

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 May 2020 (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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

Contents

Part 1 Preliminary 1

1. Name of Rules 1

3. Definitions 1

Part 2 Minimum benefit requirements 3

4. Psychiatric care, rehabilitation and palliative care 3

5. Other hospital treatments 3

6. Benefit not to exceed hospital fees or charges 3

Schedule 1―Overnight accommodation: private hospitals in all States/Territories and shared ward accommodation at public hospitals in Victoria and Tasmania 5

Part 1 General 5

1. Circumstances 5

2. Minimum benefit 5

Part 2 Type A procedures 8

3. Interpretation 8

4. Advanced surgical patient 8

5. Obstetric patient 10

6. Surgical patient 10

7. Psychiatric patient 13

8. Rehabilitation patient 14

9. Other patient 14

Part 3 Certified Type B procedures and certified overnight Type C procedures 15

10. Certified Type B procedures 15

11. Certified overnight Type C procedures 15

Schedule 2―Overnight accommodation: shared ward accommodation at public hospitals in the ACT, NSW, Northern Territory, Queensland, South Australia and Western Australia 16

1. Circumstances 16

2. Minimum benefit 16

Schedule 3―Same‑day accommodation: hospitals in all States/Territories 17

Part 1 General 17

1. Circumstances 17

2. Minimum benefit 17

Part 2 Type B procedures 19

3. Interpretation 19

4. Band 1 19

5. Non‑band specific Type B day procedures 19

6. Other bands 20

7. Certified Type C procedure 21

Part 3 Type C procedures 22

8. Interpretation 22

Category 1 – Attendances 22

Category 2 – Diagnostic procedures & investigations 24

Category 3 – Therapeutic procedures 25

Category 4 – Oral and maxillofacial 26

Category 5 – Diagnostic Imaging Services 26

Category 6 – Pathology services 28

Category 8 – Miscellaneous Services 29

Schedule 4―Nursing‑home type patient accommodation: hospitals in all States/Territories 30

1. Circumstances 30

2. Interpretation 30

3. Application 30

4. Provision of acute care 31

5. Ceasing and resuming hospital treatment 31

6. Minimum benefit 31

Table 1 31

Table 2 31

Schedule 5―Second‑tier default benefits 32

1. Interpretation 32

1A. Categorisation of private hospitals 32

1B. Internal review of a categorisation determination 34

2. Circumstances 34

3. Minimum benefit 34

4. Transitional 36

Endnotes 37

Endnote 1—About the endnotes 37

Endnote 2—Abbreviation key 38

Endnote 3—Legislation history 39

Endnote 4—Amendment history 44

## 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*** meansthe State ofNew South Wales.

***nursing‑home type patient***has the meaninggiven 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*** meansacomplying 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 withthe status ofcertainhospitals 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 withthe status ofcertainhospitals 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 | $438 |
| ‑ over 14 days | $305 |
| **Surgical patient or obstetric patient** |  |
| ‑ first 14 days | $406 |
| ‑ over 14 days | $305 |
| **Psychiatric patient** |  |
| ‑ first 42 days | $406 |
| ‑ 43 – 65 days | $352 |
| ‑ over 65 days | $305 |
| **Rehabilitation patient** |  |
| ‑ first 49 days | $406 |
| ‑ 50 ‑ 65 days | $352 |
| ‑ over 65 days | $305 |
| **Other patients** |  |
| ‑ first 14 days | $352 |
| ‑ over 14 days | $305 |

**Table 2 ‑ Victoria: shared ward accommodation at a public hospital**

|  |  |
| --- | --- |
| **Class of patient** | **Minimum benefit payable per night** |
| **Advanced surgical patient** |  |
| ‑ first 14 days | $438 |
| ‑ over 14 days | $305 |
| **Surgical patient or obstetric patient** |  |
| ‑ first 14 days | $406 |
| ‑ over 14 days | $305 |
| **Psychiatric patient** |  |
| ‑ first 42 days | $406 |
| ‑ 43 – 65 days | $352 |
| ‑ over 65 days | $305 |
| **Rehabilitation patient** |  |
| ‑ first 49 days | $406 |
| ‑ 50 ‑ 65 days | $352 |
| ‑ over 65 days | $305 |
| **Other patients** |  |
| ‑ first 14 days | $352 |
| ‑ over 14 days | $305 |

