Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 4) and the Private Health Insurance (Complying Product) Amendment Rules 2012 (No. 6)

Changes to the Private Health Insurance (Benefit Requirements) Rules

The Private Health Insurance (Benefit Requirements) Amendment Rules 2012 (No. 4) (the Benefit Requirements Amendment Rules) were registered with the Federal Register of Legislative Instruments (FRLI) on 20 June 2012 (FRLI No: F2012L01264) and commence on 1 July 2012. These rules amended the Private Health Insurance (Benefit Requirements) Rules 2011. The amendments are as follows:

Overnight accommodation benefits and same day accommodation benefits at private hospitals and public hospitals

Increases to overnight accommodation benefits and same day accommodation benefits at private hospitals and public hospitals have been made to reflect the March 2011 to March 2012 Consumer Price Index (CPI) increase.

The Benefit Requirements Amendment Rules update the minimum benefit payable per night for patients in private hospitals in all States/Territories and shared ward accommodation at public hospitals in Victoria and Tasmania, providing that the patient is not classified as a nursing-home type patient. The following rates will apply:

**Advanced surgical patient**
- first 14 days $384
- over 14 days $266

**Surgical patient or obstetric patient**
- first 14 days $356
- over 14 days $266
Psychiatric patient
- first 42 days $356
- 43 – 65 days $309
- over 65 days $266

Rehabilitation patient
- first 49 days $356
- 50 – 65 days $309
- over 65 days $266

Other patients
- first 14 days $309
- over 14 days $266

An amendment has been made to the minimum benefit payable per night for patients in shared ward accommodation at public hospitals in the Australian Capital Territory (ACT), New South Wales (NSW), Northern Territory, Queensland, South Australia and Western Australia, providing that the patient is not classified as a nursing-home type patient. The new rates are as follows:

- ACT $318;
- NSW $318;
- Northern Territory $318;
- Queensland $324;
- South Australia $318; and
- Western Australia $318.

New rates for minimum benefit for same-day accommodation in public hospitals and in private hospitals are implemented in each State and Territory and are as follows:

<table>
<thead>
<tr>
<th>Public hospitals</th>
<th>Band 1</th>
<th>Band 2</th>
<th>Band 3</th>
<th>Band 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>$230</td>
<td>$257</td>
<td>$283</td>
<td>$318</td>
</tr>
<tr>
<td>ACT</td>
<td>$230</td>
<td>$257</td>
<td>$283</td>
<td>$318</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>$230</td>
<td>$262</td>
<td>$305</td>
<td>$318</td>
</tr>
<tr>
<td>Queensland</td>
<td>$236.50</td>
<td>$264</td>
<td>$291</td>
<td>$324</td>
</tr>
<tr>
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<td>$262</td>
<td>$290</td>
<td>$318</td>
</tr>
<tr>
<td>Tasmania</td>
<td>$223</td>
<td>$265</td>
<td>$308</td>
<td>$356</td>
</tr>
<tr>
<td>Victoria</td>
<td>$225</td>
<td>$266</td>
<td>$310</td>
<td>$356</td>
</tr>
<tr>
<td>Western Australia</td>
<td>$260</td>
<td>$260</td>
<td>$260</td>
<td>$260</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private Hospitals</th>
<th>Band 1</th>
<th>Band 2</th>
<th>Band 3</th>
<th>Band 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$199</td>
<td>$251</td>
<td>$305</td>
<td>$356</td>
</tr>
</tbody>
</table>
Nursing-home type patients

Increases were made to the minimum benefits for Nursing-Home Type Patients (NHTP) in public hospitals in South Australia, the ACT, and Western Australia to reflect the twice annual pension increase which occurred 20 March 2012. The following rates will apply:

- South Australia $108.00
- ACT $107.40
- Western Australia $116.05

Second Tier Default Benefits

Changes to add, remove and update the address and/or names of Second Tier facilities have been made. Further information about this is available in PHI Circular 47/12.

Medicare Benefits Schedule (MBS)

Updates have been made to add five MBS item numbers and remove one MBS item number, which was duplicated in the Rules. The amendments update the listings to reflect 1 May 2012 changes to the MBS and expected changes to take place on 1 July 2012.

MBS item number 37219

MBS item number 37219 is deleted from Schedule 1, Part 2, subclause 6(3) so that it is no longer categorised as a Type A procedure unless it is medically certified as requiring an overnight stay. MBS item number 37219 relates to biopsy of the prostate. This item is also currently a Type B procedure. The inclusion of item 37219 as both a Type A and Type B procedure was a drafting error. It has been decided that item 37219 does not normally require an overnight stay in hospital so it is being deleted from the Type A category, but remains listed under Schedule 3, Part 2, subclause 5(1), Type B.

MBS item numbers 13318 and 13815

The Benefit Requirements Amendment Rules insert two MBS item numbers (13318 and 13815) to reflect that they should be categorised as same day accommodation procedures. These items relate to central vein catheterisation. It is expected that these items will most likely be performed in association with Type A or Type B procedures. However, it is recognised that these items may be performed, in rare cases, in isolation in hospital.

MBS item numbers 73328, 73330 and 73332

The Benefit Requirements Amendment Rules inserts three new pathology MBS item numbers (73328, 73330 and 73332) into Type C, Category 6 – Pathology services, P7.
Details of the amendments are set out in the Benefit Requirements Amendment Rules, which are available on the ComLaw website via the following link:

Changes to the Private Health Insurance (Complying Product) Rules

The Private Health Insurance (Complying Product) Amendment Rules 2012 (No. 6) (Complying Product Amendment Rules) were registered with the FRLI on 21 June 2012 (FRLI No: F2012L01276) and commence on 1 July 2012. These Rules amended the Private Health Insurance (Complying Product) Rules 2010 (No. 2).

An amendment has been made to Rule 8A to increase the NHTP contribution rates payable at public hospitals in the Australian Capital Territory from $49.20 to $50.95.

This patient contribution amount matches the current contribution amounts for New South Wales, Queensland, the Northern Territory, South Australia, Western Australia and Tasmania.

Details of the amendment is set out in the Complying Product Amendment Rules, which are available on the ComLaw website via the following link:


If you require further information, please telephone: (02) 6289 9853/24 hr answering machine or email the enquiry to PrivateHealth@health.gov.au
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