

## EXPLANATORY STATEMENT

### **Select Legislative Instrument 2005 No. 65**

Issued by the Authority of the Minister for Health and Ageing

*Health Insurance Act 1973*

*Health Insurance (Diagnostic Imaging Services Table) Amendment Regulations 2005 (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 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 of the Act provides that the regulations may prescribe a table of diagnostic imaging services that sets out items 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 2004* (the Principal Regulations) currently prescribe such a table.

The purpose of the Regulations is to amend Part 3 of the current table of diagnostic imaging services by adding two new items and amending the descriptions of two existing items, as part of the ongoing management of the table.

Medicare-funded diagnostic imaging services specified in the diagnostic imaging services table are managed through four “2003-2008 Quality and Outlays Memoranda of Understanding (MoUs)” between the Australian Government (as represented by the Department of Health and Ageing) and relevant diagnostic imaging profession representative bodies. The four MoUs cover radiology, cardiac imaging, nuclear medicine imaging and obstetric and gynaecological ultrasound.

The changes relate to diagnostic imaging services specified under the Radiology MoU. They have been developed with the co-operation and support of the Royal Australian and New Zealand College of Radiologists and the Australian Diagnostic Imaging Association, through the Radiology MoU Management Committee. The Australian Medical Association, the Royal Australasian College of Surgeons and the Gastroenterology Society of Australasia were also consulted about the insertion of the two new items into the table.

Details of the Regulations are provided in the Attachment.

The Regulations are a legislative instrument for the purposes of the *Legislative Instruments Act 2003*.

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 2005.

**ATTACHMENT****DETAILS OF THE HEALTH INSURANCE (DIAGNOSTIC IMAGING SERVICES TABLE) AMENDMENT REGULATIONS 2005 (No. 1)**

Regulation 1 provides for the Regulations to be referred to as the *Health Insurance (Diagnostic Imaging Services Table) Amendment Regulations 2005 (No. 1)*.

Regulation 2 provides for the Regulations to commence on 1 May 2005.

Regulation 3 provides for Schedule 1 to amend the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2004* (the Principal Regulations).

**Schedule 1 - Amendments****Item [1]**

This item inserts two new items, 56549 and 56551, for Computed Tomography (CT) scan of the colon.

CT Colonography (CTC) is less invasive than traditional colonoscopy and is useful for patients where a previous colonoscopy has been incomplete or has presented difficulties, where the patient has another disease which would make colonoscopy hazardous or where there is a narrowing of the colon which does not allow the passage of the colonoscope.

A patient would be eligible for item 56549 if the patient has had an incomplete colonoscopy in the 3 months before the scan, is referred by the specialist or consultant physician who performed the incomplete colonoscopy and the service does not apply to a CT item, as specified, which includes in the item description “scan of the abdomen or upper abdomen or pelvis”.

A patient would be eligible for item 56551 if the patient is referred by a specialist or consultant physician for the specified clinical indications and the service does not apply to a CT item, as specified, which includes in the item description “scan of the abdomen or upper abdomen or pelvis”.

The Department’s Medical Service Advisory Committee (MSAC) is undertaking an evaluation of the CTC procedure to determine whether a recommendation should be made to the Minister for Health and Ageing to permanently fund CTC on the Medicare Benefits Schedule (MBS). In the interim, the Minister has approved a recommendation from the Radiology MoU Management Committee that CTC, with restricted clinical conditions, should be listed on the MBS for a maximum period of two years or pending the outcome of the MSAC evaluation, whichever is the shorter. Accordingly, the insertion of items 56549 and 56551 is intended to be a temporary measure.

**Item [2]**

This item makes a minor amendment to the item descriptors for items 57512 and 57515 to clarify that these items should be claimed when a hand and wrist combination X- ray is being performed.