

Queensland



Health Services Act 1991

HEALTH SERVICES REGULATION 1992

**Reprinted as in force on 10 October 1997
(includes amendments up to SL No. 337 of 1997)**

Reprint No. 5B

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Information about this reprint

This regulation is reprinted as at 10 October 1997. The reprint shows the law as amended by all amendments that commenced on or before that day (Reprints Act 1992 s 5(c)).

The reprint includes a reference to the law by which each amendment was made—see list of legislation and list of annotations in endnotes.

This page is specific to this reprint. See previous reprints for information about earlier changes made under the Reprints Act 1992. A table of earlier reprints is included in the endnotes.

Also see endnotes for information about—

- **when provisions commenced**
- **editorial changes made in earlier reprints.**

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HEALTH SERVICES REGULATION 1992

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HEALTH SERVICES REGULATION 1992

[as amended by all amendments that commenced on or before 10 October 1997]

PART 1—PRELIMINARY

Short title

1. This regulation may be cited as the *Health Services Regulation 1992*.

Definitions

3. In this regulation—

“**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 within the meaning of that section.

“**Commonwealth benefit**” has the meaning given by section 46 of the *National Health Act 1953* (Cwlth).

“**Commonwealth extensive care benefit**” has the meaning given by section 46 of the *National Health Act 1953* (Cwlth).

“**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* (Cwlth), is carried out in a recognised hospital in 1 day.

“**eligible person**” means—

- (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.

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“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.

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

“nursing home type patient” has the meaning given by section 3 of the *Health Insurance Act 1973* (Cwlth).

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

“place” has the meaning given by the *Aged Care Act 1997* (Cwlth), schedule 1.

“recognised hospital” has the meaning given by section 3 of the *Health Insurance Act 1973* (Cwlth).

“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, within the meaning of that section, is not a member of a couple.

“residential care facility” see section 3A.

“special administrative arrangements” means arrangements made under—

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

“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 (other than an injury to which the *Motor Accident Insurance Act 1994* applies), illness or

disease; and

- (b) receives, or establishes a right to receive, for the injury, illness or disease—
 - (i) compensation, or payment in settlement of a claim for compensation, other than compensation under the Criminal Code, chapter 65A; or
 - (ii) damages or payment in settlement of a claim for damages.

“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, within the meaning of that section, 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.

“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, within the meaning of that section, 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, within the meaning of that section, 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, within the meaning of that section, is—

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

“WorkCover Queensland” has the meaning given by the *WorkCover Queensland Act 1996*.

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

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

“workers’ compensation patient” means a patient who is a third party patient who is receiving, or is entitled to receive, compensation under the *WorkCover Queensland Act 1996* or a similar or equivalent law of another State or Territory.

Meaning of “residential care facility”

3A.(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 infirmity, illness, disease, incapacity or disability, have a continuing need for nursing or personal care.

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

PART 2—PUBLIC HOSPITALS FEES AND CHARGES

Accommodation etc. charges

4.(1) The fees for patient accommodation and other services stated in the Medicare Agreement that may be charged are specified opposite the following classes of patients—

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	\$
(a) eligible person, who is a patient of a private medical practitioner, accommodated in a single room—per day	340.00
(b) eligible person, who is a patient of a private medical practitioner, accommodated in other than a single room—per day	213.00
(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	154.00
(d) workers' compensation day benefit patient (other than a day benefit patient covered by WorkCover Queensland), third party day benefit patient or a day benefit patient who is not an eligible person—per day	611.00
(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—gastrointestinal endoscopy procedures, non-surgical procedures that do not usually require an anaesthetic, diagnostic and minor surgical procedures	154.00
(ii) Band 2—procedures that take less than 1 hour carried out under local anaesthetic	173.00
(iii) Band 3—procedures that take less than 1 hour carried out under general or regional anaesthetic	191.00
(iv) Band 4—procedures that take longer than 1 hour carried out under general or regional anaesthetic	213.00
(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 WorkCover Queensland)—per day . . .	611.00
(h) third party patient—per day	611.00

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- | | |
|--|---------|
| (i) workers' compensation patient (covered by WorkCover Queensland) who is a patient of a private medical practitioner, accommodated in either a single room or shared accommodation with the approval of WorkCover Queensland—per day . . . | 611.00 |
| (j) patient who is not an eligible person or included in any other classification—per day | 611.00. |

(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* (Cwlth).

