

EXPLANATORY STATEMENT

Health Insurance Act 1973

Health Insurance (Cone Beam Computed Tomography) Determination 2011

Subsection 3C(1) of the *Health Insurance Act 1973* (the Act) provides that the Minister may, by writing, determine that a health service not listed in the diagnostic imaging services table (the Table) shall, in specified circumstances and for specified statutory provisions, be treated as if it were so listed. The Table is set out in the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2010*, which are remade each year.

A determination made under subsection 3C(1) is a legislative instrument (see subsection 3C(4) of the Act and paragraph 6(d) of the *Legislative Instruments Act 2003*).

Background

Cone Beam Computed Tomography (CBCT) is a modification of existing computed tomography (CT) technology that uses volumetric x-ray beams in combination with flat panel detectors and improved computing programs to provide lower radiation dose CT imaging. It is suited mainly to head, neck and dental applications.

A range of existing items on the Table have been claimed in relation to CBCT services in the absence of a specific item. This Determination introduces specific items for the service in order to normalise claiming arrangements and apply appropriate requirements to ensure safety and quality. This includes the requirement for professional supervision by a specialist radiologist. A capital sensitive item is included to provide a reduced rebate for services provided on equipment that is more than 10 years old. Both CBCT items may be requested by dental practitioners.

These are interim arrangements that will apply while CBCT technology is assessed for its safety, clinical effectiveness and cost effectiveness. This was approved through the 2011-12 Budget process.

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

The Determination commences on 1 July 2011.

Consultation

A paper outlining these arrangements was discussed by the Diagnostic Imaging Services Table Committee on 15 February 2011. This committee comprises experts from diagnostic imaging practice, including representatives of the Australian and New Zealand Association of Physicians in Nuclear Medicine, the Royal Australian College of Surgeons, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Australasian Sonographers Association, the Royal Australian and New Zealand College of Radiologists, the Cardiac Society of Australia and New Zealand, the Australian Diagnostic Imaging Association, Medicare Australia and the Department of Health and Ageing. Members of this committee provided technical comments on the proposed description of the service. These are incorporated in the Schedule.

DETAILS OF THE *HEALTH INSURANCE (CONE BEAM COMPUTED TOMOGRAPHY) DETERMINATION 2011*

Section 1 Name of Determination

Section 1 provides that the name of the Determination is the *Health Insurance (Cone Beam Computed Tomography) Determination 2011*.

Section 2 Commencement

Section 2 provides that the Determination commences on 1 July 2011.

Section 3 Interpretation

Subsection 3(1) defines terms used in the Determination.

'*cone beam computed tomography*' is defined to mean a service performed:

- (a) using a detector coupled to an x-ray tube that emits a volumetric x-ray beam as it rotates within a gantry around a patient: and
- (b) registering a resulting variable amount of x-rays and transforming that information into a cross-sectional image after the application of complex algorithms.

A key term is '*relevant service*' which means a health service as defined in paragraph 3C(8) of the Act that is specified in the Schedule to the Determination.

Subsection 3(2) provides that a reference to a provision of an Act or regulations, including the Act, the *National Health Act 1953* and the regulations made under these Acts, is a reference to the provision as in force from time to time (as authorised by subsection 3C(3) of the Act).

Section 4 Treatment of a relevant service

Paragraph 4(a) provides that a relevant service specified in the Schedule to the Determination shall be treated as if it were both a professional service and a medical service for the purposes of the provisions of the Act, the *National Health Act 1953* and regulations made under each Act that make provision for medical services or professional services.

Paragraph 4(b) provides that a relevant service specified in the Schedule to the Determination is to be treated as if there were an item in the Table that related to the service and specified a fee in respect of that service, being the fee specified in the Schedule to the Determination in relation to the service.

Paragraph 4(c) provides that a relevant service specified in the Schedule to the Determination is to be treated as if the items referred to in the Schedule were also specified as items in Group I2 of Division 2.2 of Schedule 1 Part 2 of the Table.

Paragraph 4(d) provides that a relevant service in the Schedule to the Determination is to be treated as if the item numbers were specified in Regulation 10(1)(e) of the *Health Insurance Regulations 1975*. This means that the items will be treated as being specified for the purposes of subsection 16B(2) of the Act, with the effect that dental practitioners may request the services.

Section 5 Exclusion of Accreditation Requirements

Paragraph 5(a) provides that the services specified in the Schedule are not subject to section 16EA of the Act. Section 16EA generally states that medicare benefits are not payable for certain diagnostic imaging services unless accreditation has been granted in respect of the premises or base for a procedure from which a procedure is rendered. The effect of excluding the operation of section 16EA is that accreditation will not be required in order for the items of the Schedule to attract medicare benefits.

Paragraph 5(b) provides that the services specified in the Schedule are not subject to Division 5 of Part IIB of the Act, which includes various provisions about accreditation for diagnostic imaging.

Paragraph 5(c) provides that the services specified in the Schedule are not subject to Regulation 20B(2) of the *Health Insurance Regulations 1975*, which provides that certain accreditation details are to be included on the Diagnostic Imaging Register.

Schedule Specified health services

The Schedule sets out the relevant services and assigns to each relevant service the applicable item number, item descriptor and fee. The items reflect different rebate levels that are determined based on the age of equipment used to deliver the service and are ascribed the letters K or NK to differentiate which item attracts which level of rebate.