



Private Health Insurance (Reforms) Amendment Rules 2018

I, Susan Azmi, delegate of the Minister for Health, make the following rules.

Dated 11 October 2018

Susan Azmi
Delegate of the Minister for Health

Contents

1 Name.....	1
2 Commencement.....	1
3 Authority.....	1
4 Schedules.....	1
Schedule 1 —Amendments to implement age-based discounts	2
<i>Private Health Insurance (Complying Product) Rules 2015</i>	2
Schedule 2 —Standard information statements and private health information statements	6
Part 1 —Amendments commencing on 1 January 2019	6
<i>Private Health Insurance (Complying Product) Rules 2015</i>	6
Part 2 —Amendments commencing on 1 April 2019	19
<i>Private Health Insurance (Complying Product) Rules 2015</i>	19
Part 3 —Amendments commencing on 1 April 2020	23
<i>Private Health Insurance (Complying Product) Rules 2015</i>	23
Schedule 3 —Product tiers and related amendments	24
Part 1 —Amendments commencing on 1 April 2019	24
<i>Private Health Insurance (Complying Product) Rules 2015</i>	24
Part 2 —Amendments commencing on 1 April 2020	59
<i>Private Health Insurance (Complying Product) Rules 2015</i>	59
Schedule 4 —Second tier administrative reforms	60
<i>Private Health Insurance (Benefit Requirements) Rules 2011</i>	60
<i>Private Health Insurance (Health Insurance Business) Rules 2018</i>	63
Schedule 5 —Removal of coverage of some natural therapies	66
<i>Private Health Insurance (Health Insurance Business) Rules 2018</i>	66
Schedule 6 —Information provision	68
<i>Private Health Insurance (Incentives) Rules 2012 (No. 2)</i>	68
<i>Private Health Insurance (Lifetime Health Cover) Rules 2017</i>	69
Schedule 7 —Amendments relating to accredited podiatrists	70
<i>Private Health Insurance (Complying Product) Rules 2015</i>	70
<i>Private Health Insurance (Prostheses) Rules 2018 (No. 2)</i>	70

1 Name

This instrument is the *Private Health Insurance (Reforms) Amendment Rules 2018*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. Sections 1 to 4 and anything in this instrument not elsewhere covered by this table	The day after this instrument is registered.	
2. Schedule 1	1 April 2019	1 April 2019
3. Part 1 of Schedule 2	1 January 2019	1 January 2019
4. Part 2 of Schedule 2	1 April 2019	1 April 2019
5. Part 3 of Schedule 2	1 April 2020	1 April 2020
6. Part 1 of Schedule 3	1 April 2019	1 April 2019
7. Part 2 of Schedule 3	1 April 2020	1 April 2020
8. Schedule 4	1 January 2019	1 January 2019
9. Schedule 5	1 April 2019	1 April 2019
10. Schedule 6	1 April 2019	1 April 2019
11. Schedule 7	The day after this instrument is registered.	

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under section 333-20 of the *Private Health Insurance Act 2007*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments to implement age-based discounts

Private Health Insurance (Complying Product) Rules 2015

[1] Rule 4 (note at the end of the rule)

Insert, in the appropriate alphabetical position in the list of terms that have the same meaning as in the Act, the following terms:

- (a) adult;
- (b) hospital cover.

[2] Subrule 6(3)

Omit “(e)”, substitute “(ea)”.

[3] Subrule 6(5)

Omit “The following costs are excluded from the calculation of net premium in subrule (4):”, substitute “For the purposes of this rule, disregard:”.

[4] At the end of subrule 6(5)

Insert:

- ; and (c) any age-based discount that might apply in relation to the policy (see Part 2A).

[5] After Part 2

Insert:

Part 2A Age-based discounts

Note 1: See paragraphs 63-10 (g) and 66-5 (3) (ea) of the Act.

Note 2: Nothing in this Part requires a private health insurer to:

- make age-based discounts available under any product; or
- if age-based discounts are available under a product:
 - make such discounts available for all ages between 18 and 29 (inclusive); or
 - continue to make age-based discounts available under the product.

Instead, an age-based discount policy may specify the ranges of ages, between 18 and 29 (inclusive), for which such discounts will be available (see subparagraph 11B (c) (i)).

However, under this Part:

- if a person is receiving an age-based discount, the person is entitled to continue to receive the full discount until the person turns 41 (unless the insurer chooses to discontinue age-based discounts under the product, or the person transfers to a different insurance policy), and might be entitled to receive a reduced discount for a number of years after turning 41; and
- if age-based discounts are available in relation to particular ages or particular ranges of ages for a particular product, they must be available in relation to those ages or ranges on the same terms and conditions for all insurance policies under that product (see section 63-5 of the Act).

11A. Definitions

In this Part:

age-based discount policy means an insurance policy that provides age-based discounts.

discount assessment date, in relation to a person who is insured under an age-based discount policy, means whichever of the following is applicable:

- (a) subject to paragraph (c), if the policy provided age-based discounts at the date the person became insured—that date;
- (b) if the policy provided age-based discounts at a date after the person became insured—the date the person was first eligible for an age-based discount under the policy;
- (c) if:
 - (i) the person transferred to the policy (the **new policy**) from another age-based discount policy (the **old policy**); and
 - (ii) at the time of the transfer, the new policy was stated to be a retained age-based discount policy; and
 - (iii) the person was not a dependent child under the old policy; the person’s discount assessment date under the old policy.

eligible person, in relation to an age-based discount policy, means a person to whom a discount applies in accordance with paragraph 11B (c).

retained age-based discount policy means an insurance policy:

- (a) that is an age-based discount policy; and
- (b) that states that it is a retained age-based discount policy.

11B. Requirements for age-based discount policy to be complying health insurance policy

For paragraph 63-10 (g) of the Act, an insurance policy must not provide for an age-based discount (the **discount**) unless:

- (a) the policy covers:
 - (i) hospital treatment; or
 - (ii) hospital treatment and general treatment; and
- (b) the discount will be a reduction in the amount that would otherwise be payable by the person for the policy, equal to the dollar amount calculated in accordance with rule 11C; and
- (c) the discount will apply to each person insured under the policy who, on the discount assessment date for the person:
 - (i) was within one or more ranges of ages, between 18 and 29 (inclusive), that are specified in the policy as eligible for the discount; and
 - (ii) was not a dependent child under the policy; and
- (d) while age-based discounts are available under the policy, the discount will continue to apply until it is reduced, in accordance with rule 11C, to zero in relation to each such person insured under the policy; and
- (e) the policy states whether it is a retained age-based discount policy.

Note: For paragraph (c), an insurer is not required to provide discounts for all ages between 18 and 29 (inclusive).

11C. Calculation of age-based discount

Note: This rule deals only with the calculation of the age-based discount. The premium that is payable in respect of a particular insurance policy is also affected by other provisions of the Act (including Part 2-3 of the Act, which deals with lifetime health cover) and rules made under the Act (including these Rules).

- (1) For paragraph 11B (b), the total age-based discount that applies under an age-based discount policy for a particular period is equal to the sum of the applicable discounts to which each eligible person who is insured under the policy is entitled for that period.
- (2) An eligible person is entitled to an *applicable discount* calculated in accordance with the following formula:

$$\text{applicable discount} = \frac{\text{base rate for hospital cover} \times \text{applicable percentage}}{\text{number of adults insured}}$$

where:

applicable percentage, for a particular period, is the greater of:

- (a) the person's percentage for the period, determined in accordance with the table to subrule (3); and
- (b) zero.

base rate for hospital cover is the amount of premiums that would be payable for hospital cover under the policy if:

- (a) the premiums were not increased under Part 2-3 of the Act (lifetime health cover); and
- (b) there were no discounts of the kind allowed under subsection 66-5 (2) of the Act (including under this Part of these Rules).

number of adults insured is the number of adults insured under the policy.

- (3) For paragraph (a) of the definition of *applicable percentage* in subrule (2), the table is:

If, for that period, the person is aged:	the person's percentage for the period is:
18 or older, but under 41	the person's base percentage
41	the person's base percentage minus 2 percentage points
42	the person's base percentage minus 4 percentage points
43	the person's base percentage minus 6 percentage points
44	the person's base percentage minus 8 percentage points
45 or older	zero

- (4) For subrule (3), a person's *base percentage* is equal to:
 - (a) for an eligible person under the policy—the percentage, as given by the following table, corresponding to the person's age at the discount assessment date; and

Note: See paragraph 11B (c).
(b) otherwise—zero.

Person's age at discount assessment date	Percentage
18 or older, but under 26	10%
26	8%
27	6%
28	4%
29	2%

11D. Circumstances in which a person is entitled to age-based discount

For paragraph 66-5 (3) (ea) of the Act, a person is entitled to an age-based discount for a particular period if:

- (a) the person is insured under an age-based discount policy during that period; and
- (b) the person is an eligible person in relation to that policy; and
- (c) the person's applicable discount for that period, as calculated in accordance with subrule 11C (2), is not equal to zero.

Schedule 2—Standard information statements and private health information statements

Part 1—Amendments commencing on 1 January 2019

Private Health Insurance (Complying Product) Rules 2015

[1] Rule 4

Insert:

State, when used in Schedule 1, Schedule 2 or Schedule 3, means a risk equalisation jurisdiction.

Note: The risk equalisation jurisdictions are set out in the *Private Health Insurance (Health Benefits Fund Policy) Rules 2015*. Under those rules, the area specified in each of the following paragraphs is a risk equalisation jurisdiction:

- (a) Australian Capital Territory, Norfolk Island and New South Wales;
- (b) Northern Territory;
- (c) Queensland;
- (d) South Australia;
- (e) Tasmania;
- (f) Victoria;
- (g) Western Australia and the Territory of Christmas Island and the Territory of Cocos (Keeling) Islands.

[2] Rule 4 (note at the end of the rule)

Insert, in the appropriate alphabetical position in the list of terms that have the same meaning as in the Act, “risk equalisation jurisdiction”.

[3] Part 3

Repeal the Part, substitute:

Part 3 Standard information statements and other information that must be given

Note: This Part deals with:

- the information and form for standard information statements, for the purposes of subsection 93-5 (1) of the Act, and methods by which standard information statements are made available; and
- information that must be provided to the Private Health Insurance Ombudsman relating to changes in premiums.

This Part does not limit the information that a private health insurer may give to an insured person.

12. Standard information statements

Note: See rule 20 for a transitional provision relating to this rule that applies until 31 March 2020.

- (1) For subsection 93-5 (1) of the Act, the information to be contained in a standard information statement, and the form, for a product subgroup of a complying health insurance product, are:
 - (a) the information and form of words set out in Schedule 1; and

-
- (b) if policies that belong to the product subgroup cover hospital treatment—the additional information, and the form of words, set out in Schedule 2; and
 - (c) if policies that belong to the product subgroup cover general treatment—the additional information, and the form of words, set out in Schedule 3.
- (2) However, paragraph (1)(c) does not apply if the only general treatment provided is ambulance cover.

13. Method of making standard information statements available

- (1) This rule is made for the purposes of subsection 93-5 (2) and paragraph 93-15 (1) (a) of the Act.
- (2) If:
 - (a) the standard information statement is accompanied by information additional to the information and form of words that are required by subrule 12 (1); and
 - (b) the standard information statement and the additional information are set out in the same document;the additional information must not obscure or contradict the information and form of words that that are required by subrule 12 (1).

Example: The document on which a standard information statement is provided might include information about ambulance cover that is additional to the information required by item 10 of the table to clause 2 of Schedule 1. The additional information could be included adjacent to the required information, so long as the additional information did not obscure or contradict the required information.

14. Information relating to changes to premiums to be provided to Private Health Insurance Ombudsman

- (1) This rule is made for the purposes of section 96-25 of the Act.
- (2) This rule applies if the Minister has approved a proposed change to the premiums charged under a complying health insurance product of a private health insurer under subsection 66-10 (3) of the Act.
- (3) The private health insurer must notify the Private Health Insurance Ombudsman of:
 - (a) the premiums that applied before the approval; and
 - (b) the premiums that apply after the approval.
- (4) The insurer must give this information to the Ombudsman by the earlier of:
 - (a) the day 14 days after the date of the Minister’s approval for the change; and
 - (b) 1 April of the year in which the Minister approved the change.

[4] After rule 19

Insert:

20. Transitional provision relating to the *Private Health Insurance (Reforms) Amendment Rules 2018*—standard information statements

Application of rule

- (1) This rule applies until 31 March 2020.

Transitional provision

- (2) A standard information statement that is in the old form is taken to contain the information, and be in the form, set out in these Rules.
- (3) For this rule, a standard information statement is in the **old form** if it contains the information, and is in the form, set out in these Rules as in force immediately before the commencement of Part 1 of Schedule 2 to the *Private Health Insurance (Reforms) Amendment Rules 2018*.

Note: Part 1 of Schedule 2 to the *Private Health Insurance (Reforms) Amendment Rules 2018* commenced on 1 January 2019.

[5] Schedules 1, 2, 3 and 4

Repeal the Schedules, substitute:

Schedule 1—Information and form of words for standard information statement—all policies

1. Interpretation

In this Schedule, a reference to a **policy** is a reference to a policy that forms part of the relevant product subgroup.

2. Information and form of words for standard information statement—all policies

For paragraph 12 (1) (a) of these Rules, the information and form of words are set out in the following table:

Information and form of words for standard information statement—all policies	
Item	Information and form of words
1	Policy name The name of the policy.
2	Name of private health insurer The trading or brand name of the private health insurer in the State in which the policy is being made available, together with any associated branding that the insurer elects to include.
3	Disclaimer for restricted access insurers If the policy is offered by a restricted access insurer—the following statement: “Membership of this insurer is restricted to”

Information and form of words for standard information statement—all policies

Item Information and form of words

followed by the details.

4 Contact details

A contact phone number and website address of the private health insurer.

5 State/s available in

The States in which the product is available, expressed as either:

- (a) if:
 - (i) the product is offered in all States; and
 - (ii) every feature of the product (including the monthly premium referred to in item 6) is the same in each State;“All States”; or
- (b) otherwise—the State or States in which the product is available, expressed as whichever of the following is applicable:
 - (i) “NSW & ACT”;
 - (ii) “Northern Territory”;
 - (iii) “Queensland”;
 - (iv) “South Australia”;
 - (v) “Tasmania”;
 - (vi) “Victoria”;
 - (vii) “Western Australia”.

6 Monthly premium

The total monthly premium payable before any rebate, loading or discount is applied.

The following words must be inserted before or following the premium amount: “before any rebate, loading or discount”.

Note: This item does not limit the information that a private health insurer may give to an insured person with regard to the premium payable after any rebate, loading and/or discount is applied.

7 Corporate products

If the policy is part of a corporate product—a statement to that effect, indicating either of the following, with the bracketed text replaced with the appropriate information:

- (a) “Employees/members of [Company/Organisation]”;
- (b) “Employees/members of organisations with arrangements with this health insurer”.

8 Closed products

If the policy is closed so that it is no longer available to anyone except those persons who, at the time of closing, were insured under the policy—the following words:

“This policy is closed to new members.”.

Information and form of words for standard information statement—all policies

Item Information and form of words

9 Who is covered

The insured groups that may be covered, expressed as whichever of the following is applicable:

- (a) “only one person”;
- (b) “2 adults (and no-one else)”;
- (c) “2 or more people, none of whom is an adult”;
- (d) “2 or more people, only one of whom is an adult”;
- (e) “3 or more people, only 2 of whom are adults”;
- (f) “3 or more people, at least 3 of whom are adults”.

Note 1: The insured groups are set out in rule 5 of these Rules.

Note 2: This item does not limit the information that a private health insurer may give to an insured person with regard to the name/s of person/s covered by the policy.

10 Ambulance cover

The following information:

- (a) whether ambulance cover is included;
 - (b) if so:
 - (i) the waiting period (if any); and
 - (ii) whether the cover is:
 - (A) emergency only; or
 - (B) emergency and non-emergency; and
 - (iii) any limits on cover (dollar amount or service); and
 - (iv) any call-out fees (if applicable);
 - (c) for each State in which:
 - (i) the product is available; and
 - (ii) ambulance cover is not included;the following information:
 - (iii) whether free ambulance services are available in that State;
 - (iv) if so—whether they are limited to services in that State;
 - (d) if ambulance cover were to be provided by a person other than the private health insurer who prepared the statement—whether the policy would provide a benefit for that cover.
-

11 Date available

If, and only if, the policy is not yet available—the date from which the policy will be available.

12 Date statement issued or updated

The date on which the content of the statement was issued or updated, in the following format, with the bracketed text replaced with the appropriate information:

“Date statement [issued/updated]: [dd]/[month in words]/[yyyy]”

13 Unique identifier

Information and form of words for standard information statement—all policies

Item Information and form of words

The unique identifier for the standard information statement that is generated by the privatehealth.gov.au system.

