

GUIDELINES
FOR THE
ADMINISTRATION
OF THE
PATIENT TRAVEL
SUBSIDY SCHEME

Updated July 2007

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THE SCHEME

The Scheme should be referred to as the "**Patient Travel Subsidy Scheme**".

The purpose of the Scheme is to facilitate equity of access to essential health care services for Queensland residents through:

- Contributing to the cost of patient transport
- Contributing to the cost of patient accommodation
- Contributing to the cost of transport and accommodation for escorts that may be required to ensure the effective treatment of patients

1 ELIGIBILITY

1.1 Eligibility of Patients

The Scheme is for Queenslanders only. Other States and Territories have equivalent schemes for their residents. For a patient to be eligible for assistance they must meet **both of the following criteria**:

- **The patient must be the holder of a Medicare Card** or be eligible to hold a Medicare Card, or they must be included on another person's Medicare Card (Eg. a child on a parent/guardian's Medicare Card).
- **The patient must be a resident in Queensland.** If the patient is unknown to the hospital, they will need to provide up to two forms of identification from the list in Schedule III. A Post Office Box is not considered to be suitable identification.

In the case of an emergency, if a patient needs to be referred for specialist treatment and **residency can not be determined**, the referring hospital is responsible for expenditure.

Where a patient is considered to be of 'no fixed abode' or 'transient' (Eg. a retired couple have sold their home and are now travelling around Australia living in their caravan), then the referring hospital is responsible for expenditure.

Note:

- A patient's residency is not determined by length of stay but rather by the intent of the patient to reside in the community.

Example: A woman from New South Wales is on holiday in Karumba for an extended period of time. She does not intend to reside in Karumba permanently. She has a pre-existing medical condition, and needs to travel to Townsville to receive treatment. The woman would not be eligible for PTSS assistance.

- A dependent child's residency is determined by the parent's residence.

1.1.1 Cross Border Issues

Patients who reside in other States are not eligible for PTSS assistance and therefore must apply to the health authorities in their own State. The Queensland PTSS form is not valid in other States.

Where clients live over the border, but conduct all their business in Queensland, these clients are still considered to be **interstate residents**. Cross border arrangements currently exist only for **in-patients** (refer to Inter-Hospital Transfers).

However, approving Health Service Districts have the discretion to make decisions on the basis of an individual patient's circumstances.

1.1.2 Overseas and Interstate Residents

Overseas and Interstate residents are not eligible for PTSS assistance. The patient may be able to arrange assistance through **travel insurance or private health insurance**.

1.1.3 Queensland Residents Travelling/Working Interstate or Overseas

A Queensland resident who is on holiday **travelling interstate**, and is sent to an interstate specialist treatment facility in an emergency situation, is **not** eligible for PTSS assistance. It is the responsibility of the patient to take out **adequate insurance** to cover emergency situations if travelling outside Queensland.

Example: *A woman who lives in Roma and is visiting her relatives in Wollongong where she has an accident and is transferred to Sydney for specialist treatment is **not eligible** for PTSS assistance to return to Roma.*

A Queensland resident who is **working temporarily interstate**, and requires emergency medical care is not eligible for PTSS assistance.

Example: *A man who lives in Gladstone, and is working in the mines in the Northern Territory for six weeks has an accident playing football. He is taken to Darwin for emergency care. He is **not eligible** for PTSS assistance to return to Gladstone.*

A Queensland resident, who is **travelling/working overseas** and requires emergency medical care, is not eligible for PTSS assistance.

1.1.4 Patients of Private Practitioners

Patients of private practitioners will be subsidised if they are referred to the **nearest** specialist. In the case of private patients, the standard eligibility criteria apply, however the nearest specialist may be in either the **public or private sector**.

Example: *Mrs Jones has been referred by a private specialist to attend another private specialist that is 42kms from the patient's nearest public hospital. The patient is **not entitled** to PTSS even though the nearest public service is 65kms away because the private specialist is less than 50km from the referring hospital.*

*Miss Allen has been referred by a private specialist to attend another private specialist that is 93kms from the patient's nearest public hospital. However the nearest public specialist is 47kms away and it is considered by the Medical Superintendent as being able to provide suitable specialist treatment. Therefore Miss Allen is **not entitled** to PTSS because the nearest suitable specialist is within the 50km limit.*

1.1.5 Inter-hospital Transfers

An inter-hospital transfer is where an inpatient is moved from one hospital to another through RFDS, QAS, helicopter or where it is necessary to book travel to move an inpatient. Any medical staff that need to accompany the patient are also considered part of the transfer. Accordingly, expenditure in these situations should not be costed to PTSS.

Inter-hospital transfers only relate to the patient and medical officers. If an **escort other than medical staff** is approved to accompany the patient for treatment, PTSS covers this expenditure.

When a patient has been discharged from a hospital and is then required to go to another hospital for specialist treatment as an outpatient this is not considered to be an inter-hospital transfer. In these situations, if the patient meets the PTSS eligibility criteria, costs can be allocated to PTSS.

1.1.6 Organ Donors

Organ donation is considered part of **treatment** and therefore travel and accommodation costs relating to the donor are the responsibility of the **treating hospital**.

1.2 Eligibility of Destination Medical Services

The Scheme assists patients to access approved medical services as defined by the **following criteria**:

- The service must be **recommended by a medical practitioner** as being necessary for the health of the patient (i.e. the patient has been provided with a medical referral to the service). This recommendation must be supported and approved by the Medical Superintendent in the context of PTSS policy.

Patients being referred for **dental services** listed in Schedule I can be referred by a dentist.

Patients being referred to an **ophthalmologist** can be referred by an optometrist.

A medical practitioner is able to refer the patient to themselves.

- The service must be listed in Schedule I as an **essential specialised service**. These services include:
 - those provided by a medical specialist, or
 - dental services where there is a gross deformity, or
 - services provided as an essential component of specialist treatment such as physiotherapy following orthopaedic surgery, or psychological assessment in preparation for psychiatric treatment.

The term 'essential component' is the key criterion for identifying **allied health services** as an eligible component of the medical and specialist dental services allowable in Schedule I. Approval is at the discretion of the Medical Superintendent of the patient's local hospital.

