

Private Health Insurance (Benefit Requirements) Rules 2011

made under item 3A of the table in section 333-20 of the

Private Health Insurance Act 2007

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About this compilation

This compilation

This is a compilation of the *Private Health Insurance (Benefit Requirements) Rules 2011* that shows the text of the law as amended and in force on 1 November 2018 (the *compilation date*).

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Part 1 Preliminary

1. Name of Rules

These Rules are the *Private Health Insurance (Benefit Requirements) Rules* 2011.

3. Definitions

In these Rules:

Act means the Private Health Insurance Act 2007.

ACT means the Australian Capital Territory.

certified Type B procedure means a Type B procedure certified in accordance with clause 10 of Schedule 1.

certified overnight Type C procedure means a Type C procedure certified in accordance with clause 11 of Schedule 1.

certified Type C procedure means a Type C procedure certified in accordance with clause 7 of Schedule 3.

continuous period of hospitalisation, for the purpose of counting days of hospital treatment, includes any two periods during which a patient was, or is, receiving hospital treatment as a patient at a hospital, whether or not the same hospital, where the periods are separated from each other by a period of not more than 7 days during which the patient was not receiving hospital treatment as a patient at any hospital.

diagnostic imaging services table means the table prescribed under subsection 4AA(1) of the *Health Insurance Act 1973*.

fee in the MBS means the Schedule fee as defined in subsection 8(1A) of the *Health Insurance Act 1973*.

general medical services table means the table prescribed under subsection 4(1) of the *Health Insurance Act 1973*.

insurer means a private health insurer.

item has the same meaning as in subsection 3(1) of the *Health Insurance Act* 1973.

MBS comprises the:

- (a) general medical services table;
- (b) diagnostic imaging services table; and
- (c) pathology services table.

negotiated agreement means an agreement entered into between a hospital and an insurer, that includes provisions to the effect that, except to the extent (if any) provided in the agreement, the hospital agrees to accept payment by the insurer in satisfaction of any amount that would, apart from the agreement, be owed to the hospital, in relation to an episode of hospital treatment, by an insured person under a policy.

NSW means the State of New South Wales.

nursing-home type patient has the meaning given by Schedule 4.

Note: Item 19 of Schedule 2 of the *Private Health Insurance (Transitional Provisions and Consequential Amendments) Act 2007* also deals with nursing-home type patients.

outreach service means a service referred to in subsection 16(1) of the Private Health Insurance (Transitional Provisions and Consequential Amendments) Act 2007, unless subsection 16(2) of that Act applies to the particular service.

participating midwife has the same meaning as in subsection 3(1) of the *Health Insurance Act 1973*.

pathology services table means the table prescribed under subsection 4A(1) of the *Health Insurance Act 1973*.

policy means a complying health insurance policy.

private hospital means a hospital in respect of which there is in force a statement under subsection 121-5(8) of the Act that the hospital is a private hospital.

Note: Section 15 of the *Private Health Insurance (Transitional Provisions and Consequential Amendments) Act 2007* deals with the status of certain hospitals for which a declaration had been made before the commencement of the Act.

professional service has the same meaning as in subsection 3(1) of the *Health Insurance Act 1973*.

public hospital means a hospital in respect of which there is in force a statement under subsection 121-5(8) of the Act that the hospital is a public hospital.

Note: Section 15 of the *Private Health Insurance (Transitional Provisions and Consequential Amendments) Act 2007* deals with the status of certain hospitals for which a declaration had been made before the commencement of the Act.

Type A procedure means:

- (a) a procedure specified in clauses 3 to 9 of Schedule 1; or
- (b) a certified Type B procedure; or
- (c) a certified overnight Type C procedure.

Type B procedure means:

- (a) a procedure specified in clauses 3 to 7 of Schedule 3 other than a certified Type B procedure; or
- (b) a certified Type C procedure.

Type C procedure means a procedure specified in clause 8 of Schedule 3 other than a certified Type C procedure.

Part 2 Minimum benefit requirements

4. Psychiatric care, rehabilitation and palliative care

(1) For item 1 in the table in subsection 72-1(2) of the Act, the minimum benefit for hospital treatment specified in that item is the amount set out, or worked out using the method for working out the minimum benefit for that treatment, in Schedules 1, 2, 3 or 5 where the treatment is provided in the circumstances specified in the particular Schedule relevant to that treatment.

Note: Item 1 in the table in subsection 72-1(2) of the Act requires that each policy that covers hospital treatment must cover any part of hospital treatment that is psychiatric care, rehabilitation or palliative care if the treatment is provided in a hospital and no medicare benefit is payable for that part of the treatment.

(2) Despite subrule (1), the minimum benefit for the treatment may be reduced by the amount of any co-payment or excess that is required to be paid under the insured person's policy in respect of that treatment.

5. Other hospital treatments

- (1) For item 5 in the table in subsection 72-1(2) of the Act, for a policy that covers any type of hospital treatment provided in a hospital, other than treatment referred to in rule 4, the minimum benefit for that treatment is the amount set out, or worked out using the method for working out the minimum benefit, for that treatment in Schedules 1, 2, 3, 4 or 5 where the treatment is provided in the circumstances specified in the particular Schedule relevant to that treatment.
- (2) Despite subsection (1), if a policy covers a type of hospital treatment, other than treatment referred to in rule 4, and the insurer for that policy has a negotiated agreement with the hospital in which the treatment is provided, the minimum benefit for that treatment is the amount specified for the treatment in the negotiated agreement.
- (3) Despite subrules (1) and (2), the minimum benefit for the treatment may be reduced by the amount of any co-payment or excess that is required to be paid under the insured person's policy in respect of that treatment.

6. Benefit not to exceed hospital fees or charges

(1) In respect of treatment referred to in rule 4 and in rule 5 other than hospital treatment for a nursing-home type patient (as set out in Schedule 4), the amount of benefit payable by the insurer in respect of hospital treatment for a person will not exceed the fees or charges incurred in respect of that hospital treatment.

(2) In respect of treatment referred to in rule 5 of this Part, the amount of benefit payable by the insurer in respect of hospital treatment for a nursing-home type patient (as set out in Schedule 4) will not exceed an amount equal to the fees or charges incurred in respect of that hospital treatment less the amount of the patient contribution in relation to the patient for each day on which the patient was a patient in the hospital.

Schedule 1—Overnight accommodation: private hospitals in all States/Territories and shared ward accommodation at public hospitals in Victoria and Tasmania

Part 1 General

1. Circumstances

For rules 4 and 5 of Part 2 of these Rules, the circumstances specified for hospital treatment to which this Schedule applies are that the treatment is:

- (a) provided to a patient who is not a nursing-home type patient; and
- (b) provided to a patient:
 - (i) at a private hospital; or
 - (ii) as shared ward accommodation at a public hospital in Victoria or Tasmania; and

Note: The definition of hospital treatment in section 121-5 of the Act includes that the treatment is provided either at the hospital or provided or arranged with the direct involvement of a hospital. This Schedule sets out benefit requirements only for treatment provided at the relevant hospital — see paragraph 121-5 (1) (c) of the Act.

- (c) provided for the purpose of permitting the provision to the patient of hospital treatment that is:
 - (i) a Type A procedure; and
 - (ii) for a period that includes part of an overnight stay.

Note: A Type A procedure is defined to include a certified Type B procedure and a certified overnight Type C procedure—see the definitions of those terms in rule 3 of Part 1 of these Rules.

2. Minimum benefit

- (1) The minimum benefit for hospital treatment provided in the circumstances specified in this Schedule is the amount set out in the tables in this Schedule for that hospital treatment.
- (2) When counting the days referred to in the tables in this Schedule to determine the minimum benefit in respect of any particular patient, days forming part of a continuous period of hospitalisation are to be counted.

Table 1 - Accommodation at private hospitals in all States/Territories

Class of patient	Minimum benefit payable per night
Advanced surgical patient	
- first 14 days - over 14 days	\$432 \$301
Surgical patient or obstetric patient	
- first 14 days - over 14 days	\$401 \$301
Psychiatric patient	
- first 42 days - 43 – 65 days - over 65 days	\$401 \$347 \$301
Rehabilitation patient	
- first 49 days - 50 - 65 days - over 65 days	\$401 \$347 \$301
Other patients	
- first 14 days - over 14 days	\$347 \$301

Table 2 - Victoria: shared ward accommodation at a public hospital

Class of patient	Minimum benefit payable per night
Advanced surgical patient	
- first 14 days	\$432
- over 14 days	\$301
Surgical patient or obstetric patient	
- first 14 days	\$401
- over 14 days	\$301
Psychiatric patient	
- first 42 days	\$401
- 43 – 65 days	\$347
- over 65 days	\$301

Rehabilitation patient	
- first 49 days	\$401
- 50 - 65 days	\$347
- over 65 days	\$301
Other patients	
- first 14 days	\$347
- over 14 days	\$301

Table 3 - Tasmania: shared ward accommodation at a public hospital

Class of patient	Minimum benefit payable per night
Advanced surgical patient	
- first 14 days - over 14 days	\$432 \$301
Surgical patient or obstetric patient	
- first 14 days - over 14 days	\$401 \$301
Psychiatric patient	
- first 42 days - 43 – 65 days - over 65 days	\$401 \$347 \$301
Rehabilitation patient	
- first 49 days - 50 - 65 days - over 65 days	\$401 \$347 \$301
Other patients	
- first 14 days - over 14 days	\$347 \$301

Part 2 Type A procedures

3. Interpretation

A Type A procedure is a procedure specified in this Part provided to a patient in one of the categories of patients in clauses 4 to 9.