Schedule 2—Additional information, and form of words, for standard information statement—hospital treatment

1. Interpretation

In this Schedule, a reference to a *policy* is a reference to a policy that forms part of the relevant product subgroup.

2. Additional information and form of words—hospital treatment

For paragraph 12 (1) (b) of these Rules, the additional information and form of words are set out in the following table:

Additional information and form of words—hospital treatment

Item Additional information and form of words

- | | |
|---|--|
| 1 | <p>Information relating to policies that are available only with a general treatment policy</p> <p>If the policy is available only with a policy that covers general treatment—whichever of the following is applicable:</p> <ul style="list-style-type: none">(a) if the policy may be purchased with any policy that covers general treatment offered by the insurer—the statement “must be purchased with a general treatment policy”;(b) if there is a set range of policies that cover general treatment with which the policy may be combined—the statement “must be purchased with certain general treatment policies”. |
| 2 | <p>Whether the policy exempts holders from the Medicare Levy Surcharge</p> <p>Whichever of the following is applicable:</p> <ul style="list-style-type: none">(a) “This policy exempts you from the Medicare Levy Surcharge”;(b) “This policy does not exempt you from the Medicare Levy Surcharge”. |
| 3 | <p>What’s included and what’s not included in the policy</p> <p>An indication of:</p> <ul style="list-style-type: none">(a) treatments that are covered by the policy, consisting of the words:
“This policy includes cover for”
followed by the relevant treatments; and(b) treatments that are not covered by the policy, consisting of the words:
“This policy does not include cover for”
followed by the relevant treatments. |
-

Additional information and form of words—hospital treatment

Item Additional information and form of words

4 Restrictions

A list of all restrictions (if any) that apply.

5 Waiting periods for new and upgrading members

The waiting periods that apply under the policy before a policy holder can claim, expressed either:

- (a) in the following format, with the bracketed text replaced with the appropriate figures:
 - (i) “[the number of months (up to 2)] months for palliative care, rehabilitation and psychiatric treatments”;
 - (ii) “[the number of months (up to 12)] months for pre-existing conditions”;
 - (iii) if, and only if, the policy covers pregnancy and birth (obstetrics)— “[the number of months (up to 12)] months for pregnancy and birth (obstetrics)”;
 - (iv) “[the number of months (up to 2)] months for all other treatments”;or
- (b) if shown in a table—for all treatments covered by the policy, the appropriate figure for the relevant waiting period.

Note 1: This item does not limit the information that a private health insurer may provide with regard to an individual’s policy.

Note 2: The obstetrics waiting period of up to 12 months does not apply to treatment for neonatal care.

6 Excess

Whichever of the following is appropriate:

- (a) if there is no excess—the words “No excess”;
- (b) if there is an excess:
 - (i) whichever of the following is appropriate, with the bracketed text replaced with the appropriate figure, and where the dollar amount for excess per admission is the excess for an overnight admission, if this is different from the excess for day surgery:
 - (A) “You will have to pay an excess of \$[number] per admission.”;
 - (B) “You will have to pay an excess of \$[number] per admission. This is limited to a maximum of \$[number] per year.”;
 - (C) “You will have to pay an excess on admission. This is limited to a maximum of \$[number] per year.”;
 - (D) “You will have to pay an excess of \$[number] per admission. This is limited to a maximum of \$[number] per person per year.”;
 - (E) “You will have to pay an excess on admission. This is limited to a maximum of \$[number] per person and \$[number] per policy per year.”;
 - (F) “You will have to pay an excess of \$[number] per

Additional information and form of words—hospital treatment

Item Additional information and form of words

- admission. This is limited to a maximum of \$[number] per person and \$[number] per policy per year.”;
- (G) “You will have to pay an excess on admission. This is limited to a maximum of \$[number] per policy per year.”; and
- (ii) if applicable—“Excess payments do not apply to hospital admissions for accidents, of child dependants, or for day surgery”, with any of “accidents”, “child dependants” and “day surgery” that do not apply deleted, but with the order of those terms otherwise unchanged.

7 Extra cost per day (co-payments)

If there are no co-payments—the statement “No co-payments”.

If there are co-payments:

- (a) the statement “Every time you go to hospital you will have to pay”, followed by (with the bracketed text replaced with the appropriate figures):
- (i) either:
- (A) the statement “\$[number] per day for overnight admissions”; or
- (B) the statements:
- “\$[number] per day for a shared room for overnight admissions”; and
 - if the policy covers accommodation in a private room—“\$[number] per day for a private room for overnight admissions”; and
- (ii) as applicable, either:
- (A) the statement “\$[number] for day surgery (no overnight stay)”; or
- (B) the statement “No co-payment for day surgery (no overnight stay)”; and
- (iii) the statement “– up to \$[number] per hospital stay”, placed, if applicable, and if the insurer so chooses, directly after the statements referred to in subparagraph (i); and
- (b) if applicable—the statement “The maximum co-payment is \$[number] per year” (with the bracketed text replaced with the appropriate figures).

8 Note on out of pocket costs/doctors’ fees

The following statement:

“Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.”.

9 Note on information relating to contracts between hospitals and insurers

The following statement:

Additional information and form of words—hospital treatment

Item Additional information and form of words

“The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See ‘Agreement Hospitals’ on privatehealth.gov.au for which hospitals have arrangements with your insurer.”.

10 Other features

A statement that indicates any other features of the policy that the insurer wishes to draw attention to.

The statement must consist of at most 100 words.

Example: Benefits for travel or accommodation, or aged-based or other discounts.

Note: This statement (if included) is in addition to the statement (if included) that is referred to in item 9 of Schedule 3.

Schedule 3—Additional information, and form of words, for standard information statement—general treatment

Note: The information and form of words set out in this Schedule are not required if the only general treatment covered by the policy is ambulance cover.

1. Interpretation

In this Schedule, a reference to a *policy* is a reference to a policy that forms part of the relevant product subgroup.

2. Additional information and form of words—general treatment

For paragraph 12 (1) (c) of these Rules, the additional information and form of words are set out in the following table:

Additional information and form of words—general treatment

Item Additional information and form of words

1 Information relating to policies that are available only with a hospital policy

If the policy is available only with a policy that covers hospital treatment—whichever of the following is applicable:

- (a) if the policy may be purchased with any policy that covers hospital treatment offered by the insurer—the statement “must be purchased with a hospital policy”;
- (b) if there is a set range of policies that cover hospital treatment with which the policy may be combined—the statement “must be purchased with certain hospital policies”.

2 Preferred service provider arrangements

Whichever of the following is appropriate:

Additional information and form of words—general treatment

Item Additional information and form of words

- (a) if the private health insurer has preferred service provider arrangements—either:
 - (i) a brief outline of the appropriate arrangements; or
 - (ii) the following statement, with the bracketed text replaced with the appropriate text: “By using [insert name of insurer]’s ‘preferred providers’ you may have lower out of pocket costs on [insert services or use “many allied health”] treatments and have access to more ‘no gap’ treatments. A list of ‘preferred providers’ is available from [insert name of insurer].”;
- (b) otherwise—the following statement, with the bracketed text replaced with the appropriate text: “[Insert name of insurer] does not operate a preferred provider scheme.”.

3 Treatments covered by the policy

A complete list of treatments that are covered by the policy, expressed in terms of the following:

- (a) general dental;
- (b) major dental;
- (c) endodontic;
- (d) orthodontic;
- (e) optical;
- (f) non PBS pharmaceuticals;
- (g) physiotherapy;
- (h) chiropractic;
- (i) podiatry;
- (j) psychology;
- (k) acupuncture;
- (l) remedial massage;
- (m) hearing aids;
- (n) blood glucose monitors;
- (o) for any treatment that cannot be classified as any of the above—the name of the treatment.

Note: Insurers may cover additional treatments, for example, exercise physiology and occupational therapy.

4 Treatments not covered by the policy

A list of treatments that are not covered by the policy, expressed in terms of the treatments listed in item 3.

5 Waiting period (months)

For each treatment that is covered by the policy—whichever of the following is applicable, with the bracketed text replaced with the appropriate text:

- (a) if there is a waiting period—“[Number] months”;
- (b) if there is no waiting period for the treatment—“None”.

Note: If an insured person has already served all applicable waiting periods, this

Additional information and form of words—general treatment

Item Additional information and form of words

item does not limit the information that a private health insurer may provide with regard to the individual's policy.

6 Benefit limits (per 12 months)

For each treatment that is covered by the policy—if there is no annual limit on the benefits that can be paid, the statement “No annual limit”.

Otherwise—the following statements, as applicable, with the bracketed text replaced with the appropriate figures or text:

- (a) either:
 - (i) any of the following statements:
 - (A) “\$[number] per person”;
 - (B) “\$[number] per treatment”;
 - (C) “\$[number] per policy”; or
 - (ii) any combination of the statements set out in subparagraph (a) (i), linked by the words “up to”;
- (b) if there is a limit on claims per specified number of years—whichever of the following is applicable:
 - (i) “[number] appliance(s) every [specified number] years”;
 - (ii) “[number] service(s) every [specified number] years”;
- (c) in the case of combined limits:
 - (i) for the treatment against which the combined limit is listed—“(combined limit for [list treatments listed in item 3 in relation to which limit is combined])”; and
 - (ii) for the other treatments in relation to which the limit is combined—“(combined limit – see [treatment against which the combined limit is listed])”;
- (d) in the case of limits for individually grouped treatments—whichever of the following statements is applicable:
 - (i) “\$[number] per person (combined limit for [whichever of general dental, major dental, endodontic & orthodontic is applicable])”;
 - (ii) “\$[number] lifetime limit for [whichever of general dental, major dental, endodontic & orthodontic is applicable]”;
- (e) if a sub-limit applies on any treatment—the statement “**Sub-limits apply**” (in bold font);
- (f) if:
 - (i) there is a limit on general dental; but
 - (ii) there is no limit on preventative dental;the statement “(no limit on preventative dental)”;
- (g) if none of paragraphs (a) to (f) apply—a brief outline of the applicable limits.

Note 1: If an insured person has used a portion of lifetime limits, this item does not limit the information that a private health insurer may provide with regard to the individual's usage of lifetime limit amounts.

Note 2: This item does not limit the information that a private health insurer may give to an insured person. For example, if limits apply to the policy other than those listed in this item, private health insurers may provide information about those other benefit limits to insured persons.

Additional information and form of words—general treatment

Item Additional information and form of words

7 Examples of maximum benefits—general dental, major dental, endodontic and orthodontic

For each treatment listed in paragraphs (a) to (d) of item 3 (whether or not covered by the policy):

- (a) the following treatments, broken down into the following dental item numbers:
 - (i) for general dental:
 - (A) “Periodic oral examination”—012; and
 - (B) “Scale & clean”—114; and
 - (C) “Fluoride treatment”—121; and
 - (D) if covered under general dental—“Surgical tooth extraction”—322;
 - (ii) for major dental treatment:
 - (A) if covered under major dental—“Surgical tooth extraction”—322; and
 - (B) “Full crown veneered”—615;
 - (iii) for endodontic treatment—“Filling of one root canal”—417;
 - (iv) for orthodontic treatment—“Braces for upper and lower teeth, including removal plus fitting of retainer”—881; and
- (b) if the dental item number is covered by the policy—an example of the maximum benefit that is payable when an insured person visits a practitioner who is not a preferred service provider, expressed using whichever of the following is applicable:
 - (i) “\$[number]”, with the bracketed text replaced by the appropriate figure, if:
 - (A) the benefit is a dollar figure; or
 - (B) the insurer pays a benefit that is a percentage of the charge up to a dollar limit that is specified for the item separately from an annual limit;
 - (ii) if the only benefit limit for the item is an annual limit— “[number]% of charge”, with the bracketed text replaced by the appropriate figure; and
- (c) if the dental item number is not covered by the policy—the statement “n/a”.

For paragraph (b) of this item:

- (d) if:
 - (i) the dental item number is provided by orthodontists and general dentists; and
 - (ii) different benefits are offered for orthodontists and general dentists; the lower of:
 - (iii) the benefit for the orthodontist; and
 - (iv) the benefit for the general dentist; must be used; and
- (e) if examples are given for initial and subsequent visits, examples must be for individual sessions.

Additional information and form of words—general treatment

Item Additional information and form of words

8 Examples of maximum benefits—other

For each treatment covered by the policy, other than the treatments covered by item 7—examples of the maximum benefits that are payable when an insured person visits a practitioner who is not a preferred service provider, expressed using whichever of subparagraphs (b)(i) and (ii) of item 7 is applicable.

For this item:

- (a) if examples are given for initial and subsequent visits, examples must be for individual sessions; and
- (b) if:
 - (i) optical treatment is covered; and
 - (ii) benefits for frames and lenses are paid separately;the example must be expressed as the sum of the benefit for each component.

Note 1: If treatments are listed for the purposes of paragraph (o) of item 3, examples of maximum benefits for those treatments must be given.

Note 2: This item does not limit the information that a private health insurer may give to an insured person.

Note 3: The insurer may provide information about the benefits that apply if treatment is through a preferred provider.

9 Other features

A statement that indicates any other features of the policy that the insurer wishes to draw attention to.

The statement must consist of at most 100 words.

Example: Benefits for travel or accommodation, or discounts.

Note: This statement (if included) is in addition to the statement (if included) that is referred to in item 10 of Schedule 2.

Part 2—Amendments commencing on 1 April 2019

Private Health Insurance (Complying Product) Rules 2015

[6] After rule 14

Insert:

15. Information provided to insured persons

- (1) This rule is made for the purposes of section 96-25 of the Act.
- (2) When giving an insured person a copy of a private health information statement in accordance with section 93-15 or subsection 93-20 (1) of the Act, the private health insurer must inform the person of the following:
 - (a) the name of each person who is covered by the policy;
 - (b) if the product subgroup to which the policy belongs covers hospital treatment—the following statements for each adult who is covered by the policy and to whom a lifetime health cover loading applies, with the bracketed text replaced with the appropriate amounts:
 - (i) “Your Lifetime Health Cover Loading is [Number]%.”;
 - (ii) “You have [Number] years remaining until you have reached 10 continuous years of cover and your loading is removed.”.
- (3) However, the insurer does not need to inform the person of the information referred to in subrule (2) more than once in any 12 month period.
- (4) The information referred to in subrule (2) may be accompanied by either or both of the following:
 - (a) information additional to the information and form of words that are required by subrule 12 (1);
 - (b) other information about the policy and how it pertains to the person.

Example for paragraph (4) (b): An insurer may also inform an insured person of:

- the premium for hospital treatment and for general treatment that applies in relation to each adult insured under the policy, taking account of matters such as loadings, rebates and discounts; and
- the remaining portion (if any) of the waiting period for any or each treatment covered by the policy.

- (5) If the private health information statement and the additional information referred to in subrule (2) and paragraphs (4)(a) and (b) are set out in the same document, the additional information must not obscure or contradict the information and form of words that that are required by subrule 12 (1).

Example: The document on which a private health information statement is provided might include information about the monthly premium that is payable by the insured person under the policy that is additional to the information required by item 6 of the table to clause 2 of Schedule 1. That additional information could be included adjacent to the required information, so long as the additional information did not obscure or contradict the required information.

[7] After rule 15

16. Information provided to persons about product subgroups

For subsection 93-5 (2) of the Act, if a person asks an insurer for information about a complying health insurance product, the insurer must give the person a copy of the private health information statement for a product subgroup of that product:

- (a) by post; or
- (b) if the person has requested that the information be provided in another manner—if reasonably practicable, in the manner requested by the person.

Example: If requested by an insured person, a private health information statement may be provided in an electronic format, including via a web page.

[8] Before subrule 20(1)

Insert:

- (1A) This rule does not apply in relation to an insurance policy that:
 - (a) covers hospital treatment (whether or not the policy also covers general treatment); and
 - (b) has “gold”, “silver”, “bronze” or “basic” in its name.

[9] Subrule 20(3)

Repeal the subrule, substitute:

- (3) For this rule, a private health information statement is in the *old form* if it contains the information, and is in the form, for a standard information statement set out in these Rules as in force immediately before the commencement of Part 1 of Schedule 2 to the *Private Health Insurance (Reforms) Amendment Rules 2018*.

Note: Part 1 of Schedule 2 to the *Private Health Insurance (Reforms) Amendment Rules 2018* commenced on 1 January 2019.

[10] Clause 2 of Schedule 1 (table item 1)

Repeal the item, substitute:

- 1 **Policy name**
The name of the policy.

Note 1: See rules 11H and 11J for rules governing the naming of policies that cover hospital treatment and the naming of policies that cover general treatment.

Note 2: See rule 21 for a transitional provision relating to this item.