Allied health services are not limited to physiotherapy or psychology, but can include other essential services required. For example, a visit to an ocularist following eye removal, a visit to a prosthetic specialist following limb amputation, audiology services following cochlear implant or occupational therapy for burns scar management.

- The service must be **geographically inaccessible**, i.e. unavailable within 50 kilometres of the patient's nearest public hospital, except in certain specific circumstances (refer to exceptions).

Eligibility for PTSS is based on whether the patient's local hospital or public health care facility is more than 50 kilometres from the specialist service to which they were referred and not on whether the patient lives more than 50 kilometres from the service.

Example: *Patient A's local hospital is 48 km from the specialist service. Patient A lives 72 km from the specialist service. Patient A is **not eligible** for PTSS assistance.*

*Patient B's local public hospital/health care facility is 54 km from the specialist service. Patient B lives 49 km from the specialist service. Patient B is **eligible** for PTSS assistance.*

- The service must be the **closest of its kind** (not including those provided by the private sector). The Medical Superintendent of the patient's local hospital is responsible for determining that access to the referred medical service is the most appropriate for management of the patient's condition.

Example: *The local doctor has recommended that Mr Smith undergo an endoscopy and has referred him to a gastroenterologist in a town 100 km away. The general surgeon in the town routinely performs endoscopies. The Medical Superintendent may determine that PTSS is not approved because the procedure can be performed locally.*

PTSS is only payable when the patient attends the closest service of its kind. If a patient chooses to go to a service that is not the closest, then no PTSS is payable. Note that an **exception** to this eligibility criterion includes instances where the patient was unaware of PTSS or in an emergency situation and subsequently makes a retrospective claim.

- The service must be **practically accessible** in terms of acceptable waiting times.

Example: *Dr X is the nearest specialist, in a town 70km away, but does not have an appointment available for six months. The General Practitioner has assessed Mr Brown as requiring specialist treatment within two months. Dr Y has a practice 100km away and can see Mr Brown in two weeks. Although Dr Y is not the nearest specialist in terms of distance, Dr Y would be considered to be the nearest specialist given the time constraints for Mr Brown with his particular medical condition. Therefore Mr Brown would be eligible for consideration for PTSS assistance by the Medical Superintendent.*

A patient may only be referred to an **interstate specialist** if the procedure required is not available within Queensland. The intention of PTSS is to subsidise patients to attend the **nearest public specialist** who can undertake the medical care that is required. In some special cases, this may require referral interstate.

- The service must be of an **acceptable quality**.

1.2.1 'Specialist' Definition

A specialist for the purpose of this Scheme is a medical practitioner who is registrable as a specialist in Queensland. Oral Surgeons or Orthodontists are also included. The Medical Board of Queensland and the Dental Board of Queensland register specialists in Queensland.

1.2.2 'Local Hospital' Definition

The definition of the 'local' or 'nearest' public hospital is the public hospital geographically closest to where the patient lives. In areas where there are no local hospitals, the term 'hospital' is replaced by 'public health care facility', which includes clinic sites of the Royal Flying Doctor Service (RFDS).

Note:

- The nearest hospital to the patient's residence may be in a **different Health Service District**.
- As a patient's local hospital is responsible for all aspects of patient travel, including approval and expenditure, it can also known as the "referring hospital" or "approving hospital".

1.3 Exceptions to the General Rules of Eligibility

1.3.1 Accommodation Closer to Treatment Service

If the patient is required, for medical reasons, to be accommodated closer to the treatment service than they usually live, and are otherwise ineligible for assistance, they can be provided with an accommodation subsidy only. In these cases the treating specialist should provide information to the Medical Superintendent so that it may be determined that such accommodation

arrangements are a requirement of treatment. This also applies to approved escorts.

Example: *Mothers, who travel with premature babies requiring specialist treatment, may be accommodated closer to the treatment facility.*

Note:

- If the patient/escort chooses not to use the accommodation then it is not the intention of PTSS for this allowance to offset travel expenditure.

1.3.2 Follow-up Visits

In some circumstances the patient will need to travel for initial treatment but follow up services (such as checking progress or the condition of surgical wounds) can be provided locally. Therefore, requests to travel for follow up services must be assessed separately and will not be approved if these services can be provided locally.

1.3.3 Patient's Relatives Live Closer to More Distant Specialist

It is important to make use of supports such as family and friends at treatment destinations. However, the benefits of such support should be balanced against the need to utilise closer regional services. Accordingly, approval can be given for a patient to travel to a medical service that is not the closest of its type if the total cost of travel subsidies is reduced by an escort not being required and/or the patient being able to stay in private accommodation.

Example: **Scenario:** Mrs Smith's relatives live closer to a specialist facility, which is not the closest one to her local hospital. Mrs Smith wishes to travel to this more distant specialist facility so she can stay overnight with her relatives.

Response: *Health Service Districts can exercise discretion in specific cases as long as there is no additional cost to Queensland Health.*

When a patient has been approved to travel to a more distant location, on the basis that accommodation and an escort is not required, this should be clearly indicated on the PTSS application form, and be clearly explained to the patient prior to travel.

1.3.4 Establishment of Closer Specialist Services

If the patient has been visiting a particular specialist but another similar service has been established closer to their nearest public hospital, transport and accommodation subsidies can be approved for **one additional visit** to their original specialist. This will only be approved if the referring doctor believes it is necessary to facilitate the transfer of the patient to the new service.

1.3.5 Emergency Situations

If a patient has been taken to a medical service in an emergency situation (including as an inter-hospital transfer) they can be assisted with return travel and accommodation through the Scheme even if the service to which they have been taken is not be the closest available.

This assistance can only be provided if the patient is eligible for assistance under the PTSS criteria. Health Service Districts should ensure they have systems in place to appropriately deal with this situation.

Note that assistance in emergency situations is only applicable within Queensland.

Example: *The RFDS has taken a patient to a specialist facility in an emergency situation. The specialist is not the closest available due to circumstances at the time of transfer i.e. the emergency aircraft was on a specific route. This patient and any subsequently approved escort can be assisted with accommodation costs and return travel.*

If a Queensland patient requires emergency or urgent medical attention whilst **travelling/holidaying within the state**, the hospital where the patient first presents will send the patient to the most appropriate level of care. This initial transfer will be considered an inter-hospital transfer (refer to 1.1.5). Once discharged, the patient's local hospital will pay for them to return home (as opposed to their holiday location).