Accommodation etc. charges—nursing home type patients

4A.(1) This section specifies the fees payable by nursing home type patients for each day of residence at 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 following formula—

$$\mathbf{87.5\ \% \times \frac{U18\ DSPA + U18\ RAA}{NDY}}$$

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

$$\mathbf{87.5\ \% \times \frac{U21\ DSPA + U21\ RAA}{NDY}}$$

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

$$\mathbf{87.5\ \% \times \frac{BAPA + RAA}{NDY}}$$

(5) If the patient is a patient of a private medical practitioner, the patient must, in addition to the amount worked out under subsections (2) to (4), pay the relevant amount specified in schedule 4 of the determination made under the *National Health Act 1953* (Cwlth), schedule 1, paragraph (bj).

(6) However, the chief executive may waive, wholly or partially, 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.

(7) In this section—

“**BAPA**” means basic age pension amount.

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

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

“**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.

Administrative and facility charges

5. To give effect to the Medicare Agreement, the following may be charged—

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

Pharmaceutical charges

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

(2) The maximum amounts that may be charged for pharmaceuticals supplied by a public hospital 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
 - (v) Personal Treatment Entitlement Card (PTEC); or
 - (vi) Special Treatment Entitlement Card (STEC)—
per item 3.20
- (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) \$20.00;
 whichever is the lesser amount but if no maximum patient payment is specified in the Catalogue for the item—
per item 20.00.

(3) The maximum amount that may be charged for pharmaceuticals 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. The amount that may be charged for the provision of a surgically implanted prosthesis to a person with private patient status 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* (Cwlth) for the provision in Queensland of—

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

Outpatient services charges

7. An amount of \$52.00 for each service may be charged for outpatient services for workers’ compensation patients (other than those outpatients covered by WorkCover Queensland).

Medical examinations and reports charges

8.(1) The following fees may be charged 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	64.00
(b) short report only	38.00
(c) other reports	64.00.

(2) The charges specified in subsection (1) do not apply to medical examinations made for, and reports provided to, the Intellectually Disabled Citizens Council of Queensland, the Public Defender’s Office and WorkCover Queensland.

PART 2A—RESIDENTIAL CARE FACILITIES FEES

Residents of residential care facilities

8A.(1) This section specifies the fees payable by residents of residential care facilities for each day of residence at a residential care facility, other than—

- (a) residents occupying places allocated by the Commonwealth to the State under the *Aged Care Act 1997* (Cwlth), section 14-1;¹ and

¹ These residents pay the fees stated in section 8B.

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(b) residents occupying hostel places.²

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

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

(5) In this section—

“BAPA” means basic age pension amount.

“RAA” means rent assistance amount.

“NDY” means number of days in the year.

“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.

Occupiers of places under Aged Care Act 1997 (Cwlth)

8B.(1) This section applies to residents of residential care facilities occupying places allocated by the Commonwealth to the State under the *Aged Care Act 1997* (Cwlth), section 14-1.

(2) The fee payable by a resident for each day of residence at a residential

² These residents pay the fees stated in section 8C.

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.

Occupiers of hostel places

8C.(1) This section applies to persons occupying hostel places.

(2) The fee payable by a person occupying a hostel place for each day of residence at Eventide Charters Towers, Eventide Rockhampton or Eventide Sandgate is the amount worked out using the following formula—

$$\mathbf{66.67\% \times \frac{BAPA + RAA}{NDY}}$$

(3) In subsection (2)—

“**BAPA**” means basic age pension amount.

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

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

Waiver of fee

8D. The chief executive may waive, wholly or partially, payment of a fee mentioned in sections 8A to 8C if the chief executive is satisfied payment of the fee would cause the resident financial hardship.

PART 3—FEES FOR MEDICAL RECORDS

Fees for medical records

10.(1) A fee is payable in accordance with this section for the provision of a copy of a document containing medical records of a public sector health service relating to a person.

(2) The fee is—

(a) for a copy of an x-ray—\$8.00; or

(b) for a copy of a photograph—\$4.00; or

(c) for a copy of a videotape—\$10.00.

(3) The fee is payable to the organisation, body or person from the public sector providing the copy.

PART 4—DENTAL SERVICES FEES AND CHARGES

Fees and charges

11.(1) The fees and charges that may be charged for dental services are set out in schedule 1.

