

# Patient Travel Assistance Scheme Policy and Guidelines

<b>Description:</b>	The purpose of this scheme is to help ensure equality of access for Tasmanian residents to specialist medical services.
<b>Audience:</b>	All people with an interest in the Scheme, including patients and their carers, general practitioners, specialists, the staff of the Department of Health and Human Services, and community support workers.
<b>Approved by:</b>	Catherine Katz, Deputy Secretary, Strategy, Planning and Performance
<b>Custodian:</b>	Statewide PTAS Review Committee
<b>Version:</b>	3.0
<b>Effective Date:</b>	December 2008
<b>Review Date:</b>	1 July 2009

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## Context

With the release of the Banscott review of Patient Transport and Accommodation Services and the Government response a number of changes are being implemented. This interim PTAS policy and guidelines will be reviewed in early 2009 to incorporate further changes in the scope and practice of PTAS; as well as other DHHS reforms arising from the implementation of the Tasmanian Health Plan.

## Background

Tasmanians have always faced particular challenges in accessing specialist medical services due to the size and distribution of the state's population.

The increasing specialisation in medicine and continuing advances in sophisticated equipment and technology have resulted in a trend to centralise some specialised services in major cities. Tasmanians living in rural and remote communities often need to travel to major population centres in the State to access specialist medical services. They also continue to be required to travel interstate to major cities such as Melbourne and Sydney to receive some of the more highly specialised services (e.g. specialist neonate services, intensive care spinal services), not available in Tasmania.

The Department of Health and Human Services (DHHS) is committed to ensuring all Tasmanians have access to specialist medical services.

## Policy statement

The purpose of this scheme is to help ensure equity of access for Tasmanian residents to specialist medical services.

## Objectives

The scheme is *targeted* towards Tasmanians who:

- have to travel long distances to access medical services; and
- face high travel costs (e.g. flights from the islands).

The *purpose* of the scheme is achieved through the following strategies:

- contributing to the cost of patient travel;
- contributing to the cost of patient accommodation, if required; and
- contributing to the cost of travel and accommodation for an escort that might be required for the effective treatment of patients.

This document explains what assistance is available, who can get it and how to get it.

## PTAS Offices

### Royal Hobart Hospital

Liverpool Street  
Hobart 7000  
Phone: (03) 6222 8225  
Fax: (03) 6222 8949  
Switchboard Phone: (03) 6222 8308

### Launceston General Hospital

Charles Street,  
Launceston 7250  
Phone: (03) 6348 7249  
Fax: (03) 6348 7964  
Switchboard Phone: (03) 6348 7111

### North-West Regional Hospital

C/ Parkside Building  
Strahan Street  
Burnie 7320  
Phone: (03) 6434 6984  
Fax: (03) 6434 6998  
Switchboard Phone: (03) 6430 6666

## Other PTAS Coordinators

### Devonport Community and Health Services Centre

23 Steele Street  
Devonport 7310  
Phone: (03) 6421 7797

### West Coast District Hospital

PO Box 462  
Queenstown 7467  
Phone: (03) 6471 3300

### Rosebery Community Health Centre

PO Box 50  
Rosebery 7470  
Phone: (03) 6473 1144

### Smithton District Hospital

PO Box 264  
Smithton 7330  
Phone: (03) 6452 4654

### King Island District Hospital

PO Box 126  
Currie, King Island 7256  
Phone: (03) 6462 9915

**Patient Travel Assistance Scheme Policy and  
Guidelines  
2008**

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# **I Medical services for which assistance is available**

The purpose of this scheme is to assist Tasmanians in accessing specialist medical services not available locally, or in Tasmania. For a patient to be eligible for assistance, the service must meet the following criteria:

## **I.1 What are the services for which assistance may be provided?**

The specialist medical services for which assistance is provided are defined as:

- services funded by the Tasmanian public hospital system (including those services that would be provided in Tasmanian hospitals if the specialist staff and infrastructure were available); and
- covered by an item in the Commonwealth Medicare Benefits Schedule (MBS) except services specified elsewhere in these guidelines; or
- emergency dental services (defined as treatment of dental haemorrhage, facial/neck swelling of a dental origin, or oral/facial trauma including trauma to dentistry) provided by a general dental practitioner or a specialist oral/maxillofacial surgeon; or
- routine dental treatment, only in circumstances where a patient's medical condition necessitates specialist medical backup at the time of dental treatment (e.g. coagulation disorders, epilepsy, etc.); or
- oncology or dialysis treatment in Tasmanian public hospitals; or
- lymphoedema treatment in Tasmania.

## **I.2 What are the emergency services for which assistance may be provided to King and the Furneaux Group Islands residents?**

The emergency services for which assistance may be provided to King and the Furneaux Group Islands residents are:

- obstetric confinement due to potential problems and lack of appropriate medical and surgical emergency support;
- patients on high dosage narcotics for pain relief as prescribed by the patient's medical practitioner;
- patients who are diabetics;
- patients on anti-rejection medication as a result of transplant surgery; or
- patients with cancer undergoing radiotherapy to the neck or head.

## **1.3 What services are not eligible for assistance under this scheme?**

The following services are ineligible for assistance under the scheme:

- services that do not satisfy the “nearest specialist service” definition;
- surgery provided for cosmetic reasons only;
- general dental and orthodontic services (except in cases as defined in Section 1.1);
- allied health services (see Special Rulings for further information);
- Intro-Vitro-Fertilisation (IVF) services irrespective of whether it is for infertility or for any other reason; or
- experimental treatment.

The scheme’s Medical Authorisers determine eligibility under this scheme. An appeals mechanism is also available (Refer to Section 11.1).

Eligible and ineligible services will be reviewed annually.

## **1.4 Special Rulings**

### **1.4.1 Allied health services**

PTAS supports patients travel for allied health services (for example, artificial limb fitting) if this is regarded as a part of the whole medical treatment process; or

Patients who are required to have lymphoedema treatment as a result of major or cancer treatment are also eligible for PTAS.

### **1.4.2 GP proceduralists**

Some medical services performed by GP Proceduralists who have certain specialist skill (such as obstetrics or anaesthetic) are regarded as specialist medical services under the Scheme.

### **1.4.3 Independent midwifery service**

If women are assessed as having a 'low risk' or uncomplicated pregnancy and choose to deliver at an independent midwifery practice, they are entitled to PTAS benefits.

If women are assessed as having a 'high risk' or complicated pregnancy, (that is, women with a past history of complicated pregnancies and births,) and choose to deliver at an independent midwifery practice, PTAS benefits will only be given if it is associated with a medical specialist review.

#### **I.4.4 Participation in a clinical trial**

If patients request PTAS benefits to participate in a clinical trial, they should be requested to provide two specific pieces of information:

- Documentation details the funding arrangements for the clinical trial specifically the provision for patient travel within the trial budget; and
- Documentation confirms that there is no other fund available to assist travel for patient involves the trial.

If no specific assistance available, the Medical Authorisers can make a decision on an individual clinic basis.

#### **I.4.5 Jack Jumper Ant Allergy Program**

Patients travelling for Jack Jumper Ant Allergy Program are eligible for PTAS benefits.

#### **I.4.6 Pre-implantation Genetic Diagnosis**

Pre-implantation Genetic Diagnosis (PGD) is benefited under PTAS where there is a known genetic disorder in a family and for which PGD is available.

**Note:** IVF is still not on the PTAS eligible list.

#### **I.4.7 Telehealth**

In principle, people travelling for a telehealth consultation are eligible for PTAS providing the patient would be eligible to travel for a face-to-face consultation.

### **I.5 Who makes the referral?**

The referral to a specialist medical service must be made by either:

- a medical specialist or oral/maxillofacial surgeon who is recognised in the appropriate speciality for the purpose of the *Health Insurance Act 1973* to intrastate or interstate specialist medical services; or
- a rural general practitioner (GP) to Tasmanian medical specialists or oral/maxillofacial surgeons.