Accordingly, the treating hospital has to notify the patient's local hospital of their condition as soon as practicable. The patient's local hospital will also pay for any subsequently approved escort and accommodation costs. However, appropriate approval must be obtained prior to payment.

Examples: *A child who is a resident of Rockhampton is on a family holiday in Townsville. She becomes seriously ill and is sent for urgent specialist treatment only available in Brisbane. Her approved escort can receive accommodation assistance as well as assistance to travel home to Rockhampton when treatment is completed.*

A woman who lives in Roma is visiting her relatives in Ingham where she has an accident. She is transferred to Townsville for specialist treatment. She may be given PTSS assistance to return to Roma.

2 PROGRAM MANAGEMENT

2.1 Responsibility

The closest public hospital to where the patient usually lives is responsible for all aspects of patient travel. This includes:

- Approval for accommodation and travel for patients and their escorts within the context of PTSS policy.
- Nominating an officer (and backup) within each hospital to be responsible for managing the administration of the Scheme.
- Arranging bookings and payments.
- Managing and accounting for PTSS expenditure.

2.1.1 Patient Travel Arrangements

A hospital's Travel Office or Travel Hub is responsible for making appropriate travel arrangements, considering a patient's medical condition. Non-emergency patients are to be given return travel tickets. Changeable tickets are to be issued when the return date is uncertain.

Any changes to travel bookings are to be referred back to the Travel Office or the 'after hours' designated staff member, such as the Nurse Manager, of the referring/approving hospital for completion.

If the treating specialist considers that a patient's ticket needs upgrading, the patient's local hospital is to be contacted for approval.

If a patient does not have a return ticket, a completed Recommendation For Patient to Return Home form (Form D2) needs to be sent to the referring/approving hospital. If a patient requires immediate travel, this form is to be marked "URGENT" and faxed with priority. Patients should not be given the expectation that they will be flown home just because they were transported by air to the treating hospital.

When a request to return a patient home is made to the Travel Office, bookings should be made as soon as possible, taking into consideration special circumstances, such as a charter flight requirement.

2.1.2 Exceptions to the Nearest Hospital Making Travel Arrangements

The following exception applies to the patient travel arrangements detailed in 2.1.1.

- A patient who has been assisted to travel, including initially in emergency situations, is sometimes required to travel to an **additional or subsequent location** before returning home. In this case, the hospital in the location from which the patient is travelling should arrange transport and accommodation. However, **approval and expenditure for this transport**

and accommodation remains the responsibility of the patient's local hospital.

2.1.3 Payment of Fees to Cancel or Change the Date of Travel

Whoever changes travel arrangements is responsible for payment of charges levied by the travel operator. For example, if the patient changes the arrangement for their convenience, the patient will be responsible for the cost. If the referring/approving hospital changes the arrangement, then that hospital will accept the cost.

2.2 Monitoring and Reviewing the Performance of the Program

District Managers are responsible for ensuring that:

- Funds dedicated to the Scheme are used for that purpose, and that accurate records relating to expenditure are maintained.
- Decisions related to the Scheme are made in a consistent and appropriate manner.
- A system is in place to monitor and annually review **decision making practices** in relation to approving subsidy requests.
- Complaints and submissions made in relation to the **operation** of the Scheme are reviewed annually and that the results are available to medical administrators and other interest groups.

Health Service District staff should also be aware that the PTSS forms not only provide the means to assess eligibility but document approval for audit purposes. Information from these forms, as well as from the Travel Hub database and PTSS travel account codes can be used to conduct audits of the Scheme. Such auditing processes may allow trends to be identified so that predictions and forecasts can be made for future planning.

2.3 Dealing with Complaints and Appeals

Feedback on the operation of the Scheme should be encouraged. If handled in a professional and understanding manner, complaints and appeals can be an important method of fine tuning the system to better address specific cases and circumstances.

Where it is necessary that patients deal in person with Health Service District staff regarding an appeal or complaint, they may choose to have a friend or family member accompany them.

Patients should not be discriminated against in any way simply because they have made a complaint. Rather, the patient should be given a copy of the PTSS Booklet "Information for Patients and their Carers" and directed to the appropriate page which details the processes for making an **appeal or a complaint**.

Health Service District staff should direct patients to make their complaints and appeals in the following manner:

- In the first instance complaints and appeals should be directed to the **Medical Superintendent** of the patient's closest public hospital.
- If the patient does not believe that their complaint or appeal has been dealt with to their satisfaction, the patient can contact the relevant **District Manager**.
- Finally, if patients are still dissatisfied with the result of their appeal or complaint they can contact:

The Health Quality and Complaints Commission

Telephone: (07) 3120 5999 or

Freecall 1800 077 308

If a patient has an issue with the **nature of the guidelines** which govern the Scheme as opposed to the application of these guidelines, they can direct their views to:

Patient Travel Subsidy Scheme

Division of the Chief Health Officer

Queensland Health

GPO Box 48

BRISBANE QLD 4001

2.4 Turn Around Times

2.4.1 Processing Requests

2.4.1.1 Processing Applications

If **sufficient information** has been provided on the application form, patients should be notified of the outcome of their request within **two (2) working days** (Monday to Friday) of the request having been received.

If **additional information** needs to be gathered before a decision on a subsidy can be made, patients should be notified of this within two (2) working days of the request having been received. When adequate information has been obtained for the Medical Superintendent to make a decision, the patient should be then notified of the outcome within two (2) working days.

Sometimes the two day turn around time for processing requests cannot be met. In these cases, the patient should be informed and given an explanation as to the cause of the delay within two (2) working days.

Individual hospitals and Health Service Districts should have special arrangements in place to approve requests for urgent travel for patients who do not qualify for emergency transport.

2.4.1.2 Processing Accounts

All attempts should be made to settle accounts within **thirty (30) days**.

2.4.2 Dealing with Complaints

If a **patient appeals** a decision about transport and accommodation subsidies, a response should be provided within **two (2) working days** (Monday to Friday) of the request having been received.