(2) Where no fee is set out in schedule 1 in respect of a dental service, a reasonable fee assessed by the chief executive, having regard to the nature and complexity of the service provided, may be charged.

PART 5—HEALTH SERVICE EMPLOYEES

Parts of department to which the Act, s 5(1) does not apply

12. For section 5(2) of the Act, the parts of the department in which the chief executive may not appoint a person as a health service employee are the units or sections stated in schedule 4, column 2 of the branches stated in schedule 4, column 1.

PART 6—CONFIDENTIAL INFORMATION**Giving of information—Act, s 63(2)(g)**

13. The agreements in schedule 5 are agreements for section 63(2)(g) of the Act.

SCHEDULE 1
DENTAL SERVICES FEES

section 11

PREVENTIVE DENTISTRY—

(a) cleaning and fluoride application (including plaque removal)	\$37.00
(b) scaling and cleaning per 15 minute session	\$36.70
(c) fissure sealant treatments—	
(i) where one tooth only is treated at a session . . .	\$20.80
(ii) where two or more teeth are treated in the same quadrant at a session—	
per tooth	\$14.90

RESTORATIONS—

(a) amalgam (permanent or deciduous teeth)—	
(i) 1 surface	\$36.40
(ii) 2 surfaces	\$43.60
(iii) 3 surfaces	\$57.00
(b) silicate cement/glass ionomer	\$39.60
(c) enamel bonded composite resin—	
(i) 1 surface	\$43.60
(ii) 2 surfaces	\$52.10
(iii) 3 surfaces	\$69.80
(d) pin retention—	
per unit pin	\$11.60

INLAYS*—

(a) direct—	
(i) simple	\$170.50
(ii) complex	\$215.90
(b) indirect—	
(i) 2 surfaces	\$255.60
(ii) 3 surfaces	\$314.20

* Fees include laboratory cost and cost of gold or other metal.

 SCHEDULE 1 (continued)

CROWNS*—

(a) three-quarter cast crown	\$354.60
(b) full cast crown	\$379.60
(c) plastic crown	\$374.10
(d) plastic faced cast crown	\$423.30
(e) porcelain fused to metal crown (including laboratory fee)	\$643.70
(f) porcelain jacket crown (including laboratory fee) . .	\$563.30
(g) cast cores where necessary	\$85.40
(h) preformed crown (non-precious metal) including adaption and cementation	\$66.50
(i) temporary crown where no other restoration is intended or desired	\$37.90

BRIDGE WORK*—

Pontics—

per unit	\$186.80
Add cost of appropriate restoration (crown or inlay)	

ENDODONTICS—

Removal of pulp, treatment of infected pulp and root filling including radiographs—

(a) single root canal	\$206.40
(b) each additional root canal	\$80.00
(c) pulpotomy	\$50.30
(d) mummification	\$50.30

X-RAYS—

(a) single periapical or bitewing radiograph	\$19.40
(b) two periapical or bitewing radiographs	\$29.80
(c) each additional periapical or bitewing radiograph . .	\$10.50
(d) intraoral radiograph, occlusal, maxillary or mandibular, single view	\$30.50
(e) complete intraoral series or periapical radiographs (up to 14 films)	\$101.70
(f) extraoral radiograph, maxillary or mandibular, single view	\$44.20

 * Fees include laboratory cost and cost of gold or other metal.

SCHEDULE 1 (continued)

(g) extraoral radiograph, maxillary or mandibular, two views	\$73.00
DRESSINGS—	
To be charged only where no subsequent restoration is intended or desired	\$16.70
EXODONTICS (permanent or deciduous teeth)—	
(a) extractions under local anaesthesia—	
(i) 1 permanent tooth	\$43.50
(ii) 1 deciduous tooth	\$34.90
(iii) each additional tooth	\$26.00
(b) extractions under general anaesthesia—	
(i) minimum (up to 4 teeth)	\$177.80
(ii) maximum (5 or more teeth)	\$230.10
(c) haemorrhage treatment—to be charged only if extraction has been performed other than as a public sector health service	\$47.30
(d) post-operative treatment—to be charged only if extraction or oral surgery performed other than by a Board—	
per treatment	\$16.90
maximum fee	\$49.30
FRACTURED JAWS AND ALLIED TREATMENTS—	
(a) maxillary and mandibular acrylic splints	\$268.40
(b) maxillary or mandibular acrylic splints each	\$181.10
(c) cast metal splint each	\$268.40
(d) inter-dental wiring	\$170.80
(e) acrylic splints required for occlusal adjustment—	
per arch	\$111.10
MOUTHGUARDS—	
Mouthguard (plastic only), including impression and all laboratory procedures	\$76.80
PROSTHETICS—	
(a) dentures—	
(i) full upper or lower	\$423.70
(ii) full upper and lower	\$787.90