[11] Clause 2 of Schedule 2 (table item 3)

Repeal the item, substitute:

- 3 **What’s included and what’s not included in the policy**

An indication of:

- (a) treatments that are covered by the policy, consisting of the words:
“This policy includes cover for”; and

- (b) treatments that are not covered by the policy, consisting of the words:
 “This policy does not include cover”;
 followed, in each case, by:
- (c) the relevant clinical categories; and
- (d) whichever of the following (if any) is appropriate:
- (i) accident cover;
 - (ii) benefits for travel or accommodation.

Note: See rule 21 for a transitional provision relating to this item.

[12] Clause 2 of Schedule 2 (table item 4)

Repeal the item, substitute:

4 Restrictions

A list of all clinical categories (if any) that have restricted cover.

Note: See rule 21 for a transitional provision relating to this item.

[13] Clause 2 of Schedule 2 (table item 5, column headed “Additional information and form of words”, paragraph (b))

Omit “treatments”, substitute “clinical categories”.

[14] Clause 2 of Schedule 2 (table item 5, column headed “Additional information and form of words”, after note 2)

Insert:

Note 3: See rule 21 for a transitional provision relating to this item.

[15] Amendments of listed provisions—private health information statements

Further amendments			
Item	Provision	Omit	Substitute
1	Rule 4 (note at the end of the rule)	standard information statement	private health information statement
2	Paragraph 9AA(2)(a)	standard information statement	private health information statement
3	Part 3 (heading)	Standard information statements	Private health information statements
4	Part 3 (note to the Part heading, first bullet point)	standard information statements	private health information statements
5	Rule 12 (heading)	Standard information statements	Private health information statements
6	Subrule 12 (1)	standard information statement	private health information statement
7	Rule 13 (heading)	standard information statements	private health information statements

Further amendments			
Item	Provision	Omit	Substitute
8	Paragraph 13 (2) (a)	standard information statement	private health information statement
9	Paragraph 13 (2) (b)	standard information statement	private health information statement
10	Subrule 13 (2) (example)	standard information statement	private health information statement
11	Rule 20 (heading)	standard information statements	private health information statements
12	Subrule 20(2)	standard information statement	private health information statement
13	Schedule 1 (heading)	standard information statement	private health information statement
14	Schedule 1, clause 2 (heading)	standard information statement	private health information statement
15	Schedule 1, clause 2 (table heading)	standard information statement	private health information statement
16	Schedule 1, clause 2, table item 13	standard information statement	private health information statement
17	Schedule 2 (heading)	standard information statement	private health information statement
18	Schedule 3 (heading)	standard information statement	private health information statement

Part 3—Amendments commencing on 1 April 2020

Private Health Insurance (Complying Product) Rules 2015

[16] Rule 20

Repeal the rule.

[17] Clause 2 of Schedule 1 (table item 1)

Repeal the item, substitute:

1 Policy name

The name of the policy.

Note: See rules 11H and 11J for rules governing the naming of policies that cover hospital treatment and the naming of policies that cover general treatment.

[18] Clause 2 of Schedule 2 (table item 3, column headed “Additional information and form of words”, note)

Repeal the note.

[19] Clause 2 of Schedule 2 (table item 4, column headed “Additional information and form of words”, note)

Repeal the note.

[20] Clause 2 of Schedule 2 (table item 5, column headed “Additional information and form of words”, note 3)

Repeal the note.

Schedule 3—Product tiers and related amendments

Part 1—Amendments commencing on 1 April 2019

Private Health Insurance (Complying Product) Rules 2015

[1] Rule 4

Insert:

basic policy means an insurance policy that:

- (a) covers hospital treatment; and
- (b) covers at least the treatments in all of the clinical categories indicated for a basic policy in Schedule 4; and
- (c) is not a gold, silver or bronze policy.

bronze policy means an insurance policy that:

- (a) covers hospital treatment; and
- (b) covers at least the treatments in all of the clinical categories indicated for a bronze policy in Schedule 4; and
- (c) is not a gold or silver policy.

clinical category, for hospital treatment, means a clinical category that is set out in Schedule 5.

gold policy means an insurance policy that:

- (a) covers hospital treatment; and
- (b) covers the treatments in all of the clinical categories indicated for a gold policy in Schedule 4.

MBS item means an item in any of the following:

- (a) the general medical services table, made under section 4 of the *Health Insurance Act 1973*, as in force from time to time;
- (b) the diagnostic imaging services table, made under section 4AA of the *Health Insurance Act 1973*, as in force from time to time;
- (c) the pathology services table, made under section 4A of the *Health Insurance Act 1973*, as in force from time to time.

product tier means:

- (a) for a gold policy—“gold”; and
- (b) for a silver policy—“silver”; and
- (c) for a bronze policy—“bronze”; and
- (d) for a basic policy—“basic”.

silver policy means an insurance policy that:

- (a) covers hospital treatment; and
- (b) covers at least the treatments in all of the clinical categories indicated for a silver policy in Schedule 4; and
- (c) is not a gold policy.

[1A] Rule 4 (note at the end of the rule)

Insert, in the appropriate alphabetical position in the list of terms that have the same meaning as in the Act, “medical practitioner”.

[2] After Part 2A

Insert:

Part 2B Requirements relating to product tiers for, and names of, insurance policies

Note 1: This Part specifies additional requirements that an insurance policy must meet in order to be a complying health insurance policy, for the purposes of paragraph 63-10 (g) of the Act.

Note 2: Nothing in this Part affects the operation of Division 72 of the Act (which relates to benefit requirements for policies that cover hospital treatment) or the operation of the Private Health Insurance (Benefit Requirements) Rules for the calculation of minimum benefits where restricted cover is allowed under rule 11G.

11E. Product tiers for insurance policies that cover hospital treatment

Note: See rule 21 for transitional provisions relating to this rule that apply until 31 March 2020.

- (1) For paragraph 63-10 (g) of the Act, this rule applies to an insurance policy that covers hospital treatment (whether or not the policy also covers general treatment).
- (2) The policy must be one of the following:
 - (a) a gold policy;
 - (b) a silver policy;
 - (c) a bronze policy;
 - (d) a basic policy.

11F. Coverage of treatments for insurance policies that cover hospital treatment

Note: See rule 21 for transitional provisions relating to this rule that apply until 31 March 2020.

Application of rule

- (1) For paragraph 63-10 (g) of the Act, this rule applies to an insurance policy that covers hospital treatment (whether or not the policy also covers general treatment).

Treatments that must be covered by policy

- (2) The policy must cover:
 - (a) all hospital treatments that are within the scope of cover that is identified, in Schedule 5, for each clinical category in relation to which the policy provides cover (see subrules (5) and (6)); and
 - (b) all hospital treatments that are not within the scope of cover of such a clinical category, but that are:
 - (i) associated treatments for complications (see subrule (7)); or
 - (ii) associated unplanned treatments (see subrule (8)).

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- (3) However, the policy is not required to cover cosmetic surgery that is not medically necessary.

Treatments that may be covered by policy

- (4) The policy may also provide either or both of the following:
- (a) accident cover;
 - (b) benefits for travel or accommodation relating to a treatment referred to in subrule (2) or paragraph (a).

Interpretation

- (5) For paragraph (2) (a), the scope of cover of a particular clinical category includes, but is not limited to:
- (a) all hospital treatments involving the provision of an MBS item listed in Schedule 5 against that clinical category; and
 - (b) all hospital treatments:
 - (i) that are provided in relation to a treatment of a kind referred to in paragraph (2) (a) or (5) (a); and
 - (ii) involving the provision of an MBS item listed in:
 - (A) the common treatments list in Schedule 6; or
 - (B) the support treatments list in Schedule 7.
- (6) Paragraph (5) (b) does not apply in relation to the clinical category “Podiatric surgery (provided by a registered podiatric surgeon)”.
- (7) For subparagraph (2) (b) (i), a hospital treatment is an ***associated treatment for complications*** if it is:
- (a) provided during an episode in which hospital treatment of a kind described in paragraph (2) (a) is being provided; and
 - (b) provided for a complication that arises during that episode.
- (8) For subparagraph (2) (b) (ii), a hospital treatment is an ***associated unplanned treatment*** if it is:
- (a) provided during an episode in which hospital treatment of a kind described in paragraph (2) (a) is being provided; and
 - (b) an unplanned treatment that:
 - (i) is provided as part of planned surgery performed during that episode; and
 - (ii) is, in the view of the medical practitioner who provides the unplanned treatment, medically necessary and urgent.

11G. Provision of restricted and unrestricted cover

Note: See rule 21 for transitional provisions relating to this rule that apply until 31 March 2020.

Gold policies

- (1) A gold policy must provide unrestricted cover for all hospital treatments in all clinical categories.

Silver policies and bronze policies

- (2) A silver policy or a bronze policy:
 - (a) must provide restricted cover or unrestricted cover for all hospital treatments in the following clinical categories:
 - (i) rehabilitation;
 - (ii) hospital psychiatric services;
 - (iii) palliative care; and
 - (b) must provide unrestricted cover for all hospital treatments in:
 - (i) the other clinical categories that a silver policy or a bronze policy, as appropriate, is required to cover; and
 - (ii) any other clinical categories that the policy covers.

Basic policies

- (3) A basic policy must provide restricted cover or unrestricted cover for all hospital treatments in:
 - (a) all of the clinical categories that a basic policy is required to cover; and
 - (b) any other clinical categories that the policy covers.

11H. Naming of insurance policies that cover hospital treatment

Note: See rule 21 for transitional provisions relating to this rule that apply until 31 March 2020.

- (1) For paragraph 63-10 (g) of the Act, this rule applies to an insurance policy that covers hospital treatment (whether or not the policy also covers general treatment).
- (2) The policy must include a name that contains the policy's product tier.
- (3) If the policy covers one or more clinical categories additional to those required for a policy of that product tier in Schedule 4, the name may also contain "plus" or "+".
- (4) The name must not contain:
 - (a) the name of any other metal; or
 - (b) the name of any gemstone or any semi-precious stone; or
 - (c) unless permitted by subrule (3)—either "plus" or "+".

11J. Naming of insurance policies that cover general treatment only

- (1) For paragraph 63-10 (g) of the Act, this rule applies to an insurance policy that covers general treatment only.
- (2) The policy must include a name that does not contain:
 - (a) the name of any metal; or
 - (b) the name of any gemstone or any semi-precious stone; or
 - (c) either "plus" or "+".

[3] After rule 20

Insert:

21. Transitional provisions relating to the *Private Health Insurance (Reforms) Amendment Rules 2018*—product tiers

Application of rule

- (1) This rule applies to an insurance policy that covers hospital treatment (whether or not the policy also covers general treatment).
- (2) This rule applies until 31 March 2020.

Transitional provisions

- (3) If the policy does not have any of the following:
 - (a) “gold”, “silver”, “bronze” or “basic”;
 - (b) the name of any other metal;
 - (c) the name of any gemstone or semi-precious stone;in its name, the policy need not comply with Part 2B.
- (4) If the policy:
 - (a) does not have any of the words referred to in subrule (3) in its name; and
 - (b) does not use the clinical categories to indicate the treatments it covers;each of the following:
 - (c) item 1 of clause 2 of Schedule 1;
 - (d) item 3 of clause 2 of Schedule 2;
 - (e) item 4 of clause 2 of Schedule 2;
 - (f) item 5 of clause 2 of Schedule 2;as in force immediately before the commencement of Part 2 of Schedule 2 to the *Private Health Insurance (Reforms) Amendment Rules 2018* applies in relation to the policy.

Note: Part 2 of Schedule 2 to the *Private Health Insurance (Reforms) Amendment Rules 2018* commenced on 1 April 2019.

[4] After Schedule 3

Add:

Schedule 4—Product tiers and clinical categories

Note: See rule 4 and Part 2B.

1. Product tiers and clinical categories

For the definition of *gold policy*, *silver policy*, *bronze policy* and *basic policy* in rule 4, and for rule 11H, the following table sets out the clinical categories that are indicated for policies of each product tier.

Clinical category	Basic	Bronze	Silver	Gold
Rehabilitation	✓R	✓R	✓R	✓
Hospital psychiatric services	✓R	✓R	✓R	✓
Palliative care	✓R	✓R	✓R	✓

Clinical category	Basic	Bronze	Silver	Gold
Brain and nervous system	RCP	✓	✓	✓
Eye (not cataracts)	RCP	✓	✓	✓
Ear, nose and throat	RCP	✓	✓	✓
Tonsils, adenoids and grommets	RCP	✓	✓	✓
Bone, joint and muscle	RCP	✓	✓	✓
Joint reconstructions	RCP	✓	✓	✓
Kidney and bladder	RCP	✓	✓	✓
Male reproductive system	RCP	✓	✓	✓
Digestive system	RCP	✓	✓	✓
Hernia and appendix	RCP	✓	✓	✓
Gastrointestinal endoscopy	RCP	✓	✓	✓
Gynaecology	RCP	✓	✓	✓
Miscarriage and termination of pregnancy	RCP	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	RCP	✓	✓	✓
Pain management	RCP	✓	✓	✓
Skin	RCP	✓	✓	✓
Breast surgery (medically necessary)	RCP	✓	✓	✓
Diabetes management (excluding insulin pumps)	RCP	✓	✓	✓
Heart and vascular system	RCP		✓	✓
Lung and chest	RCP		✓	✓
Blood	RCP		✓	✓
Back, neck and spine	RCP		✓	✓
Plastic and reconstructive surgery (medically necessary)	RCP		✓	✓
Dental surgery	RCP		✓	✓
Podiatric surgery (provided by a registered podiatric surgeon)	RCP		✓	✓
Implantation of hearing devices	RCP		✓	✓
Cataracts	RCP			✓
Joint replacements	RCP			✓
Dialysis for chronic kidney failure	RCP			✓
Pregnancy and birth	RCP			✓
Assisted reproductive services	RCP			✓
Weight loss surgery	RCP			✓
Insulin pumps	RCP			✓
Pain management with device	RCP			✓
Sleep studies	RCP			✓

✓	Indicates the clinical category is a minimum requirement of the product tier. The clinical category
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	must be covered on an unrestricted basis.
✓R	Indicates the clinical category is a minimum requirement of the product tier. The clinical category may be offered on a restricted cover basis in Basic, Bronze and Silver product tiers only.
RCP	Restricted cover permitted: indicates the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories on a restricted or unrestricted basis.
	A blank cell indicates that the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories; however it must be on an unrestricted basis.

Schedule 5—Clinical categories

Note 1: Rule 11F is the principal provision that deals with what must be covered by an insurance policy that covers hospital treatment. The operation of rule 11F relies on this Schedule, as well as Schedule 6 and Schedule 7.

Note 2: The treatments that must be covered are any hospital treatments that are in the scope of cover of a clinical category in relation to which the policy provides cover. The scope of cover includes, without limitation:

- any hospital treatment involving the provision of an MBS item number listed in column 3 below; and
- except for the clinical category “Podiatric surgery (provided by a registered podiatric surgeon)” — any hospital treatment:
 - that is provided in relation to a treatment within the scope of cover of a particular clinical category or that involves the provision of an MBS item number listed in column 3 below; and
 - that involves the provision of an MBS item number listed in Schedule 6 (common treatments) or Schedule 7 (support treatments).

Note 3: MBS items are mentioned in the table below against a clinical category, or in the common treatments or support treatments lists in Schedules 6 and 7. Where an MBS item is mentioned for a clinical category in column 3 in the table below, the treatment including that MBS item is most likely to be provided under that clinical category, or a clinical category in the same or a higher product tier (according to Schedule 4). However, the mention of an MBS item against a particular category does not mean it is only covered under that clinical category.

1 Interpretation

In this Schedule, the scope of cover of a particular clinical category is taken not to include any treatment that is, or treatments that are, expressly stated to be listed separately under another clinical category.

2 Clinical categories

For rule 4, and Part 2B, the clinical categories are set out in the following table.

