing acute hepatitis, which must include Hepatitis B surface antigen, Hepatitis B core IgM antibody and Hepatitis A IgM antibody tests and those services specified in items 2221, 2223 and 2232. SP	47.50
2230	All serological tests performed for the identification of the agent causing acute hepatitis, which must include Hepatitis B surface antigen, Hepatitis B core IgM antibody and Hepatitis A IgM antibody tests and those services specified in items 2222, 2224 and 2232. OP	35.65
2231	All tests performed in the follow up of a patient with proven Hepatitis B, including Hepatitis B surface antigen and either Hepatitis Be antigen or Hepatitis B surface antibody tests, including services specified in items 2221 and 2223. SP	34.50
2232	All tests performed in the follow up of a patient with proven Hepatitis B, including Hepatitis B surface antigen and either Hepatitis Be antigen or Hepatitis B surface antibody tests, including services specified in items 2222 and 2224. OP	25.90
2235	Antibiotics or anti-microbial chemo-therapeutic agents, concentration in serum, urine or other body fluid, by direct quantitative measurement of the agent—one or more estimations. SP	31.50
2236	Antibiotics or anti-microbial chemo-therapeutic agents, concentration in serum, urine or other body fluid, by direct quantitative measurement of the agent—one or more estimations. OP	23.65
<i>Division 4—Immunology</i>		
2239	Examination for, and identification of, a paraprotein (not previously identified), the presence of which is suggested by other tests (eg item 1734, 1736 or 2245), on serum, urine or other body fluid, or examination of CSF for oligoclonal proteins by immunoelectrophoresis or immunofixation—one or more procedures. SP	39.00

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Item No.	Pathology Service	Fees— All States
		\$
2240	Examination for, and identification of, a paraprotein (not previously identified), the presence of which is suggested by other tests (eg item 1735, 1737 or 2246), on serum, urine or other body fluid, or examination of CSF for oligoclonal proteins by immunoelectrophoresis or immunofixation—one or more procedures. OP	29.25
2241	Examination for, and identification of, a paraprotein (not previously identified), the presence of which is suggested by other tests (eg item 1734, 1736 or 2245), on serum and urine concurrently collected—two or more procedures. SP	58.00
2242	Examination for, and identification of, a paraprotein (not previously identified), the presence of which is suggested by other tests (eg item 1735, 1737 or 2246), on serum and urine concurrently collected—two or more procedures. OP	43.50
2245	Immunoglobulins G, A, M or D, quantitative estimation in serum, urine or other body fluid, by any method—estimation of one immunoglobulin. SP	19.00
2246	Immunoglobulins G, A, M or D, quantitative estimation in serum, urine or other body fluid, by any method—estimation of one immunoglobulin. OP	14.25
2251	Two estimations specified in item 2245. SP	29.50
2252	Two estimations specified in item 2246. OP	22.15
2253	Three or more estimations specified in item 2245. SP	40.00
2254	Three or more estimations specified in item 2246. OP	30.00
2255	Subclasses of Immunoglobulin G, 1 to 4, estimation where there is a reduced level of clinical significance of either total IgG or IgA—one or more estimations. SP	58.00
2256	Subclasses of Immunoglobulin G, 1 to 4, estimation where there is a reduced level of clinical significance of either total IgG or IgA—one or more estimations. OP	43.50
2257	Immunoglobulin E (total), quantitative estimation by any method or methods, with a maximum of two estimations in any twelve month period. SP	33.50
2258	Immunoglobulin E (total), quantitative estimation by any method or methods, with a maximum of two estimations in any twelve month period. OP	25.19
2259	Specific IgG or IgE antibodies to potential allergens—one or more tests for single or multiple allergens with a maximum of four estimations in any twelve month period. SP	30.50
2260	Specific IgG or IgE antibodies to potential allergens—one or more tests for single or multiple allergens with a maximum of four estimations in any twelve month period. OP	22.90
2261	Antinuclear antibodies, detection in serum or other body fluids. SP	31.50
2262	Antinuclear antibodies, detection in serum or other body fluids. OP	23.65
2263	Quantitation of antinuclear antibodies and measurement of DNA binding (by Farr assay), performed only where a positive titre greater than 1 in 10 is obtained including services specified in item 2261. SP	70.00
2266	Quantitation of antinuclear antibodies and measurement of DNA binding (by Farr assay), performed only where a positive titre greater than 1 in 10 is obtained including services specified in item 2262. OP	52.50

