

Queensland



*Health Services Act 1991*

# **HEALTH SERVICES (PUBLIC HOSPITALS FEES AND CHARGES) REGULATION 1992**

**Reprinted as in force on 21 April 1993  
(includes amendments up to SL No. 453 of 1992)**

**Reprint No. 2**

This reprint is prepared by  
the Office of the Queensland Parliamentary Counsel  
Warning—This reprint is not an authorised copy

## Information about this reprint

This regulation is reprinted as at 21 April 1993. As required by section 5 of the *Reprints Act 1992*, it—

- shows the law as amended by all amendments that commenced before that day; and
- incorporates all necessary consequential amendments, whether of punctuation, numbering or another kind.

As required by section 6 of the *Reprints Act 1992*, the reprint includes, in a suitable place, a reference to the law by which each amendment was made—see List of legislation and List of annotations in Endnotes.

The opportunity has also been taken, under section 7 of the *Reprints Act 1992*, to do the following—

- use aspects of format and printing style consistent with current legislative drafting practice as permitted by section 35 of that Act.

**Also see Endnotes for—**

- **details about when provisions commenced; and**
- **any provisions that have not commenced and are not incorporated in the reprint.**

**See previous reprint for information about earlier changes made to this regulation under the *Reprints Act 1992*.**



# HEALTH SERVICES (PUBLIC HOSPITALS FEES AND CHARGES) REGULATION 1992

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## **HEALTH SERVICES (PUBLIC HOSPITALS FEES AND CHARGES) REGULATION 1992**

[as amended by all amendments that commenced before 21 April 1993<sup>2</sup>]

### **Short title**

1. This regulation may be cited as the *Health Services (Public Hospitals Fees and Charges) Regulation 1992*<sup>3-4</sup>.

### **Definitions**

3. In this regulation—

**“ancillary services”** means ancillary medical services including—

- (a) physiotherapy; and
- (b) speech pathology; and
- (c) occupational therapy; and
- (d) podiatry; and
- (e) social work;

**“Commonwealth benefit”** has the meaning given by section 46 of the *National Health Act 1953* of the Commonwealth;

**“Commonwealth extensive care benefit”** has the meaning given by section 46 of the *National Health Act 1953* of the Commonwealth;

**“day”** means the 24 hour period between midnight on one day and midnight on the following day;

**“day benefit patient”** means a patient on whom a procedure, mentioned in the Schedule to the Determination made by the Commonwealth Minister for the purposes of paragraph (db) of the definition of “basic private table” under the *National Health Act 1953* of the Commonwealth, is carried out in a recognised hospital in 1 day;

**“eligible person”** means—

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- (a) an eligible person for the purposes of the Medicare Agreement; or
- (b) a person who is eligible for free hospital treatment under special administrative arrangements;

**“Medicare Agreement”** means the agreement in force between the Commonwealth and the State under section 23F of the *Health Insurance Act 1973* of the Commonwealth;

**“nursing home type patient”** has the meaning given by section 3 of the *Health Insurance Act 1973* of the Commonwealth;

**“pensioner”** has the meaning given by section 4(1) of the *National Health Act 1953* of the Commonwealth;

**“recognised hospital”** has the meaning given by section 3 of the *Health Insurance Act 1973* of the Commonwealth;

**“special administrative arrangements”** means arrangements made under—

- (a) an agreement entered into under section 7 of the *Health Insurance Act 1973* of the Commonwealth; or
- (b) an order made under section 6 of the *Health Insurance Act 1973* of the Commonwealth;

**“third party day benefit patient”** means a patient who is—

- (a) a third party patient; and
- (b) a day benefit patient;

**“third party patient”** means a patient who—

- (a) receives care and treatment for an injury, illness or disease; and
- (b) at any time receives, or establishes a right to receive compensation or damages (including payment in settlement of a claim for compensation or damages) in relation to the injury, illness or disease;

**“workers’ compensation day benefit patient”** means a patient who is—

- (a) a workers’ compensation patient; and
- (b) a day benefit patient;

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**“workers’ compensation patient”** means a patient who is a third party patient who is receiving or entitled to receive a benefit under the *Workers’ Compensation Act 1990* or a similar or equivalent law of another State or Territory.