4. Advanced surgical patient

- (1) In this Schedule, *advanced surgical patient* has the meaning given by this clause.
- (2) A patient is taken to be an advanced surgical patient upon admission to a hospital:
 - (a) from and including the day before a professional service of the type identified by the item number in the MBS which is specified in subclause (3) is rendered to the patient at that hospital, unless the particular advanced surgical procedure to be rendered is recognised as requiring a longer pre-operative period; or
 - (b) if a longer pre-operative period than that referred to in paragraph
 (a) is required, from and including the day of admission of the
 patient for the purpose of providing the professional service of the
 type mentioned in paragraph (a); or
 - (c) if the advanced surgery is rendered to a patient during an admission, from the day the advanced surgery involving a professional service of the type mentioned in paragraph (a) is performed (not the day before).

Note: The effect of the reference in subclause (1) (a) to a professional service, being a service for which a Medicare benefit is payable, is that a professional service must have been provided to the patient for the minimum benefit to apply.

(3) The item numbers for this clause are the following items in the MBS, but only where those items have a fee in the MBS greater than \$852.95:

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15600 30176 30177 30179 30250 30251 30255 30275 30294 30296 30297
30315 30317 30318 30320 30323 30324 30335 30336 30379 30382 30384
30388 30396 30405 30415 30417 30418 30421 30425 30427 30428 30430
30438 30448 30449 30454 30455 30457 30458 30460 30461 30463 30464
30466 30467 30469 30472 30500 30502 30503 30506 30508 30509 30517
30518 30521 30523 30524 30526 30527 30529 30532 30533 30535 30536
30538 30539 30541 30542 30545 30547 30548 30550 30551 30553 30554
30556 30557 30560 30565 30566 30577 30578 30580 30583 30584 30589
30590 30593 30594 30596 30599 30601 30602 30603 30605 30606 30640
30680 30682 30684 30686 31002 31409 31412 31429 31432 31435 31438
31464 31466 31468 31472 31516 31524 31572 31581 31584 32000 32003
32004 32005 32006 32009 32012 32015 32018 32024 32025 32026 32028
32030 32033 32036 32039 32042 32047 32051 32054 32060 32063 32069
32104 32106 32108 32117 32209 32220 32221 32514 32517 32700 32703
32708 32710 32711 32712 32715 32718 32721 32724 32730 32733 32739
32742 32745 32748 32751 32754 32763 33050 33055 33075 33080 33100
33103 33109 33112 33115 33116 33118 33119 33121 33124 33127 33130
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						33151				
33166	33169			33178					33512	33515
33518	33521		33527						33800	33803
						33827			33836	33839
33842	34112	34115	34118	34121	34124	34127	34136	34139	34142	34148
34151	34154	34157	34160	34163	34166	34169	34172	34175	34509	34512
34518	34533	34803	34806	34809	34812	34815	34818	34821	34833	35003
35006	35009	35307	35312	35315	35320	35412	35414	35561	35562	35585
35595	35597	35641	35661	35664	35667	35670	35697	35753	35754	36503
36506	36516	36519	36522	36525	36526	36527	36528	36529	36531	36532
36533	36540	36543	36564	36567	36570	36573	36576	36588	36591	36594
36597	36600	36603	36606	36645	36648	36656	37014	37029	37040	37042
37045	37047	37053	37200	37203	37207	37209	37210	37211	37220	37230
37309	37338	37341	37343	37375	37384	37390	37405	37411	37423	37426
37432	37444	37607	37610	37824	37825	37831	37842	37848	37851	38212
38231	38237	38240	38246	38270	38272	38273	38274	38276	38287	38290
38293	38309	38312	38315	38318	38358	38368	38384	38390	38418	38421
38424	38427	38438	38440	38441	38446	38447	38449	38450	38453	38455
38456	38457	38466	38468	38469	38470	38477	38478	38480	38481	38483
38487	38488	38489	38493	38495	38497	38498	38500	38501	38503	38504
38506	38507	38508	38509	38512	38515	38518	38550	38553	38556	38559
38562	38565	38568	38571	38572	38600	38603	38615	38618	38624	38640
38643	38647	38650	38653	38654	38656	38670	38673	38677	38680	38700
38703	38706	38709	38712	38715	38718	38721	38724	38727	38730	38733
38736	38739	38742	38745	38748	38751	38754	38757	38760	38763	38766
39106	39112	39124	39139	39315	39500	39503	39603	39609	39612	39615
39640	39642	39646	39650	39653	39654	39656	39658	39660	39662	39706
39709	39712	39715	39718	39800	39803	39806	39815	39818	39821	39903
40000	40003	40012	40103	40106	40109	40112	40118	40600	40700	40703
40706	40712	40801	40803	40850	40851	40860	41518	41521	41530	41533
41536	41539	41542	41551	41554	41557	41560	41563	41564	41566	41569
						41584				
						41623				
						41879				
42557	42569	42626	42653	42656	42662	42672	42705	42710	42716	42725
42731	42746	42749	42752	42767	42773	42776	42779	42801	42842	42851
						43816				
43831	43834	43837	43838	43840	43843	43846	43852	43855	43861	43864
						43903				
						43966				
						44373				
						45464				
						45480				
						45503				
						45562				
						45624				
						45729				
						45767				
						45863				
.2,02	, 00	.5,00	,1							,

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46315 46318 46321 46393 46477 46504 46507 47486 47489 47501 47504
47507 47510 47519 47525 47531 47534 47566 47588 47591 48203 48427
48512 48918 48921 48924 48933 48939 48942 48951 48954 48957 48960
49106 49115 49116 49117 49210 49211 49306 49312 49318 49319 49321
49324 49327 49330 49333 49339 49342 49345 49512 49517 49518 49519
49521 49524 49527 49530 49533 49536 49539 49542 49548 49551 49554
49564 49715 49716 49717 49836 49838 49842 50212 50215 50218 50221
50224 50227 50230 50233 50236 50239 50300 50303 50306 50321 50324
50327 50336 50351 50354 50366 50372 50378 50384 50394 50399 50408
50411 50414 50417 50420 50423 50450 50451 50455 50456 50460 50461
50465 50466 50470 50471 50475 50476 50604 50608 50612 50620 50624
50628 50632 50636 50640 50644 51011 51012 51013 51014 51015 51021
51022 51023 51024 51025 51026 51031 51032 51033 51034 51035 51036
51041 51042 51043 51044 51045 51051 51052 51053 51054 51055 51056
51057 51058 51059 51061 51062 51063 51064 51065 51066 51071 51072
51073 51102 51103 51130 51131 51160 51165 51170 51171 52123 52126
52129 52158 52337 52342 52345 52348 52351 52354 52357 52360 52363
52366 52369 52372 52375 52379 52380 52382 52430 52446 52821 53209
53212 53221 53224 53227 53230 53233
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Obstetric patient 5.

- In this Schedule, *obstetric patient* has the meaning given by this clause.
- A patient shall be taken to be an obstetric patient during an admission to a hospital from and including:
 - whichever is the earlier of: (a)
 - (i) the day on which the patient commences labour leading to delivery in that hospital; or
 - the day on which a professional service with the item number (ii) 16406, 16515, 16518, 16519, 16522 (excluding caesarean), 16527, 16528, 16530, 16531, 16533 or 16534 is rendered to the patient in that hospital; or
 - (b) if the circumstances in paragraph (a) do not apply, the day before a professional service with the item number 16520 and 16522 (including caesarean) is rendered to the patient at that hospital, unless the particular obstetric procedure to be rendered is recognised as requiring a longer pre-operative period; or
 - the day on which a professional service with the item number (c) 82120 or 82125 is rendered to a patient by a participating midwife.
- In this clause, the item numbers specified are the item numbers in the general medical services table.

6. Surgical patient

- (1) In this Schedule, *surgical patient* has the meaning given by this clause.
- (2) A patient shall be taken to be a surgical patient upon admission to a hospital from and including:
 - (a) the day before a professional service of the type identified by the item number in the MBS which is specified in subclause (3), is rendered to the patient at that hospital, unless the particular surgical procedure to be rendered is recognised as requiring a longer pre-operative period; or
 - (b) if a longer pre-operative period is required, from and including the day of admission of the patient for the purpose of providing the professional service of the type mentioned in paragraph (a); or
 - (c) if the surgery is rendered to a patient during an admission, from the day the surgery involving a professional service of the type mentioned in paragraph (a) is performed (not the day before).

Note: The effect of the reference in subclause (1) (a) to a professional service, being the service for which a Medicare benefit is payable, is that a professional service must have been provided to the patient for the minimum benefit to apply.

