

South Australia

South Australian Health Commission (Recognised Hospital—Medicare Patients Fees) Variation Regulations 2008

under the *South Australian Health Commission Act 1976*

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Part 1—Preliminary

1—Short title

These regulations may be cited as the *South Australian Health Commission (Recognised Hospital—Medicare Patients Fees) Variation Regulations 2008*.

2—Commencement

These regulations will come into operation on 1 July 2008.

3—Variation provisions

In these regulations, a provision under a heading referring to the variation of specified regulations varies the regulations so specified.

Part 2—Variation of *South Australian Health Commission (Recognised Hospital—Medicare Patients Fees) Regulations 2002*

4—Variation of regulation 4—Interpretation

- (1) Regulation 4(1)—after the definition of *Commonwealth benefit* insert:

hospital in the home service, in relation to a recognised hospital, means treatment or care provided by the hospital to a patient at a location outside the hospital premises (being treatment or care provided as a direct substitute for treatment or care that would normally be provided as an inpatient service on the hospital premises);

- (2) Regulation 4(1), definition of *outreach service*—delete the definition

5—Substitution of Schedule

Schedule—delete the Schedule and substitute:

Schedule—Fees for services provided to Medicare patients by recognised hospitals

	Fee (per day)
1 For the accommodation, maintenance, care and treatment at a recognised hospital of a public overnight stay patient	no fee
2 For the accommodation, maintenance and care at a recognised hospital of a private overnight stay patient—	
(a) where the patient requests and subsequently receives single room accommodation	\$494.00
(b) in any other case	\$287.00
3 For the accommodation, maintenance, care and treatment at a recognised hospital of a public patient who is a same day patient	no fee
4 For the accommodation, maintenance and care at a recognised hospital of a private patient who is a same day patient—	
(a) for gastro-intestinal endoscopy or other minor surgical and non-surgical procedures that do not normally require an anaesthetic (Band 1)	\$208.00
(b) for procedures (other than Band 1 procedures) carried out under local anaesthetic with no sedation given where the actual time in the theatre is less than 1 hour (Band 2)	\$237.00
(c) for procedures (other than Band 1 procedures) carried out under general or regional anaesthesia or intravenous sedation where the actual time in the theatre is less than 1 hour (Band 3)	\$261.00
(d) for any procedures carried out under general or regional anaesthesia or intravenous sedation where the actual time in the theatre is 1 hour or more (Band 4)	\$287.00

**South Australian Health Commission (Recognised Hospital—Medicare Patients Fees) Variation
Regulations 2008**

Variation of *South Australian Health Commission (Recognised Hospital—Medicare Patients Fees)
Regulations 2002—Part 2*

	Fee (per day)
5 For the accommodation, maintenance, care and treatment at a recognised hospital of a public long stay patient who is acutely ill	no fee
6 For the accommodation, maintenance, care and treatment at a recognised hospital of a public long stay patient who is not acutely ill	87.5 per cent of the Commonwealth benefit
7 For the accommodation, maintenance and care at a recognised hospital of a private long stay patient who is not acutely ill	\$97.50 plus 87.5 per cent of the Commonwealth benefit
8 For hospital in the home services provided by a recognised hospital to a private patient	\$173.00 (maximum fee per day)

Note—

As required by section 10AA(2) of the *Subordinate Legislation Act 1978*, the Minister has certified that, in the Minister's opinion, it is necessary or appropriate that these regulations come into operation as set out in these regulations.

Made by the Governor

with the advice and consent of the Executive Council
on 19 June 2008

No 169 of 2008

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