

Queensland



Health Services Act 1991

HEALTH SERVICES REGULATION 2002

**Reprinted as in force on 27 February 2004
(includes commenced amendments up to 2004 SL No. 6)**

Reprint No. 2

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Also see endnotes for information about—

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HEALTH SERVICES REGULATION 2002

[as amended by all amendments that commenced on or before 27 February 2004]

PART 1—PRELIMINARY

1 Short title

This regulation may be cited as the *Health Services Regulation 2002*.

2 Definitions

The dictionary in schedule 3 defines particular words used in this regulation.

3 Meaning of “residential care facility”

(1) A “**residential care facility**” is a nursing home, hostel or other facility operated by the State at which accommodation, and nursing or personal care, is provided to persons who, because of disability, disease, illness, incapacity or infirmity, have a continuing need for nursing or personal care.

(2) However, a residential care facility does not include a public sector hospital.

4 Meaning of “day” for calculating daily fees

(1) For calculating the number of days for which, or after which, a daily fee is payable by a person under part 2 division 1, part 3 or part 4, “**day**” means—

- (a) the day on which the person is admitted to a relevant facility; or
- (b) the day on which the person returns to a relevant facility from leave; or
- (c) each full day the person is accommodated in a relevant facility.

(2) However, “**day**” does not include—

- (a) the day on which the person goes on leave from a relevant facility; and
- (b) for a person who is not a same day patient—the day on which the person is discharged from a relevant facility.

(3) For subsection (1)(c), a person is accommodated in a relevant facility for a full day even if the person is absent, otherwise than on leave, from the relevant facility for any part of the day.

(4) In this section—

“**full day**” means the 24 hour period between midnight on one day and midnight on the next day.

5 Meaning of “leave”

(1) “**Leave**”, in relation to a person in a relevant facility, means a temporary absence—

- (a) that is approved by, and does not involve the person’s discharge from, the relevant facility; and
- (b) from which the person does not return to the relevant facility until at least the day after the absence begins.

(2) However, for a resident occupying a hostel place in a residential care facility, a temporary absence is not leave.

PART 2—PUBLIC SECTOR HOSPITAL FEES

Division 1—Accommodation fees

6 Accommodation fees—public sector hospital

(1) The fees payable by particular patients for patient accommodation in a public sector hospital are stated in schedule 1, part 1.

(2) An eligible person, other than a third party patient or a workers’ compensation patient, who is accommodated in a standard ward, or treated, in a public sector hospital as a public patient is not liable to pay a fee for the accommodation or treatment.

7 Accommodation fees—nursing home type patient

(1) This section states the fees payable by a nursing home type patient for each day of residence in a public sector hospital.

(2) The fee payable by a patient who is 16 years or more but under 18 years is the amount worked out using the formula—

$$87.5\% \times \frac{(\text{U18 DSPA} + \text{U18 RAA})}{\text{NDY}}$$

(3) The fee payable by a patient who is 18 years or more but under 21 years is the amount worked out using the formula—

$$87.5\% \times \frac{(\text{U21 DSPA} + \text{U21 RAA})}{\text{NDY}}$$

(4) The fee payable by a patient who is 21 years or more is the amount worked out using the formula—

$$87.5\% \times \frac{(\text{BAPA} + \text{RAA})}{\text{NDY}}$$

(5) If the patient is a private patient, the patient must, in addition to the amount worked out under subsections (2) to (4), pay \$79.55 for each day.

(6) However, the chief executive may waive, entirely or partly, payment of a fee mentioned in subsections (2) to (5) if the chief executive is satisfied payment of the fee would cause the patient financial hardship.

Division 2—Fees for services other than accommodation**8 Pharmaceuticals**

(1) This section applies to the supply of pharmaceuticals at a public sector hospital to an eligible person who—

- (a) is not an in-patient of the hospital; or
- (b) if the pharmaceuticals are for the person's use after the person is discharged from the hospital—is an in-patient of the hospital.

(2) The maximum amount payable for each item of pharmaceuticals supplied to a person who holds a commonwealth concession card, or a dependant of the person, is \$3.80.

(3) The maximum amount payable for each item of pharmaceuticals supplied to another person is—

- (a) if a maximum patient payment for the item is stated in the Queensland Hospitals Non-Inpatient Dispensed Drug Price Catalogue¹—the maximum patient payment amount or \$23.70, whichever is the lesser; or
- (b) otherwise—\$23.70.