SCHEDULE 1 (continued)

(iii) partial dentures, including retainers—	
1 tooth	\$247.56
2 teeth	\$261.90
3 teeth	\$275.70
4 teeth	\$303.20
5 teeth	\$316.90
6 teeth	\$330.70
7 teeth	\$344.40
8 teeth	\$358.20
9 teeth	\$372.00
10 teeth	\$385.70
11 teeth	\$399.50
12 teeth	\$413.20
(iv) cast metal dentures—add laboratory fee or casting fee to appropriate fee for partial denture	
(v) casting fee dependent upon complexity of casting—	From
to be assessed by the chief executive	\$141.10
	to \$193.50
(vi) relining (processed)	\$150.60
(vii) rebasing (processed)	\$181.10
(viii) occlusal correction of denture requiring removal and resetting of teeth	\$166.60
(b) repairs to dentures—	
(i) ordinary fractures	\$40.90
(ii) replacement of one tooth (or clasp)—	
where impression required	\$61.70
each additional unit	\$17.40
(iii) addition of new tooth or clasp	\$77.50
each additional unit	\$20.30
(iv) cast metal dentures—fees in (i), (ii) and (iii) plus any laboratory fee or casting fee.	
PERIODONTICS—	
Periodontics performed other than by a specialist periodontist—	
(a) acute or chronic—	
per visit	\$42.10
(b) maximum fee	\$126.50

SCHEDULE 1 (continued)

ORTHODONTICS—

Orthodontics performed other than by a specialist orthodontist—

- | | |
|---|-------------|
| (a) removable appliances (including study models, mouth preparation and design but not x-rays)— | |
| (i) initial appliance | \$253.50 |
| (ii) subsequent appliances | \$210.90 |
| (b) acrylic bite planes | \$142.90 |
| (c) simple banded appliances (including study models, mouth preparation and design but not x-rays)— | From |
| to be assessed by the dentist-in-charge | \$188.40 to |
| \$332.20 | |
| (d) adjustments (removable or fixed appliances) | \$29.00 |
| (e) repairs (removable or fixed appliances) | \$40.90 |
| (f) repairs to fixed appliance where band is re-cemented | \$58.40 |
| (g) space maintainers and retaining appliances (acrylic)— | |
| each | \$188.40 |
| (h) space maintainers (non-precious metal, including preformed crowns and attachments)— | |
| each | \$94.10 |

ORAL SURGERY—

Oral Surgery performed other than by a specialist oral surgeon—

- | | |
|--|----------|
| (a) minimum fee | \$52.70 |
| (b) maximum fee | \$158.10 |
| actual fee to be assessed on hourly basis— | |
| hourly rate | \$105.30 |

MISCELLANEOUS—

- | | |
|---|----------|
| (a) obturators and similar appliances— | |
| add cost of denture to | \$166.60 |
| (b) bands for fractured teeth, including necessary dressings— | |
| each | \$40.50 |
| (c) simple occlusal grinding— | |
| (i) single tooth | \$16.80 |
| (ii) multiple teeth | \$30.50 |

(d) occlusal equilibration where study models are used—	
excluding splints	\$104.70
(e) maxillo-facial and special appliances—	From
to be assessed by the dentist-in-charge	\$192.70 to
	\$288.90
(f) re-cementing inlays or crowns	\$36.00
(g) topical application of desensitising agents to tooth surfaces except where involved in preparation for a restoration—	
per visit	\$15.30
(h) fixation of mobile teeth using bands, ligatures or composite resin materials—	
(i) single tooth	\$34.10
(ii) multiple teeth	\$50.50

SCHEDULE 4**PARTS OF DEPARTMENT TO WHICH SECTION 5(1)
OF THE ACT DOES NOT APPLY**

section 12

Column 1	Column 2
Branch	Unit or section
Public Health Services	Planning and Research Communicable Diseases Women's Cancer Screening Services Environmental Health Radiation Health Specialised Health Services Oral Health Alcohol, Tobacco and Other Drugs Government Medical Office
Pathology and Scientific Services	Queensland Health Scientific Services (Government Medical Laboratory, Laboratory of Microbiology and Pathology and John Tonge Centre) Regional Biomedical Engineering Services