If an outcome cannot be met within the two (2) days, the patient's appeal should be acknowledged within two (2) working days, and an explanation about the cause of the delay and information on when the patient can expect an outcome should be provided.

If a patient wishes to make a **complaint** regarding other matters, such as the manner in which services are provided, a response should be provided within **one (1) week** of the complaint having been received.

If a patient believes that their complaint has not been dealt with to their satisfaction by the hospital and they can make a further complaint to the District Manager. The District Manager should respond within two (2) weeks of the complaint having been received.

2.5 PTSS Printed Materials

PTSS published materials, including the booklet titled "**Information for Patients and their Carers**" and the patient pamphlet titled "**Patient Travel Subsidy Scheme**" will be managed by GOPRINT as a **stock item**. It is the Health Service District's responsibility to ensure that information is available to the public. The contact details for GOPRINT are as follows:

GOPRINT

371 Vulture Street

WOOLLOONGABBA QLD 4102

Phone: (07) 3246 3392

Queensland Health staff can access the guidelines, booklet, pamphlet and forms on the QHEPS intranet site. The public can access information on the Queensland Health internet site.

3 PROCEDURES

3.1 The Process of Providing Subsidies to Patients

3.1.1 The Role of the Referring Medical Practitioner

A registered medical practitioner who has assessed the patient must:

- Certify in writing that a specialised medical service listed in Schedule I is required for the health of the patient.
- Provide any information that is required in order that special travel or accommodation provisions can be approved for the patient, and in some cases, an escort.
- Be involved where necessary with discussions between the patient's specialist or the Medical Superintendent of the referring/approving hospital, regarding the ongoing treatment of a patient. This may also require further referrals for treatment being made (if different episodes of care).

3.1.2 The Role of the Medical Superintendent

The Medical Superintendent of the patient's closest public hospital (or an officer to whom they have delegated decision-making responsibility) must:

- Certify that the request falls within these guidelines (including certification that the service to which the patient is being referred is **not available locally**).
- Determine, on the basis of information provided by medical practitioners who have examined the patient, and in accordance with relevant medical standards, what special travel or accommodation arrangements are required by the patient.
- Determine, on the basis of information provided by the treating specialist, if PTSS assistance should be provided for any ongoing specialist treatment required by the patient.
- Terminate the provision of subsidies should they cease to be required for the medical treatment of the patient.
- Discuss with the referring medical practitioner situations where a request would be approved if the referral destination were changed (Eg. to a closer destination). The Medical Superintendent should also notify the referring medical practitioner by the use of the 'PTSS Non-approval' form in situations where a request for accommodation and/or transport subsidies is not approved, or is not approved in full.

3.1.3 The Role of the Patient

The patient should:

- In the case of requests for escorts, advise that no suitable support is available at the referral destination to fulfil the role otherwise required of an escort.
- Provide the name of any medical practitioner involved in the treatment of their current condition to assist the Medical Superintendent in determining eligibility and levels of assistance.
- Present requests for assistance in person to the closest public hospital to their usual place of residence, unless otherwise arranged.
- Provide evidence that expenditure for which they are to be reimbursed has been made. (Patients should provide original receipts and tax invoices or signed statements that accommodation has been paid for).
- Where applicable, give permission for hospital staff to recover costs from an alternative source (Eg. Veteran's Affairs).

Note:

- The submission of an application for PTSS assistance by a patient gives consent to the Medical Superintendent of the patient's local hospital to obtain relevant medical information regarding that patient which may assist the administration of Scheme policy. This is outlined in the patient booklet "Information for Patients and their Carers", and is also a condition for making application for PTSS assistance.

3.1.4 The Role of the Specialist Health Service

The specialist health service to which a patient has been referred should:

- Maintain a record of the patient's approved travel and accommodation arrangements.
- Certify that the patient has received the service for which they have been assisted to obtain by completing Form D1. This form may be completed by a specialist, registrar or resident on behalf of the specialist.
- Recommend ongoing specialist treatment for the patient where necessary (using Form D3).
- Where relevant, assist in the patient's application for PTSS assistance, by ensuring completion of forms, faxing forms to referring/approving hospitals, etc.

3.2 Where the PTSS Form Cannot be Presented in Person

The following scenarios should be noted:

- Patients may wish to phone the hospital to arrange to send in the PTSS form. To avoid forms being incorrectly or partially completed, the hospital should have a checklist of questions to ask when the patient phones.
- Some patients may live between two hospitals and be seeing a medical practitioner whose medical practice is not in the same town as the patient's nearest hospital. This medical practitioner may refer the patient to attend a specialist service which is not available in either town. In this case, the patient can lodge their PTSS form at the hospital in the town in which they are visiting the medical practitioner. The PTSS form can then be faxed to the patient's nearest hospital for approval, and where necessary arrangement of travel.

Example: A patient who lives between Yeppoon and Rockhampton is visiting a doctor in Rockhampton. The doctor refers the patient to a hospital in Brisbane and fills out a PTSS form. The patient takes the PTSS form to Rockhampton Base Hospital. The PTSS clerk faxes the form to Yeppoon Hospital and Yeppoon makes the arrangements for the patient.

- In rural areas such as Middlemount, patients may have to travel up to 75kms to the nearest hospital to submit PTSS forms. The mail is too slow and fax not necessarily available to the patient. In these cases, the Community Health Centre is to accept the form from patients and fax it to the hospital.

3.3 Notification of Return Travel Arrangements

It is an underpinning principle of PTSS that **pre-booked return travel will be used**. Therefore each Health Service District should have a process which ensures that wherever possible, return travel is booked by the referring/approving Health Service District at the outset.

Where it is more practical for the treating hospital to notify travel times (due to ease of access to local bus/rail/air timetables), the treating hospital may fax the suggested arrangements to the referring/approving hospital so that bookings may then be approved and organised by that hospital.

When a patient becomes an in-patient in a treating hospital, it is important for the treating and referring/approving hospitals to stay in communication regarding the patient to aid efficiency and discharge planning. Advice regarding arrangements such as return travel is to be managed through the use of the appropriate forms and certifications/approvals. The forms offer flexibility to suit most patients' situations.

Regardless of the patient's situation, in all cases of return travel, **it is the referring/approving hospital that makes the booking arrangements** through the Travel Hub system (note that the exception detailed in 2.1.2 does not apply to return travel arrangements).