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)										
Rehabilitation	Hospital treatment for physical rehabilitation for a patient related to surgery or illness. For example: inpatient and admitted day patient rehabilitation, stroke recovery, cardiac rehabilitation.											
Hospital psychiatric services	Hospital treatment for the treatment and care of patients with psychiatric, mental, addiction or behavioural disorders. For example: psychoses such as schizophrenia, mood disorders such as depression, eating disorders and addiction therapy.	Treatments involving the provision of the following MBS items:										
		170	171	172	289	297	320	322	324	326	328	342
		344	346	348	350	352	364	366	367	369	370	371
		370	855	857	858	861	864	866	2700	2701	2712	2713
		2712	2713	2715	2717	2721	2723	2725	2727	6018	6019	6023
		6019	6023	6024	6025	6026	6028	6029	6031	6032	6034	6035
		6034	6035	6037	6038	6042	14224	80000	80001	80005	80010	80011
		80010	80011	80015	80020	80021	80100	80101	80105	80110	80111	80115
		80111	80115	80120	80121	80125	80126	80130	80135	80136	80140	80145
		80140	80145	80146	80150	80151	80155	80160	80161	80165	80170	80171
		80170	80171	82000	82015							
Palliative care	Hospital treatment for care where the intent is primarily providing quality of life for a patient with a terminal illness, including treatment to alleviate and manage pain.	Treatments involving the provision of the following MBS items:										
		3003	3005	3010	3014	3015	3018	3023	3028	3032	3040	3044
		3051	3055	3062	3069	3074	3078	3083	3088	3093		
Assisted reproductive services	Hospital treatment for fertility treatments or procedures. For example: retrieval of eggs or sperm, <i>In vitro</i> Fertilisation (IVF), and Gamete Intra-fallopian Transfer (GIFT).	Treatments involving the provision of the following MBS items:										
		13200	13201	13202	13203	13206	13209	13212	13215	13218	13221	13251
		13290	13292	14203	14206	37605	37606					

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)																																																																		
	<p>Treatment of the female reproductive system is listed separately under <i>Gynaecology</i>.</p> <p>Pregnancy and birth-related services are listed separately under <i>Pregnancy and birth</i>.</p>																																																																			
Back, neck and spine	<p>Hospital treatment for the investigation and treatment of the back, neck and spinal column, including spinal fusion.</p> <p>For example: sciatica, prolapsed or herniated disc, and spine curvature disorders such as scoliosis, kyphosis and lordosis.</p> <p>Joint replacements are listed separately under <i>Joint replacements</i>.</p> <p>Joint fusions are listed separately under <i>Bone, joint and muscle</i>.</p> <p>Spinal cord conditions are listed separately under <i>Brain and nervous system</i>.</p> <p>Management of back pain is listed separately under <i>Pain management</i>. Pain management that requires a device is listed separately under <i>Pain management with device</i>.</p> <p>Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.</p>	<p>Treatments involving the provision of the following MBS items:</p> <table border="0"> <tr> <td></td> <td>30672</td> <td>40300</td> </tr> <tr> <td>40301</td> <td>40309</td> <td>40312</td> </tr> <tr> <td>40315</td> <td>40316</td> <td>40318</td> </tr> <tr> <td>40321</td> <td>40324</td> <td>40327</td> </tr> <tr> <td>40330</td> <td>40333</td> <td>40336</td> </tr> <tr> <td>40339</td> <td>44133</td> <td>47681</td> </tr> <tr> <td>47693</td> <td>47696</td> <td>47699</td> </tr> <tr> <td>47702</td> <td>47705</td> <td>47708</td> </tr> <tr> <td>47720</td> <td>47723</td> <td>48600</td> </tr> <tr> <td>48603</td> <td>48606</td> <td>48612</td> </tr> <tr> <td>48621</td> <td>48624</td> <td>48627</td> </tr> <tr> <td>48632</td> <td>48636</td> <td>48639</td> </tr> <tr> <td>48648</td> <td>48651</td> <td>48654</td> </tr> <tr> <td>48657</td> <td>48660</td> <td>48663</td> </tr> <tr> <td>48666</td> <td>48669</td> <td>48672</td> </tr> <tr> <td>48675</td> <td>48678</td> <td>48681</td> </tr> <tr> <td>48684</td> <td>48687</td> <td>48690</td> </tr> <tr> <td>48694</td> <td>50600</td> <td>50604</td> </tr> <tr> <td>50608</td> <td>50612</td> <td>50616</td> </tr> <tr> <td>50620</td> <td>50624</td> <td>50628</td> </tr> <tr> <td>50632</td> <td>50636</td> <td>50640</td> </tr> <tr> <td>50644</td> <td></td> <td></td> </tr> </table>		30672	40300	40301	40309	40312	40315	40316	40318	40321	40324	40327	40330	40333	40336	40339	44133	47681	47693	47696	47699	47702	47705	47708	47720	47723	48600	48603	48606	48612	48621	48624	48627	48632	48636	48639	48648	48651	48654	48657	48660	48663	48666	48669	48672	48675	48678	48681	48684	48687	48690	48694	50600	50604	50608	50612	50616	50620	50624	50628	50632	50636	50640	50644		
	30672	40300																																																																		
40301	40309	40312																																																																		
40315	40316	40318																																																																		
40321	40324	40327																																																																		
40330	40333	40336																																																																		
40339	44133	47681																																																																		
47693	47696	47699																																																																		
47702	47705	47708																																																																		
47720	47723	48600																																																																		
48603	48606	48612																																																																		
48621	48624	48627																																																																		
48632	48636	48639																																																																		
48648	48651	48654																																																																		
48657	48660	48663																																																																		
48666	48669	48672																																																																		
48675	48678	48681																																																																		
48684	48687	48690																																																																		
48694	50600	50604																																																																		
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50620	50624	50628																																																																		
50632	50636	50640																																																																		
50644																																																																				
Blood	Hospital treatment for the investigation and treatment of blood and blood-related	Treatments involving the provision of the following MBS item: 13700																																																																		

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)																																																																																																																																																																																																																																																
	<p>conditions.</p> <p>For example: blood clotting disorders and bone marrow transplants.</p> <p>Treatment for cancers of the blood is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.</p>																																																																																																																																																																																																																																																	
Bone, joint and muscle	<p>Hospital treatment for the investigation and treatment of diseases, disorders and injuries of the musculoskeletal system.</p> <p>For example: carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and bone cancer.</p> <p>Chest surgery is listed separately under <i>Lung and chest</i>.</p> <p>Spinal cord conditions are listed separately under <i>Brain and nervous system</i>.</p> <p>Spinal column conditions are listed separately under <i>Back, neck and spine</i>.</p> <p>Joint reconstructions are listed separately under <i>Joint reconstructions</i>.</p> <p>Joint replacements are listed separately under <i>Joint replacements</i>.</p> <p>Podiatric surgery performed by a registered podiatric surgeon is listed separately under <i>Podiatric surgery (provided by a registered podiatric surgeon)</i>.</p>	<p>Treatments involving the provision of the following MBS items:</p> <table border="0"> <tr> <td>18353</td><td>18354</td><td>18360</td><td>18361</td><td>18365</td><td>30103</td><td>30107</td><td>30111</td><td>18351</td><td>30114</td><td></td> </tr> <tr> <td>30226</td><td>30229</td><td>30232</td><td>30235</td><td>30238</td><td>30241</td><td>30244</td><td>32036</td><td>39331</td><td></td><td></td> </tr> <tr> <td>43500</td><td>43503</td><td>43506</td><td>43509</td><td>43512</td><td>43515</td><td>43518</td><td>43521</td><td>43524</td><td></td><td></td> </tr> <tr> <td>43876</td><td>43879</td><td>44325</td><td>44328</td><td>44331</td><td>44334</td><td>44338</td><td>44342</td><td>44346</td><td></td><td></td> </tr> <tr> <td>44350</td><td>44354</td><td>44358</td><td>44359</td><td>44361</td><td>44364</td><td>44367</td><td>44370</td><td>44373</td><td></td><td></td> </tr> <tr> <td>44376</td><td>45605</td><td>45788</td><td>45851</td><td>45855</td><td>45857</td><td>45859</td><td>45861</td><td>45863</td><td></td><td></td> </tr> <tr> <td>45867</td><td>45869</td><td>45871</td><td>45873</td><td>45875</td><td>45945</td><td>45978</td><td>45981</td><td>45987</td><td></td><td></td> </tr> <tr> <td>45993</td><td>45996</td><td>46300</td><td>46303</td><td>46306</td><td>46307</td><td>46327</td><td>46330</td><td>46333</td><td></td><td></td> </tr> <tr> <td>46336</td><td>46339</td><td>46342</td><td>46348</td><td>46351</td><td>46354</td><td>46357</td><td>46360</td><td>46363</td><td></td><td></td> </tr> <tr> <td>46366</td><td>46369</td><td>46372</td><td>46375</td><td>46378</td><td>46381</td><td>46384</td><td>46387</td><td>46390</td><td></td><td></td> </tr> <tr> <td>46393</td><td>46396</td><td>46399</td><td>46402</td><td>46405</td><td>46459</td><td>46462</td><td>46464</td><td>46465</td><td></td><td></td> </tr> <tr> <td>46468</td><td>46471</td><td>46474</td><td>46477</td><td>46480</td><td>46483</td><td>47000</td><td>47003</td><td>47006</td><td></td><td></td> </tr> <tr> <td>47009</td><td>47012</td><td>47015</td><td>47018</td><td>47021</td><td>47024</td><td>47027</td><td>47030</td><td>47033</td><td></td><td></td> </tr> <tr> <td>47036</td><td>47039</td><td>47042</td><td>47045</td><td>47048</td><td>47051</td><td>47054</td><td>47057</td><td>47060</td><td></td><td></td> </tr> <tr> <td>47063</td><td>47066</td><td>47069</td><td>47072</td><td>47301</td><td>47304</td><td>47307</td><td>47310</td><td>47313</td><td></td><td></td> </tr> <tr> <td>47316</td><td>47319</td><td>47348</td><td>47351</td><td>47354</td><td>47357</td><td>47361</td><td>47362</td><td>47364</td><td></td><td></td> </tr> <tr> <td>47367</td><td>47370</td><td>47373</td><td>47378</td><td>47381</td><td>47384</td><td>47385</td><td>47386</td><td>47387</td><td></td><td></td> </tr> <tr> <td>47390</td><td>47393</td><td>47396</td><td>47399</td><td>47402</td><td>47405</td><td>47408</td><td>47411</td><td>47414</td><td></td><td></td> </tr> <tr> <td>47417</td><td>47420</td><td>47423</td><td>47426</td><td>47429</td><td>47432</td><td>47435</td><td>47438</td><td>47441</td><td></td><td></td> </tr> <tr> <td>47444</td><td>47447</td><td>47450</td><td>47451</td><td>47453</td><td>47456</td><td>47459</td><td>47462</td><td>47465</td><td></td><td></td> </tr> <tr> <td>47466</td><td>47467</td><td>47468</td><td>47471</td><td>47474</td><td>47477</td><td>47480</td><td>47483</td><td>47486</td><td></td><td></td> </tr> </table>										18353	18354	18360	18361	18365	30103	30107	30111	18351	30114		30226	30229	30232	30235	30238	30241	30244	32036	39331			43500	43503	43506	43509	43512	43515	43518	43521	43524			43876	43879	44325	44328	44331	44334	44338	44342	44346			44350	44354	44358	44359	44361	44364	44367	44370	44373			44376	45605	45788	45851	45855	45857	45859	45861	45863			45867	45869	45871	45873	45875	45945	45978	45981	45987			45993	45996	46300	46303	46306	46307	46327	46330	46333			46336	46339	46342	46348	46351	46354	46357	46360	46363			46366	46369	46372	46375	46378	46381	46384	46387	46390			46393	46396	46399	46402	46405	46459	46462	46464	46465			46468	46471	46474	46477	46480	46483	47000	47003	47006			47009	47012	47015	47018	47021	47024	47027	47030	47033			47036	47039	47042	47045	47048	47051	47054	47057	47060			47063	47066	47069	47072	47301	47304	47307	47310	47313			47316	47319	47348	47351	47354	47357	47361	47362	47364			47367	47370	47373	47378	47381	47384	47385	47386	47387			47390	47393	47396	47399	47402	47405	47408	47411	47414			47417	47420	47423	47426	47429	47432	47435	47438	47441			47444	47447	47450	47451	47453	47456	47459	47462	47465			47466	47467	47468	47471	47474	47477	47480	47483	47486		
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30226	30229	30232	30235	30238	30241	30244	32036	39331																																																																																																																																																																																																																																										
43500	43503	43506	43509	43512	43515	43518	43521	43524																																																																																																																																																																																																																																										
43876	43879	44325	44328	44331	44334	44338	44342	44346																																																																																																																																																																																																																																										
44350	44354	44358	44359	44361	44364	44367	44370	44373																																																																																																																																																																																																																																										
44376	45605	45788	45851	45855	45857	45859	45861	45863																																																																																																																																																																																																																																										
45867	45869	45871	45873	45875	45945	45978	45981	45987																																																																																																																																																																																																																																										
45993	45996	46300	46303	46306	46307	46327	46330	46333																																																																																																																																																																																																																																										
46336	46339	46342	46348	46351	46354	46357	46360	46363																																																																																																																																																																																																																																										
46366	46369	46372	46375	46378	46381	46384	46387	46390																																																																																																																																																																																																																																										
46393	46396	46399	46402	46405	46459	46462	46464	46465																																																																																																																																																																																																																																										
46468	46471	46474	46477	46480	46483	47000	47003	47006																																																																																																																																																																																																																																										
47009	47012	47015	47018	47021	47024	47027	47030	47033																																																																																																																																																																																																																																										
47036	47039	47042	47045	47048	47051	47054	47057	47060																																																																																																																																																																																																																																										
47063	47066	47069	47072	47301	47304	47307	47310	47313																																																																																																																																																																																																																																										
47316	47319	47348	47351	47354	47357	47361	47362	47364																																																																																																																																																																																																																																										
47367	47370	47373	47378	47381	47384	47385	47386	47387																																																																																																																																																																																																																																										
47390	47393	47396	47399	47402	47405	47408	47411	47414																																																																																																																																																																																																																																										
47417	47420	47423	47426	47429	47432	47435	47438	47441																																																																																																																																																																																																																																										
47444	47447	47450	47451	47453	47456	47459	47462	47465																																																																																																																																																																																																																																										
47466	47467	47468	47471	47474	47477	47480	47483	47486																																																																																																																																																																																																																																										

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)																	
	Management of back pain is listed separately under <i>Pain management</i> . Pain management that requires a device is listed separately under <i>Pain management with device</i> .	47489	47492	47495	47498	47501	47504	47507	47510	47513	47516	47519	47522	47525	47528	47531	47534	47537	47540
	Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i> .	47543	47546	47549	47552	47555	47558	47561	47564	47565	47566	47567	47570	47573	47576	47579	47582	47585	47588
		47591	47594	47597	47600	47603	47606	47609	47612	47615	47618	47621	47624	47627	47630	47633	47636	47639	47642
		47645	47648	47651	47654	47657	47663	47666	47672	47678	47703	47726	47729	47732	47753	47756	47762	47765	47768
		47771	47774	47777	47780	47783	47786	47789	47900	47903	47920	47921	47924	47927	47930	47933	47936	47948	47951
		47954	47957	47960	47963	47966	47969	47972	47975	47978	47981	47982	48200	48203	48206	48209	48212	48215	48218
		48221	48224	48227	48230	48233	48236	48239	48242	48400	48403	48406	48409	48412	48415	48418	48421	48424	48427
		48500	48503	48506	48509	48512	48912	48936	48939	48942	48945	48954	49100	49106	49109	49118	49200	49203	49206
		49212	49218	49300	49303	49306	49360	49363	49366	49500	49509	49512	49545	49566	49569	49700	49712	49718	49721
		49724	49727	49728	49800	49803	49806	49809	49812	49815	49818	49821	49824	49827	49830	49833	49836	49837	49838
		49845	49848	49851	49854	49860	49863	49866	49878	50100	50102	50103	50104	50109	50112	50115	50118	50121	50130
		50200	50201	50203	50206	50209	50212	50215	50218	50221	50224	50227	50230	50233	50236	50239	50300	50303	50306
		50309	50312	50315	50318	50321	50324	50327	50330	50336	50339	50342	50345	50348	50349	50351	50352	50353	50354
		50357	50360	50363	50366	50369	50372	50375	50378	50381	50384	50387	50390	50393	50394	50396	50399	50402	50405
		50408	50426	50450	50451	50455	50456	50460	50461	50465									