(4) Despite subsections (2) and (3), each of the following persons is not liable to pay an amount for pharmaceuticals supplied to the person—

- (a) a person who holds a safety net entitlement card issued, under the *National Health Act 1953* (Cwlth), part VII, division 1A;
- (b) a dependant of a person mentioned in paragraph (a);
- (c) a child under the custody or guardianship of the chief executive of the department that administers the *Child Protection Act 1999*.

(5) Also, the maximum amount payable under this section for pharmaceuticals supplied to a person on a single visit to the hospital is 4 times the maximum amount payable by the person for 1 item of pharmaceuticals under subsection (2) or (3).

9 Outpatient services fees

The fees payable by particular patients for outpatient services at a public sector hospital are stated in schedule 1, part 2.

10 Fees for other services

The fees payable by particular patients for other services at a public sector hospital are stated in schedule 1, part 3.

¹ The Queensland Hospitals Non-Inpatient Dispensed Drug Price Catalogue is available for inspection at public sector hospital pharmacies.

PART 3—RESIDENTIAL CARE FACILITY FEES

11 Particular residents of residential care facility

(1) This section states the fees payable by a resident of a residential care facility for each day of residence other than—

- (a) a resident occupying a place allocated by the Commonwealth to the State under the *Aged Care Act 1997* (Cwlth), section 14-1; or
- (b) a resident occupying a hostel place.

(2) The fee payable by a resident who is 16 years or more but under 18 years is the amount worked out using the formula—

$$87.5\% \times \frac{(\text{U18 DSPA} + \text{U18 RAA})}{\text{NDY}}$$

(3) The fee payable by a resident who is 18 years or more but under 21 years is the amount worked out using the formula—

$$87.5\% \times \frac{(\text{U21 DSPA} + \text{U21 RAA})}{\text{NDY}}$$

(4) The fee payable by a resident who is 21 years or more is the amount worked out using the formula—

$$87.5\% \times \frac{(\text{BAPA} + \text{RAA})}{\text{NDY}}$$

12 Occupiers of places under Aged Care Act 1997 (Cwlth)

(1) This section applies to a resident of a residential care facility occupying a place allocated by the Commonwealth to the State under the *Aged Care Act 1997* (Cwlth), section 14-1.

(2) The fee payable by the resident for each day of residence in the residential care facility is the maximum daily amount of resident fees for the resident worked out under the *Aged Care Act 1997* (Cwlth), section 58-2.

13 Occupiers of hostel places

(1) This section applies to a resident of a residential care facility occupying a hostel place.

(2) The fee payable by the resident for each day the resident occupies the place is the amount worked out using the formula—

$$66.67\% \times \frac{(\text{BAPA} + \text{RAA})}{\text{NDY}}$$

14 Waiver of fee

The chief executive may waive, entirely or partly, payment of a fee mentioned in this part if the chief executive is satisfied payment of the fee would cause the resident financial hardship.

**PART 4—EXTENDED TREATMENT FACILITY AND
PSYCHOGERIATRIC UNIT FEES***Division 1—General***15 Application of particular sections**

Subject to section 21, sections 6, 7 and 11 do not apply to patients in extended treatment facilities.

16 Patient with acute care certificate

The fees mentioned in this part are not payable by a patient in an extended treatment facility who holds an acute care certificate.

17 Fees not payable for first 35 days

(1) The fees mentioned in this part are not payable by a patient for the first 35 days the patient is in an extended treatment facility.

(2) Subsection (1) does not apply if the patient has been a resident of a residential care facility immediately before becoming a patient.

18 Fees not payable for last 30 days

(1) The fees mentioned in this part are not payable by a patient for the last 30 days the patient is in an extended treatment facility.

(2) Subsection (1) does not apply if the patient is transferred from the extended treatment facility to a public sector hospital or a residential care facility.

19 Waiver of fee

The chief executive may waive, entirely or partly, payment of a fee mentioned in this part if the chief executive is satisfied payment of the fee would cause the patient financial hardship.

*Division 2—Extended treatment facility fees***20 Extended treatment facility fees other than psychogeriatric unit**

(1) This section states the fee payable for each day by a patient in an extended treatment facility, other than a patient in a psychogeriatric unit.