The referral must be to the nearest appropriate specialist (Refer to Section 2.1.1).

**Note:**

- *Rural GPs on King Island (District Medical Officers) can refer patients to interstate, taking into account a patient's clinical needs.*
- *Sports medicine doctors must refer patients to a local orthopaedic specialist and cannot refer patients to interstate for treatment directly.*

## 1.6 Who approves the travel assistance?

Recommendations must be approved by a Medical Authoriser at a major public hospital.

A new application must be completed for each interstate trip to verify that patients cannot be treated in Tasmania. However, specialists in Tasmania need to be encouraged to closely monitor patients who have been sent interstate for treatment.

## 2 Location of the medical service

### 2.1.1 The location of the nearest appropriate recognised medical service

Patients are to be referred to the nearest<sup>1</sup> appropriate specialist/treatment centre.

The Medical Authoriser may seek advice from other specialists in Tasmania as to the nearest appropriate specialist if there is doubt about the appropriateness of the referral, and will seek clarification from the referring specialist if there is a difference of opinion. The Medical Authoriser will notify the patient and referring specialist in writing if the nearest appropriate specialist is determined not to be the specialist to whom referral had been made.

Within Tasmania, an exception applies when the nearest specialist works only in the private hospital system and there is a public health system funded specialist at a greater distance within the State.

If the patient is required to travel interstate, another exception is made, in that a patient may be referred to a more distant specialist, but the amount of assistance to be provided is calculated on travel to the nearest appropriate interstate specialist.

### 2.1.2 Refer beyond the nearest available service

If patients are to be referred beyond Melbourne, the Medical Authoriser must be provided with valid written explanation that can be reviewed by the PTAS Committee.

*For example,*

*A patient needs to see a cardiac specialist. The nearest such specialist is in Melbourne. The patient or treating specialist prefers the referral to a cardiac specialist in Sydney. The travel subsidy payable to the patient is calculated on the cost of travelling to and from Melbourne.*

**Note:** Should a referral be to an interstate specialist when there is an appropriate specialist in Tasmania, the patient will not be eligible for any travel or accommodation assistance.

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<sup>1</sup> The nearest available service is defined as the closest resident or visiting eligible service.

## 3 Eligibility of patients to apply for financial assistance

### 3.1 Who is eligible for assistance under PTAS?

Patients who are eligible for assistance under this scheme, include:

- All Tasmanian residents<sup>2</sup> required to travel interstate to access an eligible specialist medical service that is not available in either the public or private sector in Tasmania.
- All Tasmanian residents who need to travel more than 75 kilometres one-way by the shortest practical route to access the nearest appropriate specialist medical service or lymphoedema treatment.
- All Tasmanian residents who need to travel more than 50 kilometres one-way by the shortest practical route to access the nearest dialysis or oncology treatment centre.
- Residents of King and the Furneaux Group Islands who have to leave the island to access an eligible service.

**Note:**

- *Only patients (or patients' carers), or for children, their parent or guardian, can apply for assistance under this scheme.*
- *People relocating to Tasmania from interstate must provide proof of their registration on the State electoral roll, prior to being eligible for interstate travel for specialist medical service. If returning for treatment for a pre-existing condition, the patient may be funded for one final trip to arrange a referral back to a suitable Tasmanian specialist.*
- *People, who are sick or injured while travelling intrastate or interstate, are not eligible for PTAS.*

### 3.2 What documentations are required to prove the patient is a Tasmanian resident?

The following documentations are required to prove the Tasmanian resident status:

- **Proof of registration on the State electoral roll** is essential.
- The evidence of identity and residential address are the two other requirements for any Tasmanian applying for PTAS.

Evidence of use of identity includes:

- Medicare Card;
- Plastic Bank or Credit Card, with signature;
- Tertiary Student Identification Card;

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<sup>2</sup> Tasmania residents must be Australian citizens, permanent residents or refugees\* and be residing in Tasmania at the time of referral and treatment. The usual place of residence is determined by using the address at which the patients registered on the electoral roll.

\* Refugee definition – please refer to DHHS *Refugee Health Care: Information for health and community workers and volunteers*, June 2005.

Accessible for viewing: [http://www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0016/7252/RefugeeHealthGeneral\\_\\_Info\\_\\_2\\_.pdf](http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0016/7252/RefugeeHealthGeneral__Info__2_.pdf)

- Department of Veterans' Affairs/Centrelink Pensioner Concession Card;
- Births Deaths & Marriages Change of name/Marriage Certificate (not a church or celebrant document) or Deed Poll.

Evidence of residential address (All documents must be less than six months old) includes:

- Bank Statement ; or
- Utility Account (with evidence of payment).

### **3.3 Who may be ineligible for assistance under PTAS?**

This scheme does not provide financial assistance where:

- benefits may or have been provided through other Australian/State Government schemes, the Department of Veterans Affairs (DVA) Gold and, for some services, White cardholders, Motor Accident Insurance Board (MAIB) funded clients; and Workers compensation clients.
- patients needing to be transferred by ambulance (road and air) or by stretcher transport (clinicians requesting air ambulance support should deal directly with the Tasmanian Ambulance Service (TAS). Any calls from interstate hospitals received by PTAS Coordinators are to be redirected to the TAS) ;
- medical escorts (e.g. doctor, nurse, paramedic) for a patient;
- referrals for interstate services on the basis of shorter waiting lists; or
- seeking specialist medical treatment outside Australia.

A person requesting financial assistance through PTAS may be required to provide relevant supporting documentation to demonstrate they have been deemed ineligible for assistance from alternative sources.

## **4 Assistance available for an escort to accompany the patient**

Subsidies may be provided to assist escorts in accompanying patients when they travel.

While it is acknowledged that patients may want a range of support while they travel (and for some cultures, being with family at these times may be traditional family practice), subsidies for escorts will only be provided in cases where:

- the patient is an organ transplant donor or recipient (refer Section 4.1); or
- the patient is a child (refer Section 4.2); or
- the patient requires active assistance while travelling or being treated (refer Section 4.3); or
- the patient has a high-risk life-threatening condition<sup>3</sup>; or
- the patient with serious morbidity<sup>4</sup>.

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<sup>3</sup> A mortality risk of 1-2% does not represent a high-risk or life-threatening condition for the purposes of authorising assistance for escorts under the scheme.

**No escort as a default.** Applications for an escort subsidy will only be considered in accordance with the provisions outlined below, and on the basis of information contained in the recommendation outlining clinical justification by the referring medical practitioner. The final decision rests with the Medical Authoriser with judgements made on a case-by-case basis.

## 4.1 Escorts for organ transplant

The organ donor and recipient are both eligible for the subsidy of an escort. Escorts' accommodation will be subsidised from the night prior to the operation until the patients (either donor or recipient) are medically fit to return home. This means that the donor and his/her escort are only subsidised until the donor is medically fit to return home although it is likely that this will be prior to the return of the recipient and his/her escort.

## 4.2 When is assistance available for an escort for a child?

### When the patient is a child (aged 17 years and under)

An escort subsidy is available for a parent/guardian when a child is travelling to access eligible specialist medical services. If the child needs to stay for a period of time at the specialist service location (either as an in- or out-patient), the escort is eligible to receive an accommodation allowance.

If the patient is aged 14 years or under and is receiving treatment for a life-threatening condition<sup>5</sup>:

- two escorts (one of whom must be a parent/guardian) are eligible for assistance; and
- both escorts are eligible to receive travel subsidies to and from the medical service; and
- both escorts are eligible to receive accommodation allowances for the first seven days of the patient's treatment; but
- after seven days, only one escort is eligible for an accommodation allowance.

