Health Insurance (1994-1995 Pathology Services Table) Regulations² (Amendment)


Dated 27 June 1995.

BILL HAYDEN
Governor-General

By His Excellency’s Command,

CARMEN LAWRENCE
Minister for Human Services and Health

1. Commencement
1.1 These Regulations commence on 1 July 1995.

2. Amendment
2.1 The Health Insurance (1994-1995 Pathology Services Table) Regulations are amended as set out in these Regulations.

3.1 New rule 1A:
After rule 1, insert:

Certain pathology services to be treated as one service

“1A. (1) In this rule:
‘general practitioner’ means a medical practitioner who:
(a) is not a consultant physician in any specialty; and
(b) is not a specialist in any specialty;
‘set of pathology services’ means a group of pathology services:
(a) that consists of services that are described in at least 4 different items; and
(b) all of which are requested in a single patient episode; and
(c) each of which relates to a patient who is not an admitted patient of a hospital; and
(d) none of which is referred to:
   (i) in item 66241, 66417, 69241, 73053 or 73055; or
   (ii) in an item in Group P10 (Patient episode initiation) or Group P11 (Specimen referred).

“1A. (2) If a general practitioner requests a set of pathology services, the pathology services in the set are to be treated as individual pathology services in accordance with this rule.

“1A. (3) If the fee specified in one item that describes any of the services in the set of pathology services is higher than the fees specified in the other items that describe the services in the set:
(a) the pathology service described in the first-mentioned item is to be treated as one pathology service; and
(b) either:
   (i) the pathology service in the set that is described in the item that specifies the second-highest fee is to be treated as one pathology service; or
(ii) if 2 or more items that describe any of those services specify the second-highest fee—the pathology service described in the item that specifies the second-highest fee, and that has the lowest item number, is to be treated as one pathology service; and

(c) the pathology services in the set, other than the services that are to be treated as one pathology service under paragraphs (a) and (b), are to be treated as one pathology service.

“1A. (4) If the fees specified in 2 or more items that describe any of the services in the set of pathology services are the same, and higher than the fees specified in the other items that describe the services in the set:

(a) the pathology service in the set that is described in the item that specifies the highest fee, and that has the lowest item number, is to be treated as one pathology service; and

(b) the pathology service in the set that is described in the item that specifies the highest fee, and that has the second-lowest item number, is to be treated as one pathology service; and

(c) the pathology services in the set, other than the services that are to be treated as one pathology service under paragraphs (a) and (b), are to be treated as one pathology service.

“1A. (5) If pathology services are to be treated as one pathology service under paragraph 1A (3) (c) or paragraph 1A (4) (c), the fee for the one pathology service is the highest fee specified in any of the items that describe the pathology services that are to be treated as the one pathology service.”

NOTES