3.4 Dealing with a Series of Trips for the Same Medical Condition

Requests for transport and accommodation subsidies should be considered for individual trips, except when a series of trips are anticipated for the same medical condition.

In the case of a series of trips for the **same medical condition**, a request for transport and accommodation subsidies may be considered for the entire treatment period. Therefore, only one original referral is required. In these instances, the Medical Superintendent would indicate the period or conditions of approval on the completed Approval form (Form C1).

3.5 Reviewing the Need for Continued Subsidies

Requests for transport and accommodation subsidies are approved on the basis of information provided by a medical practitioner at the time the request is made. However a patient's situation may change, therefore it is important to monitor the patient's needs as a subsidy may not be required.

The need for continued subsidies should be actively reviewed on a monthly basis by the referring/approving hospital.

3.6 Appointment Confirmation

For patients claiming on a monthly basis for car travel to outpatient appointments, an 'Appointment Confirmation Form' can be used in conjunction with the Specialist Certification (Form D1).

3.7 Requests Made After the Patient has Commenced Travel

In order for the system to operate effectively, retrospective requests for travel subsidies for patients and escorts should not be considered. However the following **exceptions** apply:

- When a patient has travelled to receive treatment and subsequently needs an escort to join them, approval to subsidise travel and accommodation for the escort must be granted before the escort travels.
- Patients who provide their own transport and do not plan to claim PTSS for their specialist visit, but at the specialist centre they need unexpected treatment.
- Patients who have no opportunity to apply for a subsidy due to emergency appointments or admissions.

In these cases:

- The patient's local public hospital should be contacted for approval for these urgent cases.

- Patients can be provided with accommodation subsidy and travel assistance, including air travel, if medically necessary.
- Patients need to meet all other PTSS eligibility requirements.

Examples: *Mrs A travels to the specialist facility on the Queensland Cancer Fund bus and is required to stay for an unexpected outpatient treatment. Mrs A can receive accommodation subsidy.*

Miss B, aged 8, has an outpatient appointment and is admitted unexpectedly to hospital. Miss B's mother can receive accommodation assistance.

Ms C is contacted late in the afternoon by the specialist hospital to attend for admission early the next morning. She has no opportunity to apply for PTSS subsidy before she leaves home. She can receive travel assistance.

Mr D uses his pensioner train pass to travel to the specialist facility and has not planned to claim PTSS. At the specialist facility, Mr D's condition deteriorates and he needs air travel to return home. He can receive travel assistance.

- If the referring medical practitioner has failed to inform the patient that a request for assistance must be approved before travelling, the patient's request should be considered in retrospect.

In this case:

- The medical practitioner should confirm that the patient has not been informed of the correct procedure. **(A verbal confirmation is sufficient.)**

Example: *A mother goes to the GP with a sick child, expecting to be given some advice or medicine and is told the child is seriously ill and is to be sent to Brisbane (usually after the GP has phoned the specialist). The mother is then given forms by the receptionist to be filled in 'by the doctor'. Mum assumes the forms are to be signed by the specialist in Brisbane and promptly leaves for Brisbane, only to be told that she needed prior approval, and the forms should have been completed by her referring doctor.*

- Claims should be considered in accordance with normal criteria for eligibility. **Assistance should only be provided to the extent to which it would have been approved, had the request been made in the usual manner.** (For example, if a patient has travelled to a service that is not the closest available, the amount of assistance provided should be that which would have been provided had the patient travelled to the closest available service.)
- This exception can only be **applied once per patient.** (After that time it can be reasonably assumed that the patient is aware of the correct procedures.)
- Claims need not be considered more than one (1) month after the relevant expenditure has been made.
- If the patient has asked for a decision to be reviewed they may have found it necessary to travel in the interim. Should the review return a decision in favour of the patient it may be necessary to approve their application after travel has been commenced.

3.8 Time Period for Making Use of Subsidies

Transport subsidies for return travel should be used immediately after the completion of treatment or as soon as is practicable considering transport scheduling constraints. The following exceptions may apply:

- In special circumstances, prior arrangement of a deferred return may be approved by the Medical Superintendent (or delegate) at the referring/approving hospital. Any additional costs incurred, as a result of the patient **choosing** to stay for longer, will be the responsibility of the patient.

Examples of appropriate special circumstances include:

- Patients who are dying and want to stay with relatives for a few days following their visit at the specialist facility.
- Children who might need a special outing following painful or prolonged treatment.

As a general rule, where the expected completion date of treatment is unknown, appropriate ticketing arrangements, which allow for flexible returns, should apply.

3.9 Timeframe for Reimbursement

The timeframe within which patients must lodge their pre-approved claims for reimbursement is twelve (12) months.

4 SUBSIDY AMOUNTS

4.1 Transport

4.1.1 Private Motor Vehicle

Transport by private vehicles is to be subsidised at a rate of **fifteen (15) cents per kilometre**. This subsidy should be calculated on the basis of distance by road from the post office nearest to the patient's local public hospital to the post office (or general post office) nearest to the medical facility the patient will be attending.

Note:

- *The subsidy is paid from the **post office** nearest to the patient's local hospital/public health care facility. Payment is not calculated from the patient's residential address.*
- *When an approved **escort** travels in the car with the patient, the subsidy is still paid at 15 cents per kilometre.*
- *Unless prior approval has been given the private motor vehicle allowance **will not exceed the cost of the cheapest form of public transport.***

4.1.2 Public Transport

Subsidies are to be provided up to a level that will cover the cost of the **cheapest form of medically approved transport available**.

The Medical Superintendent of the patient's local hospital is responsible for determining what constitutes medical grounds for approving more expensive forms of transport. Determinations should be made in accordance with the principles outlined in relevant medical standards and should be made on the basis of information provided by medical practitioners who have examined the patient.

Transport costs, other than private vehicle, are to be covered from the transport terminal (airport, bus station or train station) in the town where the patient's hospital is located to the transport terminal in the town or city to which the patient is travelling.

Note:

- It is the patient's responsibility to cover the cost of travelling between the airport, train station or bus station and their accommodation or the health facility they will be attending.

