

Health Insurance (Pathology Services Table) Amendment Regulations 2004 (No. 1) 2004 No. 66

EXPLANATORY STATEMENT

STATUTORY RULES 2004 NO. 66

Issued by the Authority of the Minister for Health and Ageing

Health Insurance Act 1973

Health Insurance (Pathology Services Table) Amendment Regulations 2004 (No. 1)

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 4A(1) of the Act provides that the regulations may prescribe a table of pathology services that sets out items of pathology services, the amount of fees applicable in respect of each item and rules for interpretation of the table. The *Health Insurance (Pathology Services Table) Regulations 2003* currently prescribe such a table.

The purpose of the Regulations is to amend the current table of pathology services by introducing a new item, and rules for determining its application, to give effect to changes announced in the Australian Government's MedicarePlus package. The new item allows a higher Medicare benefit to be paid to a practitioner in a regional, rural or remote area, or in Tasmania, where a bulk billed service is provided to an eligible patient who is under 16 years of age or who is a Commonwealth concession card holder.

The type of pathology services that may benefit from the new item are those pathology services performed by a general practitioner which are included in Group P9 of the Pathology Services Table and pathology services provided by category M laboratories.

Pathology services in Group P9 are simple basic pathology services that may be performed by a medical practitioner in the practitioner's surgery without the need to obtain Approved Pathology Authority, Approved Pathology Practitioner and Accredited Pathology Laboratory status.

Category M laboratories perform a limited range of pathology services under the direction, control and supervision of a medical practitioner, being services only for the patients of the medical practice operated by, or that employs, the medical practitioner, where the medical practice is collocated with the laboratory.

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 May 2004.

ATTACHMENT

DETAILS OF THE *HEALTH INSURANCE (PATHOLOGY SERVICES TABLE) AMENDMENT REGULATIONS 2004 (No. 1)*

Regulation 1 provides for the Regulations to be referred to as the *Health Insurance (Pathology Services Table) Amendment Regulations 2004 (No. 1)*.

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

Regulation 3 provides for Schedule 1 to amend the *Health Insurance (Pathology Services Table) Regulations 2003* (the Principal Regulations).

Schedule 1 - Amendments

[1] Application of items 74990 and 74991 in subrule 2 (4)

This amends subrule 2 (4) to specify that either item 74990 or new item 74991 (see item [6] below), but not both items, can be claimed in relation to a pathology service provided in a regional, rural or remote area, or in Tasmania. It also specifies that the fee payable under item 74990 or 74991 applies in addition to the fee for the pathology service.

[2] Subrule 2 (5)

This amends subrule 2 (5) to specify that the definitions "bulk-billed", "Commonwealth concession card holder" and "unreferred service" in subrule 2 (5) also apply to item 74991.

[3] Subrule 2 (6)

This inserts a new subrule 2 (6) to define the terms "practice location", "regional, rural or remote area" and "Rural, Remote and Metropolitan Areas Classification" for the purposes of item 74991.

[4] Multiple services rule

This amends paragraph 3 (2) (ab) to also exempt item 74991 from the multiple services rule. Under this rule, two or more pathology requests are regarded as one request when the services are listed in the same item and the patient's need for the services was determined under subsection 16A(1) of the Act on the same day.

[5] Item number 74990

This amends item 74990 to prevent item 74991 being claimed in conjunction with item 74990.

[6] New item number 74991

This introduces a new item 74991 to allow an additional amount to be payable when any unreferred 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) and where the service is provided at or from a practice location in a regional, rural or remote area, or in Tasmania.