SCHEDULE 5**AGREEMENTS**

section 13

1. Medicare Agreement.
2. Agreement between the State of Queensland and the State of Victoria for the funding of treatment of Victoria's residents in Queensland's recognised hospitals and vice versa dated 24 January 1995.
3. Agreement between the State of Queensland and the Australian Capital Territory for the funding of treatment of Australian Capital Territory's residents in Queensland's recognised hospitals and vice versa dated 23 March 1995.
4. Agreement between the State of Queensland and the State of Western Australia for the funding of treatment of Western Australia's residents in Queensland's recognised hospitals and vice versa dated 10 April 1995.
5. Agreement between the State of Queensland and the Territory of Northern Territory for the funding of treatment of Northern Territory's residents in Queensland's recognised hospitals and vice versa dated 27 April 1995.

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 10 October 1997. Future amendments of the Health Services Regulation 1992 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

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

4 Table of earlier reprints

TABLE OF EARLIER REPRINTS

[If a reprint number includes a roman letter, the reprint was released in unauthorised, electronic form only.]

Reprint No.	Amendments included to	Reprint date
1	to SL No. 339 of 1992	1 December 1992
2	to SL No. 453 of 1992	21 April 1993
3	to SL No. 358 of 1993	8 October 1993
4	to SL No. 213 of 1994	2 September 1994
4A	to SL No. 14 of 1996	6 November 1996
5	to SL No. 17 of 1997	5 March 1997
5A	to SL No. 238 of 1997	26 August 1997

5 Tables in earlier reprints

TABLES IN EARLIER REPRINTS

Name of table	Reprint No.
Corrected minor errors	1, 5

6 List of legislation

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

made by the Governor in Council on 2 July 1992

notfd gaz 3 July 1992 pp 2245–7

commenced on date of notification

exp 2 July 2002 (see SIA s 54)

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)

Health Services (Public Hospitals Fees and Charges) Amendment Regulation (No. 1) 1993 SL No. 286

notfd gaz 30 July 1993 pp 1594–6

ss 1–2 commenced on date of notification

remaining provisions commenced 2 August 1993 (see s 2)

Health Services (Public Hospitals Fees and Charges) Amendment Regulation (No. 2) 1993 SL No. 358

notfd gaz 17 September 1993 pp 225–8

commenced on date of notification

Health Legislation Amendment Regulation (No. 1) 1994 SL No. 213 pts 1, 4

notfd gaz 24 June 1994 pp 1058–61

ss 1–2 commenced on date of notification

s 9 commenced 1 September 1994 (see s 2(2))

remaining provisions commenced 1 July 1994 (see s 2(1))

Health Services (Public Hospitals Fees and Charges) Amendment Regulation (No. 1) 1995 SL No. 202

notfd gaz 22 June 1995 pp 1281A–1281D

ss 1–2 commenced on date of notification

remaining provisions commenced 1 July 1995 (see s 2)

Health Services Legislation Amendment Regulation (No. 1) 1995 SL No. 402 pts 1, 2

notfd gaz 22 December 1995 pp 1672–6

ss 9–10 commenced 1 January 1996 (see s 2)

remaining provisions commenced on date of notification

list of legislation to Health Services (Public Sector) Fees Regulation 1992 SL No. 386—before relocation of s 2 to Health Services Regulation 1992 SL No. 211 pt 3 s 10 (see 1995 SL No. 402 s 12)**Health Services (Public Sector) Fees Regulation 1992 SL No. 386**

notfd gaz 4 December 1992 pp 1723–6

commenced on date of notification

as amended by—

Health Services Legislation Amendment Regulation (No. 1) 1995 SL No. 402 pts 1, 3

notfd gaz 22 December 1995 pp 1672–6

commenced on date of notification

list of legislation to Public Hospitals (Dental Services Fees and Charges) Regulation 1991—before relocation of s 3, sch to Health Services Regulation 1992 SL No. 211 pt 4 s 11, sch 1 (see 1995 SL No. 402 s 16)