4.1.2.1 Patient Chooses to Upgrade Travel

If a patient chooses to upgrade their class of travel, they are to be reimbursed the amount of subsidy the hospital would have paid if the patient had travelled by the recommended mode of travel. **Any additional travel and accommodation costs associated with the upgraded travel will be the patient's responsibility.**

4.1.2.2 Conditions for Air Travel

The Medical Superintendent of the referring/approving hospital is responsible for determining the most appropriate form of travel for the patient, based on their medical condition. **Previous policies relating to patient's automatically receiving air travel where they had to travel more than 1000km no longer apply.**

4.1.3 Return Transport of a Deceased Person

In the case of return transport for a deceased person, relatives should be provided with a subsidy when actual transportation costs of the deceased are incurred.

Upon production of a receipt from a funeral director, the equivalent to a single full economy airfare (GST exclusive) to the nearest airport should be provided. Relatives can spend that subsidy on whatever form of transport is required.

Example: Mr Adams from Mackay is sent from Mackay Base Hospital to Royal Brisbane Hospital and dies in Brisbane. His relatives arrange for a funeral director to transport Mr. Adams back to Mackay. His relatives send a receipt from the funeral director to Mackay Base Hospital, and the hospital reimburses the relatives the amount of a full economy airfare.

Note:

- A subsidy is only payable when actual transportation of the deceased occurs. Where the deceased is buried/cremated at the location of death, Queensland Health would not pay return travel costs.
- Decisions about the return of the **escort** will be made in the same way as if the patient were still alive. The death of the patient does not alter the eligibility of any approved escort.
- Full economy airfare refers to the cheapest airline fare for adult passenger available on the day required.
- These guidelines also cover patients and their approved escorts who are transferred interstate.

4.1.4 Payment to Community Transport Operators and Others

In some rural and remote areas community transport operators may be the only affordable option for the referred patient.

If the community operator is not already funded by another government agency, the patients can reimburse the operator after claiming for a subsidy through PTSS or a hospital can negotiate a price with the community transport operator and pay the operator directly.

In some cases, the patient may require a driver but not necessarily an escort. Where a friend or relative drives the patient to the referred health facility, the patient can claim for mileage under PTSS (provided they are eligible) and give the subsidy to the driver. Only one person can make claim for mileage.

4.2 Accommodation

Accommodation subsidies must only be paid for the minimum period for which the patient and/or approved escort, is required to be away from home.

Patients and approved escorts are **each** required to cover the cost of the first four (4) nights of accommodation incurred per financial year **unless the patient qualifies under Schedule IV**. For patients who qualify under Schedule IV, accommodation assistance is provided from the first night.

If the patient is required to make their own accommodation arrangements they are to be provided up to \$30 per person per night, when **commercial accommodation** facilities are used (also refer to 4.3 GST regarding commercial accommodation booked by the referring/approving hospital).

If the patient or an escort chooses to stay with friends or relatives (i.e. **private accommodation**), the patient is to be provided \$10 per person per night for the purpose of compensating them for the inconvenience caused.

There is an expectation that patients/escorts requiring **ongoing accommodation**, due to longer term treatment, will work with Queensland Health to secure rental or other suitable accommodation to reduce costs.

4.2.1 Escort Qualification Under Schedule IV

When judging the level of assistance available to an approved escort, it is important to note that **it is the patient who must qualify under Schedule IV, and not the escort**. Accordingly, if the patient qualifies under the Schedule, and an escort is approved, the escort qualifies for the first four accommodation nights per financial year being paid.

Example: *Patient is under the age of 17 and dependent: Escort is entitled to accommodation subsidy from the first night.*

Patient is over the age of 17: If the patient is an eligible cardholder then the escort is entitled to the accommodation subsidy from the first night. If the patient is not a cardholder then the escort must pay the first 4 nights accommodation before any subsidy is available.

4.2.2 Accommodation Assistance While Travelling

Accommodation assistance may be applicable to some patients when travelling. Specifically, patients who are travelling by car for more than 600 kilometres or for more than 8 hours in one day are automatically entitled to an accommodation subsidy if otherwise eligible (note Schedule IV).

This is **not** intended to disqualify patients who live less than 600 kilometres from the treatment centre who:

- Need to stay in accommodation the night before early morning appointments or admissions, **or**
- Have to stay overnight following late appointments or discharge.

In these cases, patients should be given consideration for accommodation subsidy if they would have to leave home prior to 6:00am, or be travelling after 8:00 pm.

The requirement to pay for the first four nights of accommodation in each financial year still apply.

4.2.3 Achieving Economies in Accommodation Assistance

If suitable accommodation can be found for less than \$30 per person per night, the full accommodation subsidy need not be provided.

If the patient uses this accommodation, only the actual amount paid for the accommodation needs to be provided.

If the **patient chooses not to use this accommodation**, they are only paid the amount the hospital would have paid for that accommodation.

4.2.4 Suitable Accommodation

Accommodation should be clean, well maintained, comfortable, and appropriate for the patient's condition. The location should be easily accessible from the treatment centre. Treatment centres should maintain a list of suitable accommodation venues.

4.2.5 Invoices for Accommodation

Accommodation facilities would appreciate all payments to include their invoice numbers. When they receive cheques with no name or invoice number for reference, they are unable to track payments.

4.3 Goods and Services Tax (GST)

Goods & Services Tax (GST) impacts on some PTSS procedures because GST is not included in PTSS funding. The finance unit in each Health Service District will be able to give more details with regard to accounting procedures.

Specifically, Health Service District staff should be aware of the following directives regarding GST.

1. For accommodation and travel directly booked by Queensland Health

If Queensland Health books and pays for travel or accommodation directly via the supplier and a **valid tax invoice in the name of Queensland Health** is received, then the GST or input tax credit (ITC) can be claimed by Queensland Health. In these cases, GST is to be paid by Queensland Health.

2. For accommodation and travel booked by the patient

If the patient books and pays for travel or accommodation and subsequently seeks reimbursement from Queensland Health, only the GST exclusive amount up to \$30 per night will be paid by Queensland Health. As the supply is to the patient, **Queensland Health cannot claim the GST portion** of the invoice even if the patient produces a valid tax invoice.