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)									
		50466	50470	50471	50475	50476	50500	50504	50508	50512	
		50516	50520	50524	50528	50532	50536	50540	50544	50548	
		50552	50556	50560	50564	50568	50572	50576	50580	50584	
		50588	50650	50654	50658	52056	52057	52058	52059	52060	
		52061	52062	52063	52064	52066	52069	52072	52073	52075	
		52078	52081	52084	52087	52090	52092	52094	52095	52096	
		52097	52098	52099	52102	52105	52114	52126	52129	52130	
		52131	52180	52182	52184	52186	53200	53203	53206	53209	
		53212	53215	53218	53220	53221	53224	53225	53226	53227	
		53230	53233	53236	53239	53400	53403	53406	53409	53410	
		53411	53412	53413	53414	53415	53416	53418	53419	53422	
		53423	53424	53425	53427	53429	53439				
Brain and nervous system	Hospital treatment for the investigation and treatment of the brain, brain-related conditions, spinal cord and peripheral nervous system. For example: stroke, brain or spinal cord tumours, head injuries, epilepsy and Parkinson's disease. Treatment of spinal column (back bone) conditions is listed separately under <i>Back, neck and spine</i> . Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i> .	Treatments involving the provision of the following MBS items:							6004	6007	
		6009	6011	6013	6015	6016	14227	14230	14233	14236	
		14239	14242	18377	35000	35003	35006	35009	35012	35412	
		35414	39003	39006	39009	39012	39013	39015	39018	39300	
		39303	39306	39309	39312	39315	39318	39321	39324	39327	
		39330	39333	39500	39503	39600	39603	39606	39609	39612	
		39615	39640	39642	39646	39650	39653	39654	39656	39658	
		39660	39662	39700	39703	39706	39709	39712	39715	39718	
		39721	39800	39803	39806	39812	39815	39818	39821	39900	
		39903	39906	40000	40003	40006	40009	40012	40015	40018	
		40100	40103	40106	40109	40112	40115	40118	40303	40306	
		40331	40332	40334	40335	40342	40345	40348	40351	40600	
		40700	40701	40702	40703	40704	40705	40706	40707	40708	
		40709	40712	40800	40801	40803	40850	40851	40852	40854	
		40856	40858	40860	40862	40903	40905	43987	48630	52800	
		52803	52806	52809	52812	52815	52818	52821	52824	52826	

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)											
		52828	52830	52832									
Breast surgery (medically necessary)	Hospital treatment for the investigation and treatment of breast disorders and associated lymph nodes, and reconstruction and/or reduction following breast surgery or a preventative mastectomy. For example: breast lesions, breast tumours, asymmetry due to breast cancer surgery, and gynaecomastia. This clinical category does not require benefits to be paid for cosmetic breast surgery that is not medically necessary. Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i> .	Treatments involving the provision of the following MBS items:										30299	30300
		30302	30303	31500	31503	31506	31509	31512	31515	31516			
		31519	31524	31525	31530	31533	31536	31539	31542	31545			
		31548	31551	31554	31557	31560	31563	31566	45520	45522			
		45524	45527	45528	45530	45533	45536	45539	45542	45545			
		45546	45548	45551	45552	45553	45554	45555	45556	45557			
		45558	45559										
Cataracts	Hospital treatment for surgery to remove a cataract and replace with an artificial lens.	Treatments involving the provision of the following MBS items:										42698	42701
		42702	42703	42704	42705	42707	42710	42713	42716				
Chemotherapy, radiotherapy and immunotherapy for cancer	Hospital treatment for chemotherapy, radiotherapy and immunotherapy for the treatment of cancer or benign tumours. Surgical treatment of cancer is listed separately under each body system.	Treatments involving the provision of the following MBS items:										13760	13915
		13918	13921	13924	13927	13930	13933	13936	13939	13942			
		13945	13948	14221	14245	15000	15003	15006	15009	15012			
		15100	15103	15106	15109	15112	15115	15211	15214	15215			
		15218	15221	15224	15227	15230	15233	15236	15239	15242			
		15245	15248	15251	15254	15257	15260	15263	15266	15269			
		15272	15275	15303	15304	15307	15308	15311	15312	15315			
		15316	15319	15320	15323	15324	15327	15328	15331	15332			

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)
		15335 15336 15338 15339 15342 15345 15348 15351 15354 15357 15500 15503 15506 15509 15512 15513 15515 15518 15521 15524 15527 15530 15533 15536 15539 15550 15553 15555 15556 15559 15562 15565 15600 15700 15705 15710 15715 15800 15850 15900 16003 16006 16009 16012 16015 16018 30400 34521 34524 34527 34528 34529 34530 34533 34534 34539 34540 35404 35406 35408 50950 50952
Dental surgery	Hospital treatment for surgery to the teeth and gums. For example: surgery to remove wisdom teeth, and dental implant surgery.	Treatments involving the provision of the following MBS items: 75033 75034 75036 75037 75039 75042 75045 75048 75049 75050 75051 75156 75200 75203 75206 75400 75403 75406 75409 75412 75415 75600 75603 75606 75609 75612 75615 75618 75621 75800 75803 75806 75809 75812 75815 75818 75821 75824 75827 75830 75833 75836 75839 75842 75845 75848 75851 75854
Diabetes management (excluding insulin pumps)	Hospital treatment for the investigation and management of diabetes. For example: stabilisation of hypo- or hyperglycaemia, contour problems due to insulin injections. Treatment for diabetes-related conditions is listed separately under each body system affected. For example, treatment for diabetes-related eye conditions is listed separately under <i>Eye</i> . Treatment for ulcers is listed separately under <i>Skin</i> .	Treatments involving the provision of the following MBS items: 81105
		75006 75030 31346 81100

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)		
	Provision and replacement of insulin pumps is listed separately under <i>Insulin pumps</i> .			
Dialysis for chronic kidney failure	Hospital treatment for dialysis treatment for chronic kidney failure. For example: peritoneal dialysis and haemodialysis.	Treatments involving the provision of the following MBS items: 13104 13106 13109 13110 13112	13100	13103
Digestive system	Hospital treatment for the investigation and treatment of the digestive system, including the oesophagus, stomach, gall bladder, pancreas, spleen, liver and bowel. For example: oesophageal cancer, irritable bowel syndrome, gall stones and haemorrhoids. Endoscopy is listed separately under <i>Gastrointestinal endoscopy</i> . Hernia and appendectomy procedures are listed separately under <i>Hernia and appendix</i> . Bariatric surgery is listed separately under <i>Weight loss surgery</i> . Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i> .	Treatments involving the provision of the following MBS items: 11810 13506 14212 30373 30375 30376 30378 30379 30382 30384 30385 30387 30392 30393 30396 30397 30399 30402 30406 30408 30409 30411 30412 30414 30415 30416 30417 30418 30419 30421 30422 30425 30427 30428 30430 30431 30433 30434 30436 30437 30438 30439 30440 30441 30442 30443 30445 30446 30448 30449 30450 30451 30452 30454 30455 30457 30458 30460 30461 30463 30464 30466 30467 30469 30472 30481 30482 30483 30492 30495 30496 30497 30499 30500 30502 30503 30505 30506 30508 30509 30515 30517 30518 30520 30521 30523 30524 30526 30527 30529 30530 30532 30533 30535 30536 30538 30539 30541 30542 30544 30545 30547 30548 30550 30551 30553 30554 30556 30557 30559 30560 30562 30563 30564 30565 30566 30575 30577 30578 30580 30581 30583 30584 30586 30587 30589 30590 30593 30594 30596 30597 30599 30600 30601 30602 30603 30605 30606 30608 30619 30621 30622 30623 30626 30627 30636 30637 30639 31450 31452 31454 31456 31458 31460 31462 31464 31466 31468 31470 31472 32000 32003 32004 32005 32006 32009 32012 32015 32018 32021 32024	11800	11801

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)									
		32025	32026	32028	32029	32030	32033	32039	32042	32045	
		32046	32047	32051	32054	32057	32060	32063	32066	32069	
		32096	32099	32102	32103	32104	32105	32106	32108	32111	
		32112	32114	32115	32117	32120	32123	32126	32129	32131	
		32132	32135	32138	32139	32142	32145	32147	32150	32153	
		32156	32159	32162	32165	32166	32168	32171	32174	32175	
		32177	32180	32183	32186	32200	32203	32206	32209	32210	
		32212	32213	32214	32215	32216	32217	32218	32220	32221	
		41816	41822	41825	41828	41831	41832	43801	43804	43807	
		43810	43813	43816	43819	43822	43825	43828	43831	43834	
		43840	43843	43846	43849	43852	43855	43858	43864	43867	
		43870	43873	43900	43903	43906	43930	43933	43936	43942	
		43945	43948	43951	43954	43957	43960	43963	43966	43969	
		43972	43975	43978	43990	43993	43996	43999	44101	44102	
		44104	44105								
Ear, nose and throat	Hospital treatment for the investigation and treatment of the ear, nose, throat, middle ear, thyroid, parathyroid, larynx, lymph nodes and related areas of the head and neck.	Treatments involving the provision of the following MBS items:								11300	18368
		30104	30105	30246	30247	30250	30251	30253	30255	30256	
		30259	30262	30266	30269	30272	30275	30278	30281	30283	
		30286	30287	30289	30293	30294	30296	30297	30306	30308	
	For example: damaged ear drum, sinus surgery, removal of foreign bodies, stapedectomy and throat cancer.	30309	30310	30313	30314	30315	30317	30318	30320	30326	
		30618	31400	31403	31406	31409	31412	31420	31423	31426	
		31429	31432	31435	31438	41500	41503	41506	41509	41512	
	Tonsils, adenoids and grommets are listed separately under <i>Tonsils, adenoids and grommets</i> .	41515	41518	41521	41524	41527	41530	41533	41536	41539	
		41542	41545	41548	41551	41554	41557	41560	41563	41564	
		41566	41569	41572	41575	41576	41578	41579	41581	41584	
		41587	41590	41593	41596	41599	41608	41611	41614	41615	
	The implantation of a hearing device is listed separately under <i>Implantation of hearing</i>	41620	41623	41626	41629	41635	41638	41641	41644	41647	
		41650	41653	41656	41659	41662	41668	41671	41672	41674	

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)									
	<i>devices.</i>	41677	41683	41686	41689	41692	41698	41701	41704	41707	
	Orthopaedic neck conditions are listed separately under <i>Back, neck and spine.</i>	41710	41713	41716	41719	41722	41725	41728	41729	41731	
	Sleep studies are listed separately under <i>Sleep studies.</i>	41734	41737	41740	41743	41746	41749	41752	41755	41764	
	Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer.</i>	41767	41770	41773	41776	41779	41782	41785	41786	41787	
		41804	41807	41810	41813	41834	41837	41840	41843	41846	
		41855	41858	41861	41864	41867	41868	41870	41873	41876	
		41879	41880	41881	41884	41885	41886	41889	41892	41895	
		41898	41901	41904	41905	41907	41910	43832	45645	45646	
		47735	47738	47741	51900	51902	52021	52024	52025	52027	
		52030	52033	52034	52035	52055	52132	52133	52135	52138	
		52141	52147	52148	52158	53000	53003	53004	53006	53009	
		53012	53015	53016	53017	53019	53052	53054	53056	53058	
		53060	53062	53064	53068	53070	53458	53459	53460		
Eye (not cataracts)	Hospital treatment for the investigation and treatment of the eye and the contents of the eye socket.	Treatments involving the provision of the following MBS items:							18366	18369	
		18370	18372	18374	42503	42506	42509	42510	42512	42515	
		42518	42521	42524	42527	42530	42533	42536	42539	42542	
	For example: retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye.	42543	42545	42548	42551	42554	42557	42563	42569	42572	
		42573	42574	42575	42576	42581	42584	42587	42590	42593	
		42596	42599	42602	42605	42608	42610	42611	42614	42615	
	Cataract procedures are listed separately under <i>Cataracts.</i>	42617	42620	42622	42623	42626	42629	42632	42635	42638	
		42641	42644	42647	42650	42651	42652	42653	42656	42662	
		42665	42667	42668	42672	42673	42676	42677	42680	42683	
	Eyelid procedures are listed separately under <i>Plastic and reconstructive surgery.</i>	42686	42689	42692	42695	42719	42725	42731	42734	42738	
		42739	42740	42741	42743	42744	42746	42749	42752	42755	
	Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer.</i>	42758	42761	42764	42767	42770	42773	42776	42779	42782	
		42783	42785	42786	42788	42789	42791	42792	42794	42801	
		42802	42805	42806	42807	42808	42809	42810	42811	42812	
		42815	42818	42821	42824	42833	42836	42839	42842	42845	

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)									
		42848	42851	42854	42857	42869	43021	43022	43023		
Gastrointestinal endoscopy	Hospital treatment for the diagnosis, investigation and treatment of the internal parts of the gastrointestinal system using an endoscope. For example: colonoscopy, gastroscopy, endoscopic retrograde cholangiopancreatography (ERCP). Non-endoscopic procedures for the digestive system are listed separately under <i>Digestive system</i> .	Treatments involving the provision of the following MBS items:							11820	11823	
		30473	30475	30478	30479	30484	30485	30488	30490	30491	
		30494	30568	30569	30680	30682	30684	30686	30687	30688	
		30690	30692	30694	32023	32072	32075	32084	32087	32088	
		32089	32090	32093	32094	32095					
Gynaecology	Hospital treatment for the investigation and treatment of the female reproductive system. For example: endometriosis, polycystic ovaries, female sterilisation and cervical cancer. Fertility treatments are listed separately under <i>Assisted reproductive services</i> . Pregnancy and birth-related conditions are listed separately under <i>Pregnancy and birth</i> . Miscarriage or termination of pregnancy is listed separately under <i>Miscarriage and termination of pregnancy</i> . Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i> .	Treatments involving the provision of the following MBS items:							30062	35410	
		35500	35502	35503	35506	35507	35508	35509	35513	35517	
		35518	35520	35523	35527	35530	35533	35534	35536	35539	
		35542	35545	35548	35551	35554	35557	35560	35561	35562	
		35564	35565	35566	35568	35569	35570	35571	35572	35573	
		35577	35578	35581	35582	35585	35595	35596	35597	35599	
		35602	35605	35608	35611	35612	35613	35614	35615	35616	
		35618	35620	35622	35623	35626	35627	35630	35633	35634	
		35635	35636	35637	35638	35641	35644	35645	35646	35647	
		35648	35649	35653	35657	35658	35661	35664	35667	35670	
		35673	35680	35684	35688	35691	35694	35697	35700	35703	
35706	35709	35710	35713	35717	35720	35723	35726	35729			
35730	35750	35753	35754	35756	35759						

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)										
Heart and vascular system	Hospital treatment for the investigation and treatment of the heart, heart-related conditions and vascular system. For example: heart failure and heart attack, monitoring of heart conditions, varicose veins and removal of plaque from arterial walls. Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer.</i>	Treatments involving the provision of the following MBS items:										
		13400	32500	32501	32504	32507	32508	32511	32514	32517	32520	32522
		32523	32526	32528	32529	32700	32703	32708	32710	32711		
		32712	32715	32718	32721	32724	32730	32733	32736	32739		
		32742	32745	32748	32751	32754	32757	32760	32763	32766		
		32769	33050	33055	33070	33075	33080	33100	33103	33109		
		33112	33115	33116	33118	33119	33121	33124	33127	33130		
		33133	33136	33139	33142	33145	33148	33151	33154	33157		
		33160	33163	33166	33169	33172	33175	33178	33181	33500		
		33506	33509	33512	33515	33518	33521	33524	33527	33530		
		33533	33536	33539	33542	33545	33548	33551	33554	33800		
		33803	33806	33810	33811	33812	33815	33818	33821	33824		
		33827	33830	33833	33836	33839	33842	33845	33848	34100		
		34103	34106	34109	34112	34115	34118	34121	34124	34127		
		34130	34142	34145	34148	34151	34154	34157	34160	34163		
		34166	34169	34172	34175	34500	34503	34506	34509	34512		
		34515	34518	34800	34803	34806	34809	34812	34815	34818		
		34821	34824	34827	34830	34833	35100	35103	35200	35202		
		35300	35303	35306	35307	35309	35312	35315	35317	35319		
		35320	35321	35324	35327	35330	35331	35360	35361	35362		
		35363	38200	38203	38206	38209	38212	38213	38215	38218		
		38220	38222	38225	38228	38231	38234	38237	38240	38241		
		38243	38246	38256	38270	38272	38273	38274	38275	38276		
		38285	38286	38287	38288	38290	38293	38300	38303	38306		
		38309	38312	38315	38318	38350	38353	38356	38358	38359		
		38362	38365	38368	38371	38384	38387	38390	38393	38447		
		38449	38450	38452	38470	38473	38475	38477	38478	38480		
38481	38483	38485	38487	38488	38489	38490	38493	38495				
38496	38497	38498	38500	38501	38503	38504	38505	38506				

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)
		38507 38508 38509 38512 38515 38518 38550 38553 38556 38559 38562 38565 38568 38571 38572 38577 38588 38600 38603 38609 38612 38613 38615 38618 38621 38624 38627 38637 38650 38653 38654 38670 38673 38677 38680 38700 38703 38706 38709 38712 38715 38718 38721 38724 38727 38730 38733 38736 38739 38742 38745 38748 38751 38754 38757 38760 38763 38766 59903 59912 59925 59971 59972 59973
Hernia and appendix	Hospital treatment for the investigation and treatment of a hernia or appendicitis. Digestive conditions are listed separately under <i>Digestive system</i> .	Treatments involving the provision of the following MBS items: 30574 30609 30614 30615 30640 30645 30646 43805 43835 43837 43838 43841 43939 44108 44111 44114
Implantation of hearing devices	Hospital treatment to correct hearing loss, including implantation of a prosthetic hearing device. Stapedectomy is listed separately under <i>Ear, nose and throat</i> .	Treatments involving the provision of the following MBS items: 41617 41618
Insulin pumps	Hospital treatment for the provision and replacement of insulin pumps for treatment of diabetes.	
Joint reconstructions	Hospital treatment for surgery for joint reconstructions. For example: torn tendons, rotator cuff tears and damaged ligaments.	Treatments involving the provision of the following MBS items: 46411 46414 46417 46420 46423 46426 46429 46432 46435 46438 46441 46442 46444 46447 46450 46453 46456 46492 46494 46495 46498 46500 46501 46502 46503 46504 46507

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)									
	Joint replacements are listed separately under <i>Joint replacements</i> .	46510	46522	48900	48903	48906	48909	48930	48933	48948	
		48951	48957	48960	49103	49121	49215	49221	49224	49227	
	Bone fractures are listed separately under <i>Bone, joint and muscle</i> .	49503	49506	49536	49539	49542	49548	49551	49557	49558	
		49559	49560	49561	49562	49563	49564	49703	49706	49709	
		50106	50333								
	Procedures to the spinal column are listed separately under <i>Back, neck and spine</i> .										
	Podiatric surgery performed by a registered podiatric surgeon is listed separately under <i>Podiatric surgery (provided by a registered podiatric surgeon)</i> .										
Joint replacements	Hospital treatment for surgery for joint replacements, including revisions, resurfacing, partial replacements and removal of prostheses.	Treatments involving the provision of the following MBS items:							46309	46312	
		46315	46318	46321	46324	46325	48915	48918	48921	48924	
		48927	49112	49115	49116	49117	49209	49210	49211	49309	
	For example: replacement of shoulder, wrist, finger, hip, knee, ankle, or toe joint, spinal disc replacement.	49312	49315	49318	49319	49321	49324	49327	49330	49333	
		49336	49339	49342	49345	49346	49515	49517	49518	49519	
		49521	49524	49527	49530	49533	49534	49554	49715	49716	
		49717	49839	49842	49857	50127					
	Joint fusions are listed separately under <i>Bone, joint and muscle</i> .										
	Spinal fusions are listed separately under <i>Back, neck and spine</i> .										
	Joint reconstructions are listed separately under <i>Joint reconstructions</i> .										
	Podiatric surgery performed by a registered podiatric surgeon is listed separately under <i>Podiatric surgery (provided by a registered podiatric surgeon)</i> .										