Public Hospitals (Dental Services Fees and Charges) Regulation 1991

pubd gaz 18 May 1991 pp 269–74
 commenced on date of publication

Note—This regulation was made under the Hospitals Act 1936 and was saved by the Health Services Act 1991, section 8.12

as amended by—

Health Services Legislation Amendment Regulation (No. 1) 1995 SL No. 402 pts 1, 4

notfd gaz 22 December 1995 pp 1672–6
 commenced on date of notification

amending legislation to Health Services Regulation 1992 SL No. 211—after relocation of Health Services (Public Sector) Fees Regulation 1992 SL No. 386, s 2 and Public Hospitals (Dental Services Fees and Charges) Regulation 1991 s 3 sch**Health Services Legislation Amendment Regulation (No. 1) 1995 SL No. 402**

notfd gaz 22 December 1995 pp 1672–6
 ss 9–10 commenced 1 January 1996 (see s 2)
 remaining provisions commenced on date of notification

Health Services Amendment Regulation (No. 1) 1996 SL No. 14

notfd gaz 2 February 1996 pp 488–90
 commenced on date of notification

Regional Health Authorities (Consequential Amendments) Regulation 1996 SL No. 413 pts 1, 6

notfd gaz 20 December 1996 pp 1588–98
 commenced on date of notification

WorkCover Queensland Regulation 1997 SL No. 17 ss 1–2, 47 sch 6

notfd gaz 31 January 1997 pp 376–8
 ss 1–2 commenced on date of notification
 remaining provisions commenced 1 February 1997 (see s 2)

Health Services Amendment Regulation (No. 1) 1997 SL No. 164

notfd gaz 4 July 1997 pp 1143–4
 commenced on date of notification

Health Services Amendment Regulation (No. 2) 1997 SL No. 238

notfd gaz 1 August 1997 pp 1552–4
 commenced on date of notification

Health Services Amendment Regulation (No. 3) 1997 SL No. 311

notfd gaz 26 September 1997 pp 354–6
 ss 1–2 commenced on date of notification
 remaining provisions commenced 1 October 1997 (see s 2)

Health Services Amendment Regulation (No. 4) 1997 SL No. 337

notfd gaz 10 October 1997 pp 586–7
 commenced on date of notification

7 List of annotations

PART 1—PRELIMINARY

pt hdg ins 1995 SL No. 402 s 4

Short title

s 1 sub 1992 SL No. 453 s 4; 1995 SL No. 402 s 5

Repeal of regulation

s 2 om R1 (see RA s 40)

Definitions

s 3 def “**ancillary services**” om 1997 SL No. 164 s 3
 def “**basic age pension amount**” ins 1997 SL No. 311 s 4
 def “**hostel place**” ins 1997 SL No. 311 s 4
 def “**pensioner**” ins 1992 SL No. 339 s 3
 def “**place**” ins 1997 SL No. 311 s 4
 def “**rent assistance amount**” 1997 SL No. 311 s 4
 def “**residential care facility**” 1997 SL No. 311 s 4
 def “**third party patient**” sub 1994 SL No. 213 s 9
 amd 1995 SL No. 402 s 6
 def “**under 18 disability support pension amount**” 1997 SL No. 311 s 4
 def “**under 18 rent assistance amount**” 1997 SL No. 311 s 4
 def “**under 21 disability support pension amount**” 1997 SL No. 311 s 4
 def “**under 21 rent assistance amount**” 1997 SL No. 311 s 4
 def “**WorkCover Queensland**” ins 1997 SL No. 238 s 3
 def “**workers’ compensation patient**” sub 1997 SL No. 17 s 47 sch 6

PART 2—PUBLIC HOSPITALS FEES AND CHARGES

pt hdg ins 1995 SL No. 402 s 7

Meaning of “residential care facility”

s 3A ins 1997 SL No. 311 s 5

Accommodation etc. charges

s 4 amd 1992 SL No. 453 s 5; 1993 SL No. 286 s 4; 1994 SL No. 213 s 10; 1995 SL No. 202 s 4; 1996 SL No. 413 s 12; 1997 SL No. 238 ss 4–5; 1997 SL No. 311 s 6

Accommodation etc. charges—nursing home type patients

s 4A ins 1997 SL No. 311 s 7

Administrative and facility charges

s 5 sub 1996 SL No. 413 s 13

Pharmaceutical charges

s 6 amd 1992 SL No. 453 s 6; 1993 SL No. 358 s 3; 1994 SL No. 213 s 11; 1996 SL No. 413 s 14; 1997 SL No. 164 s 4