4.4 Assistance from Other Sources

4.4.1 When the Patient Can Receive Assistance From Another Source

If patients can receive assistance through alternative sources (Eg. Veteran's Affairs, third party insurance, personal injury claims, etc) they should do so. Patients should not however, be excluded from receiving travel subsidies simply because they can receive **some** level of assistance from another source.

As such, if alternative sources do not provide as much assistance as the patient would receive from Queensland Health, such patients are permitted to apply to Queensland Health to make up the difference. However, in the first instance, patients should be encouraged to seek assistance from the alternate source.

4.4.2 Procedures for Payment

Patients seeking part reimbursement **after treatment**, are to provide receipts along with the Patient Declaration (Form E). Health Service Districts are to cover the difference between entitlements through an alternative source and PTSS.

In some cases, patients will need assistance **before treatment** begins. In these cases, patients must provide proof of the limited entitlement from the alternative source before assistance is granted. Dual payments are not to be made to the patient – only the amount not received from the other source, up to the level of PTSS eligibility will be paid. In this way, the patient will not be disadvantaged.

4.4.3 Recovering Funds From Another Source

Patients are often unable to access assistance through alternative sources in a timely manner. In these circumstances Queensland Health subsidies should be made available. Costs must then be recovered from the alternative source.

To avoid hospital staff being cast in the role of debt collectors they should not be required to recover such funds through patients. Rather, funds should be recovered directly from the alternative source.

5 ESCORTS

5.1 Providing Subsidies for an Escort to Accompany the Patient

Travel subsidies can be provided to assist escorts to accompany patients when they travel. While it is preferable that patients are as comfortable as possible when they travel, subsidies for escorts should only be provided when an escort is required for the **medical treatment of the patient to be conducted effectively**.

The Medical Superintendent of the patient's closest public hospital is responsible for determining whether it is a medical requirement for an escort to accompany the patient. Determinations should be made in accordance with the principles outlined below and on the basis of information provided by medical practitioners who have examined the patient and who in turn may have been advised by allied health professionals (such as social workers) involved with the case.

Subsidies should be provided for an escort to accompany the patient during their trip if **any of the following criteria are satisfied**:

- Someone is required to participate (or be trained to participate) in the physical care or rehabilitation of the patient (refer 5.1.1).
- Emotional support will be essential for the patient's medical treatment to be effective (refer 5.1.2).
- The patient will be unable to look after themselves in the new location (refer 5.1.3).

In accordance with the above principles:

- An escort should always be provided if the patient is a **dependent** child under the age of 17 (i.e. the patient has not yet reached their 17th birthday at the time travel is to be commenced). (If the patient is within this age group but is **not a dependent** qualifying for an escort is not automatic).
- An escort should be provided to patients who require oxygen, sedation, or parenteral analgesia.
- An escort should be provided to patient's whose condition and/or treatment are life threatening.

General issues to note regarding escorts include:

- Travel subsidies should only be provided for the minimum number of escorts that are absolutely necessary for the patient's medical treatment to be effective.
- In most cases only one escort should be provided with travel subsidies.
- Subsidies should only be provided for escorts when there are no suitable persons available at the referral destination that can provide the assistance required by the patient.

5.1.1 Escorts Participating In Treatment & Care

Patients requiring **oxygen or parenteral analgesia** will require an escort with appropriate medical/nursing qualifications to accompany them while travelling.

Patients requiring significant levels of **sedation** will require an escort to accompany them while travelling.

Persons who need not have medical or nursing qualifications can often carry out basic procedures such as assisted exercises, caring for wounds, etc. Escorts are sometimes required either to assist in this way immediately or to be trained to provide such assistance when the patient returns home. Specific conditions and treatments in which this is more likely to be the case include:

- major surgery (Eg. cardiac)
- organ transplants
- renal dialysis

5.1.2 Emotional Support

The Patient Travel Subsidy Scheme promotes flexibility for the Medical Superintendent of the patient's local hospital regarding approval of escorts in this category.

5.1.2.1 Life Threatening Conditions

Where the patient has an appreciable likelihood of dying while receiving treatment, an escort should be subsidised to accompany the patient.

The term "life threatening conditions" is not included in the 'Patient and Carer Information' booklet. However, this criterion remains in the Guidelines for reference.

5.1.2.2 Stress Moderation

Where the patient's stress response is a significant determinant of treatment outcome and where the presence of a suitable companion will significantly moderate this response, an escort should be subsidised to accompany the patient.

It is generally uncommon for patients to require escorts for the purposes of stress moderation. Examples of circumstances in which this reason could apply include patients travelling for:

- certain psychiatric disorders
- major surgery (Eg. cardiac)
- transplants
- radiation oncology
- spinal and head injury
- intensive high dose chemotherapy

5.1.3 Coping With Basic Life and Treatment Requirements

5.1.3.1 Age

Patients who have not yet reached their 17th birthday at the time of embarking for travel, and who are **dependent children**, are always regarded as requiring an escort to accompany them during travel so that they can be assisted with basic life requirements such as dealing with public transport, cooking, bathing, mobility etc.

Frail and aged patients may require an escort to travel with them so that they can be assisted with basic requirements of life in an unfamiliar location.

5.1.3.2 Race/Ethnicity

Where significant cultural barriers exist, patients may require an escort to assist them in dealing with basic life requirements.

The Medical Superintendent, in accordance with the Indigenous Health and Multicultural Health policy, should give special consideration to the cultural needs of the patient when determining escort assistance.

For example, Indigenous women from rural and isolated communities who are travelling to give birth in major regional centres, may require an escort.

5.1.3.3 Literacy and Language

Where the patient has significantly limited literacy skills or speaks little English, an escort may be required.

5.1.3.4 Disability

The Disability Services Act 2006 notes that disability can be attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or combination of impairments.

Disabilities can be such that a patient will require an escort in order to travel effectively. Patients for whom this consideration is relevant may be travelling for treatment related to their disability, or their disability may be incidental to the reason for their travel.

Disabilities may be pre-existing or may be temporary or permanent side effects of the medical treatment for which patients are travelling.

Young patients with multiple disabilities may require more than one escort in order to travel effectively.

5.1.4 Approval for Subsequent Visits

Patients and escorts should be informed that while approval for an escort may be given in certain circumstances, this does not mean that it will automatically be given again should the patient have to travel for another visit to the specialist.

