Commonwealth Coat of Arms of Australia

**Financial Sector (Collection of Data) (reporting standard) determination No. 18 of 2025**

**Reporting Standard HRS 604.0 Medical Specialty Block Grouping Information**

*Financial Sector (*Collection *of Data) Act 2001*

I, Andrew Robertson, delegate of APRA, under paragraph 13(1)(a) of the *Financial Sector (Collection of Data) Act 2001* (the Act) and subsection 33(3) of the *Acts Interpretation Act 1901*:

1. revoke Financial Sector (Collection of Data) (reporting standard) determination No. 34 of 2015, including *Reporting Standard HRS 604.0 Medical Specialty Block Grouping Information* made under that Determination; and
2. determine *Reporting Standard HRS 604.0 Medical Specialty Block Grouping Information,* in the form set out in the Schedule, which applies to the financial sector entities to the extent provided in paragraph 3 of that reporting standard.

Under section 15 of the Act, I declare that *Reporting Standard HRS 604.0 Medical Specialty Block Grouping Information* shall begin to apply to those financial sector entities, and the revoked reporting standard shall cease to apply, on the day after this instrumentis registered on the Federal Register of Legislation.

This instrument commences at the start of the day after the day it is registered on the Federal Register of Legislation.

Dated: 11 September 2025

Andrew Robertson

General Manager - Chief Data Officer

Technology and Data Division

**Interpretation**

In this Determination:

***APRA*** means the Australian Prudential Regulation Authority.

***Federal Register of Legislation*** means the register established under section 15A of the *Legislation Act 2003.*

***financial sector entity*** has the meaning given by section 5 of the Act.

**Schedule**

Reporting Standard *HRS 604.0 Medical Specialty Block Grouping Information* comprises the document commencing on the following page.

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**Reporting Standard HRS 604.0**

**Medical Specialty Block Grouping Information**

**Objective of this Reporting Standard**

This Reporting Standard sets out the requirements for the provision of information to APRA allowing for the publication of aggregate statistics on medical services by State and Territory.

It includes *Form HRF 604.0 Medical Specialty Block Grouping Information* and associated specific instructions.

**Authority**

1. This Reporting Standard is made under section 13 of the *Financial Sector (Collection of Data) Act 2001*.

**Purpose**

1. Information collected under this Reporting Standard, as set out in *Form HRF 604.0 Medical Specialty Block Grouping Information* (HRF 604.0), is used by APRA for prudential supervision and publication to assist the Department of Health in performing its functions.

**Application and commencement**

1. This Reporting Standard applies to all private health insurers.
2. This Reporting Standard applies for reporting periods ending on or after 1 October 2025.

**Information required**

1. A private health insurer must provide APRA with the information required by HRF 604.0 in respect of each reporting period.
2. The information required by this Reporting Standard, as set out in HRF 604.0, must be provided for each health benefits fund of the private health insurer.

**Forms and method of submission**

1. The information required by this Reporting Standard must be given to APRA:
   1. in electronic format using an electronic method available on APRA’s website; or

(b) by a method notified by APRA prior to submission.

**Reporting periods and due dates**

1. A private health insurer to which this Reporting Standard applies must provide the information required by this Reporting Standard in respect of each calendar quarter (i.e. the periods ending 30 September, 31 December, 31 March and 30 June).
2. The information required by this Reporting Standard must be provided to APRA within 28 calendar days after the end of the reporting period to which the information relates.[[1]](#footnote-1)
3. APRA may, in writing, grant a private health insurer an extension of a due date, in which case the new due date for the provision of the information will be the date on the notice of extension.

**Quality control**

1. All information provided by a private health insurer under this Reporting Standard must be subject to systems, processes and controls developed by the private health insurer for the internal review and authorisation of that information. It is the responsibility of the Board and senior management of the private health insurer to ensure that an appropriate set of policies and procedures for the authorisation of information submitted to APRA is in place.

**Authorisation**

1. A person who submits the information required under this Reporting Standard must be suitably authorised by an officer of the private health insurer.

**Variations**

1. APRA may, in writing, vary the reporting requirements of this Reporting Standard in relation to a private health insurer.