(3) The item numbers for this clause are the following items in the MBS, but only where those items have a fee in the MBS within the range of \$254.00 to \$852.95:

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13212 13218 13251 13700 14230 14233 14236 14242 15303 15304 15307
15308 15311 15312 15315 15316 15319 15320 15323 15324 15327 15328
15331 15332 15335 15336 15345 16567 16570 16571 16573 30017 30020
30023 30024 30068 30111 30114 30165 30168 30171 30172 30190 30225
30229 30235 30241 30244 30246 30247 30253 30256 30272 30286 30287
30289 30293 30299 30300 30302 30303 30306 30310 30314 30326 30330
30332 30373 30375 30376 30378 30385 30387 30391 30392 30393 30394
30399 30400 30402 30403 30408 30414 30416 30419 30422 30431 30433
30434 30436 30437 30440 30443 30445 30446 30450 30451 30452 30475
30479 30481 30484 30485 30490 30491 30492 30493 30494 30495 30496
30497 30499 30505 30515 30520 30530 30544 30559 30562 30563 30564
30568 30569 30571 30572 30575 30581 30586 30587 30597 30600 30608
30609 30611 30614 30615 30618 30619 30621 30622 30623 30626 30635
30637 30639 30641 30642 30643 30644 30645 30646 30672 30676 30688
30690 30692 30694 30696 30710 31000 31001 31003 31004 31005 31225
31245 31250 31260 31270 31275 31295 31300 31305 31310 31315 31320
31325 31330 31335 31340 31350 31355 31400 31403 31406 31423 31426
31450 31452 31454 31460 31462 31470 31500 31503 31506 31509 31512
31515 31519 31525 31539 31545 31554 31569 31575 31578 32021 32023
32029 32045 32046 32057 32066 32090 32093 32094 32096 32099 32102
32103 32105 32111 32112 32120 32123 32126 32129 32131 32138 32139
32150 32159 32162 32165 32180 32183 32186 32200 32203 32206 32210
32213 32214 32216 32504 32507 32508 32511 32736 32757 32760 32766
32769 33070 33545 33548 33551 33554 33806 33810 33845 33848 34100
34103 34106 34109 34130 34133 34145 34500 34503 34515 34521 34524
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24527	24520	24520	24524	24520	24000	24024	24927	24020	25000	25012
						34824				
						35317				
						35404				
						35548				
						35578				
						35634				
						35673				
						35720				
						36552				
						36618				
						36654				
						36833				
						37023				
						37215				
						37336				
						37402				
						37613				
						37812				
						37836				
						38222				
						38350				
						38452				
						38577				
						39118				
						39300				
						39331				
						40009				
						40854				
						41603				
						41725				
						41776				
						41861				
						41898				
						42527				
						42590				
						42665				
						42713				
						42788				
						42833				
						43506				
						43849				
						44108				
						44361				
						45024				
						45206				
						45406				
						45487				
						45527				
45551	45553	45554	45556	45560	45568	45569	455/2	455/5	455/8	45581

45584	45585	45590	45593	45602	45605	45608	45611	45614	45620	45623
	45629								45665	
	45671								45695	
45701									45761	
									45827	
									45857	
									45984	
									46325	
46333									46372	
.0000									46408	
									46444	
									46500	
						47027				47054
									47373	
									47417	
						47447				47456
									47528	47537
									47570	
						47612				47624
									47768	47771
									47954	
									48218	
									48406	
									48903	
48909	48912	48915	48927	48930	48936	48945	48948	49100	49103	49109
49112	49118	49121	49200	49203	49206	49209	49215	49218	49221	49224
49227	49300	49303	49309	49315	49336	49346	49360	49363	49366	49500
49503	49506	49509	49515	49534	49545	49557	49558	49559	49560	49561
49562	49563	49566	49569	49700	49703	49706	49709	49712	49718	49724
49727	49728	49812	49815	49818	49821	49824	49827	49830	49833	49837
49839	49845	49854	49857	49860	49863	49866	50102	50103	50104	50106
50109	50112	50118	50121	50127	50130	50201	50203	50206	50209	50309
50312	50315	50318	50333	50339	50342	50345	50353	50357	50360	50363
50369	50375	50381	50387	50393	50396	50402	50405	50426	50500	50504
50508	50512	50516	50520	50524	50528	50532	50536	50540	50544	50548
50552	50556	50560	50564	50568	50572	50576	50580	50584	50588	50600
50616	50650	50654	50950	50952	51020	51110	51111	51114	51115	51140
51141	51145	51150	51900	51904	51906	52018	52035	52039	52048	52051
52054	52059	52063	52066	52078	52090	52092	52094	52095	52105	52108
52111	52114	52117	52120	52122	52130	52131	52138	52141	52144	52147
52148	52182	52184	52186	52300	52303	52306	52312	52315	52321	52324
52330	52333	52336	52339	52378	52424	52440	52442	52444	52450	52452
52456	52458	52460	52480	52482	52484	52600	52603	52609	52612	52615
52618	52621	52624	52626	52627	52633	52800	52803	52806	52809	52812
52815	52818	52824	52828	52830	52832	53006	53009	53015	53016	53017
53019	53215	53218	53220	53225	53226	53236	53239	53242	53406	53409
53412	53413	53414	53415	53416	53418	53419	53422	53423	53424	53425
53427	53429	53453	53455	53460	55135	57351	57356			

7. Psychiatric patient

In this Schedule, a *psychiatric patient* is a patient in a hospital who is admitted for the purposes of undertaking a specific psychiatric treatment program that is deemed by the insurer to be relevant and appropriate for the treatment of the patient's disease, injury or condition.

Note: If a patient is receiving psychiatric treatment that is not under a specific

psychiatric treatment program, the patient is taken to be in the category of 'other

patient'.

8. Rehabilitation patient

In this Schedule, a *rehabilitation patient* is a patient in a hospital who is admitted for the purposes of undertaking a specific rehabilitation treatment program that is deemed by the insurer to be relevant and appropriate for the treatment of the patient's disease, injury or condition.

Note: If a patient is receiving rehabilitation treatment that is not under a specific

rehabilitation treatment program, the patient is taken to be in the category of 'other

patient'.

9. Other patient

- (1) In this Schedule, *other patient* is deemed to be a patient at a hospital who is receiving any treatment that involves part of an overnight stay, but who is not:
 - (a) an advanced surgical patient;
 - (b) a surgical patient;
 - (c) an obstetric patient;
 - (d) a psychiatric patient; or
 - (e) a rehabilitation patient.

Note: A patient receiving hospital treatment that is palliative care as described in item 1 of the table in subsection 72-1 (2) of the Act is deemed to be in the category of

'other patient'.

Part 3 Certified Type B procedures and certified overnight Type C procedures

10. Certified Type B procedures

- (1) Minimum benefits for overnight accommodation are payable for patients receiving a Type B procedure only if certification under subclause (2) is provided.
- (2) Certification must be provided as follows:
 - (a) the practitioner providing the Type B procedure; or
 - (b) a professional employed by a hospital who is involved in the provision of the procedure provided by that hospital,

must certify in writing that:

- (c) because of the medical condition of the patient specified in the certificate; or
- (d) because of the special circumstances specified in the certificate,

it would be contrary to accepted medical practice to provide the procedure to the patient unless the patient is given hospital treatment at the hospital for a period that includes part of an overnight stay.

11. Certified overnight Type C procedures

- (1) Minimum benefits for overnight accommodation are payable for patients receiving a certified Type C procedure only if:
 - (a) certification has first been provided for the Type C procedure in accordance with clause 7 of Schedule 3; and
 - (b) certification under subclause (2) is also provided.
- (2) Certification must be provided as follows the practitioner providing the certified Type C procedure must certify in writing that:
 - (a) because of the medical condition of the patient specified in the certificate; or
 - (b) because of the special circumstances specified in the certificate,

it would be contrary to accepted medical practice to provide the procedure to the patient unless the patient is given hospital treatment at the hospital for a period that includes part of an overnight stay.

Schedule 2—Overnight accommodation: shared ward accommodation at public hospitals in the ACT, NSW, Northern Territory, Queensland, South Australia and Western Australia

1. Circumstances

For rules 4 and 5 of Part 2 of these Rules, the circumstances specified for hospital treatment to which this Schedule applies are that the treatment is provided:

- (a) to a patient who is not a nursing-home type patient; and
- (b) as shared ward accommodation at a public hospital in the ACT, NSW, Northern Territory, Queensland, South Australia or Western Australia; and

Note: The definition of hospital treatment in section 121-5 of the Act includes that the treatment is provided either at the hospital or provided or arranged with the direct involvement of a hospital. This Schedule sets out benefit requirements only for treatment provided at the relevant hospital — see paragraph 121-5 (1) (c) of the Act.

- (c) for the purpose of permitting the provision to the patient of hospital treatment that is:
 - (i) a Type A procedure; and
 - (ii) for a period that includes part of an overnight stay.

Note: A Type A procedure is defined to include a certified Type B procedure and a certified overnight Type C procedure—see the definitions of

those terms in rule 3 of Part 1 of these Rules.

