

Health Insurance (Diagnostic Imaging Services Table) Amendment Regulations 2003 (No. 3) 2003 No. 358

EXPLANATORY STATEMENT

STATUTORY RULES 2003 NO. 358

Issued by the Authority of the Minister for Health and Ageing

Health Insurance Act 1973

Health Insurance (Diagnostic Imaging Services Table) Amendment Regulations 2003 (No. 3)

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 payment 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 set out in prescribed Tables.

Subsection 4AA 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 rules for interpretation of the table. The *Health Insurance (Diagnostic Imaging Services Table) Regulations 2003* currently prescribe such a table.

The purpose of the Regulations is to amend the current table of diagnostic imaging services by introducing a new item, to give effect to changes proposed in the Government's MedicarePlus package to, allow an additional amount of Medicare benefit to be paid for bulk billed services under certain circumstances.

The types of diagnostic imaging services that would benefit for the proposed new item are those diagnostic imaging services performed by a medical practitioner in general practice who may perform a diagnostic imaging service on their own patients. The main beneficiaries of the initiative would be general practitioners in rural and remote areas.

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

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

The Regulations commence on 1 February 2004.

ATTACHMENT

DETAILS OF THE *HEALTH INSURANCE (DIAGNOSTIC IMAGING SERVICES TABLE) AMENDMENT REGULATIONS 2003 (No. 3)*

Regulation 1 provides for the Regulations to be referred to as the *Health Insurance (Diagnostic Imaging Services Table) Amendment Regulations 2003 (No. 3)*.

Regulation 2 provides for the Regulations to commence on 1 February 2004.

Regulation 3 provides that Schedule 1 amends the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2003* (the Principal Regulations).

Schedule 1 - Amendments

Part 2 - Rules of interpretation

Item [1] amends rule 29, multiple services - vascular ultrasound, by inserting after subrule 29 (2) a subrule 29 (3) specifying that this rule does not apply to the fee specified in item 64990.

Item [2] amends rule 30, multiple services, by inserting after subrule 30 (8) a subrule 30 (8A) specifying that this rule does not apply to the fee specified in new item 64990 (see item [4] below).

Rules 29 and 30 apply where multiple vascular ultrasound services (rule 29) and multiple diagnostic imaging services (rule 30) are provided for the same patient on the same day. The fees specified for the items that apply to these services are discounted to take into account the cost efficiencies to be gained by providing more than one diagnostic imaging service per patient episode. New subrules 29(3) and 30(8A) clarify that item 64990 applies for each rebated diagnostic imaging service irrespective of the multiple services rules.

Item [3] inserts a new rule 40 on the application of new item 64990 (see item [4] below).

Rule 40 explains the application of item 64990 in relation to other services, and the circumstances in which a fee under item 64990 is payable, and defines the terms "bulk-billed", "Commonwealth concession card holder" and "unreferred service" for the purposes of item 64990.

An "unreferred service" as it applies to a diagnostic imaging service defines that the service is provided to a person by or on behalf of a medical practitioner where the service has not been referred to the medical practitioner by another medical practitioner or a person with referring rights. The definition of "unreferred service" further describes that a medical practitioner is not a consultant physician or specialist in any specialty (other than a medical practitioner who is, for the purposes of the *Health Insurance Act 1973* (the Act), both a general practitioner and a consultant physician or specialist in a particular specialty).

The purpose of describing medical practitioner in the definition of "unreferred service" is to exclude consultant physicians and specialists (other than a medical practitioner who is, for the purposes of the Act, both a general practitioner and a consultant physician or specialist in a particular specialty) from being eligible to claim item 64990. Consultant physicians or specialists to whom a patient is referred for a consultation can proceed to self-determine additional diagnostic imaging services. Although these services are classed as "unreferred services" they are not considered "unreferred services" for the purposes of item 64990.

Part 3 - Services and Fees

Item [4] introduces one new miscellaneous services item numbered 64990 and prescribes the fee for the item.

Item 64990 allows an additional amount to be payable when any unreferral diagnostic imaging service is bulk billed and provided to a person under the age of 16 or a Commonwealth concession card holder (where that person is not an admitted patient at a hospital or day-hospital facility).