**Transitional**

1. A private health insurer to which this Reporting Standard applies must report under the old reporting standard in respect of a transitional reporting period. For these purposes:

***old reporting standard*** means the reporting standard revoked in the determination making this Reporting Standard; and

***transitional reporting period*** means a reporting period under the old reporting standard:

1. that ended before the date of revocation; and
2. in relation to which the private health insurer was required, under the old reporting standard, to report by a date on or after the date of revocation of the old reporting standard.

*Note:* For the avoidance of doubt, if a private health insurer was required to report under an old reporting standard, and the reporting documents were due before the date of revocation of the old reporting standard, the private health insurer is still required to provide any overdue reporting documents in accordance with the old reporting standard.

**Interpretation**

1. In this Reporting Standard:
2. unless the contrary intention appears, words and expressions have the meanings given to them in *Prudential Standard CPS 001 Defined terms* (CPS 001); and
3. ***APRA*** means the Australian Prudential Regulation Authority established under the *Australian Prudential Regulation Authority Act 1998*;

***officer*** has the meaning in the *Private Health Insurance (Prudential Supervision) Act 2015*;

***private health insurer*** has the meaning in the *Private Health Insurance (Prudential Supervision) Act 2015*; and

***reporting period*** means a period mentioned in paragraph 8.

|  |
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| **HRF\_604\_0: Medical Speciality Block Grouping Information** |