2. Minimum benefit

The minimum benefit for hospital treatment provided in the circumstances described in this Schedule is the amount set out in the table in this Schedule for that hospital treatment.

Table

State/Territory	Minimum benefit payable per night
ACT	\$357
NSW	\$357
Northern Territory	\$357
Queensland	\$366
South Australia	\$357
Western Australia	\$357

Schedule 3—Same-day accommodation: hospitals in all States/Territories

Part 1 General

1. Circumstances

For rules 4 and 5 of Part 2 of these Rules, the circumstances specified for hospital treatment to which this Schedule applies are that the treatment is provided for the purpose of permitting the provision to the patient of hospital treatment that:

- (a) is a Type B procedure; and
- (b) is provided to a patient at a hospital; and
- (c) does not include part of an overnight stay at a hospital.
- Note 1: A Type B procedure includes a certified Type C procedure—see the definitions of those terms in rule 3 of Part 1 of these Rules.
- Note 2: The definition of hospital treatment in section 121-5 of the Act includes that the treatment is provided either at the hospital or provided or arranged with the direct involvement of a hospital. This Schedule sets out benefit requirements only for treatment provided at the relevant hospital see paragraph 121-5 (1) (c) of the Act.

2. Minimum benefit

- (1) The minimum benefit for hospital treatment provided in the circumstances specified in this Schedule is the amount set out in Table 1 or 2 in this clause for that hospital treatment.
- (2) The references to Bands in the tables are references as follows:
 - (a) Band 1 means Band 1 treatment;
 - (b) Band 2 means Band 2 treatment;
 - (c) Band 3 means Band 3 treatment;
 - (d) Band 4 means Band 4 treatment,

as those bands are described in Part 2 of this Schedule.

Table 1

Public hospitals	Band 1	Band 2	Band 3	Band 4
NSW	\$259	\$290	\$318	\$357
ACT	\$259	\$290	\$318	\$357
Northern Territory	\$259	\$297	\$343	\$357
Queensland	\$265	\$299	\$328	\$366
South Australia	\$259	\$297	\$327	\$357
Tasmania	\$252	\$300	\$346	\$401
Victoria	\$254	\$301	\$348	\$401
Western Australia	\$294	\$294	\$294	\$294

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	Band 1	Band 2	Band 3	Band 4
Private Hospitals	\$224	\$282	\$343	\$401

Part 2 Type B procedures

3. Interpretation

A Type B procedure is a procedure specified as a Band 1, 2, 3 and 4 as described in this Part.

Note: These procedures normally require hospital treatment that does not include part of an overnight stay.

4. Band 1

- (1) Hospital treatment that involves a professional service of the type identified by the MBS item number specified in this subclause is Band 1 treatment for the purposes of the tables in clause 2 of this Schedule:
 - (a) category 3—therapeutic procedures, being the items below in the general medical services table:

T1: Miscellaneous Therapeutic Procedures:

13100 13103 13703 13706 13915 13918 13921 13924 13927 13930 13933 13936

T8: Surgical Operations:

30210 30473 30475 30478 30679 32075 32084 32087 32088 32090 32095 32215 35500 35539 35545 35703 36665 37011 39000 39100 41604 41647 41674 42575 42741 45027 50658; and

(b) category 5 - diagnostic imaging services, being the items below in the diagnostic imaging services table:

I1: Ultrasound:

55118 55600 55603; and

(c) category 2 – diagnostic procedures and investigations, being the item below in the general medical services table:

D1: Miscellaneous diagnostic procedures and investigation

(2) Other hospital treatment requiring day admission to a hospital that is not Band 2, 3 or 4 treatment is Band 1 treatment for the purposes of the tables in clause 2 of this Schedule.

5. Non-band specific Type B day procedures

(1) Hospital treatment that involves a professional service of the type identified by the MBS item number specified in this clause is a non-band specific Type B day procedure.

```
111
      117
            120
                  6080 6081
                              13110 13212 13215 13292 13318
13750 13755 13757 13815 13948 14218 15338 15513 15539 16512
16603 16618 18216 18230 18242 18274 18276 18280 18284 18286
18290 18294 18296 18298 18375 18379 30042 30045 30055 30081
30084 30087 30094 30096 30099 30103 30104 30105 30107 30187
30189 30190 30223 30225 30262 30269 30281 30283 30390 30391
30409 30484 30627 30658 30687 31225 31340 31345 31346 31350
31355 31356 31358 31359 31360 31361 31363 31364 31367 31369
31371 31372 31373 31374 31375 31376 31456 31458 31530 31551
31557 31560 31563 31566 31590 32089 32093 32094 32145 32147
32150 32153 32156 32168 32171 32177 32180 32217 32504 34109
34130 34500 34503 34506 34524 34539 35324 35507 35508 35509
35513 35517 35520 35523 35527 35542 35557 35569 35572 35611
35615 35616 35618 35622 35623 35626 35627 35630 35633 35637
35640 35643 35644 35645 35646 35647 35648 35687 35688 35730
36650 36667 36668 36812 36815 36818 36821 36824 36827 36830
36833 36836 36860 37219 37315 37318 37321 37354 37369 37435
37623 37803 37806 37809 37812 37815 37816 37854 38285 38286
38288 39013 39118 39133 39135 39140 39331 40702 41503 41506
41509 41626 41629 41632 41644 41650 41653 41668 41677 41701
41716 41764 41801 41816 41819 41822 41825 41831 41855 41858
41861 41864 41886 41889 41892 41898 42503 42572 42573 42576
42584 42593 42610 42611 42652 42673 42680 42683 42686 42689
42692 42738 42739 42812 42818 42833 42845 42869 43942 43948
44102 44104 44105 44136 44338 44376 45019 45030 45033 45039
45200 45224 45239 45506 45515 45626 45665 45668 45823 46327
46330 46336 46363 46366 46369 46396 46420 46423 46438 46441
46450 46486 46489 46494 46495 46501 46510 46525 47738 47906
47915 47918 47927 47972 48945 49218 49557 49700 49800 49803
49806 49809 50100 50115 51112 51113 51120 51902 52015 52025
52042 52045 52057 52058 52061 52062 52064 52072 52073 52075
52081 52084 52087 52097 52099 52102 52180 52321 52826 53003
53006 53009 53054 53056 53058 53060 53062 53064 53070 53206
53215 53218 53225 53410 53459 58939 59903 59912 59925 59970
59971 59972 59973 59974 60000 60001 60003 60004 60006 60007
60009 60010 60012 60013 60015 60016 60018 60019 60021 60022
60024 60025 60027 60028 60030 60031 60033 60034 60036 60037
60039 60040 60042 60043 60045 60046 60048 60049 60051 60052
60054 60055 60057 60058 60060 60061 60063 60064 60066 60067
60069 60070 60072 60073 60075 60076 60078 60079
```

(2) A non-band specific Type B day procedure is Band 2, 3 or 4 treatment depending on anaesthetic type and, where applicable, theatre time as specified in clause 6 of this Schedule.

(3) If a non-band specific Type B day procedure does not involve anaesthetic or theatre times, the minimum benefit is the benefit for Band 1 treatment.

6. Other bands

(1) In this Schedule:

Band 2 treatment means procedures, other than those that are Band 1 treatment, carried out under local anaesthetic with no sedation.

Band 3 treatment means procedures, other than those that are Band 1 treatment, carried out under:

- (a) general anaesthesia; or
- (b) regional anaesthesia; or
- (c) intravenous sedation,

where the theatre time, being the actual time in theatre, is less than one hour.

Band 4 treatment means procedures, other than those that are Band 1 treatment, carried out under:

- (a) general anaesthesia; or
- (b) regional anaesthesia; or
- (c) intravenous sedation,

where the theatre time, being the actual time in theatre, is one hour or more.

7. Certified Type C procedure

Note: Type C procedures are procedures that do not normally require hospital treatment.

- (1) Benefits for day-only accommodation are payable for patients receiving a Type C procedure only if certification under subclause (2) is provided.
- (2) Certification must be provided as follows, the medical practitioner providing the professional service must certify in writing that:
 - (a) because of the medical condition of the patient specified in the certificate; or
 - (b) because of the special circumstances specified in the certificate,

it would be contrary to accepted medical practice to provide the procedure to the patient unless the patient is given hospital treatment at the hospital for a period that does not include part of an overnight stay.

Part 3 Type C procedures

8. Interpretation

A Type C procedure is a procedure specified in this clause by reference to MBS items.

Note: These procedures normally do not require hospital treatment.

The following items are items in the general medical services table.