**Table 3 ‑ Tasmania: shared ward accommodation at a public hospital**

|  |  |
| --- | --- |
| **Class of patient** | **Minimum benefit payable per night** |
| **Advanced surgical patient** |  |
| ‑ first 14 days | $438 |
| ‑ over 14 days | $305 |
| **Surgical patient or obstetric patient** |  |
| ‑ first 14 days | $406 |
| ‑ over 14 days | $305 |
| **Psychiatric patient** |  |
| ‑ first 42 days | $406 |
| ‑ 43 – 65 days | $352 |
| ‑ over 65 days | $305 |
| **Rehabilitation patient** |  |
| ‑ first 49 days | $406 |
| ‑ 50 ‑ 65 days | $352 |
| ‑ over 65 days | $305 |
| **Other patients** |  |
| ‑ first 14 days | $352 |
| ‑ over 14 days | $305 |

## 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 $866.60:

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 30608 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 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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

### 5. Obstetric patient

(1) In this Schedule, ***obstetric patient*** has the meaning given by this clause.

(2) A patient shall be taken to be an obstetric patient during an admission to a hospital from and including:

(a) whichever is the earlier of:

(i) the day on which the patient commences labour leading to delivery in that hospital; or

(ii) the day on which a professional service with the item number 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

(c) the day on which a professional service with the item number 82120 or 82125 is rendered to a patient by a participating midwife.

(3) 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 $258.05 to $866.60:

13212 13218 13251 13700 13834 13837 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 30494 30495 30496 30497 30499 30505 30515 30520 30530 30544 30559 30562 30563 30564 30568 30569 30571 30572 30575 30581 30586 30587 30597 30600 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 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35677 35678 35680 35684 35688 35694 35700 35710 35713 35717 35720 35723 35726 35750 35756 35759 36502 36508 36509 36537 36546 36549 36552 36558 36579 36585 36604 36605 36607 36608 36609 36612 36615 36618 36621 36624 36627 36630 36633 36636 36639 36642 36649 36652 36654 36663 36664 36666 36803 36806 36809 36811 36818 36821 36825 36833 36842 36845 36854 36857 36863 37000 37004 37008 37020 37023 37026 37038 37043 37044 37050 37201 37202 37206 37208 37212 37215 37221 37224 37227 37233 37245 37306 37318 37327 37330 37333 37336 37340 37342 37345 37348 37351 37354 37372 37381 37387 37396 37402 37408 37417 37418 37420 37429 37438 37601 37604 37605 37606 37613 37616 37619 37800 37801 37803 37804 37806 37807 37809 37810 37812 37813 37818 37819 37821 37822 37827 37828 37830 37833 37834 37836 37839 37845 37854 38200 38203 38206 38209 38213 38215 38218 38222 38225 38228 38234 38241 38243 38256 38275 38300 38303 38306 38350 38353 38356 38362 38365 38371 38387 38393 38415 38430 38448 38452 38458 38460 38462 38464 38473 38475 38485 38490 38496 38505 38577 38588 3860938612 38613 38621 38627 38637 39015 39018 39109 39118 39121 39125 39126 39127 39128 39130 39134 39137 39138 39140 39300 39303 39306 39309 39312 39318 39321 39323 39324 39327 39330 39331 39333 39600 39606 39700 39703 39721 39812 39900 39906 40006 40009 40015 40100 40115 40701 40704 40705 40708 40709 40800 40852 40854 40856 40858 40903 40905 41512 41515 41524 41527 41545 41548 41603 41611 41620 41629 41671 41672 41707 41710 41713 41716 41722 41725 41729 41731 41737 41743 41746 41749 41752 41767 41770 41773 41776 41779 41786 41787 41789 41793 41813 41825 41831 41855 41858 41861 41864 41867 41868 41870 41873 41876 41880 41881 41885 41895 41898 41901 41905 41910 42505 42506 42509 42510 42512 42515 42518 42527 42530 42533 42536 42542 42548 42551 42554 42563 42574 42584 42590 42596 42599 42602 42605 42608 42623 42629 42635 42638 42641 42665 42680 42686 42692 42695 42698 42701 42702 42703 42704 42707 42713 42719 42734 42740 42743 42758 42761 42764 42770 42782 42785 42788 42791 42802 42805 42806 42807 42808 42809 42810 42815 42818 42833 42836 42839 42848 42854 42857 42863 42866 42869 43021 43022 43506 43509 43512 43515 43518 43521 43524 43805 43832 43835 43841 43849 43858 43867 43930 43933 43939 43960 43981 43999 44101 44102 44108 44111 44114 44130 44133 44325 44328 44331 44350 44354 44359 44361 44364 44367 44370 45000 45003 45009 45012 45015 45018 45019 45024 45026 45035 45042 45045 45048 45051 45200 45201 45202 45203 45206 45207 45209 45218 45221 45227 45233 45236 45239 45240 45403 45406 45409 45412 45439 45442 45445 45448 45451 45462 45485 45486 45487 45488 45489 45493 45496 45497 45498 45512 45519 45522 45524 45527 45536 45542 45545 45548 45551 45553 45554 45556 45560 45568 45569 45572 45575 45578 45581 45584 45585 45590 45593 45602 45605 45608 45611 45614 45620 45623 45626 45627 45629 45632 45635 45652 45653 45656 45659 45662 45665 45668 45669 45671 45675 45676 45677 45680 45683 45689 45692 45695 45698 45701 45704 45707 45710 45713 45714 45716 45755 45758 45761 45794 45803 45809 45811 45813 45815 45817 45819 45821 45825 45827 45831 45833 45835 45837 45839 45841 45843 45845 45849 45855 45857 45859 45865 45867 45875 45877 45879 45885 45888 45891 45939 45984 45987 45990 45993 46300 46303 46306 46307 46309 46312 46324 46325 46330 46333 46336 46339 46342 46345 46351 46354 46357 46360 46372 46375 46378 46381 46384 46387 46390 46396 46399 46402 46405 46408 46411 46414 46417 46423 46426 46429 46432 46435 46441 46442 46444 46447 46453 46462 46468 46471 46474 46480 46483 46489 46492 46500 46501 46502 46503 46510 46522 47012 47021 47027 47033 47048 47051 47054 47063 47066 47310 47313 47316 47319 47357 47364 47370 47373 47381 47384 47385 47386 47387 47390 47393 47399 47402 47408 47417 47420 47426 47429 47432 47435 47438 47441 47447 47450 47451 47453 47456 47459 47468 47480 47483 47495 47498 47513 47516 47522 47528 47537 47546 47549 47552 47555 47558 47561 47564 47565 47567 47570 47573 47582 47585 47597 47600 47603 47609 47612 47615 47618 47621 47624 47630 47648 47654 47657 47732 47741 47753 47756 47765 47768 47771 47774 47777 47780 47783 47786 47789 47920 47930 47936 47954 47957 47966 47969 47975 47982 48200 48206 48209 48212 48215 48218 48221 48224 48227 48230 48233 48236 48239 48242 48400 48403 48406 48409 48412 48415 48418 48421 48424 48500 48503 48506 48900 48903 48906 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 | $362 |
| NSW | $362 |
| Northern Territory | $362 |
| Queensland | $371 |
| South Australia | $362 |
| Western Australia | $362 |

# 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 | $262 | $294 | $322 | $362 |
| ACT | $262 | $294 | $322 | $362 |
| Northern Territory | $262 | $301 | $347 | $362 |
| Queensland | $268 | $303 | $332 | $371 |
| South Australia | $262 | $301 | $331 | $362 |
| Tasmania | $255 | $304 | $350 | $406 |
| Victoria | $257 | $305 | $353 | $406 |
| Western Australia | $298 | $298 | $298 | $298 |

**Table 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Band 1** | **Band 2** | **Band 3** | **Band 4** |
| Private Hospitals | $227 | $286 | $347 | $406 |

## 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 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**

11801

(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 32094 32145 32147 32150 32153 32156 32168 32171 32177 32180 32217 32222 32223 32224 32225 32226 32227 32228 32229 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 35688 35730 36504 36505 36507 36650 36667 36668 36812 36815 36818 36821 36824 36827 36830 36833 36836 36840 36860 37219 37226 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 41822 41825 41831 41855 41858 41861 41864 41886 41889 41892 41898 42503 42504 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:

110 115 116 119 122 128 131 132 133

A28:

141 143 145 147

A5:

160 161 162 163 164

A6:

170 171 172

A7:

173 193 195 197 199 285 287

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 2631 2633 2635 2664 2666 2668 2673 2675 2677

A20:

2713 2721 2723 2725 2727

A21:

5001 5004 5011 5012 5013 5014 5016 5017 5019 5021 5022 5027 5030 5031 5032 5033 5035 5036 5039 5041 5042 5044

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

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

A39:

91285 91287 91723 91727

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 12002 12003 12004 12005 12012 12017 12021 12022 12024 12200 12201 12306 12312 12315 12320 12321 12322 12325 12326

D2:

12500 12515 12524 12527 12533

##### Category 3 – Therapeutic procedures

T1:

13104 13105 13200 13203 13206 13209 13221 13260 13290 13312 13709 13760 13839 13842 13899 13939 13942 13945 14050 14100 14106 14115 14118 14124 14201 14202 14203 14206 14209 14221 14227 14245 14255 14256 14257 14258 14259 14260 14263 14264 14265 14266 14270 14272 14277 14278 14280 14283 14285 14288

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 35620 36671 36672 36673 36800 37041 37217 37218 37300 37303 37415 38800 39115 40707 40862 41500 41501 41659 41662 41698 41704 41755 41828 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

O1:

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 55066 55067 55068 55069 55070 55071 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 55844 55846 55852 55854 55856 55857 55858 55859 55860 55861 55862 55863 55864 55865 55866 55867 55868 55869 55870 55871 55872 55873 55874 55875 55876 55877 55878 55879 55880 55881 55882 55883 55884 55885 55886 55887 55888 55889 55890 55891 55892 55893 55894 55895

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 56225 56226 56227 56228 56229 56230 56231 56232 56233 56234 56235 56236 56237 56238 56239 56240 56259 56301 56307 56341 56347 56401 56407 56409 56412 56441 56447 56449 56501 56507 56541 56547 56553 56555 56620 56622 56623 56626 56627 56628 56629 56630 56659 56660 56665 56666 56801 56807 56841 56847 57001 57007 57041 57047 57201 57247 57341 57345 57352 57353 57354 57355

I3:

57506 57509 57512 57515 57518 57521 57522 57523 57524 57527 57537 57540 57700 57703 57706 57709 57712 57715 57721 57901 57902 57905 57907 57915 57918 57921 57924 57927 57930 57933 57939 57942 57945 57960 57963 57966 57969 58100 58103 58106 58108 58109 58112 58115 58300 58306 58500 58503 58506 58509 58521 58524 58527 58700 58706 58715 58718 58721 58900 58903 58909 58912 58915 58916 58921 58927 58933 58936 59103 59300 59302 59303 59305 59312 59314 59318 59700 59703 59712 59715 59718 59724 59733 59739 59751 59754 59763 60500 60503 60918 60927

I4:

61302 61303 61306 61307 61310 61313 61314 61328 61340 61348 61353 61356 61360 61361 61364 61368 61372 61373 61376 61381 61383 61384 61386 61387 61389 61390 61393 61397 61402 61409 61413 61421 61425 61426 61429 61430 61433 61434 61438 61441 61442 61445 61446 61449 61450 61453 61454 61457 61462 61469 61473 61480 61485 61495 61499 61505 61524 61541 61553 61565 61647

I5:

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 63454 63460 63461 63464 63467 63470 63473 63476 63482 63487 63488 63489 63490 63491 63494 63496 63497 63507 63510 63513 63516 63519 63522 63531 63532 63533 63534 63541 63542 63543 63544 63545 63546 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:

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

P2:

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

P3:

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

P4:

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

P5:

72813 72814 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 73298 73299 73289 73300 73305 73308 73309 73311 73312 73314 73315 73317 73318 73320 73321 73323 73324 73332 73333 73334 73335 73336 73337 73338 73339 73340 73341 73342 73343 73344 73345 73346 73347 73348 73349 73350 73351 73352 73353 73354 73355 73356 73357 73358 73359 73360 73361 73362 73363 73364 73365 73366 73367 73368 73369 73370 73371 73372 73373 73374 73375 73376 73377 73378 73379 73380 73381 73382 73383

P8:

73521 73523 73525 73527 73529

P9:

73801 73802 73803 73804 73805 73806 73807 73808 73809 73810 73811

P10:

73920 73922 73923 73924 73925 73926 73927 73928 73929 73930 73931 73932 73933 73934 73935 73936 73937 73938 73939

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 | $128.15 |
| New South Wales | $133.60 |
| Northern Territory | $130.00 |
| Queensland | $132.50 |
| South Australia | $122.00 |
| Tasmania | $150.00 |
| Victoria | $137.00 |
| Western Australia | $138.10 |

#### Table 2

|  |  |
| --- | --- |
| Private hospitals | $48.60 |

## Schedule 5―Second‑tier default benefits

### 1. Interpretation

(1) In this Schedule:

***authorised officer*** means a departmental officer authorised by the Secretary of the Department to make a determination under subclause 1A (2), (3) or (4) or to review a determination under subclause 1B (3).