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Item No.	Pathology Service	Fees— All States
		\$
2267	Antibodies to extractable nuclear antigens, detection of in serum or other body fluids. SP	26.50
2268	Antibodies to extractable nuclear antigens, detection of in serum or other body fluids. OP	19.90
2269	Characterization of antibodies to extractable nuclear antigens, performed only where a positive result is obtained including services specified in item 2267. SP	42.00
2270	Characterization of antibodies to extractable nuclear antigens, performed only where a positive result is obtained including services specified in item 2268. OP	31.50
2271	Antibodies to tissue antigens which are not elsewhere specified in an item in the Schedule—estimation of one antibody. SP	31.50
2274	Antibodies to tissue antigens which are not elsewhere specified in an item in the Schedule—estimation of one antibody. OP	23.65
2275	Two estimations specified in item 2271. SP	36.50
2276	Two estimations specified in item 2274. OP	27.40
2277	Three estimations specified in item 2271. SP	42.00
2278	Three estimations specified in item 2274. OP	31.50
2279	Four or more estimations specified in item 2271. SP	47.50
2280	Four or more estimations specified in item 2274. OP	35.65
2281	Rheumatoid factor, detection of by any technique. SP	12.60
2282	Rheumatoid factor, detection of by any technique. OP	9.45
2283	Quantitation of Rheumatoid factor where detected, including services specified in item 2281. SP	25.00
2284	Quantitation of Rheumatoid factor where detected, including services specified in item 2282. OP	18.75
2289	Complement—total and components—one quantitative estimation. SP	21.00
2290	Complement—total and components—one quantitative estimation. OP	15.75
2291	Two estimations as specified in item 2289. SP	31.50
2292	Two estimations as specified in item 2290. OP	23.65
2293	Three or more estimations as specified in item 2289. SP	42.00
2312	Three or more estimations as specified in item 2290. OP	31.50
2313	Leucocyte fractionation as a preliminary to leucocyte marker or leucocyte function tests. SP	39.00
2314	Leucocyte fractionation as a preliminary to leucocyte marker or leucocyte function tests. OP	29.25
2315	Functional tests for leucocytes, including use of all appropriate techniques (except E. rosette technique or similar and any test specified in the HAEMATOLOGY DIVISION of the Schedule). SP	66.00
2316	Functional tests for leucocytes, including use of all appropriate techniques (except E. rosette technique or similar and any test specified in the HAEMATOLOGY DIVISION of the Schedule). OP	49.50
2317	Leucocyte surface marker characterization by immunofluorescence or immunoenzyme techniques to assess lymphoid populations using a minimum of three monoclonal antibodies, including any services in item 2319—one or more estimations. SP	84.00
2318	Leucocyte surface marker characterization by immunofluorescence or immunoenzyme techniques to assess lymphoid populations using a minimum of three monoclonal antibodies, including any services in item 2320—one or more estimations. OP	63.00

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Item No.	Pathology Service	Fees— All States
		\$
2319	Leucocyte surface marker characterization by immunofluorescence or immunoenzyme techniques in the investigation of a probable haematological malignancy using, a minimum of seven monoclonal antibodies, including any services in item 2317—one or more estimations. SP	200.00
2320	Leucocyte surface marker characterization by immunofluorescence or immunoenzyme techniques in the investigation of a probable haematological malignancy using, a minimum of seven monoclonal antibodies, including any services in item 2318—one or more estimations. OP	150.00
2321	HLA typing comprising A, B, C and DR phenotypes. SP	89.00
2322	HLA typing comprising A, B, C and DR phenotypes. OP	66.75
2323	HLA typing, excluding any services specified in item 2321—one or more antigens. SP	36.50
2324	HLA typing, excluding any services specified in item 2322—one or more antigens. OP	27.40
2325	Mantoux test. SP	12.60
2326	Mantoux test. OP	9.45

Division 5—Histopathology

2327	Histopathology examination of biopsy material including all tissue processing, staining and professional opinion or opinions. SP	89.00
2328	Histopathology examination of biopsy material including all tissue processing, staining and professional opinion or opinions. OP	66.75
2329	Immediate frozen section diagnosis of biopsy material, including any other histopathology examination. SP	166.00
2330	Immediate frozen section diagnosis of biopsy material, including any other histopathology examination. OP	124.50
2331	Immunohistochemical investigation of biopsy material by one or more of immunofluorescent, immunoperoxidase or other labelled antibody techniques including any other histopathology examination. SP	126.00
2332	Immunohistochemical investigation of biopsy material by one or more of immunofluorescent, immunoperoxidase or other labelled antibody techniques including any other histopathology examination. OP	94.50
2333	Electron microscopy of biopsy material including any other histopathology examination. SP.	134.00
2337	Electron microscopy of biopsy material including any other histopathology examination. OP.	100.50

Division 6—Cytopathology

2338	Cytological examination of smears from cervix or vagina for detection of pre-cancerous or cancerous changes—one or more examinations. SP	19.40
2339	Cytological examination of smears from cervix or vagina for detection of pre-cancerous or cancerous changes—one or more examinations. OP	14.55
2340	Cytological examination including serial examinations of smears from skin, nipple discharge, lip, mouth, nose or anus for detection of pre-cancerous or cancerous changes—one or more examinations. SP	19.40
2341	Cytological examination including serial examinations of smears from skin, nipple discharge, lip, mouth, nose or anus for detection of pre-cancerous or cancerous changes—one or more examinations. OP	14.55

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Item No.	Pathology Service	Fees— All States
		\$
2343	Cytological examination including serial examinations for malignant cells of body fluids, sputum (single specimen), urine, washings or brushings not specified in item 2340 and any histopathological service performed—one or more examinations. SP	38.00
2344	Cytological examination including serial examinations for malignant cells of body fluids, sputum (single specimen), urine, washings or brushings not specified in item 2341 and any histopathological service performed—one or more examinations. OP	28.50
2348	Cytological examination including examination of a series of three sputum or urine specimens for malignant cells. SP	79.00
2349	Cytological examination including examination of a series of three sputum or urine specimens for malignant cells. OP	59.25
2350	Cytological examination of material obtained from a patient by fine needle aspiration of solid tissue or tissues. SP	47.50
2351	Cytological examination of material obtained from a patient by fine needle aspiration of solid tissue or tissues. OP	35.65
2355	Cytological examination of material obtained from a patient by fine needle aspiration of solid tissue or tissues where the aspiration is performed by a recognised pathologist, or where a recognised pathologist attends the aspiration and performs cytological examination during the attendance. SP	89.00
2356	Cytological examination of material obtained from a patient by fine needle aspiration of solid tissue or tissues where the aspiration is performed by a recognised pathologist, or where a recognised pathologist attends the aspiration and performs cytological examination during the attendance. OP	66.75