Category 1 – Attendances

```
A1:

3 4 20 23 24 35 36 37 43 44 47 51

A2:

52 53 54 57 58 59 60 65 92 93 95 96

A3:

104 105 106 107 108 109

A4:

110 116 119 122 128 131 132 133

A28:

141 143 145 147

A5:

160 161 162 163 164

A6:

170 171 172

A7:
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173 193 195 197 199

A8: 289 291 293 296 297 299 300 302 304 306 308 310 312 314 316

318 319 320 322 324 326 328 330 332 334 336 338 342 344 346 348 350 352 353 355 356 357 358 359 361 364 366 367 369 370

A9:

10801 10802 10803 10804 10805 10806 10807 10808 10809 10816

A10:

10944 10945 10946 10947 10948

A12:

385 386 387 388

A13:

410 411 412 413 414 415 416 417

A15:

721 723 729 731 732 820 822 823 825 826 828 855 857 858

A17:

900 903

A18:

2497 2501 2503 2504 2506 2507 2509 2517 2518 2521 2522 2525 2526 2546 2547 2552 2553 2558 2559

A19:

2598 2600 2603 2606 2610 2613 2616 2620 2622 2624 2630 2631 2633 2635 2664 2666 2668 2673 2675 2677

A20:

2713 2721 2723 2725 2727

A21:

501 503 507 511 515 519 520 530 532 534 536

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A22:
5000 5003 5010 5020 5023 5028 5040 5043 5049 5060 5063 5067
A23:
5200 5203 5207 5208 5220 5223 5227 5228 5260 5263 5265 5267
A24:
2801 2806 2814 2824 2832 2840 2946 2949 2954 2958 2972 2974
3005 3010 3014 3018 3023 3028 3032 3040 3044 3051 3055 3062
A25:
5906 5908 5910 5912
A26:
6007 6009 6011 6013 6015 6018 6019 6023 6024 6025 6026 6028
6029 6031 6032 6034 6035 6037 6038 6042 6051 6052 6057 6058
6059 6060 6062 6063 6064 6065 6067 6068 6071 6072 6074 6075
A27:
4001
M3:
10950 10951 10952 10953 10954 10956 10958 10960 10962 10964
10966 10968 10970
M5:
10988 10989
```

Category 2 - Diagnostic procedures & investigations

D1:

```
11000 11003 11006 11009 11012 11015 11018 11024 11027 11200 11204 11205 11210 11211 11215 11218 11219 11220 11221 11224 11235 11237 11240 11241 11242 11243 11244 11300 11306 11309 11312 11315 11318 11324 11327 11332 11333 11336 11339 11503 11505 11506 11507 11508 11512 11602 11604 11605 11610 11611 11612 11614 11615 11700 11701 11702 11708 11709 11710 11711 11712 11713 11715 11718 11719 11720 11721 11722 11724 11725 11726 11727 11728 11800 11810 11820 11823 11830 11833 11900 11903 11906 11909 11912 11915 11917 11919 11921 12000 12001
```

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12002 12003 12004 12005 12012 12017 12021 12022 12024 12200
       12201 12306 12312 12315 12320 12321 12322 12325 12326
       D2:
       12500 12503 12506 12509 12512 12515 12518 12521 12524 12527
       12530 12533
Category 3 – Therapeutic procedures
       T1:
       13104 13105 13200 13203 13206 13209 13221 13260 13290 13312
       13709 13760 13839 13842 13939 13942 13945 14050 14100 14106
       14115 14118 14124 14200 14201 14202 14203 14206 14209 14221
       14227 14245
       T2:
       15000 15003 15006 15009 15012 15100 15103 15106 15109 15112
       15115 15211 15214 15215 15218 15221 15224 15227 15230 15233
       15236 15239 15242 15245 15248 15251 15254 15257 15260 15263
       15266 15269 15272 15275 15500 15503 15506 15509 15512 15515
       15518 15521 15524 15527 15530 15533 15550 15553 15555 15556
       15559 15562 15565 15700 15705 15710 15715 15800 15850
       T3:
       16003 16006 16009 16012 16015 16018
       T4:
       16400 16407 16408 16500 16501 16502 16505 16508 16509 16511
       16514 16600
       T6:
       17610 17615 17620 17625 17640 17645 17650 17655 17680 17690
       T7:
       18213
       T8:
       30003 30006 30026 30032 30038 30061 30062 30064 30071 30072
       30097 30191 30192 30196 30202 30207 30216 30219 30406 30628
       30654 31206 31211 31216 31221 31220 31357 31362 31365 31366
       31368 31370 31587 32072 32115 32132 32135 32142 32500 32520
       32522 32523 32526 32528 32529 35502 35503 35554 35608 35614
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35620 36671 36672 36673 36800 37041 37217 37218 37300 37303 37415 38800 39115 40707 40862 41500 41659 41662 41698 41704 41755 41828 41846 42587 42588 42614 42615 42617 42620 42644 42650 42667 42668 42676 42677 42744 42782 42785 42788 42791 42794 42806 42807 42808 42809 42811 45021 45025 45026 45546 45799 45801 45805 45807 45829 45847 45851 45882 47471 47735 47904 47912 47916 47924

T11:

18350 18351 18353 18354 18360 18361 18362 18365 18366 18368 18369 18370 18372 18374 18377
```

Category 4 - Oral and maxillofacial

01:

51700 51703

O3:

52034 52036 52039 52055 52056 52133

O7:

53000 53004 53052

O9:

53458

Category 5 – Diagnostic Imaging Services

The following items are items in the diagnostic imaging services table.

I1:

```
      55028
      55029
      55030
      55031
      55032
      55033
      55036
      55037
      55038
      55039

      55048
      55049
      55054
      55065
      55067
      55068
      55069
      55070
      55073
      55076

      55079
      55113
      55114
      55115
      55116
      55117
      55238
      55244
      55246
      55248

      55252
      55274
      55276
      55278
      55280
      55282
      55284
      55292
      55294
      55296

      55700
      55703
      55704
      55705
      55706
      55707
      55708
      55709
      55712
      55715

      55718
      55721
      55723
      55725
      55729
      55736
      55739
      55812
      55814
      55816

      55818
      55820
      55822
      55824
      55828
      55830
      55832
      55834
      55836