## 4.3 When is assistance available for an escort for an adult?

### When the patient is an adult (aged 18 years and over)

The referring medical practitioner can recommend a travel allowance, and an accommodation allowance (if necessary), for one escort when the patient requires the escort to provide active assistance while travelling and/or being treated. However, no financial assistance being provided to escorts on the ground of emotional support only as priority needs to be given to those in most critical need of assistance.

The following are examples of situations where funding will be considered for an escort.

When travelling to and from the treatment centre:

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<sup>4</sup> That is for patients admitted to the Intensive Care Unit or neurosurgical patients.

<sup>5</sup> As per footnote 3.

- where a patient requires oxygen or medication to be administered by another person during the journey; or
- where a frail aged or chronically ill person needs assistance to cope in a large metropolitan centre or with a complex transport system; or
- where a person with severe ambulatory problems requires the constant assistance of another person; or
- where a patient has a significant physical, intellectual, behavioural or emotional disability that necessitates the support of another person in order to safely complete the journey.

During treatment where:

- a patient lacks the mental capacity in decision-making and requires legal guardianship support (e.g. a comatose patient); or
- a patient is in an Intensive Care Unit (conditions apply); or
- training of an escort is required for them to manage the care of a patient following treatment (e.g. dialysis treatment for end stage renal failure).

#### **4.4 What about accommodation for an adult's escort?**

An escort will be eligible to receive the accommodation allowance if required to actively assist the patient during their treatment.

The maximum accommodation allowance is up to seven nights if the patients with serious morbidity<sup>6</sup> or while the patients remain in the Intensive Care Unit (ICU).

If the patient remains in the ICU for more than seven nights, the escort's allowance needs to be reviewed after the seven nights by the Medical Authoriser.

The escort's accommodation allowance ceases when the patient leaves the ICU.

If active assistance is not required, the escort may either:

- return home, and then if required, return to the health facility to accompany the patient home on discharge (with a travel subsidy provided in each instance); or
- remain at the patient's treatment location and then assist the patient to travel home when discharged (claiming the accommodation allowance for this as appropriate).

Whichever option the escort chooses, the extent of financial assistance provided will be limited to that which is the less costly to the scheme.

*For example,*

*The patient lives on Flinders Island and is required to stay in the Launceston General Hospital for four nights. The patient is not a cardholder and has an approved escort.*

*In this instance the less costly option is for the escort to remain in Launceston. Thus, the patient is eligible to claim \$92 for the escort, which is the accommodation allowance payable for two nights (the formula for calculating this is described in the next section). This is the total amount claimable, even if the escort chooses to fly back to the island and return to escort the patient home four days later.*

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<sup>6</sup> As per footnote 4.

## 4.5 Exceptional circumstances

In exceptional circumstances, more than one escort may be able to claim travel assistance to support an adult patient. For the purposes of PTAS an exceptional circumstance is determined by the need for the patient to receive a specialist medical treatment:

- requiring the patient to travel interstate;
- for a life-threatening condition<sup>7</sup> or a condition that may cause significant long-term disability; and/or
- requiring a prolonged stay at the treatment facility, and often involving crisis and rehabilitation treatment phases.

*For example,*

*A patient with a spinal injury has been transferred to Melbourne for treatment. One escort is eligible for assistance with travel and accommodation for the initial period, and then may return home or stay at the treatment location, whichever is less costly to the scheme (as described above). A second escort may be eligible for assistance for the rehabilitation phase, if medically necessary for the patient's care.*

## 5 Levels of financial assistance and patient contributions

### Summary of criteria for assistance

The amount of assistance available for the patient and an escort (if applicable) depends on whether or not the patient is a holder of a Health Care Card or Pensioner Concession Card and:

- the distance to the nearest appropriate specialist;
- the mode of transport required;
- whether there is a need for the patient or escort to stay overnight at the treatment location of the specialist health service; and
- the expenses a patient incurs in a single financial year, in travelling to access eligible specialist medical services.

This section first describes each of the criteria and then outlines the levels of patient contributions in Section 5.3.

### 5.1 Assistance with travel

Patients will be eligible for a level of assistance calculated on the most economical form of transport that meets their clinical need, in travelling to and from the specialist medical service (e.g. private vehicle, bus, taxi, plane, ferry).

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<sup>7</sup> As per footnote 3.

### 5.1.1 Intrastate travel assistance

The level of assistance is calculated on either:

- the cost of an economy return bus trip from the patient's place of residence to the nearest relevant medical service's location; or
- the cost of travel by community transport or private vehicle at the rate of 19 cents<sup>8</sup> per kilometre, irrespective of engine capacity

**Note:** When a patient and approved escort travel by a private vehicle, only the patient can claim the mileage rate).

The petrol subsidy is adjusted annually on 1 July in line with the Community and Health Service Industrial Agreement.

For residents of King and the Furneaux Group Islands, the level of assistance for travel is calculated as the cost of a return economy air flight (island resident rates), plus the cost of the cheapest appropriate mode of travel from the destination airport to and from the medical service. If any patient, due to inability to pay for ticket in advance, requires the PTAS Coordinator to book a flight at the commercial rate, the patient pays no more than the normal contribution (Refer to Section 5.3).

**The patient can either make their intrastate travel arrangements and claim reimbursement on their return home from specialist treatment or organise with their local PTAS Coordinator to pre-book their travel.**

### 5.1.2 Interstate travel assistance

The level of assistance for travel is calculated on:

- the cost of a 'best fare' air ticket or ferry fare;
- the cost of the most economical, clinically appropriate mode of travel from the destination airport/ferry terminal to and from the specialist medical service; and
- when the patient's place of residence in Tasmania is more than 75 kilometres from the airport/ferry terminal; the cost of an economy bus ticket to and from the patient's place of residence and the airport/ferry terminal, or travel by private vehicle at the rate of 19 cents per kilometre.

**Note:** Patient uses hiring car will only be reimbursed at the 19 cents per kilometre rate and the cost of hiring a rental car is not covered under PTAS.

Exceptions to the above (i.e. the calculation of the level of assistance for travel being based on other than the most economical option) will only be considered when, on the grounds of medical need, a more costly option is recommended by the referring medical specialist.

Non-urgent stretcher transport for patients going/returning interstate are required to travel by the Bass Strait Ferry.

**The booking of interstate travel is the responsibility of DHHS.**

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<sup>8</sup> For treatment received from 1 December 2008 (claims received within the eligible lodgement period for treatment received prior to 1 December 2008 will be reimbursed at the previous travel rate of 13 cents per kilometre).

The above section outlined the process for calculating the level of financial assistance for travel under this scheme. This does not mean patients, and their approved escort(s), cannot use the travel mode of their choice.

*For example,*

*A patient from Wynyard is referred to an eligible specialist in Hobart. The patient prefers to fly to Hobart, rather than take the bus (the referring medical officer stated that travel by bus was acceptable). In this instance, the calculation of the financial assistance would be based on the cost of bus fare, that is, the cost of the most economical, clinically appropriate form of transport.*

The scheme assists with escort costs from the time the escort joins the patient to provide the necessary physical assistance.

The scheme does not meet the costs of escorts travelling without the patient, except when:

- escorts are returning to their own, or the patient's, home locality (whichever is the closer) after assisting the patient, or returning from their own, or the patient's, home locality (whichever is the closer) to assist the patient during the return journey (N.B. This travel would only be used to calculate the escort's subsidy if it is less costly to the scheme for the escort to travel home and return than for the escort to claim the accommodation allowance.);
- a child who is a patient, has travelled by ambulance for treatment; or
- an adult who is a patient, has travelled by ambulance for treatment and:
  - when the escort is required for specific medical reasons relating to the treatment of the patient; or
  - where training of the escort is required for them to manage the care of a patient following treatment; or
  - where the escort is needed to provide physical support to the patient during the return journey.

### **5.1.3 Extended course of treatment**

Residents of Bass Strait Islands who are required to stay for extended period of time for treatment (e.g. radiation therapy) may have one return trip home subsidised in the middle of their treatment period.