***comparable*** has the meaning given by subclause 1A (6).

***Hospital Casemix Protocol Data*** has the meaning given by rule 4 of the *Private Health Insurance (Health Insurance Business) Rules 2018.*

***second‑tier eligible hospital*** means a hospital in the class set out in rule 7A of the *Private Health Insurance (Health Insurance Business) Rules 2018*.

(2) In this Schedule, except in subclauses 1A (8) and (9), the Australian Capital Territory is taken to be part of New South Wales, and the Northern Territory is taken to be part of South Australia.

### 1A. Categorisation of private hospitals

(1) If, as at 1 January 2019, a departmental officer authorised by the Secretary of the Department for the purpose has, in anticipation of the commencement of this provision, caused to be published on the Department’s website a list of all the hospitals for which a declaration is in force under subsection 121‑5 (6) of the Act that places each hospital in a category set out in subclause (7), then each hospital is taken to be determined to be in that category.

(2) If such a list has not been published, then as soon as practicable an authorised officer must determine which category of hospital from the categories set out in subclause (7) each private hospital for which a declaration is in force under subsection 121‑5 (6) of the Act is to be placed in, and cause a list of the hospitals in each category to be published on the Department’s website.

Note: If a patient is admitted to a hospital between 1 January 2019 and 31 August 2019 insurers may continue to work out the average charge on the basis of the provisions of this Schedule as in force immediately before the commencement of Schedule 4 to the *Private Health Insurance (Reforms) Amendment Rules 2018*. However, insurers must use the Department’s published list of hospitals under subclause (1) or (2) to determine in which category a hospital claiming second‑tier default benefits is placed.

(3) If a private hospital is declared under subsection 121‑5 (6) of the Act after 1 January 2019, an authorised officer must determine which category of hospital from the categories set out in subclause (7) that private hospital is to be placed in.

(4) If a hospital has been placed in a category by a determination under this clause, an authorised officer may before 1 June of a particular year determine a different category of hospital from the categories set out in subclause (7) that the private hospital is to be placed in.

(5) A list of the hospitals in each category as of 1 August of each year must be published on the Department’s website.

(6) Private hospitals are ***comparable*** if they are placed in the same category by a determination made under subclause (1), (2), (3) or (4).

(7) For the purposes of this clause, the categories are the following:

(a) private hospitals that provide psychiatric care, including treatment of addictions, for at least 50% of the episodes of hospital treatment, and do not fall into category (g);

(b) private hospitals that provide rehabilitation care for at least 50% of the episodes of hospital treatment, and do not fall into categories (a) or (g);

(c) private hospitals that do not fall into categories (a), (b) or (g), with up to and including 50 licensed beds;

(d) private hospitals that do not fall into categories (a), (b) or (g), with more than 50 licensed beds and up to and including 100 licensed beds;

(e) private hospitals that do not fall into categories (a), (b) or (g), with more than 100 licensed beds, without an accident and emergency unit or a specialised cardiac care unit or an intensive care unit;

(f) private hospitals that do not fall into categories (a), (b) or (g), with more than 100 licensed beds, with either (or any combination of) an accident and emergency unit or a specialised cardiac care unit or an intensive care unit;

(g) private hospitals that provide episodes of hospital treatment only for periods of not more than 24 hours.

(8) If State or Territory legislation in the State or Territory where the private hospital is located regulates the number of beds or patients that a private hospital is permitted—in subclause (7), 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.

(9) If State or Territory legislation in the State or Territory where the private hospital is located does not regulate the number of beds or patients that a private hospital is permitted—in subclause (7), a reference to ***licensed beds*** is a reference to the beds and bed equivalents the private hospital operates.

(10) An authorised officer must calculate proportions for the purposes of paragraphs (7) (a) and (b):

(a) if Hospital Casemix Protocol Data is available for the private hospital—using the most recent year of Hospital Casemix Protocol Data available to the Department for the private hospital; and

(b) otherwise—on the basis of any relevant information available to the Department about the episodes of hospital treatment at the private hospital.