      55838
      55840
      55842
      55844
      55846
      55852
      55854
```

I2:

 56001
 56007
 56010
 56013
 56016
 56022
 56028
 56030
 56036
 56041

 56047
 56050
 56053
 56056
 56062
 56068
 56070
 56076
 56101
 56107

 56141
 56147
 56220
 56221
 56223
 56224
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 56226
 56227
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 56236
 56237
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 56239
 56240
 56259
 56301
 56307
 56341
 56347
 56401
 56407
 56409

 56412
 56441
 56447
 56449
 56501
 56507
 56541
 56547
 56553
 56555

 56619
 56620
 56626
 56659
 56660
 56665
 56666
 56801
 56807

 57350
 57355

I3:

 57506
 57509
 57512
 57515
 57518
 57521
 57522
 57523
 57524
 57527

 57537
 57540
 57700
 57703
 57706
 57709
 57712
 57715
 57721
 57901

 57902
 57903
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 57909
 57912
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 57924
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 57942
 57945
 57960
 57963
 57966
 57969
 58100

 58103
 58106
 58108
 58109
 58112
 58115
 58300
 58306
 58500
 58503

 58506
 58509
 58521
 58524
 58527
 58700
 58706
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 58721

 58900
 58903
 58909
 58912
 58915
 58916
 58921
 58927
 58933
 58936

 59103
 59300
 59302
 59303
 59305
 59306
 59309
 59312
 59314
 59318

 59703
 59703
 59712
 59718
 59724
 59733
 59739
 59751
 59754

I4:

61302 61303 61306 61307 61310 61313 61314 61316 61317 61320 61328 61340 61348 61352 61353 61356 61360 61361 61364 61368 61372 61373 61376 61381 61383 61384 61386 61387 61389 61390 61393 61397 61401 61402 61405 61409 61413 61417 61421 61425 61426 61429 61430 61433 61434 61437 61438 61441 61442 61445 61446 61449 61450 61453 61454 61457 61458 61462 61469 61473 61480 61484 61485 61495 61499 61505 61541 61544 61553 61556 61565 61568 61647

15.

63001 63004 63007 63010 63040 63043 63046 63049 63052 63055 63058 63061 63064 63067 63070 63073 63101 63111 63114 63125 63128 63131 63151 63154 63161 63164 63167 63170 63173 63176 63179 63182 63185 63201 63204 63219 63222 63225 63228 63231 63234 63237 63240 63243 63271 63274 63277 63280 63301 63304 63307 63322 63325 63328 63331 63334 63337 63340 63361 63385 63388 63391 63395 63396 63397 63398 63401 63404 63416 63425 63428 63440 63443 63446 63461 63464 63467 63470 63473 63476 63482 63487 63488 63489 63490 63491 63494 63497 63507 63510 63513 63516 63519 63522 63525 63526 63527 63528 63529 63530 63541 63542 63543 63544 63547 63548 63551 63554 63557 63560 63740 63741 63743 63744 63746 63747

Category 6 - Pathology services

The following items are items in the pathology services table.

P1:

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65060 65066 65070 65072 65075 65078 65079 65081 65082 65084 65087 65090 65093 65096 65099 65102 65105 65108 65109 65110 65111 65114 65117 65120 65123 65126 65129 65137 65142 65144 65147 65150 65153 65156 65157 65158 65159 65162 65165 65166 65171 65175 65176 65177 65178 65179 65180 65181
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P2:

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66500 66503 66506 66509 66512 66517 66518 66519 66536 66539 66542 66545 66548 66551 66554 66557 66560 66563 66566 66569 66572 66575 66578 66581 66584 66587 66590 66593 66596 66605 66606 66607 66623 66626 66629 66632 66635 66638 66639 66641 66642 66644 66647 66650 66651 66652 66653 66655 66656 66659 66660 66662 66663 66665 66666 66667 66671 66674 66677 66680 66683 66686 66695 66696 66697 66698 66701 66704 66707 66711 66712 66714 66715 66716 66719 66722 66723 66724 66725 66728 66731 66734 66743 66749 66750 66751 66752 66755 66756 66757 66758 66761 66764 66767 66770 66773 66776 66779 66780 66782 66783 66785 66788 66789 66790 66791 66792 66800 66803 66804 66805 66806 66812 66815 66816 66817 66819 66820 66821 66822 66825 66826 66827 66828 66830 66831 66832 66833 66834 66835 66836 66837 66838 66839 66840 66841 66900
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P3:

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69300 69303 69306 69309 69312 69316 69317 69318 69319 69321 69324 69325 69327 69328 69330 69331 69333 69336 69339 69345 69354 69357 69360 69363 69379 69383 69384 69387 69390 69393 69396 69400 69401 69405 69408 69411 69413 69415 69445 69451 69471 69472 69474 69475 69478 69481 69482 69483 69484 69488 69489 69491 69492 69494 69495 69496 69497 69498 69499 69500
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P4·

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71057 71058 71059 71060 71062 71064 71066 71068 71069 71071 71072 71073 71074 71075 71076 71077 71079 71081 71083 71085 71087 71089 71090 71091 71092 71093 71095 71096 71097 71099 71101 71103 71106 71119 71121 71123 71125 71127 71129 71131 71133 71134 71135 71137 71139 71141 71143 71145 71146 71147 71148 71149 71151 71153 71154 71155 71156 71157 71159 71163 71164 71165 71166 71167 71168 71169 71170 71180 71183 71186 71189 71192 71195 71198 71200 71203
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P5:
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72813 72816 72817 72818 72823 72824 72825 72826 72827 72828 72830 72836 72838 72844 72846 72847 72848 72849 72850 72851 72852 72855 72856 72857

P6:

73043 73045 73047 73049 73051 73059 73060 73061 73062 73063 73064 73065 73070 73071 73072 73073 73074 73075 73076

P7:

73287 73290 73291 73292 73293 73294 73295 73296 73297 73289 73300 73305 73308 73309 73311 73312 73314 73315 73317 73318 73320 73321 73323 73324 73330 73332 73333 73334 73335 73336 73337 73338 73339 73340 73341 73342 73343 73345 73346 73347 73348 73349 73350

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P11:

73940

P13:

74992 74993 74994 74995 74996 74997 74998 74999

Category 8 – Miscellaneous Services

The following items are items in the miscellaneous services table.

M13:

82100 82105 82110 82115 82130 82135 82140

Schedule 4—Nursing-home type patient accommodation: hospitals in all States/Territories

1. Circumstances

- (1) For rule 5 of Part 2 of these Rules, the circumstances specified for hospital treatment to which this Schedule applies are that the treatment is provided:
 - (a) to a nursing-home type patient; and
 - (b) at a hospital.

Note: The definition of hospital treatment in section 121-5 of the Act includes that the treatment is provided either at the hospital or provided or arranged with the direct involvement of a hospital. This Schedule sets out benefit requirements only for treatment provided at the relevant hospital — see paragraph 121-5 (1) (c) of the Act.

2. Interpretation

Nursing-home type patient, in relation to a hospital, means a patient who has been provided with hospital treatment whether:

- (a) acute care; or
- (b) accommodation and nursing care, as an end in itself; or
- (c) a mixture of both,

for a continuous period of hospitalisation exceeding 35 days (*35-day period*), but a patient receiving acute care immediately after the 35-day period does not become a nursing-home type patient unless the period of acute care ends and the patient is then provided with accommodation and nursing care, as an end in itself, as part of a continuous period of hospitalisation.

- Note 1: 'Continuous period of hospitalisation' is defined in rule 3 of Part 1 of these Rules.
- Note 2: Clause 4 deals with nursing-home type patients whose care needs change to requiring acute care.
- Note 3: If there is disagreement as to whether a patient is, or is not, a nursing-home type patient, an insured person, a private health insurer or a health care provider may make a complaint to the Private Health Insurance Ombudsman under Part 6-2 of the Act. The Ombudsman has various powers to deal with complaints, including conducting mediation if the complainant agrees.

3. Application

- (1) Clause 2 of this Schedule applies to a patient who on or after the day on which the *Private Health Insurance (Benefit Requirements) Amendment Rules 2007 (No. 4)* commence:
 - (a) returns to hospital for hospital treatment at a hospital not later than 7 days after receiving hospital treatment at that hospital or another hospital; or
 - (b) is otherwise admitted to a hospital for hospital treatment at the hospital.
- (2) If subclause (1) does not apply to a patient, the definition of 'nursing-home type patient' in these Rules before the commencement of the *Private Health*

Insurance (Benefit Requirements) Amendment Rules 2007 (No. 4) continues to apply to that patient.

Note: Clause 4 deals with nursing-home type patients whose care needs change to

requiring acute care.

4. Provision of acute care

If a nursing-home type patient is provided with acute care at the hospital (the *first hospital*), or at another hospital, the patient:

- (a) ceases to be a nursing-home type patient only for the days on which the acute care is provided; and
- (b) again becomes a nursing-home type patient when the provision of acute care ends and the patient is then provided with accommodation and nursing care as an end in itself, whether at the first hospital or another hospital.

5. Ceasing and resuming hospital treatment

If a nursing-home type patient, or a person referred to in paragraph 4 (a), leaves hospital but returns to a hospital, whether or not at the same hospital, not more than 7 days later and is provided with hospital treatment at the hospital, the patient is a nursing-home type patient for each subsequent day that the patient is provided with accommodation and nursing care, as an end in itself, until the patient ceases to be provided with hospital treatment at a hospital for a period of more than 7 days.

Note: If the relevant period of hospitalisation is broken by more than 7 days, clause 2 of this Schedule may again apply to the person.

6. Minimum benefit

The minimum benefit for hospital treatment provided in the circumstances described in this Schedule is the amount set out in Table 1 or 2 of this Schedule for that hospital treatment.

Table 1

Public hospital: State/Territory	Minimum benefit per night
Australian Capital Territory	\$125.00
New South Wales	\$127.10
Northern Territory	\$90.69
Queensland	\$129.50
South Australia	\$120.00
Tasmania	\$145.55
Victoria	\$137.00
Western Australia	\$138.10

Table 2

Private hospitals \$50.45

Schedule 5—Second-tier default benefits

1. Interpretation

(1) In this Schedule:

accredited means:

- (a) assessed by an appropriate accrediting body as being fully compliant with the National Safety and Quality Health Service Standards; or
- (b) a hospital that was listed in the table at clause 4 of this Schedule (the table) as in force immediately before the commencement of the *Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 10)* until the first time from the commencement of the *Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 10)* that hospital's accreditation expires or otherwise ceases.