(2) The fee payable by a patient who is 16 years or more but under 18 years is the amount worked out using the formula—

$$66.67\% \times \frac{(\text{U18 DSPA} + \text{U18 RAA})}{\text{NDY}}$$

(3) The fee payable by a patient who is 18 years or more but under 21 years is the amount worked out using the formula—

$$66.67\% \times \frac{(\text{U21 DSPA} + \text{U21 RAA})}{\text{NDY}}$$

(4) The fee payable by a patient who is 21 years or more is the amount worked out using the formula—

$$66.67\% \times \frac{(\text{BAPA} + \text{RAA})}{\text{NDY}}$$

Division 3—Psychogeriatric unit fees**21 Psychogeriatric unit fees**

The fee payable for each day by a patient in a psychogeriatric unit is the fee that would be payable under section 11 if the patient were a resident of a residential care facility.

PART 5—FEES FOR MEDICAL RECORDS**22 Fees for medical records**

(1) The following fees are payable for a copy of particular documents containing medical records of a public sector health service relating to a person—

- (a) for a copy of an X-ray—\$10.30;
- (b) for a copy of a photograph—\$5.10;
- (c) for a copy of a videotape—\$12.40;
- (d) for a copy of an audiotape—\$5.10;
- (e) for a copy of a CD-ROM—\$12.40.

(2) The fee is payable to the public sector entity that provides the copy.

PART 6—QUALITY ASSURANCE COMMITTEES***Division 1—Preliminary*****23 Definitions for pt 6**

In this part—

“**committee**” means a committee declared to be an approved quality assurance committee under section 31² of the Act.

“**member**” means a member of a committee.

“**privacy policy**” see section 31.

Division 2—Procedures of committees

24 Election of chairperson

(1) This section applies if the entity that established a committee has not appointed a member to be the chairperson of the committee.

(2) The committee must elect a member to be the chairperson of the committee.

25 Times and places of meetings

(1) Committee meetings are to be held at the times and places the chairperson decides.

(2) However, the chairperson must call a meeting if asked, in writing, to do so by at least the number of members forming a quorum for the committee.

(3) Also, a committee must hold its first meeting at a time and place decided by the entity that established the committee.

26 Quorum

A quorum for a committee is the number equal to one-half of the number of its members or, if one-half is not a whole number, the next highest whole number.

27 Presiding at meetings

(1) The chairperson is to preside at all meetings of a committee at which the chairperson is present.

2 Section 31 (Approved quality assurance committees) of the Act

(2) If the chairperson is absent from a meeting or the office of chairperson is vacant, a member chosen by the members present is to preside.

28 Conduct of meetings

(1) A question at a committee meeting is decided by a majority of the votes of the members present.

(2) Each member present at the meeting has a vote on each question to be decided and, if the votes are equal, the member presiding also has a casting vote.

29 Minutes

(1) A committee must keep the minutes of a meeting of the committee for 10 years after the meeting.

(2) Subsection (1) does not apply to the extent that the minutes are a public record under the *Public Records Act 2002*.³

30 Other procedures

Subject to this division—

- (a) a committee must conduct its business, including its meetings, under the procedures, if any, decided for the committee by the entity that established the committee; or
- (b) otherwise, the committee may conduct its business, including its meetings, under procedures decided by the committee.

Division 3—Privacy policies

31 A committee must adopt a privacy policy

A committee must adopt, by resolution, a written privacy policy (a “privacy policy”).

³ See the *Public Records Act 2002*, section 6 (What is a public record).

32 Contents of a privacy policy

(1) A committee's privacy policy must state the ways the committee, or a member of the committee, may do any of the following—

- (a) acquire and compile relevant information;
- (b) securely store relevant information;
- (c) disclose relevant information;
- (d) ask an individual for consent to disclose the individual's identity under section 32(2)⁴ of the Act.

(2) The privacy policy also must state the circumstances under which a record containing relevant information may be copied or destroyed.

(3) In this section—

“relevant information” means information acquired or compiled by the committee in the exercise of its functions.

Division 4—Information to be made available by committees

33 Specified information to be made available to the public

(1) A committee must make available to the public the following information (the **“specified information”**)—

- (a) a statement of the committee's functions;
- (b) for each committee member—
 - (i) the member's full name and qualifications; and
 - (ii) the member's office or position; and
 - (iii) a summary of the member's experience that is relevant to the committee's functions;
- (c) a summary of the outcomes of the exercise of the committee's functions in the period since—
 - (i) for the first time a committee makes the specified information available to the public—the Minister declared

4 Section 32 (Restrictions on committees) of the Act

the committee to be an approved quality assurance committee; or

(ii) otherwise—the committee last made the specified information available;

(d) a summary of the committee's privacy policy.