### 1B. Internal review of a categorisation determination

(1) A private hospital subject to a determination made under subclause 1A (1), (2), (3) or (4) may request internal review of its categorisation by the determination.

(2) An application for internal review under subclause (1) must be made in writing within 28 days after the day the determination is notified to the hospital.

(3) If an application for internal review is made, an authorised officer (who must not be the authorised officer who made the original determination) must:

(a) review the determination; and

(b) either confirm the determination or make a fresh one within 28 days after the day on which the application was received by the Department.

### 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 second‑tier eligible 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.

### 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 second‑tier eligible hospital 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 hospital or booked for hospital treatment at the hospital (as opposed to merely being on the hospital’s waiting list) before the day that the hospital ceased to be a second‑tier eligible hospital is the minimum benefit that would have applied if the hospital continued to be a second‑tier eligible hospital 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 at a second‑tier eligible hospital for which the admission date was 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 as in force on 1 August of the first year, with all private hospitals:

(a) that:

(i) if the second‑tier eligible hospital is on the list published on the Department’s website under subclause 1A (5)—were comparable on 1 August of the first year with the second‑tier eligible hospital; and

(ii) otherwise—are in the same category as the second‑tier eligible hospital in the list published on the Department’s website under subclause 1A (5) as at 1 August of the first year; and

(b) that are in the same State as the second‑tier eligible hospital.

Note: See clause 4 for a transitional arrangement for admissions to second‑tier eligible hospitals between 1 January 2019 and 31 August 2019.

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



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;

Rji = charge for episode of hospital treatment type j in the negotiated agreement i

Rj = 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 second‑tier eligible hospital 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. Transitional

(1) If a patient is admitted to a second‑tier eligible hospital between 1 January 2019 and 31 August 2019:

(a) an insurer may instead work out the average charge on the basis of the repealed provisions; and

(b) if the insurer does so, ***comparable*** has the same meaning as in the repealed provisions.

(2) For subclause (1), the ***repealed provisions*** are the provisions of this Schedule as in force immediately before the commencement of Schedule 4 to the *Private Health Insurance (Reforms) Amendment Rules 2018*.

Note: For the purpose of determining which category the second‑tier eligible hospital to which the patient was admitted is placed in, an insurer must use the Department’s determination in respect of that hospital under subclause 1A (1), (2), (3) or (4).

Endnotes

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

|  |  |
| --- | --- |
| ad = added or inserted | o = order(s) |
| am = amended | Ord = Ordinance |
| amdt = amendment | orig = original |
| c = clause(s) | par = paragraph(s)/subparagraph(s) |
| C[x] = Compilation No. x | /sub‑subparagraph(s) |
| Ch = Chapter(s) | pres = present |
| def = definition(s) | prev = previous |
| Dict = Dictionary | (prev…) = previously |
| disallowed = disallowed by Parliament | Pt = Part(s) |
| Div = Division(s) | r = regulation(s)/rule(s) |
| ed = editorial change | reloc = relocated |
| exp = expires/expired or ceases/ceased to have | renum = renumbered |
| effect | rep = repealed |
| F = Federal Register of Legislation | rs = repealed and substituted |
| gaz = gazette | s = section(s)/subsection(s) |
| LA = *Legislation Act 2003* | Sch = Schedule(s) |
| LIA = *Legislative Instruments Act 2003* | Sdiv = Subdivision(s) |
| (md) = misdescribed amendment can be given | SLI = Select Legislative Instrument |
| effect | SR = Statutory Rules |
| (md not incorp) = misdescribed amendment | Sub‑Ch = Sub‑Chapter(s) |
| cannot be given effect | SubPt = Subpart(s) |
| mod = modified/modification | underlining = whole or part not |
| No. = Number(s) | commenced or to be commenced |