Note: Facilities are not required to be assessed against the National Safety and Quality Health Service Standards until such time as their current accreditation expires or where new accreditation is sought.

Accreditation for the purposes of paragraph (b) of this definition means the accreditation used in respect of the facility for the purposes of being listed in the table.

appropriate accrediting body means a body approved by the Australian Commission on Safety and Quality in Healthcare to accredit health care organisations or health care providers against the National Safety and Quality Health Service Standards as a 1 January 2013.

Note: The Australian Commission on Safety and Quality in Healthcare is established under section 8 of the *National Health Reform Act 2011*.

facility has the meaning given in clause 4.

Hospital Casemix Protocol Data means the data required to be provided by hospitals to insurers under Rule 4 of the Private Health Insurance (Health Insurance Business) Rules made under item 6 of the table in section 333-20 of the Act.

Note: Rule 4 of the *Private Health Insurance (Health Insurance Business) Rules* made under item 6 of the table in section 333-20 of the *Private Health Insurance Act* 2007, specifies the information to be provided by hospitals to the insurer.

Rule 7 of the *Private Health Insurance (Health Insurance Business) Rules* specifies the information to be provided by the hospital to the Department of Health.

informed financial consent in respect of a hospital means the hospital having procedures in place to inform a patient or nominee, in writing, of what hospital charges, insurer benefits and out-of-pocket costs (where applicable) are expected in respect of the hospital treatment. A patient or nominee must be informed:

- (a) for scheduled admissions at the earliest opportunity before admission for the hospital treatment; or
- (b) for unplanned admissions as soon after the admission as the circumstances reasonably permit.

National Safety and Quality Health Service Standards means the standards developed by the Australian Commission on Safety and Quality in Healthcare as at 1 January 2013.

Note: Development of the *National Safety and Quality Health Service Standards* is a function of the Australian Commission on Safety and Quality in Healthcare under paragraph 9(1)(e) of *National Health Reform Act 2011*.

simplified billing in respect of a hospital means:

- (a) providing patients, within 1 month after the patient has been discharged from the hospital, a single account in respect of that hospital treatment, covering all hospital services and related services (not necessarily including professional services); and
- (b) having processes in place that would allow the inclusion of in-hospital medical bills in a simplified billing arrangement.

Note: The facility may also issue interim accounts where an episode of hospital treatment exceeds 7 days (excluding leave periods) and where the patient to whom the admission applies has been advised that this will occur.

- (2) In this Schedule, except in subclause (4) of this clause, the ACT is taken to be part of NSW and the Northern Territory is taken to be part of the State of South Australia.
- (3) In this Schedule, private hospitals are comparable if they fall within the same category from the following list:
 - (a) private hospitals which provide psychiatric care for at least 50% of the episodes of hospital treatment;
 - (b) private hospitals which provide rehabilitation care for at least 50% of the episodes of hospital treatment;
 - (c) private hospitals which do not fall into categories (a) or (b), with up to and including 50 licensed beds;
 - (d) private hospitals which do not fall into categories (a) or (b) with more than 50 licensed beds and up to and including 100 licensed beds:
 - (e) private hospitals which do not fall into categories (a) or (b), with more than 100 licensed beds, without an accident and emergency unit or a specialised cardiac care unit;
 - (f) private hospitals which do not fall into categories (a) or (b), with more than 100 licensed beds, with either (or both) an accident and emergency unit or a specialised cardiac care unit;
 - (g) private hospitals which only provide hospital treatment which does not include any part of an overnight stay.
- (4) In subclause (3), a reference to *licensed beds* is a reference to the beds or patients that a private hospital is permitted, under State or Territory legislation in the State or Territory where the private hospital is located.

2. Circumstances

For rules 4 and 5 of Part 2 of these Rules, the circumstances for hospital treatment to which this Schedule applies are that the treatment is provided to a patient who is not a nursing-home type patient and the treatment is provided at a facility.

Note:

The definition of hospital treatment in section 121-5 of the Act includes that the treatment is provided either at the hospital or provided or arranged with the direct involvement of a hospital. This Schedule sets out benefit requirements only for treatment provided at the relevant hospital — see paragraph 121-5 (1) (c) of the Act

3. Minimum benefit

- (1) Despite anything in Schedules 1, 2 or 3, but subject to subclause (2) of this clause, the minimum benefit for hospital treatment provided in the circumstances described in clause 2 of this Schedule is the amount worked out in accordance with this clause.
- (2) Where hospital treatment is provided in the circumstances described in clause 2 of this Schedule, but:
 - (a) the minimum benefit worked out in accordance with this clause for the hospital treatment is below the amount determined in accordance with Schedules 1, 2 or 3 of these Rules; or
 - (b) an amount for the hospital treatment cannot be worked out in accordance with this clause,

the minimum benefit for that hospital treatment is the amount worked out in accordance with Schedules 1, 2 or 3 for that hospital treatment.

- (3) If a hospital ceases to be a facility for the purposes of this Schedule, the minimum benefit in relation to an episode of hospital treatment for an insured person who was an admitted patient at the facility or booked for hospital treatment at the facility (as opposed to merely being on the facility's waiting list) before the day that the hospital ceased to be a facility is the minimum benefit that would have applied if the hospital continued to be a facility at the time the treatment was provided.
- (4) Subject to subclauses (2) and (8) the minimum benefit payable by an insurer for an episode of hospital treatment between 1 September of a particular year (the *first year*) and 31 August of the next year is an amount no less than 85% of the average charge for the equivalent episode of hospital treatment, under that insurer's negotiated agreements in force on 1 August of the first year with all such comparable private hospitals in the State in which the facility is located.

(5) The formula for calculating the *average charge for the equivalent episode of hospital treatment* by an insurer in each State is as follows:

$$R_{j} = \frac{\sum_{i=1}^{n} R_{ji}}{n}$$

- Where: j = group of equivalent episodes of hospital treatment under the insurer's negotiated agreements;
 - i = group of the insurer's negotiated agreements in force
 on 1 August of the first year with comparable private
 hospitals in the State;
 - n= the number of the insurer's negotiated agreements in force on 1 August of the first year with comparable private hospitals in the State;
 - R_{ji} = charge for episode of hospital treatment type j in the negotiated agreement i
 - R_i = average charge for episode of hospital treatment type j.
- (6) In subclause (4), each *episode of hospital treatment* must be identified using the patient classification system and payment structure in the majority of the relevant insurer's negotiated agreements in force on 1 August of the first year with all comparable private hospitals in the State in which the facility is located.
- (7) In subclause (4), for the purpose of calculating the *average charge for the equivalent episode of hospital treatment* in a State:
 - (a) the charge will include the sum of the amount payable by the insurer under that insurer's negotiated agreement and any excess or co-payment amounts payable by members, in accordance with the insurer's rules; and

Note: Policy holders' financial obligations under such levels of cover will still apply.

- (b) must not include any charges:
 - (i) referred to in the insurer's negotiated agreements for prostheses; and
 - (ii) that are minimum benefits for prostheses as specified for the purpose of item 4 of the table in subsection 72-1 (2) of the Act, and
 - (iii) referred to in the insurer's negotiated agreements for hospital treatment provided to nursing-home type patients.
- (8) Subject to subclause (2), if an insurer has less than 5 negotiated agreements in force on 1 August of the first year with a particular category of comparable private hospitals in a State, then all of that insurer's negotiated agreements with all classes of private hospitals in that State are to be used to calculate the minimum benefit.

4. Facilities

- (1) A hospital is a facility for the purposes of this Schedule if it is included in the list of second-tier eligible facilities approved by the Second Tier Advisory Committee existing at the time that the *Private Health Insurance* (Benefit Requirements) Amendment Rules 2018 (No.4) commence.
- (2) To be considered a second-tier eligible facility for the purposes of clause 4, the hospital must be assessed by the Second Tier Advisory Committee as:
 - (a) being a private hospital within the meaning of subsection 121-5(8) of the Act;
 - (b) being accredited;
 - (c) providing simplified billing;
 - (d) providing informed financial consent; and
 - (e) submitting Hospital Casemix Protocol Data to health insurers electronically, where possible, with claims.

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation "(md)" added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation "(md not incorp)" is added to the details of the amendment included in the amendment history.

Endnote 2—Abbreviation key

Endnote 2—Abbreviation key

ad = added or inserted

am = amended

amdt = amendment

c = clause(s)

C[x] = Compilation No. x

Ch = Chapter(s) def = definition(s)

Dict = Dictionary

disallowed = disallowed by Parliament

Div = Division(s) ed = editorial change

exp = expires/expired or ceases/ceased to have

effect

F = Federal Register of Legislation

gaz = gazette

LA = Legislation Act 2003

LIA = Legislative Instruments Act 2003

(md) = misdescribed amendment can be given

effect

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(md not incorp) = misdescribed amendment