Division 7—Cytogenetics

2360	Chromosome studies, including preparation, count and karyotyping of one or more of amniotic fluid, bone marrow, skin and any other tissue or fluid excluding blood—one or more estimations. SP	172.00
2361	Chromosome studies, including preparation, count and karyotyping of one or more of amniotic fluid, bone marrow, skin and any other tissue or fluid excluding blood—one or more estimations. OP	129.00
2363	Chromosome studies, including preparation, count and karyotyping of blood. SP	156.00
2364	Chromosome studies, including preparation, count and karyotyping of blood. OP	117.00
2365	Chromosome identification by banding techniques (using fluorescein, Giemsa, or centromere staining of high resolution analysis); or by fragile X-site determination—one or more identifications. SP	134.00
2366	Chromosome identification by banding techniques (using fluorescein, Giemsa, or centromere staining of high resolution analysis); or by fragile X-site determination—one or more identifications. OP	100.50

Division 8—Infertility and pregnancy tests

2370	Semen examination for presence of spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test). SP	8.80
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Item No.	Pathology Service	Fees— All States
		\$
2371	Semen examination for presence for spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test). OP	6.60
2372	Semen examination, involving measurement of volume, sperm count, motility, examination of stained preparations, morphology, and, if performed, differential count and one or more chemical tests, with a maximum of four examinations in any twelve month period. SP	36.50
2373	Semen examination, involving measurement of volume, sperm count, motility, examination of stained preparations, morphology, and, if performed, differential count and one or more chemical tests, with a maximum of four examinations in any twelve month period. OP	27.40
2377	Sperm antibodies, sperm penetrating ability—one or more tests. SP	23.50
2378	Sperm antibodies, sperm penetrating ability—one or more tests. OP	17.65
2379	Chorionic gonadotrophin (beta-HCG), qualitative estimation in serum or urine by one or more methods, including serial dilution if performed, for diagnosis of pregnancy—one or more estimations. SP	12.80
2380	Chorionic gonadotrophin (beta-HCG), qualitative estimation in serum or urine by one or more methods, including serial dilution if performed, for diagnosis of pregnancy—one or more estimations. OP	9.60
2384	Chorionic gonadotrophin (beta-HCG), qualitative (if performed) and quantitative estimation in serum by one or more methods for diagnosis of hydatidiform mole, HCG—secreting neoplasm, threatened abortion or follow-up of abortion. SP	36.50
2385	Chorionic gonadotrophin (beta-HCG), qualitative (if performed) and quantitative estimation in serum by one or more methods for diagnosis of hydatidiform mole, HCG—secreting neoplasm, threatened abortion or follow-up of abortion. OP	27.40
<i>Division 9—Simple basic pathology tests</i>		
2389	Blood count consisting of leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count) or any or all of haemoglobin estimation, haematocrit estimation or erythrocyte count—one procedure.	3.90
2390	Two procedures specified in item 2389	5.85
2391	Three or more procedures specified in item 2389	7.80
2393	Microscopical examination of urine.	3.90
2394	Pregnancy test by one or more immunochemical methods.	9.60
2395	Microscopical examination of wet film other than urine.	5.85
1396	Microscopical examination of gram stained film.	7.40
1397	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method.	1.95
2398	Microscopical examination screening for fungi in skin, hair or nails—one or more sites.	5.85
2399	Mantoux test.	9.60
2400	Seminal examination for presence of spermatozoa.	5.85

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LISTS OF ABBREVIATIONS

A. ABBREVIATIONS FOR GROUPS OF TESTS

Group	Estimations Included in Group	Abbreviation	Item Numbers
Cardiac Enzymes	Lactate dehydrogenase LD, Aspartate Aminotransferase (AST) and Creatine kinase (CK).	CE	1562, 1563
Coagulation Studies	Prothrombin time, activated partial thromboplastin time and fibrinogen plus one or more of the following tests— Bleeding time, thrombin clotting time, fibrinogen degradation products, fibrin monomer, D-dimer, Factor XIII screening tests	COAG	1527, 1528
Electrolytes	Sodium (NA), Potassium (K), Chloride (CL) and Bicarbonate (HCO ₃).	E	1564, 1565
Lipid Studies	Cholesterol (CHOL) and Triglycerides (TRIG),	FATS	1560, 1561
Liver Function Tests	Alkaline phosphatase (ALP), Alanine aminotransferase (ALT), Aspartate aminotransferase (AST), Albumin (ALB), Bilirubin (BIL), Gamma glutamyl transpeptidase (GGT), Lactate dehydrogenase (LDH) and Protein (PROT).	LFT	1571, 1572
Syphilis Serology	Rapid plasma reagin test (RPR) or venereal disease research laboratory test (VDRL) and Treponema pallidum haemagglutinin test (TPHA) or Fluorescent Treponemal antibody-absorption test (FTA)	STS	2183, 2184

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B. ABBREVIATIONS FOR INDIVIDUAL TESTS

The abbreviations are listed alphabetically within Divisions. The Divisions are:

HAEMATOLOGY
CHEMICAL PATHOLOGY
MICROBIOLOGY
IMMUNOLOGY
HISTOPATHOLOGY
CYTOPATHOLOGY
CYTOGENETICS
INFERTILITY & PREGNANCY TESTS