|  |  |
| --- | --- |
| **Australian Business Number** | **Institution Name** |
|  |  |
| **Reporting Period** | **Scale Factor** |
| Quarterly | Whole dollars to two decimal places |
| **Reporting Consolidation** |  |
| Health Benefits Fund |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Total number of services** | | | **Total amount charged for hospital and general medical services** | | |
| **MBS Speciality Block Groupings** | **No gap agreement** | **Known gap agreement** | **No agreement** | **No gap agreement** | **Known gap agreement** | **No agreement** |
|  | **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** |
| 1) Specialist, consultant physician, and consultant psychiatric attendances: Groups A3, A4 and A8; items 104-108, 110-131, 300-352. |  |  |  |  |  |  |
| 2) Procedures associated with intensive care and cardiopulmonary support and management: Subgroups T1.9 and T1.10; items 13815 - 13888. |  |  |  |  |  |  |
| 3) Obstetrics and gynaecology obstetrics: Subgroup T4; items 16500 - 16636; and Surgical operations gynaecological: Subgroup T8.4; items 35500 - 35759. |  |  |  |  |  |  |
| 4) Anaesthesia: Groups T6, T7, and T10; items 17603 - 18298, 20100-25205. |  |  |  |  |  |  |
| 5) General surgical operations: Subgroup T8.1; items 30001 - 31472. |  |  |  |  |  |  |
| 6) Colorectal surgical operations: Subgroup T8.2; items 32000 - 32212. |  |  |  |  |  |  |
| 7) Vascular surgical operations: Subgroup T8.3; items 32500 - 35330. |  |  |  |  |  |  |
| 8) Urology: Subgroup T8.5, items 36500 - 37854 |  |  |  |  |  |  |
| 9) Cardio-thoracic surgical operations: Subgroup T8.6; items 38200 - 38766; and Diagnostic procedures and investigations cardiovascular: Subgroup D1.6; items 11700-11724 |  |  |  |  |  |  |
| 10) Neurosurgical surgical operations: Subgroup T8.7; items 39000 - 40903. |  |  |  |  |  |  |
| 11) Ear, nose and throat surgical operations: Subgroup T8.8; items 41500 - 41910. |  |  |  |  |  |  |
| 12) Ophthalmology surgical operations: Subgroup T8.9; items 42503 - 42872. |  |  |  |  |  |  |
| 13) Plastic and reconstructive surgical operations: Subgroup T8.13; items 45000-45797. |  |  |  |  |  |  |
| 14) Orthopaedic surgical operations: Subgroup T8.15; items 47000 - 50426. |  |  |  |  |  |  |
| 15) Assistance at operations: Group T9; items 51300 - 51318. |  |  |  |  |  |  |
| 16) Diagnostic imaging services; Category 5; all Groups I1-I5; items 55028-63946. |  |  |  |  |  |  |
| 17) Pathology services: Category 6; all Groups P1-P10; items 65060 and over. |  |  |  |  |  |  |
| 18) All other items. |  |  |  |  |  |  |
| Total all services |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Total Medicare benefits paid for hospital and general medical services** | | | **Total fund benefits paid for hospital and general medical services** | | |
| **MBS Speciality Block Groupings** | **No gap agreement** | **Known gap agreement** | **No agreement** | **No gap agreement** | **Known gap agreement** | **No agreement** |
|  | **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** |
| 1) Specialist, consultant physician, and consultant psychiatric attendances: Groups A3, A4 and A8; items 104-108, 110-131, 300-352. |  |  |  |  |  |  |
| 2) Procedures associated with intensive care and cardiopulmonary support and management: Subgroups T1.9 and T1.10; items 13815 - 13888. |  |  |  |  |  |  |
| 3) Obstetrics and gynaecology obstetrics: Subgroup T4; items 16500 - 16636; and Surgical operations gynaecological: Subgroup T8.4; items 35500 - 35759. |  |  |  |  |  |  |
| 4) Anaesthesia: Groups T6, T7, and T10; items 17603 - 18298, 20100-25205. |  |  |  |  |  |  |
| 5) General surgical operations: Subgroup T8.1; items 30001 - 31472. |  |  |  |  |  |  |
| 6) Colorectal surgical operations: Subgroup T8.2; items 32000 - 32212. |  |  |  |  |  |  |
| 7) Vascular surgical operations: Subgroup T8.3; items 32500 - 35330. |  |  |  |  |  |  |
| 8) Urology: Subgroup T8.5, items 36500 - 37854 |  |  |  |  |  |  |
| 9) Cardio-thoracic surgical operations: Subgroup T8.6; items 38200 - 38766; and Diagnostic procedures and investigations cardiovascular: Subgroup D1.6; items 11700-11724 |  |  |  |  |  |  |
| 10) Neurosurgical surgical operations: Subgroup T8.7; items 39000 - 40903. |  |  |  |  |  |  |
| 11) Ear, nose and throat surgical operations: Subgroup T8.8; items 41500 - 41910. |  |  |  |  |  |  |
| 12) Ophthalmology surgical operations: Subgroup T8.9; items 42503 - 42872. |  |  |  |  |  |  |
| 13) Plastic and reconstructive surgical operations: Subgroup T8.13; items 45000-45797. |  |  |  |  |  |  |
| 14) Orthopaedic surgical operations: Subgroup T8.15; items 47000 - 50426. |  |  |  |  |  |  |
| 15) Assistance at operations: Group T9; items 51300 - 51318. |  |  |  |  |  |  |
| 16) Diagnostic imaging services; Category 5; all Groups I1-I5; items 55028-63946. |  |  |  |  |  |  |
| 17) Pathology services: Category 6; all Groups P1-P10; items 65060 and over. |  |  |  |  |  |  |
| 18) All other items. |  |  |  |  |  |  |
| Total all services |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Gap Services** | | | | | |
|  | **Number of gap services** | | | **Average gap per service where gap paid** | | |
| **MBS Speciality Block Groupings** | **No gap agreement** | **Known gap agreement** | **No agreement** | **No gap agreement** | **Known gap agreement** | **No agreement** |
|  | **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** |
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| 2) Procedures associated with intensive care and cardiopulmonary support and management: Subgroups T1.9 and T1.10; items 13815 - 13888. |  |  |  |  |  |  |
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| 8) Urology: Subgroup T8.5, items 36500 - 37854 |  |  |  |  |  |  |
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| 14) Orthopaedic surgical operations: Subgroup T8.15; items 47000 - 50426. |  |  |  |  |  |  |
| 15) Assistance at operations: Group T9; items 51300 - 51318. |  |  |  |  |  |  |
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| 17) Pathology services: Category 6; all Groups P1-P10; items 65060 and over. |  |  |  |  |  |  |
| 18) All other items. |  |  |  |  |  |  |
| Total all services |  |  |  |  |  |  |

1. For the avoidance of doubt, if the due date for a particular reporting period falls on a day other than a usual business day, a private health insurer is nonetheless required to submit the information required no later than the due date. [↑](#footnote-ref-1)