**Accommodation etc. charges**

**4.(1)** An Authority may charge, for patient accommodation and other services specified in the Medicare Agreement, the fees and charges that are specified opposite the following classes of patients—

	\$
(a) eligible person, who is a patient of a private medical practitioner, accommodated in a single room— per day . . . . .	300
(b) eligible person, who is a patient of a private medical practitioner, accommodated in other than a single room— per day . . . . .	189
(c) eligible person, who is a patient of a private medical practitioner, accommodated in either a single room or shared accommodation for less than 1 day . . . . .	137
(d) workers’ compensation day benefit patient (other than a day benefit patient covered by the Workers’ Compensation Board of Queensland), third-party day benefit patient or a day benefit patient who is not an eligible person— per day . . . . .	395
(e) eligible person, who is a patient of a private medical practitioner, treated at a hospital as a day benefit patient and whose treatment can be classified into 1 of the following bands—	
(i) Band 1—gastro-intestinal endoscopy procedures, non-surgical procedures that do not usually require an anaesthetic, diagnostic and minor surgical procedures . . . . .	137
(ii) Band 2—procedures that take less than 1 hour	

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	carried out under local anaesthetic . . . . .	154
(iii)	Band 3—procedures that take less than 1 hour carried out under general or regional anaesthetic	171
(iv)	Band 4—procedures that take longer than 1 hour carried out under general or regional anaesthetic	189
(f)	eligible person who is accommodated in a standard ward or treated in another area of a hospital as a public patient	no charge
(g)	workers' compensation patient (other than a patient covered by the Workers' Compensation Board of Queensland)— per day . . . . .	395
(h)	third-party patient— per day . . . . .	395
(i)	workers' compensation patient (covered by the Workers' Compensation Board of Queensland), accommodated in either a single room or shared accommodation with the approval of the Workers' Compensation Board of Queensland— per day . . . . .	395
(j)	patient who is not an eligible person or included in any other classification— per day . . . . .	395.

(2) For the purposes of subsection (1)(e), the band into which a particular treatment is classified is determined by the Commonwealth Minister administering the *National Health Act 1953* of the Commonwealth.

(3) An Authority may charge a nursing home type patient of a private medical practitioner, for accommodation and other services specified in the Medicare Agreement—

- (a) the amount prescribed under section 42 of the *Social Security Act 1947* of the Commonwealth as the amount to be paid to a person controlling a benevolent home for the maintenance of an age or invalid pensioner who is an inmate of the home and who receives the maximum rate of age or invalid pension under the *Social Security Act 1947*; and



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(b) in the case where—

- (i) the Commonwealth benefit only is being paid—the amount of the benefit; or
- (ii) both the Commonwealth benefit and the Commonwealth extensive care benefit are being paid—the amount of both benefits.

(4) An Authority may charge a nursing home type patient accommodated in a standard ward, the amount prescribed under section 42 of the *Social Security Act 1947* of the Commonwealth as the amount to be paid to a person controlling a benevolent home for the maintenance of an age or invalid pensioner who is an inmate of the home and who receives the maximum rate of age or invalid pension under the *Social Security Act 1947*.

### **Administrative charges**

5. An Authority may charge—

- (a) administrative charges approved by the Minister; and
- (b) facility charges;

for the purpose of giving effect to the Medicare Agreement.

### **Pharmaceutical charges**

6.(1) This section applies subject to the provisions of Part VII of the *National Health Act 1953* of the Commonwealth.

(2) The maximum amounts that may be charged by an Authority for pharmaceuticals supplied by a public hospital from a hospital pharmacy to the following people, who are not inpatients of that hospital, are—

\$

- (a) a holder, or a dependant of a holder, of a—
  - (i) Pensioner Health Benefits Card; or
  - (ii) Health Care Card; or
  - (iii) Health Benefits Card; or
  - (iv) Pharmaceutical Benefits Concession Card (Part Pensioner); or

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- (v) Personal Treatment Entitlement Card (PTEC); or
- (vi) Special Treatment Entitlement Card (STEC); or
- (vii) Seniors' Card—  
per item ..... 2.60
- (b) a person, other than a child under the guardianship or temporary custody of the Department of Family Services and Aboriginal and Islander Affairs or a person specified in paragraph (a), is to pay—
  - (i) the maximum patient payment, for the item, specified in the Queensland Hospitals Non-Inpatient Dispensed Drug Price Catalogue; or
  - (ii) \$15.90;
 whichever is the lesser amount but if no maximum patient payment is specified in the Catalogue for the item—  
per item ..... 15.90.