Approved Item Name of test in Schedule	Abbreviation	Numbers
DIVISION 1 HAEMATOLOGY		
Antithrombin III	ATH	1531, 1532
Abnormal haemoglobins—spectroscopic examination of blood	AH	1419, 1420
Bleeding Time	BT	1521, 1522
Blood coagulation factors—quantitative assays:		
Von Willebrands factor antigen	VWA	1541, 1542
Von Willebrands factor	VWF	1541, 1542
Fletcher Factor	FF	1541, 1542
Fitzgerald Factor	FGF	1541, 1542
Passovv Factor	PF	1541, 1542
Factor II	FII	1541, 1542
Factor V	FV	1541, 1542
Factor VII	FVII	1541, 1542
Factor VIII	VIII	1541, 1542
Factor IX	FIX	1541, 1542
Factor X	FX	1541, 1542
Factor XI	FXI	1541, 1542
Factor XII	FXII	1541, 1542
Factor XIII	FXIII	1541, 1542
Blood Film	BF	1170, 1171
Blood Group Antibodies	BGA	1417, 1418
Blood Grouping-ABO and RH (D antigen)	BG	1187, 1188
Blood Group and blood group antibodies (group and hold)	BGAB	1196, 1197
Blood Group Systems (Duffy, Kell, M&N factors, Rh phenotypes)	BGS	1192, 1193
Bone Marrow Examination—Threphine	BMET	1181, 1182
Bone Marrow Examination—Aspirate	BMEA	1183, 1184
Coagulation Time	CT	1521, 1522
Cold Agglutinins	CAG	1419, 1420
Compatibility testing	XMAT	1198, 1199
C-reactive protein	CRP	1163, 1164
Differential Cell Count	DIFF	1170, 1171
Direct Coombs test	CMBS	1419, 1420
D-dimer test	DD	1521, 1522
Erythrocyte Count	RCC	1163, 1164
Erythrocyte Metabolic Enzymes	ERYM	1176, 1177

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Approved Item Name of test in Schedule	Abbreviation	Numbers
Erythrocyte Sedimentation Rate	ESR	1163, 1164
Erythrocyte Haemolysis	ERYH	1176, 1177
Euglobulin clot lysis time	ECLT	1531, 1532
Fibrinogen Degradation Products	FDP	1521, 1522
Fibrin Monomer	FM	1521, 1522
Fibrinogen	FIB	1521, 1522
Full Blood Examination	FBE	1172, 1173
Haemoglobin Estimation	HB	1163, 1164
Haemoglobinopathy tests	HMGP	1179, 1180
Heparin Cofactor II	HRNC	1531, 1532
Heparin estimation	HEPR	1539, 1540
Heterophile Antibodies (Infectious Mononucleosis Test)	IM	1419, 1420
Leucocyte Count	WCC	1163, 1164
Lupus Anticoagulant	LUPA	1531, 1532
Metalbumin detection (Schumm's test)	SCHM	1419, 1420
Plasminogen	PLAS	1531, 1532
Partial Thromboplastin Time	PTT	1521, 1522
Platelet Aggregation	PLTG	1535, 1538
Platelet Count	PLTC	1163, 1164
Protein C	PROC	1531, 1532
Protein S	PROS	1531, 1532
Prothrombin Time	PT	1521, 1522
Red Cell Porphyrins-qualitative test	RCP	1419, 1420
Reticulocyte Count	RETC	1163, 1164
Test for Factor XIII deficiency	F13D	1521, 1522
Thalassaemia Studies	TS	1179, 1180
Thrombin Time	TT	1521, 1522
Viscosity of blood or plasma	VISC	1163, 1164

DIVISION 2 CHEMICAL PATHOLOGY

Alanine Aminotransferase	ALT	1558, 1559
Albumin	ALB	1558, 1559
Alcohol (Ethanol)	ETOH	1791, 1792
Alkaline Phosphatase	ALP	1558, 1559
Alkaline Phosphatase Isoenzymes	ALPI	1734, 1735
Amniotic Fluid Examination	AFE	1726, 1727
Ammonia	NH3	1791, 1792
Amylase	AMS	1558, 1559
Angiotensin converting enzyme	ACE	1791, 1792
Aspartate Aminotransferase	AST	1558, 1559
Bicarbonate	HC03	1558, 1559
Bilirubin (all fractions)	BILI	1558, 1559
Bilirubin (Neonatal)	BILN	1791, 1792
Blood Gases	GAS	1590, 1591
Calcium (total, dialysed or ionized)	CA	1558, 1559
Calculus Analysis	CALC	1595, 1596
Catecholamines	CAT	1959, 1960
Cholinesterase	CHSE	1791, 1792
Chloride	CL	1558, 1559
Cholesterol	CHOL	1558, 1559
Cystine (cysteine)	CYST	1791, 1792
C-reactive protein	CRP	1558, 1559

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Approved Item Name of test in Schedule	Abbreviation	Numbers
Creatine Kinase	CK	1558, 1559
Creatine Kinase Isoenzymes	CKI	1558, 1559
Creatine Kinase Isoenzymes—quantitative or qualitative estimation by Electrophoresis	CKIE	1734, 1735
Creatinine	C	1558, 1559
Cryoglobulins	CGLB	1575, 1576
Cryofibrinogen	CFIB	1575, 1576
Dexamethazone Suppression test	DEXA	2021, 2024
Drug or Chemical Assays—Overdose	DRGO	1598, 1599
Drug Assays—Drug abuse treatment programme including urinary drug screen	DRGA	1627, 1628
Drug Assays—Therapeutic:		
Antibiotics or antimicrobial chemotherapeutic agents (see under microbiology)		
Acetylated Sulphadimidine	ASUL	1712, 1713
Amiodarone	AMIO	1712, 1713
Amitriptyline	AMIT	1712, 1713
Amylobarb	AMYL	1712, 1713
Barbitone	BARB	1712, 1713
Bromide	BRMD	1712, 1713
Butobarb	BUTO	1712, 1713
Carbamazepine (Tegretol)	CARB	1712, 1713
Chloral Hydrate	CHHY	1712, 1713
Chlorazepate	CHZP	1712, 1713
Chlorpromazine	CHLO	1712, 1713
Chloroquine	CLOQ	1712, 1713
Cimetidine	CMTD	1712, 1713
Clobazam	CLOB	1712, 1713
Clonazepam (rivotril)	CLON	1712, 1713
Cyclosporin A	CLSA	1712, 1713
Desethyl Amiodarone	DEAM	1712, 1713
Desipramine	DESI	1712, 1713
Diazepam	DIAZ	1712, 1713
Digoxin	DIG	1712, 1713
Diphenylhydantion (Dilantin)	DIL	1712, 1713
Disopyramide (Rythmodan)	DISO	1712, 1713
Dothiepin	DOTH	1712, 1713
Doxepin	DOXE	1712, 1713
Ethosuximide (Zarontin)	ETHO	1712, 1713
Flecainide	FLEC	1712, 1713
Hydroxychloriquine	HOCQ	1712, 1713
Imipramine	IMIP	1712, 1713
Lignocaine	LIGN	1712, 1713
Lithium	LI	1712, 1713
Methadone	MTDN	1712, 1713
Methotrexate	MTTA	1712, 1713
Methsuximide	MSUX	1712, 1713
Metronidazole	MRDZ	1712, 1713
Mexilitine (Mexitil)	MEX	1712, 1713
N Acetyl Procainamide	NAPC	1712, 1713
N Desalkyl Clobazam	NDAC	1712, 1713
N Desalkyl Doxepin	NDAD	1712, 1713
Nitrazepam	NITR	1712, 1713

