

Health Insurance (1991-1992 Diagnostic Imaging Services Table) Regulations (Amendment) 1992 No. 95

EXPLANATORY STATEMENT

STATUTORY RULES 1992 No. 95

Issued by the authority of the Minister for Health, Housing and Community Services

Health Insurance Act 1973

Health Insurance (1991-1992 Diagnostic Imaging Services Table) Regulations (Amendment)

Section 133 of the Health Insurance Act 1973 (the Act) provides that the Governor-General may make regulations for the purposes of the Act.

Section 4AA of the Act provides that the regulations may prescribe a table of diagnostic imaging services. The Health Insurance (Diagnostic Imaging Services Table) Regulations prescribe such a table.

Section 9 of the Act provides that, in effect, Medicare benefits shall be calculated by reference to the fees for diagnostic imaging services set out in the table of diagnostic imaging services (the table) in the Schedule to the Act.

The Amendment alters the table of diagnostic imaging services and its rules for interpretation as set out in the 1991-1992 Regulations.

As foreshadowed in the 1991-92 Budget a major restructuring of diagnostic radiology services has been undertaken, following extensive consultation with the Royal Australasian College of Radiologists and the Australian Medical Association, to reduce overservicing and to discourage unnecessary entrepreneurial activity.

Regulations 3 and 4 introduce a new item structure for diagnostic imaging services when rendered at a "CP" (Comprehensive Practice), "OP" (Other Practice) or "NS" (Non Specialist Radiologist Practice).

Subregulation 3(1) inserts new subrule 5(3) which defines "CP", "OP", and "NS" R-type diagnostic imaging services according to the nature of the radiology practice where the diagnostic imaging service is rendered. The subrule also defines an "A" R-type diagnostic imaging service which requires either more involvement on the part of a specialist in diagnostic radiology or for the service to be rendered at one of 3 locations, 2 of which also require the service to be rendered to a certain class of patient.

Subregulation 3(2) defines the term "comprehensive radiology service facility" used in new paragraph 5(3)(a) of the rules of interpretation; proposed subregulation 3(3) substitutes an expanded definition of "OP" in new subrule 5(4) of the rules of interpretation; and proposed subregulation 3(4) inserts a definition of a "business day", a term used in the expanded definition of "OP" in new subrule 5(4).

Regulation 4 inserts the new item structure in the Diagnostic Imaging Services Table which provides two levels of fees for diagnostic imaging services; the fees for "CP" services are 3.25% higher than the 1 December 1991 Schedule fees for requested specialist services, and the fees for "OP" and "NS" services are 75% of the 1 December 1991 Schedule fees for requested specialist services.