cannot be given effect

mod = modified/modification

No. = Number(s)

o = order(s)

Ord = Ordinance

orig = original

par = paragraph(s)/subparagraph(s)

/sub-subparagraph(s)

pres = present

prev = previous

(prev...) = previously

Pt = Part(s)

r = regulation(s)/rule(s)

reloc = relocated

renum = renumbered

rep = repealed

rs = repealed and substituted

s = section(s)/subsection(s)

Sch = Schedule(s)

Sdiv = Subdivision(s)

SLI = Select Legislative Instrument

SR = Statutory Rules

Sub-Ch = Sub-Chapter(s)

SubPt = Subpart(s)

 $\underline{\text{underlining}} = \text{whole or part not}$

commenced or to be commenced

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Private Health Insurance (Benefit	31 Oct 2011	1 November 2011	
Requirements) Amendment Rules 2011	(F2011L02160)		
Private Health Insurance (Benefit	19 Dec 2011	20 December 2011	_
Requirements) Amendment Rules 2011 (No. 10)	(F2011L02731)		
Private Health Insurance (Benefit	20 March 2012	20 March 2012	_
Requirements) Amendment Rules 2012 (No. 1)	(F2012L00604)		
Private Health Insurance (Benefit	11 April 2012	12 April 2012	_
Requirements) Amendment Rules 2012 (No. 2)	(F2012L00822)		
Private Health Insurance (Benefit	20 April 2012	21 April 2012	_
Requirements) Amendment Rules 2012 (No. 3)	(F2012L00905)		
Private Health Insurance (Benefit	20 June 2012	1 July 2012	_
Requirements) Amendment Rules	(F2012L01264)		
2012 (No. 4)			
Private Health Insurance (Benefit	18 Sept 2012	20 September 2012	_
Requirements) Amendment Rules 2012 (No. 5)	(F2012L01887)		
Private Health Insurance (Benefit	31 Sept 2012	1 November 2012	_
Requirements) Amendment Rules	(F2012L02111)		
2012 (No. 6)			
Private Health Insurance (Benefit	31 Sept 2012	1 November 2012	_
Requirements) Amendment Rules	(F2012L02114)		
2012 (No. 7)			
Private Health Insurance (Benefit	7 Nov 2012	8 November 2012	_
Requirements) Amendment Rules	(F2012L02151)		
2012 (No. 8) Private Health Insurance (Benefit	17 Dec 2012	18 December 2012	
Requirements) Amendment Rules	(F2012L02502)	18 December 2012	_
2012 (No. 9)	(12012202502)		
Private Health Insurance (Benefit	2 Jan 2013	3 January 2013	_
Requirements) Amendment Rules	(F2013L00003)	•	
2012 (No. 10)			
Private Health Insurance (Benefit	19 March 2013	20 March 2013	_
Requirements) Amendment Rules	(F2013L00497)		
2013 (No. 1)			

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Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Private Health Insurance (Benefit Requirements) Amendment Rules 2013 (No. 2)	27 June 2013 (F2013L01190)	1 July 2013	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2013 (No. 3)	4 July 2013 (F2013L01321)	5 July 2013	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2013 (No. 4)	19 September 2013 (F2013L01714)	20 September 2013	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2013 (No. 5)	27 September 2013 (F2013L01714)	1 October 2013	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2013 (No. 6)	31 October 2013 (F2013L01866)	1 November 2013	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2013 (No. 7)	16 December 2013 (F2013L02113)	1 January 2014	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2014 (No. 1)	19 March 2014 (F2014L00309)	20 March 2014	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2014 (No. 2)	24 June 2014 (F2014L00801)	1 July 2014	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2014 (No. 3)	23 July 2014 (F2014L01016)	24 July 2014	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2014 (No. 4)	17 September 2014 (F2014L01235)	20 September 2014	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2014 (No. 5)	29 October 2014 (F2014L01434)	1 November 2014	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2014 (No. 6)	22 December 2014 (F2014L01775)	1 January 2015	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2015 (No. 1)	20 March 2015 (F2015L00324)	20 March 2015	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2015 (No. 2)	24 June 2015 (F2015L00926)	1 July 2015	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2015 (No.3)	28 August 2015 (F2015L01356)	1 September 2015	_

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Private Health Insurance (Benefit Requirements) Amendment Rules 2015 (No.4)	17 September 2015 (F2015L01451)	20 September 2015	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2015 (No.5)	29 October 2015 (F2015L01711)	1 November 2015	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2015 (No.6)	23 December 2015 (F2015L02118)	1 January 2016	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2016 (No.1)	18 March 2016 (F2016L00352)	20 March 2016	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2016 (No. 2)	28 April 2016 (F2016L00589)	1 May 2016	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2016 (No.3)	2 June 2016 (F2016L00979)	3 June 2016	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2016 (No.4)	29 June 2016 (F2016L01101)	1 July 2016	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2016 (No.5)	16 September 2016 (F2016L01446)	20 September 2016	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2016 (No.6)	20 September 2016 (F2016L01463)	20 September 2016	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2016 (No.7)	31 November 2016 (F2016L01665)	1 November 2016	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2016 (No.8)	1 December 2016 (F2016L01846)	1 December 2016	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2016 (No.9)	15 December 2016 (F2016L01967)	1 January 2017	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2017 (No.1)	1 February 2017 (F2017L00084)	1 February 2017	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2017 (No.2)	17 March 2017 (F2017L00242)	20 March 2017	_

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Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Private Health Insurance (Benefit Requirements) Amendment Rules 2017 (No.3)	21 April 2017 (F2017L00461)	1 May 2017	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2017 (No.4)	26 May 2017 (F2017L00603)	27 May 2017	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2017 (No.5)	30 June 2017 (F2017L00830)	1 July 2017	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2017 (No.6)	7 July 2017 (F2017L00894)	8 July 2017	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2017 (No.7)	20 September 2017 (F2017L01217)	20 September 2017	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2017 (No.8)	30 October 2017 (F2017L01401)	1 November 2017	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2017 (No.9)	27 November 2017 F2017L01527)	1 December 2017	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2017 (No.10)	8 December 2017 (F2017L01603)	1 January 2018	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2018 (No.1)	20 March 2018 (F2018L00323)	20 March 2018	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2018 (No.2)	30 April 2018 (F2018L00544)	1 May 2018	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2018 (No.3)	28 June 2018 (F2018L00927)	1 July 2018 (s 2)	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2018 (No. 4)	19 Sept 2018 (F2018L01315)	20 Sept 2018 (s 2)	_
Private Health Insurance (Reforms) Amendment Rules 2018	11 Oct 2018 (F2018L01414)	Sch 4 (items 1–7): <u>1 Jan</u> 2019 (s 2(1) item 8)	_
Private Health Insurance (Benefit Requirements) Amendment Rules 2018 (No. 5)	26 Oct 2018 (F2018L01474)	1 Nov 2018 (s 2)	_

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Endnote 4—Amendment history

Provision affected	How affected
Schedule 1	
Part 1, Subclause 2(2)	am. F2012L01264; F2013L01190; F2014L00801; F2015L00926; F2016L01101;
	F2017L00830
Part 2, Subclause 4(3)	am. F2012L02114; F2012L02151; F2013L01190; F2013L01321; F2014L00801;
	F2015L01356; F2015L01711; F2015L02118; F2016L00589; F2016L01101
	F2016L01665; F2016L01846; F2017L00603; F2017L01401
Part 2, Subclause 5(2)(a)	am. F2017L01401
Part 2, Subclause 6(3)	am. F2012L00604; F2012L01264; F2012L02114; F2012L02502; F2013L00497;
	F2013L01190; F2013L01321; F2014L00801; F2014L01016; F2014L01434;
	F2015L01356; F2015L02118; F2016L00589; F2016L00979; F2016L01101;
	F2016L01846; F2017L00461; F2017L00603; F2017L00830; F2017L01401
Schedule 2	
Clause 2, Table	rs. F2012L01264; F2013L01190; F2014L00801; F2015L00926; F2016L01101;
	F2017L00830
Schedule 3	
Part 1, Subclause 2(2), Table 1	rs. F2012L01264; F2013L01190; F2014L00801; F2015L00926; F2017L00830
Part 1, Subclause 2(2), Table 2	rs. F2012L01264; F2013L01190; F2014L00801; F2015L00926; F2016L01101;
, , , , , , , , , , , , , , , , , , , ,	F2017L00830
Part 2, Paragraph 4(1)(a)	am. F2012L00604; F2016L00979; F2016L01101; F2017L01401
Part 2, Paragraph 4 (1)(c)	ad. F2015L01356
Part 2, Subclause 5(1)	am. F2012L00604; F2012L00905; F2012L01264; F2012L02114; F2012L02502
, ()	F2013L01321; F2013L01753; F2014L01434; F2015L01356; F2016L00979;
	F2016L01101; F2016L01665; F2017L00461; F2017L00603; F2017L00830;
	F2017L01401; F2018L00544
Part 3, Clause 8	am. F2012L00604; F2012L00905; F2012L01264; F2012L02114; F2013L00497
,	F2013L01190; F2013L01321; F2013L01866; F2014L00309; F2014L00801;
	F2014L01434; F2015L00926; F2015L01356; F2015L02118; F2016L01101;
	F2016L01665; F2016L01846; F2017L00084; F2017L00603; F2017L01217;
	F2017L01401; F2017L01527; F2018L00544
Schedule 4	, , , , , , , , , , , , , , , , , , , ,
Clause 6, Table 1	am. F2012L00604; F2012L01264; F2012L01887; F2012L02111; F2013L00497;
	F2013L01190; F2014L00309; F2014L00801; F2014L01235; F2015L00324;
	F2015L00926; F2015L01451; F2016L00352; F2016L01101; F2016L01446;
	F2016L01463; F2017L00242; F2017L00830; F2017L00894; F2017L01217;
	F2018L00323
	rs. F2013L01714;
Clause 6, Table 2	am. F2012L00604; F2012L01887; F2013L00497; F2013L01714; F2014L00309;
Charle 2	F2014L01235; F2015L00324; F2015L01451: F2016L00352; F2016L01446;
	F2017L00242; F2017L01217; F2018L00323
Schedule 5	
Subclause 1(1)	am. F2013L00003
54001445C 1(1)	um. 1 2017 100000

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Endnote 4—Amendment history

Provision affected	How affected
Clause 4, Table	am. F2011L02731; F2012L00604; F2012L00822; F2012L01264; F2012L01887;
	F2012L02502
	rs. F2013L00003
Subclause 4(1)	am. F2013L00497; F2013L01190; F2013L02113; F2014L00309; F2014L00801;
	F2014L01016; F2014L01235; F2014L01775; F2015L00324; F2015L00926;
	F2015L01451; F2015L02118; F2016L00352; F2016L01101; F2016L01446;
	F2016L01967; F2017L00242; F2017L00830; F2017L01217; F2017L01603;
	F2018L00323
	rs. F2013L01753

Endnote 4—Amendment history from 1 July 2018

Provision affected	How affected
Part 1	
s 2	rep LIA s 48D
Schedule 1	
Schedule 1	am F2018L00927; F2018L01474
Schedule 2	
Schedule 2	am F2018L00927
Schedule 3	
Schedule 3	am F2018L00927; F2018L01474
Schedule 4	
Schedule 4	am F2018L00927; F2018L01315
Schedule 5	
Schedule 5	am F2018L00927; F2018L01315; <u>F2018L01414</u>

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