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Approved Item Name of test in Schedule	Abbreviation	Numbers
Nordothiepin	NDIP	1712, 1713
Nortriptyline	NORT	1712, 1713
Oxazepam	OXAZ	1712, 1713
Paracetamol	PARA	1712, 1713
Paraquat	PARQ	1712, 1713
Pentabarb	PENT	1712, 1713
Phenobarbitone	PHBA	1712, 1713
Phenoximide	PHEN	1712, 1713
Primidone	PRIM	1712, 1713
Procainamide	PCAM	1712, 1713
Prominal	PROM	1712, 1713
Propranolol	PPNO	1712, 1713
Quinalbarb	QUIB	1712, 1713
Quinine	QNN	1712, 1713
Quinidine	QUIN	1712, 1713
Salicylate-Asprin	SALI	1712, 1713
Sotalol	SALL	1712, 1713
Stellazine	STEL	1712, 1713
Sulphadimidine	SPDD	1712, 1713
Sulthiame (Ospolot)	SUL	1712, 1713
Theophylline	THEO	1712, 1713
Thiopentone	TOPO	1712, 1713
Thioridazine	THIO	1712, 1713
Tocainide	TOCN	1712, 1713
Trimipramine	TRIM	1712, 1713
Valproate (Epilum)	VALP	1712, 1713
Warfarin	WFR	1712, 1713
Therapeutic drugs which are not listed above must be written in full		
Electrophoresis	EPP	1734, 1735
Elements:		
Aluminium	AL	1871, 1872
Arsenic	AS	1871, 1872
Beryllium	BE	1871, 1872
Cadmium	CD	1871, 1872
Chromium	CR	1871, 1872
Copper	CU	1871, 1872
Gold	AU	1871, 1872
Lead	PB	1871, 1872
Manganese	MN	1871, 1872
Mercury	HG	1871, 1872
Nickel	NI	1871, 1872
Selenium	SE	1871, 1872
Strontium	SR	1871, 1872
Zinc	ZN	1791, 1792
Enzyme assays of solid tissue or tissues	ENZS	1969, 1970
Faecal Fat	FFAT	1963, 1964
Faecal Haemoglobin (chemical test)	FBT	1577, 1578
Faecal Porphyrins (qualitative test)	FPR	1577, 1578
Faecal Reducing Substances	FRS	1577, 1578
Faecal Haemoglobin (immunological test)	FBI	1581, 1582
Fructosamine	FRUC	1558, 1559

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Gamma Glutamyl Transpeptidase	GGT	1558, 1559
Globulin	GLOB	1558, 1559
Glucose	GLUC	1558, 1559
Glucose Tolerance Test	GTT	1558, 1559
Glycosylated Haemoglobin (Hb Alc)	GHB	2043, 2044
HDL Cholesterol	HDLC	2039, 2040
Hormones:		
Adrenocorticotrophic hormone	ACTH	2021, 2024
Aldosterone	ALDS	2021, 2024
Androstenedione	ANDR	2021, 2024
C-Peptide	CPEP	2021, 2024
Calcitonin	CALT	2021, 2024
Cortisol	CORT	2021, 2024
Cyclic AMP	CAMP	2021, 2024
Dehydroepiandrosterone sulphate	DHEA	2021, 2024
Follicular Stimulating Hormone	FSH	2021, 2024
Gastrin	GAST	2021, 2024
Growth Hormone	GH	2021, 2024
Hydroxyprogesterone	OHP	2021, 2024
Insulin	INS	2021, 2024
Luteinizing Hormone	LH	2021, 2024
Oestradiol	E2	2021, 2024
Oestriol	E3	2021, 2024
Oestrone	E1	2021, 2024
Parathyroid Hormone	PTH	2021, 2024
Prolactin	PROL	2021, 2024
Progesterone	PROG	2021, 2024
Renin	REN	2021, 2024
Sex Hormone Binding globulin	SHBG	2021, 2024
Testosterone	TES	2021, 2024
Urine Steroid Fraction or Fractions	USF	2021, 2024
Vasoactive Intestinal Peptide	VIP	2021, 2024
Hormone Receptor Assay	HRA	2037-2038
HIAA (Hydroxyindoleacetic acid)	HIAA	1791, 1792
HMMA (Hydroxy Methoxy Mandelic acid previously known as VMA)	HMMA	1959, 1960
HVA (Homovanillic acid)	HVA	1959, 1960
Hydroxproline	HYDP	1791, 1792
Intestinal disaccharidases	INTD	1969, 1970
Iron Studies (Iron, Transferrin and Ferritin)	IS	1752, 1753
Lactate	LACT	1791, 1792
Lactate Dehydrogenase	LDH	1558, 1559
Lactate Dehydrogenase Isoenzymes	LDI	1734, 1735
Lecithin/Sphingomyelin Ratio (Amniotic fluid)	LS	1726, 1727
Lipase	LIP	1558, 1559
Magnesium	MG	1558, 1559
MHPG (Methoxy Hydroxy Phenylethylene Glycol)	MHPG	1959, 1960
Osmolality, Serum or Urine	OSML	1583, 1584
Oxalate	OXAL	1791, 1792
PAA (Phenyl Acetic Acid)	PAA	1959, 1960
Palmitic acid in amniotic fluid	PALM	1726, 1727
pH measurement of body fluids other than urine	PH	1575, 1576