(2) The specified information must be made available—

(a) for the first time a committee makes the specified information available to the public—within 3 years after the Minister declared the committee to be an approved quality assurance committee; or

(b) otherwise—within 3 years after the committee last made the specified information available.

(3) The committee must give the specified information to the entity that established the committee before the committee makes it available to the public.

(4) A committee may make the specified information available in a form the committee considers appropriate.

Example of an appropriate form for the specified information—

The specified information may be included in the annual report of the entity that established the committee.

33A Specified information to be given to the chief health officer

A committee must, as soon as practicable after an individual becomes, or ceases to be, a member of the committee, give the chief health officer a written notice containing the following information—

(a) when an individual becomes a member—

(i) the individual's full name and qualifications; and

(ii) the individual's office or position; and

(iii) a summary of the individual's experience that is relevant to the committee's functions; and

(iv) the date the individual became a member;

(b) when an individual ceases to be a member—

- (i) the individual's full name; and
- (ii) the date the individual ceased to be a member.

PART 7—MISCELLANEOUS

34 Additional payment if GST applies

(1) This section applies if GST is payable in relation to a supply under this regulation.

(2) A person liable to pay a fee under this regulation for the supply must, in addition to the fee and at the same time as the fee is paid, pay an amount equal to 10% of the fee.

35 Prescribed agreements—Act, s 63(2)(g)

Each agreement stated in schedule 2 is prescribed for section 63(2)(g) of the Act.

PART 8—TRANSITIONAL AND REPEAL PROVISIONS

36 Definitions for pt 8

In this part—

“commencement day” means the day this part commences.

“repealed regulation” means the *Health Services Regulation 1992*.

37 Fees for particular patients in psychogeriatric units

(1) This section applies to a person who—

(a) immediately before 7 April 2000—

- (i) was a patient in a facility that, on 7 April 2000, was a psychogeriatric unit under the repealed regulation; and

(ii) was paying an amount under the *Mental Health Regulation 1985*, section 63(1); and

(b) from 7 April 2000 to the commencement day has been a patient in a psychogeriatric unit.

(2) The fees payable by the patient while the patient remains a patient in the unit are the fees that would be payable under part 4 if the patient were a patient in an extended treatment facility other than a psychogeriatric unit.

38 Continuing effect of waiver

(1) This section applies if the chief executive has, under section 4A(6), 8D or 9D of the repealed regulation, entirely or partly waived payment of a fee by a person.

(2) The waiver continues to apply to the person as if the fee were waived under section 7(6), 14 or 19 of this regulation.

39 Repeal

The following regulations are repealed—

- Health Services Regulation 1992 (1992 SL No. 211)
- Health Services (Public Hospitals) Fees and Charges Amendment Regulation (No. 1) 1992 (1992 SL No. 339)
- Health Services (Public Hospitals) Fees and Charges Amendment Regulation (No. 2) 1992 (1992 SL No. 453)
- Health Services (Public Hospitals Fees and Charges) Amendment Regulation (No. 1) 1993 (1993 SL No. 286)
- Health Services (Public Hospitals Fees and Charges) Amendment Regulation (No. 2) 1993 (1993 SL No. 358)
- Health Legislation Amendment Regulation (No. 1) 1994 (1994 SL No. 213).

SCHEDULE 1**FEES**

sections 6, 9 and 10

PART 1—ACCOMMODATION FEES

	\$
1. Eligible person who is a private patient and a same day patient	182.00
2. Eligible person who is a private patient treated in a hospital as a day only procedure patient and whose treatment is—	
(a) a band 1 procedure.....	182.00
(b) a band 2 procedure.....	203.50
(c) a band 3 procedure.....	224.00
(d) a band 4 procedure.....	250.00
3. Eligible person, other than an eligible person mentioned in item 1, who is a private patient accommodated in a single room—for each day.....	402.00
4. Eligible person, other than an eligible person mentioned in item 1, who is a private patient accommodated in a shared room—for each day	250.00
5. Workers' compensation patient other than a patient covered by a workers' compensation insurer—for each day.....	730.00
6. Third party patient—for each day	730.00
7. Workers' compensation patient who is covered by a workers' compensation insurer and is a private patient accommodated in either a single room or a shared room with the approval of a workers' compensation insurer—for each day	730.00
8. Ineligible person accommodated in an intensive care unit—for each day	2 906.00

SCHEDULE 1 (continued)

