

Queensland



Health Services Act 1991

HEALTH SERVICES (PUBLIC HOSPITALS FEES AND CHARGES) REGULATION 1992

**Reprinted as in force on 2 September 1994
(includes amendments up to SL No. 213 of 1994)**

Reprint No. 4

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 2 September 1994. The reprint—

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

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

Minor editorial changes allowed under the provisions of the Reprints Act 1992 mentioned in the following list have also been made to—

- use standard punctuation consistent with current legislative drafting practice (s 27)
- use expressions consistent with current legislative drafting practice (s 29).

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

Also see Endnotes for—

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

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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 on or before 2 September 1994²]

Short title

1. This regulation may be cited as the *Health Services (Public Hospitals Fees and Charges) Regulation 1992*³⁻⁶.

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* (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.

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“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.

“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).

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

“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) at any time receives, or establishes a right to receive, compensation or damages (including payment in settlement of a claim for compensation or damages) for the injury, illness or disease.

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“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 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 .	309.00
(b) eligible person, who is a patient of a private medical practitioner, accommodated in other than a single room—per day	194.00
(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	141.00
(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	432.00
(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	141.00

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(ii) Band 2—procedures that take less than 1 hour carried out under local anaesthetic	158.00
(iii) Band 3—procedures that take less than 1 hour carried out under general or regional anaesthetic . .	175.00
(iv) Band 4—procedures that take longer than 1 hour carried out under general or regional anaesthetic . .	194.00
(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 the Workers' Compensation Board of Queensland)—per day	432.00
(h) third party patient—per day	432.00
(i) workers' compensation patient (covered by the Workers' Compensation Board of Queensland) who is a patient of a private medical practitioner, accommodated in either a single room or shared accommodation with the approval of the Workers' Compensation Board of Queensland—per day	432.00
(j) patient who is not an eligible person or included in any other classification—per day	432.00.

(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).

(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* (Cwlth) 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
- (b) in the case where—
 - (i) the Commonwealth benefit only is being paid—the amount of the benefit; or

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- (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* (Cwlth) 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* (Cwlth).

(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
 - (v) Personal Treatment Entitlement Card (PTEC); or
 - (vi) Special Treatment Entitlement Card (STEC)—
- per item 2.60

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- (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) \$16.00;
 whichever is the lesser amount but if no maximum patient payment is specified in the Catalogue for the item—
 per item 16.00.

(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* (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 Authority may charge an amount of \$50.00 per service for outpatient services for workers’ compensation patients (other than those outpatients covered by the Workers’ Compensation Board of Queensland).

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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	62.00
(b) short report only	37.00
(c) other reports	62.00.

(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 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.

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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 2 September 1994. Future amendments of the Health Services (Public Hospitals Fees and Charges) Regulation 1992 may be made in accordance with this reprint under the Reprints Act 1992, section 49.

3 Table of previous reprints

Reprint No.	Amendments included	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 Tables in earlier reprints

TABLES IN EARLIER REPRINTS

Name of Table	Reprint No.
Corrected minor errors	1

5 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)

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))

6 List of annotations

Key to abbreviations in list of annotations

amd	=	amended
Ch	=	Chapter
cl	=	clause
def	=	definition
Div	=	Division
hdg	=	heading
ins	=	inserted
om	=	omitted
prec	=	preceding
pres	=	present
prev	=	previous
(prev)	=	previously
prov	=	provision
Pt	=	Part
RA	=	Reprints Act 1992
R1	=	Reprint No. 1
renum	=	renumbered
Sdiv	=	Subdivision
sub	=	substituted

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 R1 (see s 40 RA)

Definitions

s 3 def “**pensioner**” ins 1992 SL No. 339 s 3
def “**third party patient**” sub 1994 SL No. 213 s 9

Accommodation etc. charges

s 4 amd 1992 SL No. 453 s 5; 1993 SL No. 286 s 4; 1994 SL No. 213 s10

Pharmaceutical charges

s 6 amd 1992 SL No. 453 s 6; 1993 SL No. 358 s 3; 1994 SL No. 213 s 11

Prosthesis charges

s 6A ins 1992 SL No. 339 s 4

Outpatient services charges

s 7 amd 1994 SL No. 213 s 12

Medical examinations and reports charges

s 8 amd 1994 SL No. 213 s 13