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Approved Item Name of test in Schedule	Abbreviation	Numbers
Phosphate	PHOS	1558, 1559
Porphyrins (quantitative test, one or more fractions)	PR	1959, 1960
Potassium	K	1558, 1559
Prostatic Acid Phosphatase (one or more fractions)	ACP	1738, 1739
Protein (Total)	PROT	1558, 1559
Protein—Quantitative Estim. of Specific Protein:		
Alpha feto protein	AFP	1738, 1739
Alpha-1 antitrypsin	AAT	1738, 1739
Alpha-2 microglobulin	AMIC	1738, 1739
Beta-2 microglobulin	BMIC	1738, 1739
CA-125 antigen	C125	1738, 1739
CA-19.9 antigen	CA19	1738, 1739
CA-15.3 antigen	CA15	1738, 1739
C-1 esterase inhibitor	CEI	1738, 1739
Caeruloplasmin	CPLS	1738, 1739
Carcinoembryonic antigen	CEA	1738, 1739
Ferritin	FERR	1738, 1739
Haptoglobins	HGLB	1738, 1739
Microalbumin	MALB	1738, 1739
Prostate specific antigen	PSA	1738, 1739
Transferrin	TRAN	1738, 1739
Pyruvate	PVTE	1791, 1792
Red Cell Folate and Serum B12 and if required, serum folate	RCF	1770, 1771
Serum B12	B12	1768, 1769
Serum Folate	FOL	1768, 1769
Sodium	NA	1558, 1559
Synacthen Stimulation Test	SYNS	2021, 2024
Thyroid Function Tests	TFT	1983, 1984
Thyrotrophin Releasing Hormone Test	TRH	1985, 1986
Triglycerides	TRIG	1558, 1559
Urate	URAT	1558, 1559
Urea	U	1558, 1559
Urine Bilirubin	UBIL	1575, 1576
Urine Cystine (Cysteine)	UCYS	1575, 1576
Urine Haemoglobin	UHB	1575, 1576
Urine Melanin (Melanogen)	UML	1575, 1576
Urine Myoglobin	UMY	1575, 1576
Urine Porphobilinogen	UPG	1575, 1576
Urine Porphyrins (qualitative test)	UPR	1575, 1576
Urine Urobilinogen	UUB	1575, 1576
Vitamin Quantitative Estimation of Vitamins A, B1, B2, B3, B6, C or E	VIT	1780, 1783
Vitamin D	VITD	1786, 1787
Xylose	XYL	1791, 1792

DIVISION 3—MICROBIOLOGY

Antibiotic and antimicrobial chemotherapeutic agents, quantitative assay	QAA	2235, 2236
Blood Culture	BC	2123, 2124
Cultural Examination of Faeces	FCS	2117, 2118

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Approved Item Name of test in Schedule	Abbreviation	Numbers
Herpes Simplex Virus Investigation by Cultural Methods	HSVC	2139, 2140
Chlamydia Investigation by Cultural Methods	CHLC	2139, 2140
Microbial Antibody Testing:		
IgG, IgM, IgA, or total antibodies may be tested against various organisms. These are indicated by placing the letter G, M A and T respectively on the end of the 3 letter abbreviation		
Actinomycetes	ACT	2181, 2182
Adenovirus	ADE	2181, 2182
Aspergillus	ASP	2181, 2182
Avian Precipitins (Bird Fancier's Disease)	APP	2181, 2182
Blastomyces	BLM	2181, 2182
Bordetella pertussis	BOR	2181, 2182
Borrelia Berghoffer	BOB	2181, 2182
Brucella	BRU	2181, 2182
Campylobacter Jejuni	CAM	2181, 2182
Candida	CAN	2181, 2182
Chlamydia	CHL	2181, 2182
Coccidioides	CCC	2181, 2182
Coxsackie B1-6	COX	2181, 2182
Cryptococcus	CRY	2181, 2182
Cytomegalovirus	CMV	2181, 2182
Cytomegalovirus serology in pregnancy	CMVP	2145, 2146
Dengue	DEN	2181, 2182
Diphtheria	DIP	2181, 2182
Echinococcus	ECC	2181, 2182
Echo-coxsackie group	ECH	2181, 2182
Entamoeba Histolytica	AMO	2181, 2182
Epstein Barr Virus	EBV	2181, 2182
Fluorescent Treponemal antibody-absorption test (FTA-ABS)	FTA	2181, 2182
Haemophilus	HUS	2181, 2182
Hepatitis delta antibody—Anti-delta	HDA	2181, 2182
Histoplasma	HIP	2181, 2182
Hydatid	HYD	2181, 2182
Influenza A	FLA	2181, 2182
Influenza B	FLB	2181, 2182
Legionella pneumophila—Serogroup 1	LP1	2181, 2182
Legionella pneumophila—Serogroup 2	LP2	2181, 2182
Leishmaniasis	LE1	2181, 2182
Leptospira	LEP	2181, 2182
Listeria	LIS	2181, 2182
Measles	MEA	2181, 2182
Micropolyspora faeni	MIC	2181, 2182
Mumps	MUM	2181, 2182
Murray Valley Encephalitis	MVE	2181, 2182
Mycoplasma pneumoniae	MYC	2181, 2182
Neisseria gonorrhoea	GON	2181, 2182
Newcastle Disease	NCD	2181, 2182
Parainfluenza 1	PF1	2181, 2182
Parainfluenza 2	PF2	2181, 2182
Parainfluenza 3	PF3	2181, 2182