	\$
9. Ineligible person accommodated in a coronary care unit—for each day	1 830.00
10. Ineligible person receiving rehabilitation care—for each day	470.00
11. Ineligible person receiving maintenance care—for each day	359.00
12. Ineligible person who is—	
(a) accommodated in a part of a hospital other than a unit mentioned in item 8 or 9; and	
(b) receiving care other than care mentioned in item 10 or 11—for each day.	905.00

PART 2—OUTPATIENT SERVICES FEES

	\$
13. Ineligible person—for each accident and emergency service	160.00
14. Ineligible person—for each diagnostic imaging service . .	MBS fee
15. Ineligible person—for each pathology request	60.00
16. Ineligible person—for each scheduled service	60.00
17. Workers' compensation patient other than an outpatient covered by a workers' compensation insurer—for each service	62.00

SCHEDULE 1 (continued)

PART 3—OTHER SERVICES

	\$
18. Ineligible person treated in an operating theatre—	
(a) if the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation—for each treatment	1 428.00
(b) if the treatment involves undergoing procedures, other than the procedures mentioned in paragraph (a)—for each treatment	568.00

SCHEDULE 2

AGREEMENTS

section 35

1. Public Health Outcome Funding Agreement 1999/00–2003/04 between the Commonwealth of Australia and the State of Queensland made 1 February 2000.
2. Agreement between the State of Queensland and the Australian Institute of Health and Welfare for the giving of certain health information by the State to the Institute dated 4 May 1999.
3. Australian Health Care Agreement between the Commonwealth of Australia and the State of Queensland.
4. Agreement between the State of Queensland and the Commonwealth of Australia for exchanging and linking certain medical record data, made 21 August 2000.
5. Agreement between New South Wales and Queensland for the funding of inpatient public hospital services provided to residents of New South Wales by Queensland and vice versa during the period 1 July 1998 to 30 June 1999.
6. Agreement between Victoria and Queensland for the funding of admitted patient services provided to residents of Victoria by Queensland and vice versa, for the period 1 July 1998 to 30 June 2003.
7. Agreement between Queensland and Western Australia for the funding of admitted patient services provided to residents of Western Australia by Queensland and vice versa, for the period 1 July 1998 to 30 June 2003.
8. Agreement between Queensland and the Australian Capital Territory for the funding of admitted patient services provided to residents of the Australian Capital Territory by Queensland and vice versa, for the period 1 July 1998 to 30 June 2003.
9. Agreement between Queensland and South Australia for the funding of admitted patient services provided to residents of

SCHEDULE 2 (continued)

South Australia by Queensland and vice versa, for the period 1 July 1998 to 30 June 2003.

10. Hospital Services Arrangement between the Commonwealth of Australia and the Repatriation Commission and the State of Queensland for the treatment and care in Queensland Public Hospitals of persons eligible for treatment under Part V of the *Veterans' Entitlements Act 1986* (Cwlth), made 24 December 1998.
11. Agreement between Queensland and Northern Territory for the funding of admitted patient services provided to residents of Northern Territory by Queensland and vice versa, for the period 1 July 1998 to 30 June 2003.
12. Agreement between Queensland and Tasmania for the funding of admitted patient services provided to residents of Tasmania by Queensland and vice versa, for the period 1 July 1998 to 30 June 2003.
13. Agreement between Queensland and New South Wales for the funding of admitted patient services and non-admitted patient services provided to residents of New South Wales by Queensland and vice versa, for the period 1 July 1999 to 30 June 2003.

SCHEDULE 3

DICTIONARY

section 2

“accident and emergency service” does not include a health service provided to a same day patient.

“accommodated”, in a relevant facility, includes being a patient in, occupying a hostel place at, or being a resident in, the relevant facility.

“acute care certificate” means a certificate given by a medical practitioner under the *Health Insurance Act 1973* (Cwlth), section 3B.⁵

“band 1 procedure” means a gastrointestinal endoscopy procedure, a non-surgical procedure that does not usually require an anaesthetic, a diagnostic procedure or a minor surgical procedure.

“band 2 procedure” means a procedure, other than a band 1 procedure, that is carried out under local anaesthetic and no sedation.

“band 3 procedure” means a procedure, other than a band 1 procedure, that takes less than 1 hour and is carried out under general or regional anaesthetic.

“band 4 procedure” means a procedure, other than a band 1 procedure, that takes 1 hour or more and is carried out under general or regional anaesthetic.

“BAPA” means basic age pension amount.

