

Health Insurance (Diagnostic Imaging Services Table) Regulations 2003 2003 No. 268

EXPLANATORY STATEMENT

STATUTORY RULES 2003 NO. 268

Issued by the Authority of the Parliamentary Secretary to the Minister for Health and Ageing

Health Insurance Act 1973

Health Insurance (Diagnostic Imaging Services Table) Regulations 2003

Subsection 133(1) of the *Health Insurance Act 1973* (the Act) provides that the Governor-General may make regulations, not inconsistent with the Act, prescribing all matters required or permitted by the Act to be prescribed, or necessary or convenient to be prescribed for carrying out or giving effect to the Act.

The Act provides, in part, for payments of Medicare benefits in respect of professional services rendered to eligible persons. Section 9 of the Act provides that Medicare benefits shall be calculated by reference to the fees for medical services, including diagnostic imaging services, set out in prescribed tables.

Subsection 4AA(1) of the Act provides that the regulations may prescribe a table of diagnostic imaging services, the amount of fees applicable in respect of each item and the rules for interpretation of the table. The *Health Insurance (Diagnostic Imaging Services Table) Regulations 2002* (the 2002 Regulations) prescribe such a table. The 2002 Regulations have been amended twice, by Statutory Rules 2003 Nos. 68 and 98.

Subsection 4AA(2) of the Act provides that, unless sooner repealed, regulations made under subsection 4AA(1) cease to be in force, and are taken to have been repealed, on the day next following the 15th sitting day of the House of Representatives after the expiration of a period of 12 months commencing on the day on which the regulations are notified in the *Gazette*.

The purpose of the Regulations is to repeal the 2002 Regulations and the amending regulations, and to prescribe a new table of diagnostic imaging services for the 12 month period commencing on 1 November 2003. The new table sets out the items of diagnostic imaging services which are eligible for Medicare benefits, the amount of fees applicable in respect of each item and rules for interpretation of the table.

The new table effectively reproduces the table contained in the 2002 Regulations, with minor amendments to the rules of interpretation and the schedule of services and fees.

The Royal Australian and New Zealand College of Radiologists, the Australian Diagnostic Imaging Association, the Australian and New Zealand Association of Oral and Maxillofacial Surgeons and the Health Insurance Commission have been consulted regarding the proposed amendments.

The Act specifies no conditions that need to be met before the power to make the Regulations may be exercised.

Details of the Regulations are provided in the [Attachment](#).

The Regulations commence on 1 November 2003.

ATTACHMENT

DETAILS OF THE HEALTH INSURANCE (DIAGNOSTIC IMAGING SERVICES TABLE) REGULATIONS 2003

Regulation 1 provides that the name of the regulations will be the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2003*.

Regulation 2 provides that the regulations commence on 1 November 2003.

Regulation 3 repeals the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2002* (as amended).

Regulation 4 defines certain terms used in the Regulations.

Regulation 5 provides that the table of diagnostic imaging services set out in Schedule I is prescribed for the purposes of subsection 4AA (1) of the Act.

Schedule 1, Part 1 Prescription of table

For section 4AA of the Act, the Regulations prescribe a table of diagnostic imaging services that sets out:

- (a) in Part 2 - rules for interpretation of the table; and
- (b) in Part 3:
 - (i) items of diagnostic imaging services; and
 - (ii) the amount of fees applicable for each item.

Schedule 1, Part 2 Rules of interpretation

The *Health Insurance (Diagnostic Imaging Services Table) Regulations 2003* (the Regulations) includes the following changes from the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2002* (the 2002 Regulations):

Rule 4 of the 2002 Regulations provides that "An item including the symbol (S) applies only to a service provided by a specialist in the practice of diagnostic radiology." There are two "mammography" items, 59300 and 59303, in Schedule I, Part 3, which include the symbol (S) in their description. Rule 25 (which covers items 59300 to 59318) also provides for a mammography service to be performed under the professional supervision of a specialist in the practice of diagnostic radiology. Therefore, this rule is superfluous and has been deleted. The rules have been amended accordingly.

In view of the deletion of Rule 4 outlined above, the amendments to Rules 13 and 31 of the 2002 Regulations discussed below have been renumbered 12 and 30 respectively in the proposed Regulations.

Rule 13(1) of the 2002 Regulations has been amended to insert after "clinical indications are listed" the items to which this applies "(items 55700, 55704, 55718, 55728, 55759 and 55768)".

Rule 13 (2) of the 2002 Regulations makes reference to "pathologist-determined" and "pathology practitioner's clinical notes". This is incorrect and the reference to "pathologist" and "pathology" has been amended to "self" and "medical" respectively. After "self-determined" "(items 55705, 55715, 55723, 55725, 55762, 55770 and 55774)" has been inserted to specify the items to which this applies.

Rule 31 of the 2002 Regulations outlines the Diagnostic Imaging Multiple Services Rules (DIMSR). Sub rule (9) specifies that a "consultation" means a service listed in Groups A1 to A 9 in the General Medical Services Table (GMST) and "non-consultation service" means a service listed in the GMST other than in Groups A1 to A9.

When the DIMSR was first implemented from 20 January 1997, Groups A1 to A9 under Category 1 ("Professional Attendances") in the GMST were all items in the range 1 to 10815. Since 20 January 1997 further groups of items (and one additional item 10816) have been included in Category 1. The items in the range 1 to 10816 are now covered under Groups A1 to A 21. Accordingly, the Rule 31(9) definitions of "consultation" and "non-consultation service" have been amended.

Schedule 1, Part 3 - Services and Fees

The descriptor for items 55700, 55703, 55704, 55705, 55706, 55709, 55712, 55715, 55718, 55721, 55723, 55725, 55728, 55759, 55762, 55764, 55766, 55768, 55770, 55772, and 55774 has been amended to replace "foetal" with "fetal". This is consistent with the spelling of "fetal" in the Medicare Benefits Schedule and is the accepted spelling within the profession.

Item 56016 has been amended to insert the word "intravenous" before the words "contrast medium". This is currently an omission in the Regulations and is inconsistent with the description for this service and other similar services described in the diagnostic imaging table of items in the Medicare Benefits Schedule.

The words "with or without thermography" and the symbol (S) have been removed from the descriptor for items 59300 and 59303. The Radiology Management Committee, at its meeting on 12 August 2003, agreed that there is no scientific evidence to support the use of thermography in the early detection of breast cancer and in the reduction of mortality. The removal of the symbol (S) is consistent with the deletion of Rule 4 as noted earlier.

The descriptor for item 59318 has been amended to delete the reference to item "30361" and insert item "31536". Item "30361" was deleted from the General Medical Services Table in November 2002 and replaced with item "31536".