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Approved Item Name of test in Schedule	Abbreviation	Numbers
Paratyphi	PTY	2181, 2182
Pertussis	PER	2181, 2182
Pneumococcus	PCC	2181, 2182
Poliomyelitis	PLO	2181, 2182
Proteus OX 19	POX	2181, 2182
Proteus OXK	POK	2181, 2182
Q fever	QFF	2181, 2182
Rapid Plasma Reagin test	RPR	2181, 2182
Respiratory Syncytial Virus	RSV	2181, 2182
Ross River Virus	RRV	2181, 2182
Rubella	RUB	2145, 2146
Rubella Serology in Pregnancy	RUBP	2181, 2182
Salmonella typhi (H)	SAH	2181, 2182
Salmonella typhi (O)	SAO	2181, 2182
Schistosoma	STO	2181, 2182
Streptococcal Serology—Anti-D-NASE B titre	ADNB	2181, 2182
Streptococcal Serology—Anti-Streptolysin O	ASOT	2181, 2182
Tetanus	TET	2181, 2182
Thermoactinomyces vulgaris	THE	2181, 2182
Thermopolyspora	TPS	2181, 2181
Toxocara	TOC	2181, 2182
Toxoplasma	TOX	2181, 2182
Toxoplasma serology in pregnancy	TOXP	2145, 2146
Treponema pallidum haemagglutinin test	TPHA	2181, 2182
Trichonosis	TOS	2181, 2182
Typhus, Weil-Felix	TYP	2181, 2182
Varicella zoster	VCZ	2181, 2182
Venereal Disease Research Laboratory (VDRL)	VDRL	2181, 2182
Yersinia enterocolytica	YER	2181, 2182
Microbial antibody tests which are not listed above must be written in full		
Hepatitis Serology		2229, 2230
Hepatitis Serology in acute hepatitis	HEP	
Hepatitis B Serology in follow-up of proven Hepatitis B	HEPB	2231, 2232
Hepatitis B surface Antigen HBsAg	HBSA	2221, 2222
Hepatitis B Serology to define immune status	HEPI	2223, 2224
Microbial Antigen Testing:		
Chlamydia	CHLY	2133, 2134
Herpes Simplex Virus	HSV	2133, 2134
CSF antigens—Haemophilus influenzae, Streptococcus pneumoniae, Neisseria meningitidis, Group B streptococcus	CSFA	2129, 2130
Cryptococcal antigen	CRYN	2129, 2130
RSV—respiratory Syncytial virus	RSVN	2129, 2130
Varicella zoster	VCZN	2129, 2130
Microscopic examination of material other than blood	M	2083, 2084
Microscopic examination of faeces for parasites	OCP	2085, 2086
Microscopy and culture of material from Nose, Throat, Eye or Ear	MCS1	2087, 2088
Microscopy and culture of material from Skin, Superficial sites, urethra, vagina, cervix, sputum or Rectum	MCS2	2089, 2090

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Approved Item Name of test in Schedule	Abbreviation	Numbers
Microscopy and culture of material from post Operative Wounds, Aspirations of Body Cavities, Synovial fluid, CSF and operative or biopsy specimens	MCS3	2098, 2099
Microscopy and culture of Sputum for Mycobacteria	AFB	2119, 2020
Urine microscopy, culture, identification and sensitivity	UMCS	2127, 2128
DIVISION 4—IMMUNOLOGY		
Specific IgG or IgE antibodies	ALLG	2259, 2260
Antibodies to Tissue Antigens:		
Acetylcholine Receptor	ARA	2271, 2274
Adrenal cell	ADR	2271, 2274
Cardiolipin	ACL	2271, 2274
Centromere	ACA	2271, 2274
Gliad in IgA	GLIA	2271, 2274
Gastric parietal cell	PCA	2271, 2274
Glomerular basement membrane	GBA	2271, 2274
Insulin Receptor Antibodies	INSA	2271, 2274
Intercellular cement substance of skin	ICCS	2271, 2274
Jo-1	JO1	2271, 2274
Keratin	KERA	2271, 2274
Liver/Kidney microsomes	LKA	2271, 2274
Mitochondria	MA	2271, 2274
Parathyroid	PTHA	2271, 2274
PM-1	PM1	2271, 2274
Reticulin	RCA	2271, 2274
Rheumatoid Factor (all tests including Latex test)	RF	2281, 2282
SCL 70	SCL	2271, 2274
Skeletal Muscle	SLA	2271, 2274
Skin basement membrane	SKA	2271, 2274
Smooth Muscle	SMA	2271, 2274
Thyroglobulin	TGA	2271, 2274
Thyroid Microsomal	TMA	2271, 2274
TSH Receptor Antibody test	TSHA	2271, 2274
Tissue antigens which are not listed above must be written in full		
Antibodies to Nuclear Antigens—detection	ANA	2261, 2262
Antibodies to Nuclear Antigens—quantitation and measurement of DNA binding if positive ANA	ANAP	2263, 2266
Antibodies to Extractable Nuclear Antigens—detection	ENA	2267, 2268
Antibodies to Extractable Nuclear Antigens—characterization of antibodies if positive ENA	ENAP	2269, 2270
Complement total, C3 or C4	COM	2289, 2290
Other complements must be specified		
HLA Typing, comprising A, B, C and DR phenotypes	HLA	2321, 2322
HLA Typing, one or more antigens	HLAN	2323, 2324
Immunoglobulins G, A, M or D	IG	2245, 2246
Immunoglobulin G, sub classes 1-4	SIGG	2255, 2256
Immunoglobulins E	IGE	2261, 2262
Leucocyte Fractionation	LF	2313, 2314
Leucocyte functional Tests	LFF	2315, 2316
Leucocyte Surface Markers to assess Lymphoid populations	LSML	2317, 2318