Endnote 3—Legislation history

| **Name** | **Registration** | **Commencement** | | **Application, saving and transitional provisions** |
| --- | --- | --- | --- | --- |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2011 | 31 Oct 2011 (F2011L02160) | | 1 November 2011 |  |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2011 (No. 10) | 19 Dec 2011 (F2011L02731) | | 20 December 2011 | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 1) | 20 March 2012 (F2012L00604) | | 20 March 2012 | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 2) | 11 April 2012 (F2012L00822) | | 12 April 2012 | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 3) | 20 April 2012 (F2012L00905) | | 21 April 2012 | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 4) | 20 June 2012 (F2012L01264) | | 1 July 2012 | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 5) | 18 Sept 2012 (F2012L01887) | | 20 September 2012 | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 6) | 31 Sept 2012 (F2012L02111) | | 1 November 2012 | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 7) | 31 Sept 2012 (F2012L02114) | | 1 November 2012 | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 8) | 7 Nov 2012 (F2012L02151) | | 8 November 2012 | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 9) | 17 Dec 2012 (F2012L02502) | | 18 December 2012 | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 10) | 2 Jan 2013 (F2013L00003) | | 3 January 2013 | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2013 (No. 1) | 19 March 2013 (F2013L00497) | | 20 March 2013 | — |
| 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 | — |
| 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 | — |
| 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): 1 Jan 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) | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2018 (No. 6) | 19 Dec 2018 (F2018L01797) | | 20 Dec 2018 (s 2(1) item 1) | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules 2019 (No. 1) | 21 Jan 2019 (F2019L00048) | | 1 Feb 2019 (s 2(1) item 1) | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules (No. 2) 2019 | 20 Mar 2019 (F2019L00327) | | Sch 1: 20 Mar 2019 (s 2(1) item 2) Sch 2: 1 July 2019 (s 2(1) item 3) | — |
| as amended by |  |  | |  |
| Private Health Insurance Legislation Amendment Rules (No. 1) 2019 | 29 Apr 2019 (F2019L00639) | Sch 2: 30 Apr 2019 (s 2(1) item 3) | | — |
| Private Health Insurance (Benefit Requirements) Amendment Rules (No. 3) 2019 | 1 Apr 2019 (F2019L00493) | | 1 Apr 2019 (s 2(1) item 1) | — |
| Private Health Insurance Legislation Amendment Rules (No. 1) 2019 | 29 Apr 2019 (F2019L00639) | | Sch 1: 1 May 2019 (s 2(1) item 2) | — |
| Private Health Insurance Legislation Amendment (No. 2) Rules 2019 | 28 June 2019 (F2019L00925) | | Sch 1: 1 July 2019 (s 2(1) item 1) | — |
| Private Health Insurance Legislation Amendment (No. 3) Rules 2019 | 19 Sept 2019 (F2019L01221) | | Sch 1: 20 Sept 2019 (s 2(1) item 1) | — |
| Private Health Insurance Legislation Amendment Rules (No. 4) 2019 | 30 Oct 2019 (F2019L01384) | | Sch 1: 1 Nov 2019 (s 2(1) item 1) | — |
| Private Health Insurance Legislation Amendment Rules (No. 1) 2020 | 28 Feb 2020 (F2020L00190) | | Sch 1: 1 Mar 2020 (s 2(1) item 1) | — |
| Private Health Insurance Legislation Amendment Rules (No. 2) 2020 | 19 Mar 2020 (F2020L00272) | | Sch 1: 20 Mar 2020 (s 2(1) item 1) | — |
| Private Health Insurance Legislation Amendment Rules (No. 3) 2020 | 30 Apr 2020 (F2020L00539) | | Sch 1 (items 1–9): 1 May 2020 (s 2(1) item 1) | — |

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; F2014L01235; F2015L00324; F2015L01451: F2016L00352; F2016L01446; F2017L00242; F2017L01217; F2018L00323 | |
| **Schedule 5** |  | |
| Subclause 1(1) | am. F2013L00003 | |
| 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; F2018L01797; F2019L00925; F2019L01384; F2020L00190; F2020L00539 |
| **Schedule 2** |  |
| Schedule 2 | am F2018L00927; F2019L00925 |
| **Schedule 3** |  |
| Schedule 3 | am F2018L00927; F2018L01474; F2018L01797; F2019L00048; F2019L00493; F2019L00639; F2019L00925; F2019L01384; F2020L00190; F2020L00539 |
| **Schedule 4** |  |
| Schedule 4 | am F2018L00927; F2018L01315; F2019L00327; F2019L00925; F2019L01221; F2020L00272 |
| **Schedule 5** |  |
| Schedule 5 | am F2018L00927; F2018L01315; F2018L01797 |
|  | ed C53 |
|  | am F2018L01414 |