Health Insurance (Pathology Services Table) Regulations 2000 2000 No. 293

EXPLANATORY STATEMENT

Statutory Rules 2000 No. 293

Issued by the authority of the Minister for Health and Aged Care

Health Insurance Act 1973

Health Insurance (Pathology Services Table) Regulations 2000

The *Health Insurance Act 1973* (the Act) provides for the payments of Medicare benefits to all eligible persons for professional services, including pathology services.

Section 133 of the Act provides that the Governor-General may make regulations prescribing matters for the purposes of the Act.

Section 9 of the Act provides that Medicare benefits shall be calculated by reference to the fees for medical services, including pathology services, set out in prescribed Tables.

Section 4A of the Act provides that the table of pathology services may be prescribed by the regulations. The purpose of the *Health Insurance (Pathology Services Table) Regulations 2000* is to prescribe such a table. The new table has replaced the table in the *Health Insurance (1999 - 2000 Pathology Services Table) Regulations 1999.*

As part of the annual renewal of the Pathology Services Table of the Medicare Benefits Schedule, a number of changes have been incorporated in the *Health Insurance (Pathology Services Table) Regulations 2000.*

The Regulations include:

- nine new items for full blood examination, testing for metals and Hepatitis C;

- a new rule to accompany the new metals items;

- a new histopathology complexity level;

- amendments to twenty-four existing items and four Rules of Interpretation;

- a number of minor changes to the current list of abbreviations; and

- the deletion of three items.

The changes in the Pathology Services Table have been developed with the co-operation and support of the two peak pathology bodies, the Royal College of Pathologists of Australasia and the Australian Association of Pathology Practices, through the Pathology Services Table Committee and the Pathology Consultative Committee.

These changes are consistent with the provisions in the Pathology Quality and Outlays Agreement to manage pathology expenditure within agreed parameters. As part of this Agreement, the Pathology Consultative Committee will monitor the impact of the changes on overall expenditure on pathology, and support any necessary adjustments to ensure that the expenditure target is achieved.

Details of the Regulations are set out in the Attachment.

The Regulations commenced on 1 November 2000.

Attachment

Regulation 1 specifies the regulations as the *Health Insurance (Pathology Services Table) Regulations 2000.*

Regulation 2 prescribes a commencement date of 1 November 2000.

Regulation 3 repeals the statutory rules No. 257 (1999), No. 61 (2000) and No. 85 (2000).

Regulation 4 provides definitions for the purposes of the Regulations.

Regulation 5 prescribes the table of pathology services.

The Pathology Services Table 2000 incorporates a number of changes including:

* a new combined item (65070) for full blood examination (FBE)

- the item was developed to make it easier for laboratories not previously distinguishing between FBE items 65063 and 65069 in terms of whether a full blood examination with or without film should be performed.

* five new metals testing items (66667, 66669, 66670, 66672 and 66673) to monitor nutritional deficiencies, toxicity and scrum zinc in a patient receiving intravenous alimentation

- the existing metals testing item was considered too restrictive and did not allow for occasions where additional follow up testing was required within a 6 month period.

* three new Hepatitis C items (69442, 69443 and 69445) were developed following the Medicare Services Advisory Committee recommendations for including the tests on the MBS

- the viral load test is restricted to patients with chronic HCV in the pre-treatment evaluation for antiviral therapy;

- the genotype test is limited to patients who are HCV RNA positive and are being evaluated for antiviral therapy for chronic HCV; and

- the detection test was developed to allow for patients undergoing antiviral therapy for chronic HCV.

* a new histopathology complexity level for the 'Jaw, upper or lower, including bone, radical resection for neoplasm (complexity 6)'.

* amendments to number of existing items in Groups P I (Haematology), P2 (Chemical), P3 (Microbiology) and P4 (Immunology)

- thrombophilia item 65132 has been amended to exclude testing for stroke and arterial thrombosis as this is covered in another item;

- HDL item 66536 was amended in line with changes made to the prescribing of lipid lowering drugs on the Pharmaceutical Benefits Schedule to include a patient with a serum cholesterol level >4.0 mmol/L and has a history of ischaemic heart disease.,

- Microalbumin item 66560 amended to remove the restriction to have proven diabetes mellitus;

- Hepatitis B and C antibody item 69462 amended to include the requirement to do the Hepatitis B surface antigen test if the Hepatitis B core antibody test is positive.

* a number of Rules of Interpretation have received minor amendment and a new rule to accompany the new metals items has been developed to restrict the number of patient episodes that can be performed for all combinations of metals testing items in a 6 month period.

* a number of minor changes have been made to the current list of abbreviations.