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Approved Item Name of test in Schedule	Abbreviation	Numbers
Leucocyte Surface Markers in investigation of probable haematological malignancy	LSMH	2319, 2320
Mantoux Test	MANT	2325, 2326
Paraprotein Investigation by Immuno-electrophoresis or immunofixation	PPRO	2239, 2240
Paraprotein Investigation on concurrently collected serum and urine	PPSU	2241, 2242

DIVISION 5 HISTOPATHOLOGY

Electron microscopy and biopsy material	EM	2333, 2337
Histopathology of biopsy material	HIST	2327, 2328
Immediate frozen section diagnosis of biopsy material	FS	2329, 2330
Immunohistochemical investigation of biopsy material	IHIS	2331, 2332

DIVISION 6 CYTOPATHOLOGY

Cytology from cervix or vagina	CXCY	2338, 2339
Cytology from skin, nipple discharge, lip, mouth, nose or anus	SMCY	2340, 2341
Cytology from body fluids, urine or washing	BFCY	2340, 2341
Cytology from body fluids, aspiration of solid tissues	FNCY	2350, 2351
Cytology from fine needle aspiration of solid tissues— aspiration or attendance by pathologist	FNCP	2355, 2356

DIVISION 7 CYTOGENETICS

Chromosome studies	CS	2360, 2361
Chromosome studies of blood	CSB	2363, 2364
Chromosome identification by banding techniques	CSI	2365, 2366

DIVISION 8 INFERTILITY AND PREGNANCY TESTS

Semen examination for spermatozoa	SES	2370, 2371
Huhner's test	HT	2370, 2371
Semen examination	SEE	2372, 2373
Sperm antibodies	SAB	2377, 2378
Sperm penetrating ability	SPA	2377, 2378
Chorionic gonadotrophin for pregnancy diagnosis	HCG	2379, 2380
Chorionic gonadotrophin for diagnosis of specified conditions	HCGD	2384, 2385

NOTES

1. No. 41, 1987, as amended. For previous amendments, see No. 79, 1988.
2. No. 42, 1974, as amended. For previous amendments, see No. 58, 1975; Nos. 59, 91, 101, 109 and 157, 1976; No. 75, 1977; Nos. 36, 89 and 133, 1978; Nos. 53 and 123, 1979; No. 132, 1980; Nos. 118 and 176, 1981; Nos. 49, 80 and 112, 1982; Nos. 54 and 139, 1983; Nos. 15, 46, 63, 120, 135 and 165, 1984; Nos. 24, 65, 70, 95 and 167, 1985; Nos. 28, 75 and 94, 1986; Nos. 44, 131, 132 and 141, 1987; and Nos. 85, 87, 99 and 155, 1988.

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NOTES—continued

3. No. 95, 1953, as amended. For previous amendments, see No. 68, 1955; Nos. 55 and 95, 1956; No. 92, 1957; No. 68, 1958; No. 72, 1959; No. 16, 1961; No. 82, 1962; No. 77, 1963; No. 37, 1964; Nos. 100 and 146, 1965; No. 44, 1966; Nos. 14 and 100, 1967; No. 100, 1968; No. 102, 1969; No. 41, 1970; No. 85, 1971; No. 114, 1972; Nos. 49 and 202, 1973; No. 37, 1974; Nos. 1, 13 and 93, 1975; Nos. 1, 60, 91, 99, 108, 157 and 177, 1976; Nos. 98 and 100, 1977; Nos. 36, 88, 132 and 189, 1978; Nos. 54, 91 and 122, 1979; Nos. 117 and 131, 1980; Nos. 40, 74, 92, 118, 163 and 176, 1981; Nos. 49, 80 and 112, 1982; Nos. 35, 54 and 139, 1983; Nos. 46, 63, 72, 120, 135 and 165, 1984; Nos. 24, 53, 65, 70, 95, 127 and 167, 1985; Nos. 28, 75, 94 and 115, 1986; Nos. 22, 44, 72, 118, 131 and 132, 1987; and Nos. 79, 87, 99 and 155, 1988.
4. No. 147, 1974, as amended. For previous amendments, see No. 91, 1976; No. 100, 1977; No. 118, 1980; No. 118, 1981; Nos. 26 and 80, 1982; No. 139, 1983; No. 63, 1984; Nos. 24, 52 and 65, 1985; No. 115, 1986; and No. 72, 1987.
5. No. 215, 1973, as amended. For previous amendments, see No. 80, 1974; No. 96, 1975; Nos. 60 and 178, 1978; Nos. 26, 108, 136 and 155, 1979; No. 160, 1980; Nos. 61, 74 and 176, 1981; Nos. 78 and 111, 1982; Nos. 39 and 128, 1983; Nos. 63, 73 and 164, 1984; Nos. 65 and 187, 1985; and Nos. 87, 109 and 123, 1988.
6. No. 164, 1985, as amended. For previous amendments, see No. 75, 1986; No. 132, 1987; and Nos. 79 and 80, 1988.

*[Minister's second reading speech made in—
House of Representatives on 10 May 1989
Senate on 26 May 1989]*