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)										
Kidney and bladder	Hospital treatment for the investigation and treatment of the kidney, adrenal gland and bladder. For example: kidney stones, adrenal gland tumour and incontinence. Dialysis is listed separately under <i>Dialysis for chronic kidney failure</i> . Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i> .	Treatments involving the provision of the following MBS items:								11900	11903	
		11906	11909	11912	11915	11917	11919	11921	12524	12527		
		18375	18379	30324	36500	36503	36506	36509	36516	36519		
		36522	36525	36526	36527	36528	36529	36531	36532	36533		
		36537	36540	36543	36546	36549	36552	36558	36561	36564		
		36567	36570	36573	36576	36579	36585	36588	36591	36594		
		36597	36600	36603	36604	36605	36606	36607	36608	36609		
		36612	36615	36618	36621	36624	36627	36630	36633	36636		
		36639	36642	36645	36648	36649	36650	36652	36654	36656		
		36663	36664	36665	36666	36667	36668	36800	36803	36806		
		36809	36811	36812	36815	36818	36821	36824	36825	36827		
		36830	36833	36836	36840	36842	36845	36848	36851	36854		
		36857	36860	36863	37000	37004	37008	37011	37014	37020		
		37023	37026	37029	37038	37040	37041	37042	37043	37044		
		37045	37047	37050	37053	37300	37303	37306	37309	37315		
		37318	37321	37324	37327	37330	37333	37336	37338	37339		
37340	37341	37342	37343	37345	37348	37351	37354	37369				
37372	37375	37381	37384	37387	37390	37444	37800	37801				
37842	37845	37848	37851	37854	43981	43984						
Lung and chest	Hospital treatment for the investigation and treatment of the lungs, lung-related conditions, mediastinum and chest. For example: lung cancer, respiratory disorders such as asthma, pneumonia, and treatment of trauma to the chest. Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy</i> ,	Treatments involving the provision of the following MBS items:								30090	30696	
		30710	34133	34136	34139	38415	38418	38421	38424	38427		
		38430	38436	38438	38440	38441	38446	38448	38453	38455		
		38460	38462	38464	38466	38468	38469	38640	38643	38647		
		38656	38800	38803	38809	38812	43861	43909	43912			

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)									
	<i>radiotherapy and immunotherapy for cancer.</i>										
Male reproductive system	Hospital treatment for the investigation and treatment of the male reproductive system including the prostate. For example: male sterilisation, circumcision and prostate cancer. Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer.</i>	Treatments involving the provision of the following MBS items:								30628	30631
		30635	30641	30642	30643	30644	30649	30654	30658	30663	
		30666	37200	37201	37202	37203	37206	37207	37208	37209	
		37210	37211	37212	37215	37217	37218	37219	37220	37221	
		37223	37224	37227	37230	37233	37245	37393	37396	37402	
		37405	37408	37411	37415	37417	37418	37420	37423	37426	
		37429	37432	37435	37438	37601	37604	37613	37616	37619	
		37623	37803	37804	37806	37807	37809	37810	37812	37813	
		37815	37816	37818	37819	37821	37822	37824	37825	37827	
		37828	37830	37831	37833	37834	37836	37839			
Miscarriage and termination of pregnancy	Hospital treatment for the investigation and treatment of a miscarriage or for termination of pregnancy.	Treatments involving the provision of the following MBS items:								16530	16531
		35640	35643	35674	35677	35678					
Pain management	Hospital treatment for pain management that does not require the insertion or surgical management of a device. For example: treatment of nerve pain and chest pain due to cancer by injection of a nerve block. Pain management using a device (for example an infusion pump or neurostimulator) is listed separately under <i>Pain management with device.</i>	Treatments involving the provision of the following MBS items:								39100	39106
		39109	39112	39115	39118	39121	39124	39140	39323	45939	
Pain management with device	Hospital treatment for the implantation, replacement or other surgical management of a	Treatments involving the provision of the following MBS items:								14218	39125
		39126	39127	39128	39130	39131	39133	39134	39135	39136	

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)									
	device required for the treatment of pain. For example: treatment of nerve pain, back pain, and pain caused by coronary heart disease with a device (for example an infusion pump or neurostimulator). Treatment of pain that does not require a device is listed separately under <i>Pain management</i> .	39137	39138	39139							
Plastic and reconstructive surgery (medically necessary)	Hospital treatment which is medically necessary for the investigation and treatment of any physical deformity, whether acquired as a result of illness or accident, or congenital. For example: burns requiring a graft, cleft palate, club foot and angioma. Plastic surgery that is medically necessary relating to the treatment of a skin-related condition is listed separately under <i>Skin</i> . Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i> .	Treatments involving the provision of the following MBS items:							30003	30006	
		30010	30014	30017	30020	30176	38457	38458	42860	42863	
		42866	42872	43882	45000	45003	45006	45009	45012	45015	
		45018	45019	45020	45021	45024	45025	45026	45027	45030	
		45033	45035	45036	45039	45042	45045	45048	45051	45054	
		45200	45201	45202	45203	45206	45207	45209	45212	45215	
		45218	45221	45224	45227	45230	45233	45236	45239	45240	
		45400	45403	45406	45409	45412	45415	45418	45439	45442	
		45445	45448	45451	45460	45461	45462	45464	45465	45466	
		45468	45469	45471	45472	45474	45475	45477	45478	45480	
		45481	45483	45484	45485	45486	45487	45488	45489	45490	
		45491	45492	45493	45494	45496	45497	45498	45499	45500	
		45501	45502	45503	45504	45505	45506	45512	45515	45518	
		45519	45560	45561	45562	45563	45564	45565	45566	45568	
		45569	45570	45572	45575	45578	45581	45584	45585	45586	
		45587	45588	45590	45593	45596	45597	45599	45602	45608	
		45611	45614	45617	45620	45623	45624	45625	45626	45629	
		45632	45635	45638	45639	45641	45644	45647	45650	45652	
		45653	45656	45659	45660	45661	45662	45665	45668	45669	
		45671	45674	45675	45676	45677	45680	45683	45686	45689	
		45692	45695	45698	45701	45704	45707	45710	45713	45714	

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)									
		45716	45720	45723	45726	45729	45731	45732	45735	45738	
		45741	45744	45747	45752	45753	45754	45755	45758	45761	
		45767	45770	45773	45776	45779	45782	45785	45791	45794	
		45797	45799	45801	45803	45805	45807	45809	45811	45813	
		45815	45817	45819	45821	45823	45825	45827	45829	45831	
		45833	45835	45837	45839	45841	45843	45845	45847	45849	
		45853	45865	45877	45879	45882	45885	45888	45891	45894	
		45897	45900	45975	45984	45990	50411	50414	50417	50420	
		50423	51904	51906	52010	52036	52045	52048	52106	52108	
		52111	52117	52120	52122	52123	52300	52303	52306	52309	
		52312	52315	52318	52319	52321	52324	52327	52330	52333	
		52336	52337	52339	52342	52345	52348	52351	52354	52357	
		52360	52363	52366	52369	52372	52375	52378	52379	52380	
		52382	52420	52424	52430	52440	52442	52444	52446	52450	
		52452	52456	52458	52460	52480	52482	52484	52600	52603	
		52606	52609	52612	52615	52618	52621	52624	52626	52627	
		52630	52633	52636	53242	53453	53455	75024	75027		
Podiatric surgery (provided by a registered podiatric surgeon)	Hospital treatment for the investigation and treatment of conditions affecting the foot and/or ankle, provided by a registered podiatric surgeon, but limited to cover for: <ul style="list-style-type: none"> • accommodation; and • the cost of a prosthesis as listed in the prostheses list set out in the Private Health Insurance (Prostheses) Rules, as in force from time to time. 										
	Note: Insurers are not required to pay for any other benefits for hospital treatment for this										

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)
	clinical category but may choose to do so.	
Pregnancy and birth	<p>Hospital treatment for investigation and treatment of conditions associated with pregnancy and child birth.</p> <p>Treatment for the baby is covered under the clinical category relevant to their condition. For example, respiratory conditions are covered under <i>Lung and chest</i>.</p> <p>Female reproductive conditions are listed separately under <i>Gynaecology</i>.</p> <p>Fertility treatments are listed separately under <i>Assisted reproductive services</i>.</p> <p>Miscarriage and termination of pregnancy is listed separately under <i>Miscarriage and termination of pregnancy</i>.</p>	<p>Treatments involving the provision of the following MBS items:</p> <p>16399 16400 16401 16404 16406 16407 16408 16500 16501 16502 16505 16508 16509 16511 16512 16514 16515 16518 16519 16520 16522 16527 16528 16533 16534 16564 16567 16570 16571 16573 16590 16591 16600 16603 16606 16609 16612 16615 16618 16621 16624 16627 82100 82105 82110 82115 82120 82125</p>
Skin	<p>Hospital treatment for the investigation and treatment of skin, skin-related conditions and nails. The removal of foreign bodies is also included. Plastic surgery that is medically necessary and relating to the treatment of a skin-related condition is also included.</p> <p>For example: melanoma, minor wound repair and abscesses.</p> <p>Removal of excess skin due to weight loss is listed separately under <i>Weight loss surgery</i>.</p>	<p>Treatments involving the provision of the following MBS items:</p> <p>14050 14053 14100 14106 14109 14112 14115 14118 14124 18362 30023 30024 30026 30029 30032 30035 30038 30042 30045 30049 30052 30055 30064 30071 30099 30180 30183 30185 30186 30187 30189 30190 30192 30195 30196 30197 30202 30203 30205 30207 30210 30213 30214 30216 30219 30223 30676 30679 31000 31001 31002 31206 31211 31216 31220 31221 31225 31245 31250 31340 31345 31356 31357 31358 31359 31360 31361 31362 31363 31364 31365 31366 31367 31368 31369 31370 31371 31372 31373 31374 31375 31376 44136 46486 46489 46513 46516 46528 46531 46534 47904 47906</p>

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)																				
	Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer.</i>	47912	47915	47916	47918	52000	52003	52006	52009	52039												
Sleep studies	Hospital treatment for the investigation of sleep patterns and anomalies. For example: sleep apnoea and snoring.	Treatments involving the provision of the following MBS items:							12203	12207												
		12210	12213	12215	12217	12250																
Tonsils, adenoids and grommets	Hospital treatment of the tonsils, adenoids and insertion or removal of grommets.	Treatments involving the provision of the following MBS items:							41632	41789												
		41793	41797	41801																		
Weight loss surgery	Hospital treatment for surgery that is designed to reduce a person's weight, remove excess skin due to weight loss and reversal of a bariatric procedure. For example: gastric banding, gastric bypass, sleeve gastrectomy.	Treatments involving the provision of the following MBS items:							30165	30168												
		30171	30172	30177	30179	31569	31572	31575	31578	31581												
		31584	31587	31590																		

Schedule 6—Common treatments list

Note: Rule 11F is the principal provision that deals with what hospital treatments must be covered by an insurance policy that covers hospital treatment. The operation of rule 11F relies on this Schedule, as well as Schedule 5 and Schedule 7.

1 Common treatments list

For sub-subparagraph 11F (5) (b) (ii) (A), the common treatments list is set out in the following table:

Common treatments list									
3	4	20	23	24	35	36	37	43	44
	47	51	52	53	54	57	58	59	60
	65	92	93	95	96	99	104	105	106
	107	108	109	110	111	112	113	114	116
	117	119	120	122	128	131	132	133	135
	137	139	141	143	145	147	149	160	161
	162	163	164	173	179	181	183	185	187
	188	189	191	193	195	197	199	202	203
	206	212	214	215	218	219	220	221	222
	223	224	225	226	227	228	229	230	231
	232	233	235	236	237	238	239	240	243
	244	245	249	251	252	253	254	255	256
	257	259	260	261	262	263	264	265	266
	268	269	270	271	272	276	277	279	281
	282	283	285	286	287	288	291	293	296
	299	300	302	304	306	308	310	312	314
	316	318	319	330	332	334	336	338	353
	355	356	357	358	359	361	384	385	386
	387	388	389	410	411	412	413	414	415
	416	417	501	503	507	511	515	519	520
	530	532	534	536	585	588	591	594	599
	600	701	703	705	707	715	721	723	729
	731	732	733	735	737	739	741	743	745
	747	750	758	761	763	766	769	772	776
	788	789	792	812	820	822	823	825	826
	827	828	829	830	832	834	835	837	838
	867	868	869	871	872	873	876	880	881
	885	891	892	900	903	2100	2122	2125	2126
	2137	2138	2143	2147	2179	2195	2199	2220	2497
	2501	2503	2504	2506	2507	2509	2517	2518	2521
	2522	2525	2526	2546	2547	2552	2553	2558	2559
	2598	2600	2603	2606	2610	2613	2616	2620	2622
	2624	2631	2633	2635	2664	2666	2668	2673	2675
	2677	2799	2801	2806	2814	2820	2824	2832	2840
	2946	2949	2954	2958	2972	2974	2978	2984	2988
	2992	2996	3000	4001	5000	5003	5010	5020	5023
	5028	5040	5043	5049	5060	5063	5067	5200	5203
	5207	5208	5220	5223	5227	5228	5260	5263	5265

Common treatments list								
5267	6051	6052	6057	6058	6059	6060	6062	6063
6064	6065	6067	6068	6071	6072	6074	6075	6087
10905	10907	10910	10911	10912	10913	10914	10915	
10916	10918	10921	10922	10923	10924	10925	10926	
10927	10928	10929	10930	10945	10946	10947	10948	
11830	11833	12000	12003	13015	13020	13025	13030	
13210	13757	13870	13873	14200	14201	14202	14209	
17615	17620	17625	17640	17645	17650	17655	18216	
18219	18282	18284	18286	18288	18290	18292	18294	
18296	18298	30058	30061	30068	30072	30075	30078	
30081	30084	30087	30093	30094	30096	30097	30224	
30225	30321	30323	30329	30330	30332	30335	30336	
30388	30390	30391	30394	30403	30405	30611	31350	
31355	34538	36502	37607	37610	38456	39000	43915	
44130	46519	46525	51700	51703	52012	52015	52018	
52144	53600	75001	75004	75150	75153	82130	82135	
82140	82150	82151	82152	82200	82205	82210	82215	
82220	82221	82222	82223	82224	82225			

Schedule 7—Support treatments list

Note: Rule 11F is the principal provision that deals with what hospital treatments must be covered by an insurance policy that covers hospital treatment. The operation of rule 11F relies on this Schedule, as well as Schedule 5 and Schedule 6.