(3) The maximum amount that may be charged for pharmaceuticals by an Authority for a single visit to a public hospital by a person who is not an inpatient is the total for 4 items at the maximum charge rate specified in subsection (2)(a) or (b).

### **Prosthesis charges**

**6A.(1)** An Authority may charge, for the provision in Queensland of a surgically implanted prosthesis to a privately insured pensioner with private patient status, the amount specified in subsection (2).

(2) The amount that may be charged is the amount specified in Schedule 1 of the Commonwealth Minister's determination for the purposes of paragraph (dd) of the definition of "basic private table" under section 4(1) of the *National Health Act 1953* of the Commonwealth for the provision in Queensland of—

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- (a) the prosthesis; or
- (b) the class of prosthesis in which the prosthesis is included.

### **Outpatient services charges**

7. An Authority may charge an amount of \$48.00 per service for outpatient services for workers' compensation patients (other than those outpatients covered by the Workers' Compensation Board of Queensland).

### **Medical examinations and reports charges**

8.(1) An Authority may make the following charges for special medical examinations or reports provided for purposes other than the usual medical attention and treatment of a patient of a public hospital—

	\$
(a) life insurance medical examination and report . .	60.00
(b) short report only . . . . .	35.00
(c) other reports . . . . .	60.00.

(2) The charges specified in subsection (1) do not apply to medical examinations made for, and reports provided to, the Public Defender's Office and the Workers' Compensation Board of Queensland.

### **Ancillary services**

9.(1) An Authority may provide ancillary services to an eligible person who is a patient of a private medical practitioner if the Authority is satisfied that—

- (a) the services of a private practitioner are not available; and
- (b) it is necessary for the person's wellbeing that the Authority provide the services.

(2) In this section—

**“private practitioner”** means a person other than a medical practitioner

who is the appropriate private practitioner to provide the relevant ancillary service.

## ENDNOTES

### 1 Index to Endnotes

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### 2 Date to which amendments incorporated

This is the day mentioned in section 5(c) of the *Reprints Act 1992*. Accordingly, this reprint includes all amendments that commenced operation before 21 April 1993. Future amendments of the *Health Services (Public Hospitals Fees and Charges) Regulation 1992* may be made in accordance with this reprint because of section 49 of the *Reprints Act 1992*.

### 3 List of legislation

**Health Services (Public Hospitals Fees and Charges) Regulation 1992  
SL No. 211**

notfd Gaz 3 July 1992 pp 2245–7  
commenced on date of notification

as amended by—

**Health Services (Public Hospitals) Fees and Charges Amendment Regulation  
(No. 1) 1992 SL No. 339**

notfd Gaz 6 November 1992 pp 1286–9  
commenced on date of notification

**Health Services (Public Hospitals Fees and Charges) Amendment Regulation  
(No. 2) 1992 SL No. 453**

notfd Gaz 18 December 1992 pp 1988–96  
ss 1–2 commenced on date of notification  
remaining provisions commenced 1 January 1993 (see s 2)

## 4 List of annotations

### Key to abbreviations in list of annotations

RA	=	<i>Reprints Act 1992</i>
amd	=	amended
ins	=	inserted
om	=	omitted
renum	=	renumbered
sub	=	substituted
Chap	=	Chapter
Pt hdg	=	Part heading
Div hdg	=	Division heading
Sdiv hdg	=	Subdivision heading
hdg prec	=	heading preceding
prov hdg	=	provision heading
cl	=	clause
prev	=	previous
pres	=	present

Provisions not included in reprint, or amended by  
amendments not included in reprint, are underlined

### Short title

s 1 sub 1992 SL No. 453 s 4

### Repeal of regulation

s 2 om (see s 40 RA)

### Definitions

s 3 def “**pensioner**” ins 1992 SL No. 339 s 3

### Accommodation etc. charges

s 4 amd 1992 SL No. 453 s 5

### Pharmaceutical charges

s 6 amd 1992 SL No. 453 s 6

### Prosthesis charges

s 6A ins 1992 SL No. 339 s 4