### **5.1.4 Patients and escorts travelling off King and the Furneaux Group Islands for maternity confinements**

An allowance for two weeks accommodation support prior to the birth of the baby (longer if the pregnancy is complicated) as well as support for necessary antenatal travel are available for the pregnant women while two nights accommodation is permitted for the escort in addition to their respective airfares.

### 5.1.5 Patients miss the scheduled flight or the medical appointment

DHHS will only pay for one journey to a medical appointment.

If patients are unable to travel on a pre-paid journey, they must provide 24 hours notice of cancellation. If patients do not provide adequate notice, or miss the appointment without good reason, they are not eligible to claim PTAS for a second trip unless there are exceptional circumstances.

## 5.2 Assistance with accommodation

An accommodation allowance is payable in situations where the referring medical specialist specifies on the PTAS application form that the patient and/or escort are required to be accommodated close to the treatment location during the treatment occasion.

Prior approval is required for those patients and/or escort(s) who will claim more than seven nights' accommodation.

Patients are not eligible to claim accommodation costs for nights when they are admitted to a treatment facility as an inpatient. However, if they meet eligibility criteria, the patient's escort may claim for their separate accommodation.

The following conditions are to be applied in assessing the accommodation subsidy:

- An accommodation allowance is only payable to patients and escorts who are eligible for a travel subsidy.
- When available and appropriate, subsidised accommodation is to be used (refer 5.2.1 *Subsidised Accommodation*", below).
- The transport to and from the health facility cannot be completed in the same day.
- Approval has been granted to extend the stay by one or two days to attend associated allied health appointments as a course of treatment where the appointments are coincided with the specialist medical services.
- The accommodation allowance is payable for the minimum number of nights necessary to enable the treatment to be completed and the patient to access return journey transport. (This allows a night's accommodation assistance to be paid for a resident of King or the Furneaux Group Islands who, due to flight times, needs to arrive the day prior to treatment, or needs to wait overnight for the next available flight home).

**Note:** *Patients and escorts can choose to be at the locality of the treatment facility for a period of time prior to or after treatment. However, such an extension of stay does not attract an accommodation allowance, and any increased fares will need to be met by the patient and/or escort.*

- Patients and escorts are encouraged to stay privately with family and friends where possible (the scheme does not subsidise such private accommodation arrangements).

## 5.2.1 Subsidised Accommodation

Patients and escorts will have access to a list of accommodation. It is important to check the availability of suitable accommodation prior to booking commercial accommodation. If a single room is not available at the accommodation, patients will be eligible to claim the commercial accommodation rate allowance.

## 5.2.2 Intrastate accommodation assistance

Information regarding low cost accommodation options near hospital is available on the DHHS website.

The accommodation allowance for commercial accommodation is up to \$46 per approved person per night in Tasmania.

## 5.2.3 Interstate accommodation assistance

Information regarding low cost accommodation options is to be offered to the patient. Several hospitals have their accommodation information available on their website.

The accommodation allowance for commercial accommodation is up to \$64 per approved person per night outside Tasmania.

<p><b>Note:</b> Any incident expense (e.g. phone calls, meals, parking) is not claimable under this scheme.</p>
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Both intrastate and interstate accommodation subsidy rates are adjusted annually on 1 July in line with the Community and Health Service Industrial Agreement.

## 5.3 Patient Contributions

The procedures for determining the subsidies for travel and accommodation have been outlined above. The level of financial assistance is dependent on the health card status of the patient and the total travel costs incurred by the patient over the period of a financial year.

Under this scheme, patients are divided into two categories dependent on their (or in the case of children, their family's) health card status.

### 5.3.1 Patients holding a Health Care Card or a Pensioner Concession Card

**Travel Allowance:** Patients are required to make a contribution of \$15 towards the cost of each return journey. Patient escorts are not required to make a contribution.

Should a patient's contributions exceed \$120 in any one financial year, the patient's contribution will be waived for further travel in that financial year.

**Accommodation Allowance:** The accommodation allowance, payable from the first night, is a maximum of \$46 per person per night for the patient and each approved escort, for commercial accommodation.

However, where available and appropriate, patients and escorts are to use subsidised accommodation (with the costs met by the scheme).

### **5.3.2 Patients without a Health Care Card or a Pensioner Concession Card**

**Travel Allowance:** Patients are required to make a contribution of \$75 towards the cost of each return journey. Patient escorts are not required to make a contribution.

Should a patient's contributions exceed \$300 in any one financial year, the patient's contribution will be waived for further travel in that financial year.

**Accommodation Allowance:** An accommodation allowance is provided from the third night of the stay (i.e. the patient and escort(s) meet the total cost of the first two nights' accommodation) and is a maximum of \$64 per person per night for the patient and each approved escort, for commercial accommodation.

However, where available and appropriate, patients and escorts are to use subsidised accommodation (with the costs met by the scheme).

### **5.3.3 Hardship Provisions**

Inability to pay the required patient contribution, as outlined above, will not be used as a basis for refusing assistance to people who have been assessed as needing specialist medical treatment.

Patients who are unable to make the patient contribution will be required to provide evidence to prove that they are in difficulty paying the patient contribution or may make application through the PTAS Appeals Process (described on Section 11.1) to have it waived.

## **6 Goods and Services Tax (GST)**

DHHS is entitled to claim GST credits for payments made to airline operators, but not entitled to claim GST credits in relation to payments made to accommodation providers under the scheme since DHHS is a third party payer and is not the recipient of the supply, as required by GST Ruling 2006/9 Supplies.

DHHS will only pay a maximum of \$46 (intrastate accommodation) or \$64 (interstate accommodation) per approved person per night inclusive of GST. Patients are responsible for their part of GST payment.

## **7 Postponed admissions or cancelled specialist appointments**

In the event of the following:

- a hospital admission for an elective procedure has been postponed;
- a specialist appointment is cancelled or postponed; or
- the patient is not notified until after commencing the journey,

the scheme will provide the level of financial assistance allowable towards the cost of this travel.

For intrastate travel, the hospital responsible for the postponement or cancellation is also responsible for the PTAS costs.

## **8 Assistance available to patients requiring a second medical opinion**

If a medical specialist requests a further opinion, the patient is entitled to receive the appropriate travel allowance and, if necessary, an accommodation allowance, to enable them to travel to and from the nominated specialist.

Patients seeking a further medical opinion, in their own right, are not eligible for travel assistance.

## **9 Assistance available when a patient dies at a treatment facility**

If a patient eligible for travel assistance under this scheme (or if a patient has been transferred between hospitals), dies at the treatment facility, assistance is available towards meeting the cost of returning the body home.

### **9.1 Preparation of the body**

The scheme will provide financial assistance towards processes and items necessary for the body to be transported home (e.g. preparation of the body and a specialised container).

### **9.2 Transportation of the body**

#### **9.2.1 If the patient dies interstate**

The financial assistance payable covers the cost of:

- ground freight of the body to the interstate departure airport; and
- air freight of the body to the Tasmanian arrival airport; and
- ground freight of the body to the funeral director in Tasmania designated by the next-of-kin.

## 9.2.2 If the patient resides in Tasmania and dies in Tasmania

The financial assistance payable covers the cost of:

- ground freight of the body to the funeral director designated by the next-of-kin, providing it is no further than the former residence of the deceased.

## 9.2.3 If the patient is from King or the Furneaux Group Islands

The financial assistance payable covers the cost of:

- ground freight of the body to the nearest airport with flights to the island; and
- air freight of the body to the island; and
- ground freight of the body to the funeral director designated by the next-of-kin.

***PTAS will meet the costs of repatriation of the body to a maximum of \$1 500.***

In all instances, itemised accounts must be submitted and the level of reimbursement will be calculated on the most economically appropriate options.

If the patient was travelling with an escort, the escort can continue to claim the accommodation allowance for the minimum time required to make the necessary funeral arrangements, and also claim the travel allowance for the return journey.