1 Support treatments list

For sub-subparagraph 11F (5) (b) (ii) (B), the support treatments list is set out in the following table:

Support treatments list								
6080	6081	10801	10802	10803	10804	10805	10806	10807
	10808	10809	10816	10931	10932	10933	10940	10941
	10942	10943	10944	10950	10951	10952	10953	10954
	10956	10958	10960	10962	10964	10966	10968	10970
	10984	10987	10988	10989	10990	10991	10992	10997
	11000	11003	11004	11005	11006	11009	11012	11015
	11018	11021	11024	11027	11200	11204	11205	11210
	11211	11215	11218	11219	11220	11221	11222	11224
	11225	11235	11237	11240	11241	11242	11243	11244
	11303	11304	11306	11309	11312	11315	11318	11324
	11327	11330	11332	11333	11336	11339	11503	11506
	11509	11512	11600	11602	11604	11605	11610	11611
	11612	11614	11615	11627	11700	11701	11702	11708
	11709	11710	11711	11712	11713	11715	11718	11719
	11720	11721	11722	11724	11725	11726	11727	11728

Support treatments list

12200	12201	12306	12312	12315	12320	12321	12322
12325	12326	12500	12503	12506	12509	12512	12515
12518	12521	12530	12533	13300	13303	13306	13309
13312	13318	13319	13703	13706	13709	13750	13755
13815	13818	13830	13839	13842	13847	13848	13851
13854	13857	13876	13881	13882	13885	13888	17610
17680	17690	18213	18222	18225	18226	18227	18228
18230	18232	18233	18234	18236	18238	18240	18242
18244	18248	18250	18252	18254	18256	18258	18260
18262	18264	18266	18268	18270	18272	18274	18276
18278	18280	20100	20102	20104	20120	20124	20140
20142	20143	20144	20145	20146	20147	20148	20160
20162	20164	20170	20172	20174	20176	20190	20192
20210	20212	20214	20216	20220	20222	20225	20230
20300	20305	20320	20321	20330	20350	20352	20355
20400	20401	20402	20403	20404	20405	20406	20410
20420	20440	20450	20452	20470	20472	20474	20475
20500	20520	20522	20524	20526	20528	20540	20542
20546	20548	20560	20600	20604	20620	20622	20630
20632	20634	20670	20680	20690	20700	20702	20703
20704	20705	20706	20730	20740	20745	20750	20752
20754	20756	20770	20790	20791	20792	20793	20794
20798	20799	20800	20802	20803	20804	20805	20806
20810	20815	20820	20830	20832	20840	20841	20842
20844	20845	20846	20847	20848	20850	20855	20860
20862	20863	20864	20866	20867	20868	20880	20882
20884	20886	20900	20902	20904	20905	20906	20910
20911	20912	20914	20916	20920	20924	20926	20928
20930	20932	20934	20936	20938	20940	20942	20943
20944	20946	20948	20950	20952	20953	20954	20956
20958	20960	21100	21110	21112	21114	21116	21120
21130	21140	21150	21155	21160	21170	21195	21199
21200	21202	21210	21212	21214	21216	21220	21230
21232	21234	21260	21270	21272	21274	21275	21280
21300	21321	21340	21360	21380	21382	21390	21392
21400	21402	21403	21404	21420	21430	21432	21440
21445	21460	21461	21462	21464	21472	21474	21480
21482	21484	21486	21490	21500	21502	21520	21522
21530	21532	21535	21600	21610	21620	21622	21630
21632	21634	21636	21638	21650	21652	21654	21656
21670	21680	21682	21685	21700	21710	21712	21714
21716	21730	21732	21740	21756	21760	21770	21772
21780	21785	21790	21800	21810	21820	21830	21832
21834	21840	21842	21850	21860	21865	21870	21872
21878	21879	21880	21881	21882	21883	21884	21885
21886	21887	21900	21906	21908	21910	21912	21914
21915	21916	21918	21922	21925	21926	21927	21930
21935	21936	21939	21941	21942	21943	21945	21949

Support treatments list

21952	21955	21959	21962	21965	21969	21970	21973
21976	21980	21981	21990	21992	21997	22001	22002
22007	22008	22012	22014	22015	22018	22020	22025
22031	22036	22040	22045	22050	22051	22055	22060
22065	22070	22075	22900	22905	23010	23021	23022
23023	23031	23032	23033	23041	23042	23043	23051
23052	23053	23061	23062	23063	23071	23072	23073
23081	23082	23083	23091	23101	23111	23112	23113
23114	23115	23116	23117	23118	23119	23121	23170
23180	23190	23200	23210	23220	23230	23240	23250
23260	23270	23280	23290	23300	23310	23320	23330
23340	23350	23360	23370	23380	23390	23400	23410
23420	23430	23440	23450	23460	23470	23480	23490
23500	23510	23520	23530	23540	23550	23560	23570
23580	23590	23600	23610	23620	23630	23640	23650
23660	23670	23680	23690	23700	23710	23720	23730
23740	23750	23760	23770	23780	23790	23800	23810
23820	23830	23840	23850	23860	23870	23880	23890
23900	23910	23920	23930	23940	23950	23960	23970
23980	23990	24100	24101	24102	24103	24104	24105
24106	24107	24108	24109	24110	24111	24112	24113
24114	24115	24116	24117	24118	24119	24120	24121
24122	24123	24124	24125	24126	24127	24128	24129
24130	24131	24132	24133	24134	24135	24136	25000
25005	25010	25015	25020	25025	25030	25050	25200
25205	30001	51300	51303	51306	51309	51312	51315
51318	51800	51803	53700	53702	53704	53706	55005
55007	55008	55010	55011	55013	55014	55016	55017
55019	55023	55025	55026	55028	55029	55030	55031
55032	55033	55036	55037	55038	55039	55048	55049
55054	55059	55060	55061	55062	55063	55064	55065
55067	55068	55069	55070	55073	55076	55079	55084
55085	55113	55114	55115	55116	55117	55118	55119
55120	55121	55122	55123	55125	55130	55131	55135
55136	55220	55221	55222	55223	55224	55226	55227
55228	55229	55230	55232	55233	55235	55236	55238
55244	55246	55248	55252	55274	55276	55278	55280
55282	55284	55292	55294	55296	55600	55601	55603
55604	55700	55701	55702	55703	55704	55705	55706
55707	55708	55709	55710	55711	55712	55713	55714
55715	55716	55717	55718	55719	55720	55721	55722
55723	55724	55725	55726	55727	55729	55730	55735
55736	55737	55739	55759	55760	55762	55763	55764
55765	55766	55767	55768	55769	55770	55771	55772
55773	55774	55775	55800	55801	55802	55803	55804
55805	55806	55807	55808	55809	55810	55811	55812
55813	55814	55815	55816	55817	55818	55819	55820
55821	55822	55823	55824	55825	55826	55827	55828

Support treatments list

55829	55830	55831	55832	55833	55834	55835	55836
55837	55838	55839	55840	55841	55842	55843	55844
55845	55846	55847	55848	55849	55850	55851	55852
55853	55854	55855	56001	56007	56010	56013	56016
56022	56028	56030	56036	56041	56047	56050	56053
56056	56062	56068	56070	56076	56101	56107	56141
56147	56219	56220	56221	56223	56224	56225	56226
56227	56228	56229	56230	56231	56232	56233	56234
56235	56236	56237	56238	56239	56240	56259	56301
56307	56341	56347	56401	56407	56409	56412	56441
56447	56449	56452	56501	56507	56541	56547	56553
56555	56619	56625	56659	56665	56801	56807	56841
56847	57001	57007	57041	57047	57201	57247	57341
57345	57350	57351	57355	57356	57360	57361	57362
57363	57506	57509	57512	57515	57518	57521	57524
57527	57529	57530	57532	57533	57535	57536	57538
57539	57700	57702	57703	57705	57706	57708	57709
57711	57712	57714	57715	57717	57721	57723	57901
57902	57903	57906	57909	57911	57912	57914	57915
57917	57918	57920	57921	57923	57924	57926	57927
57929	57930	57932	57933	57935	57938	57939	57941
57942	57944	57945	57947	57950	57953	57956	57959
57960	57962	57963	57965	57966	57968	57969	58100
58102	58103	58105	58106	58108	58109	58111	58112
58114	58115	58117	58120	58121	58123	58124	58126
58127	58300	58302	58306	58308	58500	58502	58503
58505	58506	58508	58509	58511	58521	58523	58524
58526	58527	58529	58700	58702	58706	58708	58715
58717	58718	58720	58721	58723	58900	58902	58903
58905	58909	58911	58912	58914	58915	58916	58917
58920	58921	58923	58927	58929	58933	58935	58936
58938	58939	58941	59103	59104	59300	59301	59303
59304	59306	59307	59309	59310	59312	59313	59314
59315	59318	59319	59700	59701	59703	59704	59712
59713	59715	59716	59718	59719	59724	59725	59733
59734	59739	59740	59751	59752	59754	59755	59763
59764	59970	59974	60000	60001	60003	60004	60006
60007	60009	60010	60012	60013	60015	60016	60018
60019	60021	60022	60024	60025	60027	60028	60030
60031	60033	60034	60036	60037	60039	60040	60042
60043	60045	60046	60048	60049	60051	60052	60054
60055	60057	60058	60060	60061	60063	60064	60066
60067	60069	60070	60072	60073	60075	60076	60078
60079	60100	60101	60500	60501	60503	60504	60506
60507	60509	60510	60918	60927	61109	61110	61302
61303	61306	61307	61310	61313	61314	61316	61317
61320	61328	61340	61348	61352	61353	61356	61360
61361	61364	61368	61369	61372	61373	61376	61381

Support treatments list

61383	61384	61386	61387	61389	61390	61393	61397
61401	61402	61405	61409	61413	61417	61421	61425
61426	61429	61430	61433	61434	61437	61438	61441
61442	61445	61446	61449	61450	61453	61454	61457
61458	61461	61462	61469	61473	61480	61484	61485
61495	61499	61505	61523	61529	61538	61541	61553
61559	61565	61571	61575	61577	61598	61604	61610
61620	61622	61628	61632	61640	61646	61647	61650
61651	61652	61653	61654	61655	61656	61657	61658
61659	61660	61661	61662	61663	61664	61665	61666
61667	61668	61669	61670	61671	61672	61673	61674
61675	61676	61677	61678	61679	61680	61681	61682
61683	61684	61685	61686	61687	61688	61689	61690
61691	61692	61693	61694	61695	61696	61697	61698
61699	61700	61701	61702	61703	61704	61705	61706
61707	61708	61709	61710	61712	61713	61714	61715
61716	61717	61718	61719	61729	63001	63004	63007
63010	63013	63014	63016	63017	63040	63043	63046
63049	63052	63055	63058	63061	63064	63067	63070
63073	63074	63075	63076	63077	63078	63079	63080
63081	63082	63083	63084	63085	63101	63104	63111
63114	63117	63119	63125	63128	63131	63134	63135
63136	63151	63154	63157	63158	63161	63164	63167
63170	63173	63176	63179	63182	63185	63186	63187
63188	63189	63190	63191	63192	63193	63194	63201
63204	63207	63208	63219	63222	63225	63228	63231
63234	63237	63240	63243	63257	63258	63259	63260
63261	63262	63263	63264	63265	63271	63274	63277
63280	63282	63283	63284	63285	63301	63304	63307
63310	63311	63313	63322	63325	63328	63331	63334
63337	63340	63341	63342	63343	63345	63346	63347
63348	63361	63364	63385	63388	63391	63392	63393
63394	63395	63396	63397	63398	63401	63404	63407
63408	63416	63419	63425	63428	63432	63433	63440
63443	63446	63447	63448	63449	63455	63457	63458
63461	63464	63467	63470	63473	63476	63479	63481
63482	63484	63486	63487	63488	63489	63490	63491
63494	63497	63498	63499	63501	63502	63504	63505
63507	63508	63510	63511	63513	63514	63516	63517
63519	63520	63522	63523	63541	63542	63543	63544
63547	63548	63551	63552	63554	63555	63557	63558
63560	63561	63740	63741	63743	63744	63746	63747
64990	64991	65060	65066	65070	65072	65075	65078
65079	65081	65082	65084	65087	65090	65093	65096
65099	65102	65105	65108	65109	65110	65111	65114
65117	65120	65123	65126	65129	65137	65142	65144
65147	65150	65153	65156	65157	65158	65159	65162
65165	65166	65171	65175	65176	65177	65178	65179

Support treatments list

65180	65181	66500	66503	66506	66509	66512	66517
66518	66519	66536	66539	66542	66545	66548	66551
66554	66557	66560	66563	66566	66569	66572	66575
66578	66581	66584	66587	66590	66593	66596	66605
66606	66607	66610	66623	66626	66629	66632	66635
66638	66639	66641	66642	66644	66647	66650	66651
66652	66653	66655	66656	66659	66660	66662	66663
66665	66666	66667	66671	66674	66677	66680	66683
66686	66695	66696	66697	66698	66701	66704	66707
66711	66712	66714	66715	66716	66719	66722	66723
66724	66725	66728	66731	66734	66743	66749	66750
66751	66752	66755	66756	66757	66758	66761	66764
66767	66770	66773	66776	66779	66780	66782	66783
66785	66788	66789	66790	66791	66792	66800	66803
66804	66805	66806	66812	66815	66816	66817	66819
66820	66821	66822	66825	66826	66827	66828	66830
66831	66832	66833	66834	66835	66836	66837	66838
66839	66840	66841	66900	69300	69303	69306	69309
69312	69316	69317	69318	69319	69321	69324	69325
69327	69328	69330	69331	69333	69336	69339	69345
69354	69357	69360	69363	69378	69379	69380	69381
69382	69383	69384	69387	69390	69393	69396	69400
69401	69405	69408	69411	69413	69415	69445	69451
69471	69472	69474	69475	69478	69481	69482	69483
69484	69488	69489	69491	69492	69494	69495	69496
69497	69498	69499	69500	71057	71058	71059	71060
71062	71064	71066	71068	71069	71071	71072	71073
71074	71075	71076	71077	71079	71081	71083	71085
71087	71089	71090	71091	71092	71093	71095	71096
71097	71099	71101	71103	71106	71119	71121	71123
71125	71127	71129	71131	71133	71134	71135	71137
71139	71141	71143	71145	71146	71147	71148	71149
71151	71153	71154	71155	71156	71157	71159	71163
71164	71165	71166	71167	71168	71169	71170	71180
71183	71186	71189	71192	71195	71198	71200	71203
72813	72816	72817	72818	72823	72824	72825	72826
72827	72828	72830	72836	72838	72844	72846	72847
72848	72849	72850	72851	72852	72855	72856	72857
72858	72859	73043	73045	73047	73049	73051	73059
73060	73061	73062	73063	73064	73065	73066	73067
73070	73071	73072	73073	73074	73075	73076	73287
73289	73290	73291	73292	73293	73294	73295	73296
73297	73300	73305	73308	73309	73311	73312	73314
73315	73317	73318	73320	73321	73323	73324	73325
73326	73327	73332	73333	73334	73335	73336	73337
73338	73339	73340	73341	73342	73343	73345	73346
73347	73348	73349	73350	73521	73523	73525	73527
73529	73801	73802	73803	73804	73805	73806	73807

Support treatments list

73808	73809	73810	73811	73828	73829	73830	73831
73832	73833	73834	73835	73836	73837	73839	73840
73844	73899	73900	73920	73922	73923	73924	73925
73926	73927	73928	73929	73930	73931	73932	73933
73934	73935	73936	73937	73938	73939	73940	74990
74991	74992	74993	74994	74995	74996	74997	74998
74999	75009	75012	75015	75018	75021	75023	81000
81005	81010	81110	81115	81120	81125	81300	81305
81310	81315	81320	81325	81330	81335	81340	81345
81350	81355	81360	82005	82010	82020	82025	82030
82035	82300	82306	82309	82312	82315	82318	82324
82327	82332						

Part 2—Amendments commencing on 1 April 2020

Private Health Insurance (Complying Product) Rules 2015

[5] Rule 11E (note to section heading)

Repeal the note.

[6] Rule 11F (note to section heading)

Repeal the note.

[7] Rule 11G (note to section heading)

Repeal the note.

[8] Rule 11H (note to section heading)

Repeal the note.

[9] Rule 21

Repeal the rule.

Schedule 4—Second tier administrative reforms

Private Health Insurance (Benefit Requirements) Rules 2011

[1] Clause 1 of Schedule 5

Repeal the clause, substitute:

1. Interpretation

- (1) In this Schedule:

authorised officer means a departmental officer authorised by the Secretary of the Department to make a determination under subclause 1A (2), (3) or (4) or to review a determination under subclause 1B (3).

comparable has the meaning given by subclause 1A (6).