“basic age pension amount” means the annual maximum basic rate under the *Social Security Act 1991* (Cwlth), section 1064-B1 applying to a person who is not a member of a couple.

“chief health officer” means the chief health officer under the *Health Act 1937*.

⁵ *Health Insurance Act 1973* (Cwlth), section 3B (Certification of patients needing acute care)

SCHEDULE 3 (continued)

“commonwealth concession card” means—

- (a) a safety net concession card issued under the *National Health Act 1953* (Cwlth), part VII, division 1A; or
- (b) any of the following cards issued by the Commonwealth department in which the *Social Security Act 1991* (Cwlth) or the *Veterans’ Entitlements Act 1986* (Cwlth) is administered—
 - (i) a repatriation health card for specific conditions;
 - (ii) a repatriation health card for all conditions;
 - (iii) a repatriation pharmaceutical benefits card;
 - (iv) a health care card;
 - (v) a pensioner concession card;
 - (vi) a Commonwealth seniors health card.

“compensation or damages”, in relation to a third party patient, includes payment in settlement of a claim for compensation or damages, but does not include—

- (a) compensation under—
 - (i) the *Criminal Offence Victims Act 1995*, part 3;⁶ or
 - (ii) the *Juvenile Justice Act 1992*, section 235;⁷ or
 - (iii) the *Penalties and Sentences Act 1992*, section 35;⁸ or
- (b) an amount under—
 - (i) a policy of insurance, under the *Motor Accident Insurance Act 1994*, for which the insurance premium consists of the matters mentioned in section 12(1) of that Act;⁹ or
 - (ii) the Nominal Defendant scheme under that Act.

“daily fee” means a fee payable according to the number of days a person is accommodated in a relevant facility.

6 *Criminal Offence Victims Act 1995*, part 3 (Compensation for personal injury from indictable offences)

7 *Juvenile Justice Act 1992*, section 235 (Restitution, compensation)

8 *Penalties and Sentences Act 1992*, section 35 (Order for restitution or compensation)

9 *Motor Accident Insurance Act 1994*, section 12 (Insurance premiums)

SCHEDULE 3 (continued)

“day”, for calculating the number of days for which, or after which, a daily fee is payable under part 2, division 1, part 3 or part 4, see section 4.

“day only procedure patient” means a patient who—

- (a) is admitted to a public sector hospital for a procedure that requires treatment of the patient by admission to the hospital but does not normally require the patient to stay in the hospital until the next day; and
- (b) does not stay in the hospital until the next day.

“diagnostic imaging service” see the *Health Insurance Act 1973* (Cwlth), section 3.¹⁰

“eligible person” means an eligible person under the Australian Health Care Agreement.

“extended treatment facility” means a facility that provides specialised extended in-patient treatment and rehabilitation to persons with a mental illness.

“hostel place” means a place in Eventide Charters Towers, Eventide Rockhampton or Eventide Sandgate, other than a place allocated by the Commonwealth to the State under the *Aged Care Act 1997* (Cwlth), section 14-1.

“ineligible person” means a person who is not an eligible person.

“leave” see section 5(1).

“maintenance care” means care or treatment—

- (a) that is provided to a patient who has been accommodated in a public sector hospital for at least 35 consecutive days; and
- (b) for which the clinical intent or goal is to prevent deterioration in the functional status of the patient.

10 *Health Insurance Act 1973* (Cwlth), section 3 (Interpretation)—

diagnostic imaging service means:

- (a) an R-type diagnostic imaging service; or
 - (b) an NR-type diagnostic imaging service;
- to which an item of the diagnostic imaging services table relates.

SCHEDULE 3 (continued)

“**MBS fee**”, for a diagnostic imaging service, means the fee for the service stated in the Medicare Benefits Schedule.

“**Medicare Benefits Schedule**” means the Medicare Benefits Schedule book published by the Commonwealth department in which the *Health Insurance Act 1973* (Cwlth) is administered, as in force from time to time.¹¹

“**NDY**” means number of days in the year.

“**nursing home type patient**” see the *Health Insurance Act 1973* (Cwlth), section 3.¹²

“**pathology request**” means a written request for a pathology service.

“**place**”, in relation to a place in a relevant facility, see the *Aged Care Act 1997* (Cwlth), schedule 1.

“**private patient**” means a person who is a patient of a private medical practitioner.

“**psychogeriatric unit**” means a part of an extended treatment facility that provides specialised extended in-patient treatment and rehabilitation to persons with a mental illness who also suffer an age-related condition.