# 10 Procedures

## 10.1 Accessing the Scheme

All requests for PTAS assistance must be made by the patient or the patient's guardian/carer, and involves the completion and submission of the PTAS application form. The completed PTAS application form is submitted to the local PTAS Coordinator (contact details are on the PTAS application form).

Wherever possible, the completed PTAS application form should be submitted as soon as the referring specialist completes the application form for which travel and/or accommodation assistance is sought. This allows time for the eligibility and level of assistance to be assessed, and the patient informed of the outcome of the application prior to making travel and/or accommodation arrangements.

There are two instances when it is not possible for the PTAS application form to be submitted as soon as the referring specialist completes the application form:

- when the need for treatment is urgent there is minimal forewarning of the need to travel to the appointment; and
- when the patient is not aware of the PTAS prior to undertaking the travel to the specialist medical service.

Appendix I summarises the procedural steps in the following three scenarios:

- the normal process;
- urgent travel; and
- retrospective claims.

## 10.2 Roles and responsibilities of participants

### 10.2.1 Referring Medical Practitioner

(First point of contact who provides the PTAS application form and completes Section A)

- The medical specialist, oral/maxillofacial surgeon or rural general practitioner who has assessed the patient, must provide the information required in Section A on the PTAS application form.

**Note:** *The procedure for which the patient is being referred must be made sufficiently explicit to enable eligibility to be assessed.*

- The medical practitioner will inform the patient (or the patient's carer/guardian) that they must complete Section B of the PTAS application form and (at the earliest opportunity) email, post the tear-off section (Sections A and B) to, or leave it at, the PTAS Office in their area, together with a copy of their Pensioner Concession or Health Care Card (if applicable). The patient should retain the other part of the PTAS application form to take to their appointment with the nominated specialist.
- The medical practitioner will provide the patient with the PTAS brochure giving further information and contact details.
- If the patient's travel needs are urgent (i.e. the patient will need to travel within the week), the referring medical practitioner should ensure that the PTAS Office is informed as soon as practicable. This may require the medical practitioner advising the patient to go directly to the PTAS Office to arrange the bookings, or the medical practitioner (or his/her receptionist) making telephone contact with the PTAS Office on the patient's behalf and faxing through the required information.

### 10.2.2 Patient (or patient's guardian/carer)

(Patients are responsible for lodging the PTAS application form)

- Prior to travel and at the earliest opportunity, patients must complete Section B of the PTAS application form, and post it to, or leave it at, the PTAS Office in their area, together with a copy of their Pensioner Concession or Health Care Card (if applicable). Patients retain the remainder of the PTAS application form to present to the nominated specialist at the time of their treatment.
- Retrospective requests for assistance are not normally accepted.

**a. Patients who need to travel interstate to access a specialist medical service**

- If the patient does not wish to visit the PTAS Coordinator in person, it is the patient's responsibility to contact the PTAS Coordinator with details of their specific requirements for travel and accommodation at the earliest opportunity.
- The patient needs to ensure they understand the process (e.g. where to pick up the tickets; the costs for which they will be responsible; the need to retain any receipts that are claimable under PTAS, etc).

**b. Patients who need to travel to a specialist medical service within Tasmania**

- The patient can either make his/her own travel and/or accommodation bookings or organise with the local PTAS Coordinator to pre-book his/her travel and/or accommodation. (An information booklet about accommodation and other services near the hospital is available on the DHHS website and from PTAS Coordinators)

**c. All patients**

- If the patient requires further assistance, he/she may contact any of the following for information:
  - the PTAS Coordinator in their area;
  - a Patient Travel Assistant in their district hospital or community health centre;
  - a hospital social worker, should the patient need extra assistance not related to travel;
  - a ward clerk, if the patient is in hospital at the time; or
  - a Community Health Centre.
- The patient must ensure that they take the Section C of the PTAS application form to the nominated specialist to complete.
- On return from treatment the patient must post the completed PTAS application form, together with any receipts, to the PTAS Office.

**d. Time limit**

All claims with all necessary documentation attached must be lodged within four (4) months of return from treatment.

**e. Late claim**

Payment is at the discretion of the PTAS Medical Authorisers, but decisions made in the light of a recommendation for some leeway.

### 10.2.3 PTAS Coordinator

- PTAS Coordinators provide information and assistance to patients in completion and lodgement of forms; manage bookings for intrastate/interstate travel and manage the reimbursement of claims.

They are responsible for the maintenance of comprehensive records of all applications and relevant reporting, including the production of data for statewide review and evaluation. All activity data from the three PTAS Offices to be circulated with the agenda prior to the meeting. (Refer to *Monitoring and Performance Measures*, below for a description of data that need to be collected.)

- On receipt of a PTAS application form, the PTAS Coordinator ensures, as far as possible, that the request meets the requirements of the scheme and may highlight any concerns to be drawn to the attention of the Medical Authoriser.
- If the procedure for which the patient is being referred is insufficiently defined (e.g. words such as consultation, review or assessment are normally insufficient), the PTAS Coordinator should request clarification from the referring medical practitioner, prior to forwarding the PTAS application form to the Medical Authoriser.
- Determine that all the information required is complete (including the currency of any Pensioner Concession or Health Care Card). If information is incomplete, the PTAS Coordinator will need to contact the patient.
- Validate that the patient is not eligible for assistance from other sources.
- Ensure the applications are forwarded to the appropriate Medical Authoriser for approval, paying particular attention to those that are urgent.

**Note:** A Medical Authoriser may choose to delegate approval of general claims to the PTAS Coordinator, thereby managing by exception rather than by rule.

- On approval, PTAS Coordinators need to ensure that patients have confirmation of their approval for assistance.

#### **a. For patients needing to travel interstate for treatment**

- The PTAS application form will normally be received prior to the patient travelling. The PTAS Coordinator notes any special travel or accommodation arrangements that are needed, especially the urgency of the request for travel.
- The PTAS Coordinator may make tentative flight bookings if indicated by the urgency of the situation and complete any urgent accommodation bookings.

**Note:** The patient should have already made contact with the PTAS Coordinator.

- Once approval has been received from the Medical Authoriser, tentative bookings are confirmed by the PTAS Coordinator.
- For non-urgent travel, it is normal practice to await approval by the Medical Authoriser prior to booking flights and accommodation. However, PTAS Coordinators may wish to make a tentative booking for non-urgent travel if they are reasonably confident that the travel will be authorised and that if, by doing so, they may be able to negotiate a more economical airfare.
- PTAS Coordinators need to ensure that patients travelling interstate have their bookings information well before the travel begins, if at all possible.

**b. For patients travelling within Tasmania for treatment**

- Patients who need to travel within Tasmania, can either make their own travel and accommodation arrangements, and to claim reimbursement on their return home from the specialist treatment, or organise with the local PTAS Coordinator to pre-book their travel and/or accommodation. PTAS Coordinators are always available to answer queries and provide information.

**c. Non-approval of requests for assistance**

- If a request for assistance is not approved, or not approved in full, the PTAS Coordinator must notify both the patient and the referring medical specialist, stating the reasons for the non-approval.
- Information concerning all non-approvals will be collated and presented to the Review Committee at each quarterly meeting.

**d. Claims management**

- Once the patient has visited the nominated specialist and returned the PTAS application form with Section C completed, together with any receipts, the PTAS Coordinator validates the details, calculates claims, deducts patient contributions and forwards the claim for reimbursement.