Hospital Casemix Protocol Data has the meaning given by rule 4 of the *Private Health Insurance (Health Insurance Business) Rules 2018*.

second-tier eligible hospital means a hospital in the class set out in rule 7A of the *Private Health Insurance (Health Insurance Business) Rules 2018*.

- (2) In this Schedule, except in subclauses 1A (8) and (9), the Australian Capital Territory is taken to be part of New South Wales, and the Northern Territory is taken to be part of South Australia.

[2] After clause 1 of Schedule 5

Insert:

1A. Categorisation of private hospitals

- (1) If, as at 1 January 2019, a departmental officer authorised by the Secretary of the Department for the purpose has, in anticipation of the commencement of this provision, caused to be published on the Department's website a list of all the hospitals for which a declaration is in force under subsection 121-5 (6) of the Act that places each hospital in a category set out in subclause (7), then each hospital is taken to be determined to be in that category.
- (2) If such a list has not been published, then as soon as practicable an authorised officer must determine which category of hospital from the categories set out in subclause (7) each private hospital for which a declaration is in force under subsection 121-5 (6) of the Act is to be placed in, and cause a list of the hospitals in each category to be published on the Department's website.

Note: If a patient is admitted to a hospital between 1 January 2019 and 31 August 2019 insurers may continue to work out the average charge on the basis of the provisions of this Schedule as in force immediately before the commencement of Schedule 4 to the *Private Health Insurance (Reforms) Amendment Rules 2018*. However, insurers must use the Department's published list of hospitals under subclause (1) or (2) to determine in which category a hospital claiming second-tier default benefits is placed.

- (3) If a private hospital is declared under subsection 121-5 (6) of the Act after 1 January 2019, an authorised officer must determine which category of hospital

from the categories set out in subclause (7) that private hospital is to be placed in.

- (4) If a hospital has been placed in a category by a determination under this clause, an authorised officer may before 1 June of a particular year determine a different category of hospital from the categories set out in subclause (7) that the private hospital is to be placed in.
- (5) A list of the hospitals in each category as of 1 August of each year must be published on the Department's website.
- (6) Private hospitals are *comparable* if they are placed in the same category by a determination made under subclause (1), (2), (3) or (4).
- (7) For the purposes of this clause, the categories are the following:
 - (a) private hospitals that provide psychiatric care, including treatment of addictions, for at least 50% of the episodes of hospital treatment, and do not fall into category (g);
 - (b) private hospitals that provide rehabilitation care for at least 50% of the episodes of hospital treatment, and do not fall into categories (a) or (g);
 - (c) private hospitals that do not fall into categories (a), (b) or (g), with up to and including 50 licensed beds;
 - (d) private hospitals that do not fall into categories (a), (b) or (g), with more than 50 licensed beds and up to and including 100 licensed beds;
 - (e) private hospitals that do not fall into categories (a), (b) or (g), with more than 100 licensed beds, without an accident and emergency unit or a specialised cardiac care unit or an intensive care unit;
 - (f) private hospitals that do not fall into categories (a), (b) or (g), with more than 100 licensed beds, with either (or any combination of) an accident and emergency unit or a specialised cardiac care unit or an intensive care unit;
 - (g) private hospitals that provide episodes of hospital treatment only for periods of not more than 24 hours.
- (8) If State or Territory legislation in the State or Territory where the private hospital is located regulates the number of beds or patients that a private hospital is permitted—in subclause (7), a reference to *licensed beds* is a reference to the beds or patients that a private hospital is permitted, under State or Territory legislation in the State or Territory where the private hospital is located.
- (9) If State or Territory legislation in the State or Territory where the private hospital is located does not regulate the number of beds or patients that a private hospital is permitted—in subclause (7), a reference to *licensed beds* is a reference to the beds and bed equivalents the private hospital operates.
- (10) An authorised officer must calculate proportions for the purposes of paragraphs (7) (a) and (b):
 - (a) if Hospital Casemix Protocol Data is available for the private hospital—using the most recent year of Hospital Casemix Protocol Data available to the Department for the private hospital; and
 - (b) otherwise—on the basis of any relevant information available to the Department about the episodes of hospital treatment at the private hospital.

1B. Internal review of a categorisation determination

- (1) A private hospital subject to a determination made under subclause 1A (1), (2), (3) or (4) may request internal review of its categorisation by the determination.
- (2) An application for internal review under subclause (1) must be made in writing within 28 days after the day the determination is notified to the hospital.
- (3) If an application for internal review is made, an authorised officer (who must not be the authorised officer who made the original determination) must:
 - (a) review the determination; and
 - (b) either confirm the determination or make a fresh one within 28 days after the day on which the application was received by the Department.

[3] At the end of clause 2 of Schedule 5

Omit “facility”, insert “second-tier eligible hospital”.

[4] Subclause 3(3) of Schedule 5

Repeal the subclause, substitute:

- (3) If a hospital ceases to be a second-tier eligible hospital for the purposes of this Schedule, the minimum benefit in relation to an episode of hospital treatment for an insured person who was an admitted patient at the hospital or booked for hospital treatment at the hospital (as opposed to merely being on the hospital’s waiting list) before the day that the hospital ceased to be a second-tier eligible hospital is the minimum benefit that would have applied if the hospital continued to be a second-tier eligible hospital at the time the treatment was provided.

[5] Subclause 3(4) of Schedule 5

Repeal the subclause, substitute:

- (4) Subject to subclauses (2) and (8), the minimum benefit payable by an insurer for an episode of hospital treatment at a second-tier eligible hospital for which the admission date was between 1 September of a particular year (the *first year*) and 31 August of the next year is an amount no less than 85% of the average charge for the equivalent episode of hospital treatment, under that insurer’s negotiated agreements as in force on 1 August of the first year, with all private hospitals:
 - (a) that:
 - (i) if the second-tier eligible hospital is on the list published on the Department’s website under subclause 1A (5)—were comparable on 1 August of the first year with the second-tier eligible hospital; and
 - (ii) otherwise—are in the same category as the second-tier eligible hospital in the list published on the Department’s website under subclause 1A (5) as at 1 August of the first year; and
 - (b) that are in the same State as the second-tier eligible hospital.

Note: See clause 4 for a transitional arrangement for admissions to second-tier eligible hospitals between 1 January 2019 and 31 August 2019.

[6] Subclause 3(6) of Schedule 5

Omit “facility”, substitute “second-tier eligible hospital”.

[7] Clause 4 of Schedule 5

Repeal the clause, substitute:

4. Transitional

- (1) If a patient is admitted to a second-tier eligible hospital between 1 January 2019 and 31 August 2019:
 - (a) an insurer may instead work out the average charge on the basis of the repealed provisions; and
 - (b) if the insurer does so, *comparable* has the same meaning as in the repealed provisions.
- (2) For subclause (1), the *repealed provisions* are the provisions of this Schedule as in force immediately before the commencement of Schedule 4 to the *Private Health Insurance (Reforms) Amendment Rules 2018*.

Note: For the purpose of determining which category the second-tier eligible hospital to which the patient was admitted is placed in, an insurer must use the Department's determination in respect of that hospital under subclause 1A (1), (2), (3) or (4).

Private Health Insurance (Health Insurance Business) Rules 2018

[8] Rule 3

Insert:

accredited means assessed as being fully compliant with the *National Safety and Quality Health Service Standards* by a body approved by the Australian Commission on Safety and Quality in Health Care to assess health service organisations against the *National Safety and Quality Health Service Standards*.

Hospital Casemix Protocol Data means the data provided by hospitals to insurers that is the subject of rule 4.

makes provision for informed financial consent: a hospital *makes provision for informed financial consent* if it has procedures in place to inform a patient or nominee, in writing, of what hospital charges, insurer benefits and out-of-pocket costs (where applicable) are expected in respect of the hospital treatment. A patient or nominee must be informed:

- (a) for scheduled admissions—at the earliest opportunity before admission for the hospital treatment; or
- (b) for unplanned admissions—as soon after the admission as the circumstances reasonably permit.

minimum benefit means the minimum benefit calculated in accordance with clause 3 of Schedule 5 of the *Private Health Insurance (Benefit Requirements) Rules 2011*.

National Safety and Quality Health Service Standards means the standards developed by the Australian Commission on Safety and Quality in Health Care.

Note: Development of the *National Safety and Quality Health Service Standards* is a function of the Australian Commission on Safety and Quality in Health Care under paragraph 9 (1) (e) of *National Health Reform Act 2011*.

[9] After Part 2

Insert:

Part 2A Second-tier eligible hospitals class

7A. Second-tier eligible hospitals class

For the purposes of subsection 121-8 (1) of the Act, second-tier eligible hospitals constitutes a class of hospital (the *second-tier eligible hospitals class*).

7B. Application fee

For the purposes of paragraph 121-8 (2) (b) of the Act, the application fee is \$850 for each hospital that the application seeks to have included in the second-tier eligible hospitals class.

7C. Assessment criteria

For the purposes of subsection 121-8A (1) of the Act, to be included in the second-tier eligible hospitals class, a hospital must:

- (a) be a private hospital; and
- (b) be accredited; and
- (c) not bill patients directly for the minimum benefit payable by the patient's insurer; and
- (d) make provision for informed financial consent; and
- (e) submit Hospital Casemix Protocol Data to health insurers electronically with every claim for second-tier default benefits.

Note: If a hospital is included in the second-tier eligible hospitals class by the Minister under section 121-8A of the Act, it will be a second-tier eligible hospital for the purposes of Schedule 5 to the *Private Health Insurance (Benefit Requirements) Rules 2011*, and therefore eligible to claim second-tier default benefits as specified in that Schedule.

7D. Notification of change in circumstances

A hospital that is included in the second-tier eligible hospitals class must notify the Department in writing of any change in circumstances that may prevent that hospital from continuing to meet the assessment criteria set out in rule 7C as soon as practicable.

7E. Transitional arrangements

- (1) A hospital that is a facility for the purposes of clause 4 of Schedule 5 to the *Private Health Insurance (Benefit Requirements) Rules 2011* immediately before the commencement of Schedule 4 to the *Private Health Insurance (Reforms) Amendment Rules 2018* is taken to be included in the second-tier eligible hospitals class.
- (2) A hospital referred to in subrule (1) is taken to be included in the second-tier eligible hospitals class until the eligibility expiry date for that hospital.

(3) Despite subrule (2), if the date on which a hospital's accreditation will expire falls within the 12 months following the hospital's eligibility expiry date, then the hospital is taken to be included in the second-tier eligible hospitals class until the day on which that hospital's accreditation will expire.

(4) In this rule:

eligibility expiry date means the date on which the hospital's approval on the list of second-tier eligible facilities existing on 1 January 2019 expires.

Note: Hospitals that are specified in the Second Tier Advisory Committee approved list on 1 January 2019 will be second-tier eligible hospitals for the purposes of Schedule 5 of the *Private Health Insurance (Benefit Requirements) Rules 2011*, and therefore eligible to claim second-tier default benefits as specified in that Schedule. Unless subrule (3) applies, when the approval under the pre-existing arrangements expires, the hospital will be required to apply under s 121-8 of the Act to be included in the second-tier eligible hospitals class.

Schedule 5—Removal of coverage of some natural therapies

Private Health Insurance (Health Insurance Business) Rules 2018

[1] Rule 3

Insert:

excluded natural therapy treatment means any of the following treatments:

- (a) Alexander technique;
- (b) aromatherapy;
- (c) Bowen therapy;
- (d) Buteyko;
- (e) Feldenkrais;
- (f) Western herbalism;
- (g) homeopathy;
- (h) iridology;
- (i) kinesiology;
- (j) naturopathy;
- (k) Pilates;
- (l) reflexology;
- (m) Rolfing;
- (n) shiatsu;
- (o) tai chi;
- (p) yoga.

[2] At the end of Rule 8

Add:

; and (e) excluded natural therapy treatment.

[3] Rule 11

Repeal the rule, substitute:

11. General treatment—excluded treatment

- (1) For paragraph 121-10 (3) (b) of the Act, the following treatments or classes of treatment are specified:
 - (a) treatment which primarily takes the form of sport, recreation or entertainment, other than treatment that is part of a chronic disease management program or a health management program if the programs have been approved by the private health insurer;
 - (b) excluded natural therapy treatment.
- (2) In this rule:

health management program means a program that is intended to ameliorate a person's specific health condition or conditions, but does not include treatment that is excluded natural therapy treatment.

Schedule 6—Information provision

Private Health Insurance (Incentives) Rules 2012 (No. 2)

[1] Rule 4 (note)

Omit “standard information statement”, substitute “private health information statement”.

[2] Rule 4 (definition of *Australian Government Rebate on private health insurance*)

Repeal the definition, substitute:

Australian Government Rebate on private health insurance means:

- (a) the premiums reduction scheme; or
- (b) the private health insurance tax offset.

[3] Rule 7

Repeal the rule.

[4] Paragraph 8(1)(a)

Repeal paragraph 8(1)(a), substitute:

- (a) if a participant in respect of a complying health insurance policy on issue from the insurer during any time in the previous financial year requests the following information from a participating insurer:
 - (i) the amount of the premium paid for the policy during the previous financial year;
 - (ii) the reduction, under the premiums reduction scheme, for the premium;the participating insurer must issue to the participant a statement in accordance with rule 9;

[5] Subparagraph 8(1)(c)(ii)

Omit “annual”.

[6] Rule 9

Repeal the rule, substitute:

9. Requirements for statements to participants

- (1) A statement under paragraph 8 (1) (a) must:
 - (a) be in writing; and
 - (b) set out, clearly and distinctly:
 - (i) if requested by the participant—the amount of the premium paid for the policy during a particular financial year; and
 - (ii) if requested by the participant—the amount of the reduction under the premiums reduction scheme for the premium; and
 - (c) be provided within 14 days of receipt of the request; and

-
- (d) be provided:
 - (i) by post; or
 - (ii) if the participant has requested that the information be provided in another manner—if reasonably practicable, in the manner requested by the participant.

Example: If requested by the participant, the information may be provided in an electronic format, including via a web page.

- (2) A statement under paragraph 8 (1) (a) may be accompanied by other information.

Private Health Insurance (Lifetime Health Cover) Rules 2017

[7] Subrule 8(1)

Repeal the subrule, substitute:

- 1) For the purposes of paragraph 40 (1) (a) of the Act, the following requirements are specified:
 - (a) the insurer must provide information about increases under Part 2-3 in the amounts of premiums payable for the policy holder's hospital cover in respect of the policy holder, if requested by the policy holder;
 - (b) the insurer must provide the following information to a policy holder affected by section 34-1 or section 34-5 of the Act, if requested by the policy holder:
 - (i) the amount by which the policy holder's premiums payable for hospital cover are increased as a result of the operation of those sections;
 - (ii) the private health insurer's record of the number of days the policy holder has not had hospital cover since his or her lifetime health cover base day, other than days to which paragraph 34-20 (1) (a) of the Act applies.

Note: Paragraph 34-20 (1) (a) of the Act deals with permitted days without hospital cover.

[8] Subrule 8(3)

Repeal the subrule, substitute:

- 3) The information required to be provided by subrule 8 (1) must:
 - (a) be provided:
 - (i) by post; or
 - (ii) if the policy holder has requested that the information be provided in another manner—if reasonably practicable, in the manner requested by the policy holder; and
 - (b) in the case of joint policy holders, set out the details applying to the joint policy holder making the request; and
 - (c) be provided to the policy holder within 14 days of receipt of the request.

Example: For subparagraph (a) (ii), if requested by the policy holder, the information may be provided in an electronic format, including via a web page.

Schedule 7—Amendments relating to accredited podiatrists

Private Health Insurance (Complying Product) Rules 2015

[1] Rule 4 (definition of *accredited podiatrist*)

Repeal the definition (including the note).

[2] Rule 4

Insert:

registered podiatric surgeon means a podiatric surgeon who holds specialist registration in the specialty of podiatric surgery under the National Law.

Note: The registration requirements for a registered podiatric surgeon for the purpose of these Rules are the same registration requirements for podiatric surgeons as set out in rule 8 of the Private Health Insurance (Accreditation) Rules as made from time to time.

[3] Subrule 8(1) (table item 2, column headed “Kind of policy”, subparagraph (b)(ii))

Omit “an accredited podiatrist”, substitute “a registered podiatric surgeon”.

Private Health Insurance (Prostheses) Rules 2018 (No. 2)

[4] Rule 4 (definition of *accredited podiatrist*)

Repeal the definition (including the note).

[5] Rule 4

Insert:

registered podiatric surgeon means a podiatric surgeon who holds specialist registration in the specialty of podiatric surgery under the National Law.

Note: The registration requirements for a registered podiatric surgeon for the purpose of these Rules are the same registration requirements for podiatric surgeons as set out in rule 8 of the Private Health Insurance (Accreditation) Rules as made from time to time.

[6] Paragraph 7(a)

Omit “an accredited podiatrist”, substitute “a registered podiatric surgeon”.