“**RAA**” means rent assistance amount.

“**rehabilitation care**” means care or treatment of a patient for which the clinical intent or goal is to improve the functional status of the patient.

11 The Medicare Benefits Schedule is available on the website of the Australian Government Department of Health and Ageing at <<http://www.health.gov.au>>.

12 *Health Insurance Act 1973* (Cwlth), section 3—

nursing-home type patient, in relation to a hospital, means a patient in the hospital who has been provided with accommodation and nursing care for a continuous period exceeding 35 days and includes any person included in a class of persons that the Minister, by notice in writing given for the purposes of this definition, has declared to be a class of nursing-home type patients but does not include:

- (a) a patient in respect of whom there is in force a determination under section 3A or a certificate given under section 3B; or
- (b) a person included in a class of persons that the Minister, by notice in writing given for the purposes of this definition, has declared not to be a class of nursing-home type patients.

SCHEDULE 3 (continued)

“relevant facility” means a public sector hospital, a residential care facility, or an extended treatment facility.

“rent assistance amount” means the annual maximum rent assistance rate under the *Social Security Act 1991* (Cwlth), section 1064-D5 applying to a person who is not a member of a couple.

“residential care facility” see section 3.

“same day patient” means a patient who is admitted to, and discharged from, a public sector hospital on the same day.

“scheduled service” means an outpatient service provided to or for an ineligible person, other than the following services—

- (a) a diagnostic imaging service;
- (b) a pathology request;
- (c) an accident and emergency service;
- (d) the supply of pharmaceuticals at a public sector hospital.

“shared room” means a room other than a single room.

“third party patient” means a patient who—

- (a) receives care and treatment for an injury, illness or disease; and
- (b) receives, or establishes a right to receive, an amount of compensation or damages for the injury, illness or disease.

“U18 DSPA” means under 18 disability support pension amount.

“U18 RAA” means under 18 rent assistance amount.

“U21 DSPA” means under 21 disability support pension amount.

“U21 RAA” means under 21 rent assistance amount.

“under 18 disability support pension amount” means the annual maximum basic rate under the *Social Security Act 1991* (Cwlth), section 1066A-B1 applying to a person who is—

- (a) not a member of a couple; and
- (b) under 18 years; and
- (c) living away from the person’s parental home because of a medical condition of the person; and
- (d) without a dependent child.

SCHEDULE 3 (continued)

“under 18 rent assistance amount” means the annual maximum rent assistance rate under the *Social Security Act 1991* (Cwlth), section 1066A-EA12 applying to a person who is—

- (a) not a member of a couple; and
- (b) in disability accommodation.

“under 21 disability support pension amount” means the annual maximum basic rate under the *Social Security Act 1991* (Cwlth), section 1066A-B1 applying to a person who is—

- (a) not a member of a couple; and
- (b) 18 years or more; and
- (c) not living at a home of a parent of the person; and
- (d) without a dependent child.

“under 21 rent assistance amount” means the annual maximum rent assistance rate under the *Social Security Act 1991* (Cwlth), section 1066A-EB13 applying to a person who is—

- (a) not a member of a couple; and
- (b) in disability accommodation.

“workers’ compensation insurer” means an insurer under the *Workers’ Compensation and Rehabilitation Act 2003*.

“workers’ compensation patient” means a patient who is—

- (a) a third party patient; and
- (b) receiving, or is entitled to receive, compensation under the *Workers’ Compensation and Rehabilitation Act 2003* or a similar law of another State.

ENDNOTES

1 Index to endnotes

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2 Date to which amendments incorporated

This is the reprint date mentioned in the Reprints Act 1992, section 5(c). Accordingly, this reprint includes all amendments that commenced operation on or before 27 February 2004. Future amendments of the Health Services Regulation 2002 may be made in accordance with this reprint under the Reprints Act 1992, section 49.