## **10.2.4 Medical Authoriser**

- Medical Authorisers in each of the three major hospitals in Tasmania are responsible for ensuring that decisions regarding the application of the scheme are made in a consistent and appropriate manner.
- Medical Authorisers are accountable for the authorisation of all claims. While the Chief Executive Officer (CEO) of the relevant hospital has final accountability for their PTAS budget, it may be delegated to the Medical Authoriser.
- A Medical Authoriser may choose to delegate approval of general claims to the PTAS Coordinator, thereby managing by exception rather than by rule. If this option is not chosen, the Medical Authoriser evaluates and, if appropriate, approves the PTAS claim as described on the PTAS application form.
- Applications involving assistance for interstate air travel are evaluated and returned to the PTAS Coordinator as promptly as possible to help realise opportunities to access flight discounts.
- The Medical Authoriser may seek advice from other specialists in Tasmania as to the nearest appropriate specialist if there is doubt about the appropriateness of the referral, and will seek clarification from the referring specialist if there is a difference of opinion.
- In the event that an application for assistance is not approved, the Medical Authoriser should ensure that the patient, referring specialist, PTAS Coordinator and the Review Committee is informed.

## 10.2.5 Nominated Specialist

- The nominated specialist completes Section C of the PTAS application form at the time of the patient's treatment and returns it to the patient to post back to the PTAS Coordinator on the patient's return home.

# 11 Management

The purpose of this scheme is to help improve access for Tasmanian residents to specialist medical services, by providing travel and accommodation assistance to patients (and their escorts) who are disadvantaged by distance.

- **PTAS Review Committee**, consists of the Medical Authorisers, PTAS Coordinators and the Senior Medical Consultant Divisional Support Unit. Its function is to ensure the Scheme is continuing to meet its objectives, as described in the policy, in a consistent, effective and efficient manner. It meets once every three months to monitor and review the performance of the scheme.

The Review Committee may be called upon to evaluate the level of assistance appropriate for those exceptional circumstances described earlier in this document.

If necessary, the Review Committee can refer an issue to the Clinical Advisory Committee for further clarification, although it is expected that the latter would only become involved in instances where a trend of similar issues has emerged.

- **PTAS Manager**, this position is presently under development. It will function to implement the recommendations from Banskott review reports and provide support to the PTAS Review Committee.
- **Access** to full and detailed information about the scheme is a fundamental right for all members of the community. Information brochures providing details about the scheme and about travel and accommodation options are to be maintained and readily available from a range of community support areas including hospitals, rural hospitals, multi purpose services, multi-purpose health centres, integrated care centres and community health centres, medical practitioners, Service Tasmania Centres and from the DHHS website.

## 11.1 The PTAS Appeals/Complaints Process

All patients have the right to appeal if they disagree with any decision made in relation to PTAS. Analysis of complaints will be an integral component of the annual review of the PTAS Policy.

The complaints process is as follows:

1. Patients are encouraged to direct their complaints or appeals to the PTAS Coordinator in their area.
2. If the patient does not believe their complaint has been dealt with to their satisfaction, the patient should contact the relevant Medical Authoriser.
3. If the patient remains dissatisfied, he/she may lodge an appeal with the PTAS Review Committee by writing to the Medical Authoriser or the CEO of the relevant hospital.

*Urgent Complaints only: If the issue is judged by the complainant as putting at risk imminent travel for an urgent appointment, it is suggested that he/she contacts the hospital's CEO directly.*

4. If the patient still remains dissatisfied with the result of their complaint or appeal, they should contact the Health Services Deputy Secretary, DHHS, who will seek clarification from the PTAS Review Committee prior to making a ruling.

Alternatively, patient may make their complaint to the Office of the Health Complaints Commissioner.

**Or**

If the patient wishes to take issue with the policy itself as opposed to the application of the policy they should direct their concerns to the Health Services Deputy Secretary, DHHS.

In the event that a complaint is made directly to a hospital CEO, he/she should refer the issue in the first instance to the relevant Medical Authoriser. However, if the complaint is of an urgent nature, a decision can be made by the CEO with advice from the Medical Authoriser. The issue and the decision are then referred to the PTAS Review Committee for consideration regarding any future policy implications. If resolution of the complaint is **not** urgent, it should be referred to the PTAS Review Committee for consideration and advice.

## 12 Monitoring and performance measures

Each PTAS office needs to monitor performance of the scheme to fulfil its responsibility to provide a patient focussed and efficient service. The minimum performance measures are shown in the table below. It is expected that each PTAS Coordinator will be able to produce information for answer queries concerning individual patient trips.

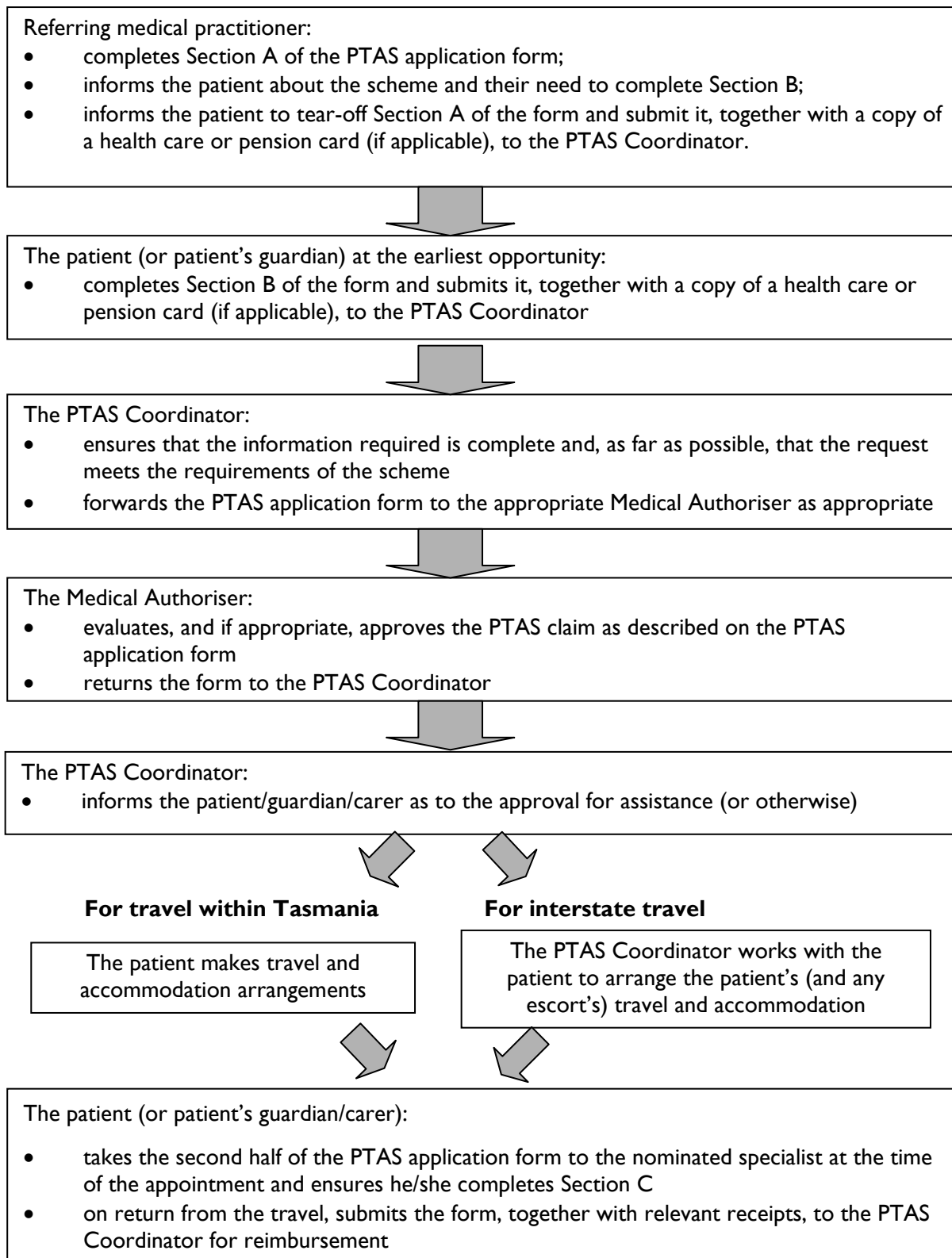
Performance Measures	
Measure	Purpose
Number (n) and cost of PTAS claims Total for any period By speciality By procedure	Monitor utilisation and expenditure
(n) of applications refused and estimated claim amounts	Assess accessibility
(n) of applications with refusal/partial refusal for escorts	Monitor funding for escorts
(n) and costs of patients travelling interstate <i>Breakdown by accommodation and travel</i>	Monitor interstate referrals for expenditure
(n) and costs of escorts travelling interstate <i>Breakdown by accommodation and travel</i>	Monitor funding for escorts
(n) and costs of patients travelling intrastate <i>Breakdown by accommodation and travel</i>	Monitor interstate referrals for expenditure Provide information for service planning
(n) and cost of escorts travelling intrastate <i>Breakdown by accommodation and travel</i>	Monitor funding for escorts
(n) and costs of patients travelling from an island	Monitor accessibility by islanders
(n) and cost of reduced contribution for health and pension card holders	Monitor access
(n) of referrals by specialist	Information for service planning
List of visit information by referring specialist	Information for service planning
List of visit information by speciality	Information for service planning
List of visit information by procedure	Information for service planning
List of visit information for trips with more than one escort	Information for PTAS planning
List of refusals and estimated claim amounts	Efficiency and effectiveness
List of multiple claims in a financial year	Efficiency and effectiveness
(n) of complaints	Monitor accessibility and effectiveness