Prosthesis charges

s 6A ins 1992 SL No. 339 s 4
amd 1996 SL No. 413 s 15; 1997 SL No. 164 s 5

Outpatient services charges

s 7 amd 1994 SL No. 213 s 12; 1995 SL No. 202 s 5; 1996 SL No. 413 s 16;
1997 SL No. 238 s 5

Medical examinations and reports charges

s 8 amd 1994 SL No. 213 s 13; 1995 SL No. 202 s 6; 1996 SL No. 413 s 17;
1997 SL No. 238 s 5

PART 2A—RESIDENTIAL CARE FACILITIES FEES

pt 2A (ss 8A–8D) ins 1997 SL No. 311 s 8

Ancillary services

s 9 amd 1996 SL No. 413 s 18
om 1997 SL No. 164 s 6

PART 3—FEES FOR MEDICAL RECORDS

pt hdg ins 1995 SL No. 402 s 8

Fees for medical records

s 10 (prev 1992 SL No. 386 s 2)
reloc 1995 SL No. 402 s 12

PART 4—DENTAL SERVICES FEES AND CHARGES

pt hdg ins 1995 SL No. 402 s 8

Fees and charges

s 11 (prev reg pubd gaz 18 May 1991 pp 269–74 s 3)
amd 1995 SL No. 402 s 14
reloc 1995 SL No. 402 s 16
amd 1996 SL No. 413 s 19

PART 5—ADMINISTRATOR'S POWERS

pt hdg ins 1995 SL No. 402 s 8
sub 1996 SL No. 413 s 20

Parts of department to which the Act, s 5(1) does not apply

s 12 ins 1995 SL No. 402 s 8
amd 1996 SL No. 14 s 3
sub 1996 SL No. 413 s 20

PART 6—CONFIDENTIAL INFORMATION

pt hdg prev pt hdg ins 1995 SL No. 402 s 9
exp 1 January 1996 (see s 21)
pres pt hdg ins 1997 SL No. 337 s 3

Division 1—Transfer of officers

div hdg ins 1995 SL No. 402 s 9
exp 1 January 1996 (see s 21)

Definitions

s 13 prev s 13 ins 1995 SL No. 402 s 9
exp 1 January 1996 (see s 21)
pres s 13 ins 1997 SL No. 337 s 3

Transfer of officers

s 14 ins 1995 SL No. 402 s 9
exp 1 January 1996 (see s 21)

Leave and superannuation entitlements

s 15 ins 1995 SL No. 402 s 9
exp 1 January 1996 (see s 21)

Terms of employment

s 16 ins 1995 SL No. 402 s 9
exp 1 January 1996 (see s 21)

Division 2—Transfer of health services and property

div hdg ins 1995 SL No. 402 s 9
exp 1 January 1996 (see s 21)

Sexual health clinic laboratory services

s 17 ins 1995 SL No. 402 s 9
exp 1 January 1996 (see s 21)

Patron care responsible hospitality program

s 18 ins 1995 SL No. 402 s 9
exp 1 January 1996 (see s 21)

Cytogenetics services

s 19 ins 1995 SL No. 402 s 9
exp 1 January 1996 (see s 21)

Neonatal screening services

s 20 ins 1995 SL No. 402 s 9
exp 1 January 1996 (see s 21)

Expiry

s 21 ins 1995 SL No. 402 s 9
exp 1 January 1996 (see s 21)

SCHEDULE 1—DENTAL SERVICES FEES

(prev reg pubd gaz 18 May 1991 pp 269–74 sch)
amd 1995 SL No. 402 s 15
reloc 1995 SL No. 402 s 16
amd 1996 SL No. 413 s 21

SCHEDULE 2—TRANSFERRED OFFICERS

ins 1995 SL No. 402 s 10
exp 1 January 1996 (see s 21)

SCHEDULE 3—TRANSFERRED PROPERTY

ins 1995 SL No. 402 s 10
exp 1 January 1996 (see s 21)

SCHEDULE 4—PARTS OF DEPARTMENT TO WHICH SECTION 5(1) OF THE ACT DOES NOT APPLY

ins 1996 SL No. 413 s 22

SCHEDULE 5—AGREEMENTS

ins 1997 SL No. 337 s 4

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