3 Key

Key to abbreviations in list of legislation and annotations

Key	Explanation	Key	Explanation
AIA	= Acts Interpretation Act 1954	(prev)	= previously
amd	= amended	proc	= proclamation
amdt	= amendment	prov	= provision
ch	= chapter	pt	= part
def	= definition	pubd	= published
div	= division	R[X]	= Reprint No.[X]
exp	= expires/expired	RA	= Reprints Act 1992
gaz	= gazette	reloc	= relocated
hdg	= heading	renum	= renumbered
ins	= inserted	rep	= repealed
lap	= lapsed	(retro)	= retrospectively
notfd	= notified	rv	= revised edition
o in c	= order in council	s	= section
om	= omitted	sch	= schedule
orig	= original	sdiv	= subdivision
p	= page	SIA	= Statutory Instruments Act 1992
para	= paragraph	SIR	= Statutory Instruments Regulation 2002
prec	= preceding	SL	= subordinate legislation
pres	= present	sub	= substituted

4 Table of reprints

Reprints are issued for both future and past effective dates. For the most up-to-date table of reprints, see the reprint with the latest effective date.

If a reprint number includes a letter of the alphabet, the reprint was released in unauthorised, electronic form only.

TABLE OF REPRINTS

Reprint No.	Amendments included	Effective	Notes
1	none	30 August 2002	
1A	to 2003 SL No. 4	31 January 2003	
1B	to 2003 SL No. 130	1 July 2003	
1C	to 2003 SL No. 222	20 September 2003	
1D	to 2003 SL No. 222	1 October 2003	
1E	to 2004 SL No. 6	27 February 2004	R1E withdrawn, see R2
2	to 2004 SL No. 6	27 February 2004	

5 List of legislation

Health Services Regulation 2002 SL No. 221

made by the Governor in Council on 29 August 2002

notfd gaz 30 August 2002 pp 1557–61

commenced on date of notification

exp 1 September 2012 (see SIA s 54)

Note—The expiry date may have changed since this reprint was published. See the latest reprint of the SIR for any change.

amending legislation—

Health Services Amendment Regulation (No. 1) 2003 SL No. 4

notfd gaz 31 January 2003 pp 318–19

commenced on date of notification

Workers' Compensation and Rehabilitation Regulation 2003 SL No. 119 ss 1–2, 121 sch 7

notfd gaz 20 June 2003 pp 633–6

ss 1–2 commenced on date of notification

remaining provisions commenced 1 July 2003 (see s 2)

Health Legislation Amendment Regulation (No. 1) 2003 SL No. 130 pts 1, 5

notfd gaz 27 June 2003 pp 749–56

ss 1–2 commenced on date of notification

remaining provisions commenced 1 July 2003 (see s 2)

Health Services Amendment Regulation (No. 2) 2003 SL No. 222

notfd gaz 19 September 2003 pp 219–21

ss 1–2 commenced on date of notification

ss 3, 4 commenced 20 September 2003 (see s 2(1))

remaining provisions commenced 1 October 2003 (see s 2(2))

Health Services Amendment Regulation (No. 1) 2004 SL No. 6

notfd gaz 27 February 2004 pp 808–9

commenced on date of notification

6 List of annotations**Accommodation fees—nursing home type patient**

s 7 amd 2003 SL No. 222 s 4

Pharmaceuticals

s 8 amd 2003 SL No. 4 s 3; 2004 SL No. 6 s 3

Fees for medical records

s 22 amd 2003 SL No. 130 s 10

Specified information to be given to the chief health officer

s 33A ins 2003 SL No. 222 s 5

SCHEDULE 1—FEES

sub 2003 SL No. 130 s 11

amd 2003 SL No. 119 s 121 sch 7; 2003 SL No. 222 s 6

SCHEDULE 2—AGREEMENTS

amd 2003 SL No. 130 s 12

SCHEDULE 3—DICTIONARYdef “**accident and emergency service**” ins 2003 SL No. 222 s 7(2)def “**band 2 procedure**” sub 2003 SL No. 222 s 7(1)–(2)def “**chief health officer**” ins 2003 SL No. 222 s 7(2)def “**compensation or damages**” amd 2004 SL No. 6 s 4def “**diagnostic imaging service**” ins 2003 SL No. 222 s 7(2)def “**maintenance care**” ins 2003 SL No. 222 s 7(2)def “**MBS fee**” ins 2003 SL No. 222 s 7(2)def “**Medicare Benefits Schedule**” ins 2003 SL No. 222 s 7(2)def “**pathology request**” ins 2003 SL No. 222 s 7(2)def “**rehabilitation care**” ins 2003 SL No. 222 s 7(2)def “**scheduled service**” ins 2003 SL No. 222 s 7(2)def “**WorkCover Queensland**” om 2003 SL No. 119 s 121 sch 7def “**workers’ compensation insurer**” ins 2003 SL No. 119 s 121 sch 7def “**workers’ compensation patient**” amd 2003 SL No. 119 s 121 sch 7