**Note:** Information relating to individuals will remain confidential and no details will be reported that enables individuals to be identified.

## 12.1 Appendix I: Flowcharts of procedures to apply for assistance

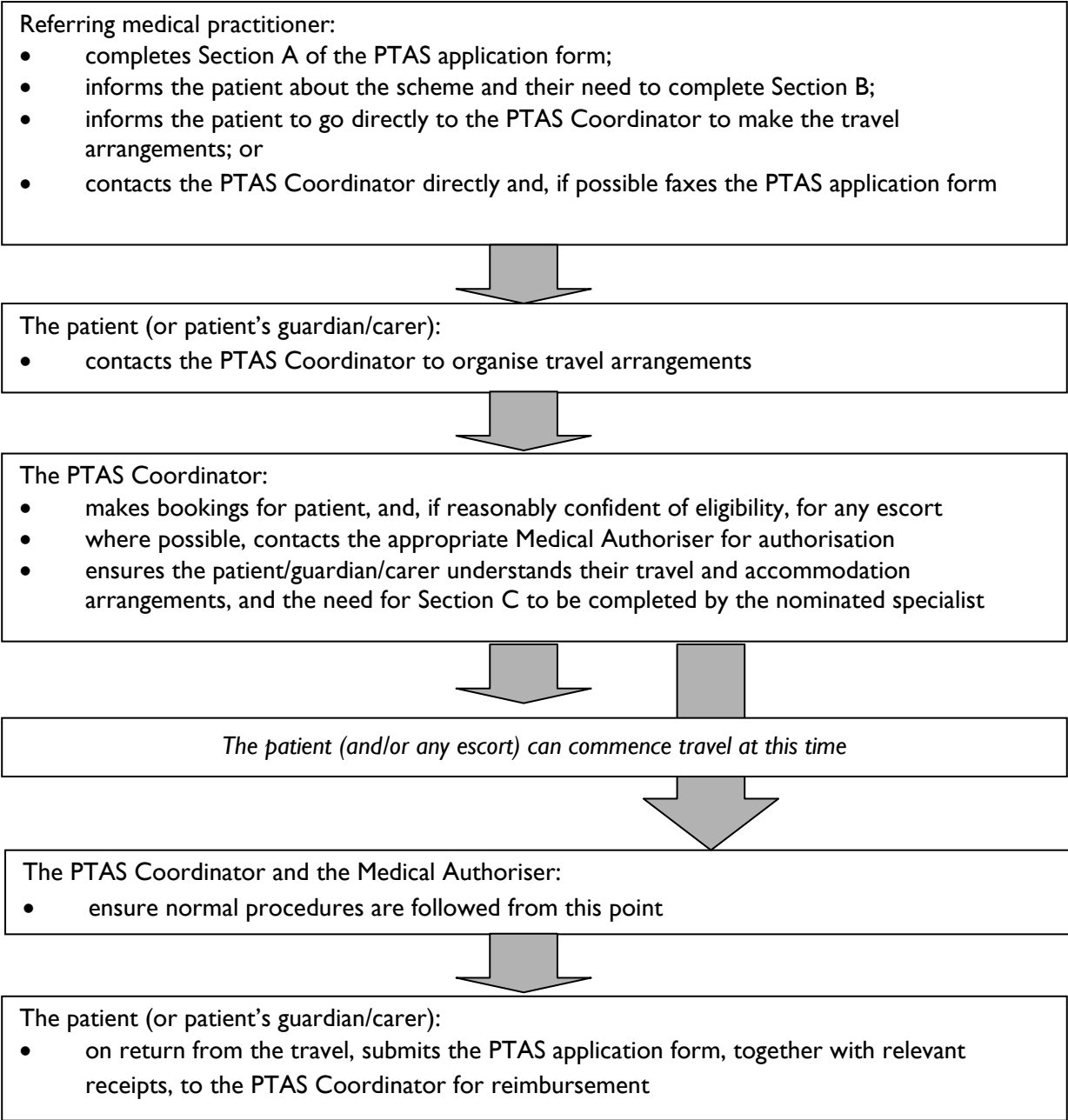
### Chart I: In Normal Circumstances

In normal circumstances (i.e. if the application form can be submitted well in advance of the patient's treatment appointment) the following procedures apply:



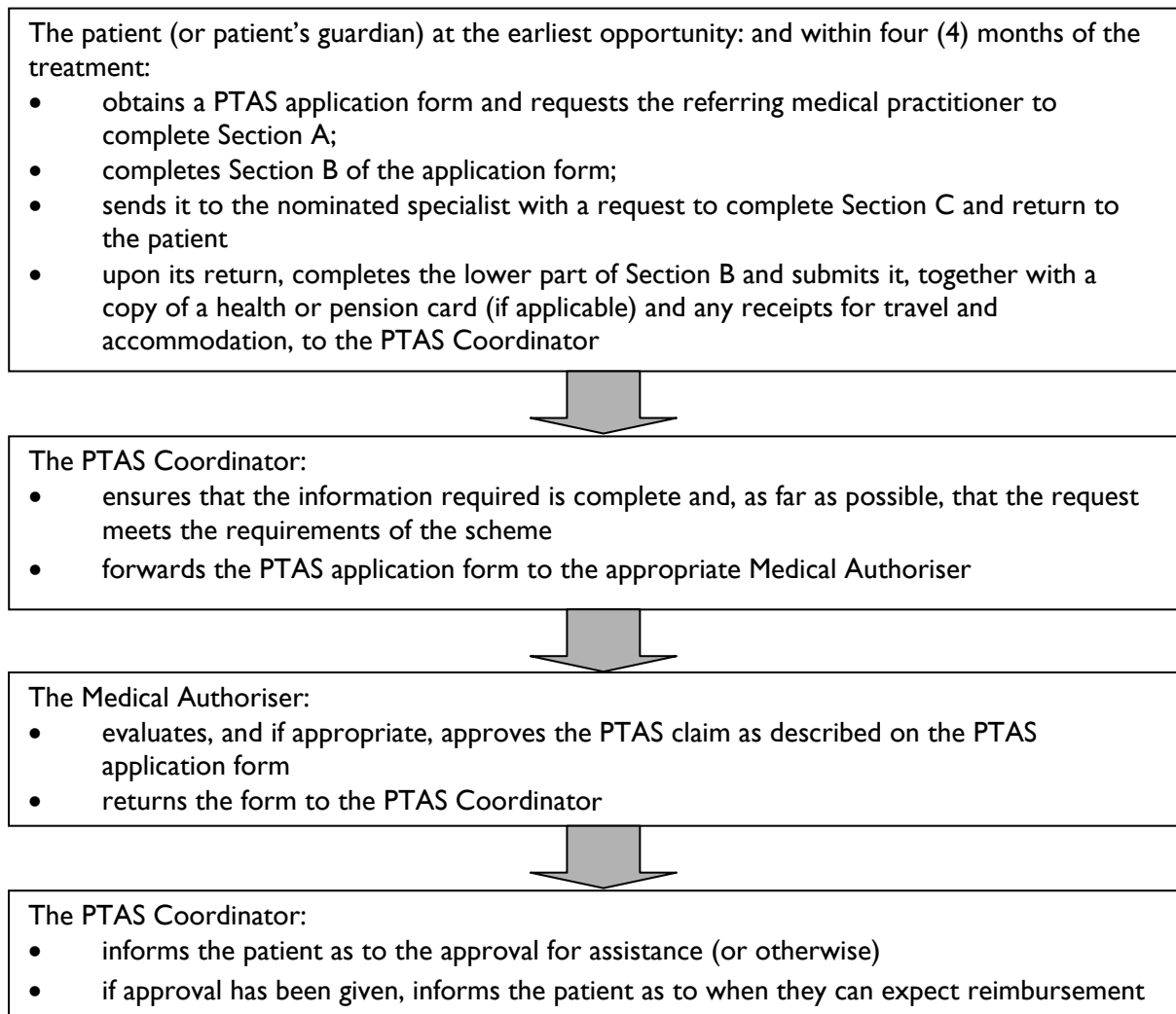
**Chart 2: For Urgent Travel**

If the appointment involves urgent interstate travel the following procedures apply:



### Chart 3: Retrospective Claims

If the patient (or patient's guardian) only finds out about the scheme subsequent to travel, the following procedures apply:



NB: Retrospective claims must be lodged within four (4) months of the treatment occasion for the patient to be eligible for reimbursement.

## 12.2 Appendix 2: Register of Decisions

DATE	ISSUE	DECISION
14/10/1999	Ophthalmology	Surgery for detached retinas can be performed in the private sector within Tasmania (at Calvary Hospital). There are also two service providers for ophthalmology in Launceston. However, urgent cases will continue to be referred interstate.
11/01/2000	Acoustic neuroma	Referrals to Melbourne for treatment are no longer to be approved as it can be performed in Hobart
	Pain management	Referral should be to local pain services in the first instance, and only then to the closest appropriate interstate service, provided the service is not available in Tasmania.
	Allergy management	The services of a visiting immunologist, Professor Andrew Kemp (trained in both children and adult allergy management), should be the first point of referral, unless there is significant delay between visits of the immunologist.
	Vitreo-retinal surgery	When possible this is being done within Tasmania, and interstate referrals are only to be approved where there is significant delay between the visits of the ophthalmologist.
	Laser therapy / surgery (e.g. for uncomplicated ductus arteriosus; laryngoscopy; port wine stain)	Currently checking with St John's Hospital concerning the range of treatments available.  Status unknown.
	Ophthalmology – squints, cosmetic ophthalmology (ptosis surgery)	Surgery to correct squints is available in Tasmania and therefore referrals to Melbourne are not eligible under PTAS. Cosmetic treatment for children requires further consideration.
	Orthotics/prosthetics	Services provided in the major Tasmanian population centres. Interstate travel for orthotics and prosthetics is not covered by the Scheme except in some exceptional circumstances (e.g. prosthetic eyes). Before specialists refer interstate they should check availability of the service in Tasmania through Weston Wiggins, Orthotics and Prosthetics Service.
25/7/2000	GST  (further comments Sept'01)	<ul style="list-style-type: none"> <li>For patients travelling within Tasmania, the Scheme continues as a reimbursement scheme, that is, patients and escorts are reimbursed at \$30 per night.</li> <li>For patients travelling interstate, the accommodation allowance is paid as a warrant and thus, the Department can claim GST.</li> <li>Long stay (&gt;13 nights) intrastate patients/escorts may have their bills paid directly through PTAS (i.e. managed the same way as interstate accommodation).</li> </ul> Patients and escorts able to demonstrate hardship may have their bills for intrastate travel paid directly by the Department.
	Transitional arrangements for KI residents	Patients who have been receiving treatment from Melbourne specialists can be subsidised if required for a further journey to Melbourne to arrange an organised transfer to an appropriate Tasmanian specialist.
16/09/2000	Foetal development assessment services	Foetal development assessment services can be performed in Hobart.

DATE	ISSUE	DECISION
18/12/2000	Scoliosis	Patients are not to be referred interstate if they can satisfactorily be seen in Mr Torode's clinics in Launceston or Hobart.
20/02/2001	Hepatology Reviews	Dr Angus is about to commence this services in Hobart and Launceston.
	Cochlear Implants	Launceston is now referring to Sydney in preference to Melbourne. A decision awaiting for Hobart.
	Ophthalmic Referrals	Dr Buttrey Provides a service each month in Launceston and Hobart. Patients should not be referred interstate unless medically advisable.
07/08/2001	Foetal Development Assessment	Foetal developmental issues should be referred to Dr Davies in Hobart.
	Interstate referrals via a second hospital	With regard to the specialty/procedures for which patients are referred interstate, the referring hospital picks up the bill, not the hospital in the region where the patient resides.
	On-going management of paediatric oncology and leukaemia patients	Paediatric oncology and leukaemia patients should be referred back to Tasmania for their on-going management.
	Lap-band procedure	Lap-banding is on the Medicare Schedule and therefore is an eligible procedure under PTAS.
	Interstate assessments and procedures	Every effort should be made to ensure that assessments and procedures be coordinated for the one trip where possible.
04/09/2001	PET Scanning	PET Scanning will be limited to those procedures identified in the CMBS. Numbers of referrals to be monitored.
06/11/2001	Ophthalmology services, King Island	No interstate referrals for cataract or squint surgery to be permitted as services are available in Tasmania.
	PET Scanning referrals	Should be to Commonwealth approved providers in Melbourne.
	Photo-Dynamic Therapy	Treatment is not eligible under PTAS Guidelines as it is not on the CMBS.
22/02/2002	Ophthalmology services	The policy is to be enforced with regard to be the provision of ophthalmology services on King Island and elsewhere.
06/05/2002	Cranio-facial services	All current patient of Dr Davis (SA) continue to be referred to him even though a new cranio-facial unit has been established in Melbourne.
05/08/2002	PET Scan Referrals	The Austin Hospital may continue to be used for PET Scanning
16/4/2003	Refused referrals by a statewide Medical Authoriser	In instances where a refusal of authorisation is required to be made by the statewide authoriser, the local authoriser is also required to sign-off on the refusal.
21/10/2002	Neurosurgery: Children	Children (<14 years old) may be referred to Melbourne. Adults are to be referred to Hobart. Video monitoring can be done from Hobart under Dr Taylor.
28/10/2004	Pulmonary Fibrosis	Professor Keogh at St Vincent's in Sydney is now deemed to have the closest appropriate unit for pulmonary fibrosis. Both Victoria and Queensland both send patients to Sydney. With direct flights, this trip is not cost-prohibitive.
03/05/2005	Intrauterine Assessment of foetal cardia conditions	This is now being done in Hobart.
	Public vitreo-retinal surgery	This is now being done in Launceston and should not be sent interstate.

DATE	ISSUE	DECISION
21/3/2006	Termination after 16 weeks pregnancy	It is legal to perform the procedure in Victoria and it is covered by PTAS.
	Financial assistance for the wards of the State	The funding was previously provided by the Commonwealth government which included PTAS. It is decided that PTAS assistance benefit will apply for the wards of the State.