Accommodation subsidies should only be provided to escorts for the amount of time that they are required for the patient's treatment to be effective.

5.1.5 Escort Approval for Travel Only

When an escort is only approved to accompany a patient while travelling, the escort is to be provided with a return trip by the cheapest form of public transport even if the patient is to remain at the treatment centre. If the escort is then required to accompany the patient home, the escort can be provided with a ticket to the treatment centre by the cheapest form of public transport available.

5.1.6 Outpatient Becomes an In-patient

An outpatient who becomes an in-patient, may still require escort support.

In this case, if the patient will continue to be an in-patient for a substantial period of time (more than two weeks), the treating hospital is required to inform the referring/approving hospital of this change in status. This will enable the referring/approving hospital to make a decision about escort provision during this time.

Example: *If an escort has travelled with a patient from North Queensland, and the patient attending an outpatient appointment becomes an in-patient (and is likely to be admitted for three weeks), it is the referring hospital's decision whether this patient continues to require an escort.*

5.1.7 IVF Escort

An escort subsidy should be paid for the **first treatment** for a patient undergoing IVF. Payment for the escort for subsequent treatments is at the discretion of the District Manager or the recommendation of the Medical Superintendent.

6 SCHEDULES

Schedule I

Essential Specialised Medical Services

Services offered by a medical specialist.
Medical specialties include the following:

- Anaesthetics
- Cardiology
- Cardio-Thoracic Surgery
- Clinical Haematology
- Clinical Immunology
- Dermatology
- Diagnostic Radiology
- Endocrinology
- Gastroenterology
- General Surgery
- Geriatrics
- Gynaecological Oncology
- Intensive Care - Anaesthetics
- Intensive Care - Internal Medicine
- Immunology
- Infectious Diseases
- Internal Medicine
- Medical Oncology
- Neurology
- Neurosurgery
- Nuclear Medicine
- Obstetrics & Gynaecology
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology (Ear Nose & Throat)
- Paediatrics
- Paediatric Surgery
- Pathology
- Plastic & Reconstructive Surgery
- Psychiatry
- Radiation Oncology
- Rehabilitation Medicine
- Renal Medicine
- Rheumatology
- Thoracic Medicine
- Urology
- Vascular Surgery

Dental services where there is gross deformity including:

- congenital abnormalities of the skull and facial structures (eg. cleft lip and palate) ; syndromes of cranio-facial distortion; surgical orthodontic cases where facial disfigurement is such that surgery is required.

Health services provided as an essential component of services listed above (eg physiotherapy following orthopaedic surgery, psychological assessment in preparation for psychiatric treatment).

Schedule II

Excluded Medical Services

The following forms of treatment are not considered to be eligible:

- Plastic and reconstructive surgery not attracting a Medicare rebate
- Clinical trials & experimental procedures (see note under 6.1)
- Laser refractive services

Schedule III

Acceptable Forms of Proof of Residence

The following forms of documentation are acceptable as proof of residence:

- Rates notice
- Household utilities notice
- Rent bill
- Household lease agreement
- Union membership card
- Electoral enrolment
- Taxation return
- Driver's licence
- Centrelink card
- Bank letter
- Public service identification
- Tertiary education enrolment
- Letter from employer

NB: A Post Office Box is not suitable documentation.

Schedule IV

Persons Qualifying for Reduced Contributions

The following persons qualify for reduced patient contributions.

- Health Benefits Card holders
- Health Care Card holders
- Pensioner Concession Card holders
- Commonwealth Seniors Health Card holders
- All dependent children under 17 years of age

6.1 Clarification of Schedules

- **Schedule I: Essential Specialist Medical Services.** A Medical Speciality Database is available from the Travel Services Project (Travel Hub). It is expected that the codes of this database will be used to describe the "Type of Specialist Treatment Required" as per the PTSS Referral Details form (Form B).
- **Schedule II: Excluded Medical Services.** Patients involved in 'Clinical Trials and Experimental Procedures' are excluded under the Scheme. Clinical trials are conducted with dedicated funding. Therefore, the costs associated with these trials (including travel and accommodation) need to be met by the funding body.

However, if a patient is approved to attend a specialist service under normal PTSS eligibility conditions and then agrees to undertake clinical trials at the same time as normal treatment, PTSS is still payable – this is at the discretion of the Medical Supervisor or his delegated officer.

- Patients undergoing In-Vitro Fertilisation (IVF) are now eligible under the Patient Travel Subsidy Scheme, as a specialist service under 'Obstetrics and Gynaecology' at Schedule I.
- Hyperbaric medicine is included in the PTSS Guidelines under the speciality of anaesthetics (Schedule I).
- If a patient is referred for Diagnostic Radiology including general x-rays because the nearest hospital is unable to provide the service then PTSS can be assessed according to eligibility criteria.

7 INTERSTATE PATIENT TRAVEL SCHEMES

SCHEME	DETAILS
<p>New South Wales</p> <p>Isolated Patients' Travel and Accommodation Assistance Scheme (IPTAAS)</p>	<p>NSW residents in Queensland to contact the IPTAAS Coordinator or their local Area Health Service for information. Details of local IPTAAS offices available from the IPTASS website.</p> <p>Website: http://www.health.nsw.gov.au/living/transport/</p>
<p>Northern Territory</p> <p>Patient Travel Service (PTS) – Including Patient Travel Assistance Scheme (PTAS).</p>	<p>NT residents in Queensland to contact their nearest public hospital. Details available from PTAS website.</p> <p>Website: http://www.nt.gov.au/health/hospital_svs/pats/toc.shtml</p>
<p>South Australia</p> <p>Patient Assistance Transport Scheme (PATS)</p>	<p>SA residents in Queensland to contact Adelaide Office for information.</p> <p>Telephone: 1800 188 115</p>
<p>Australian Capital Territory</p> <p>Interstate Patient Travel Assistance Scheme (IPTAS)</p>	<p>Website: http://www.health.act.gov.au → choose ACT Health Services, then Interstate Patient Travel</p>
<p>Tasmania</p> <p>Patient Travel Assistance Scheme (PTAS)</p>	<p>TAS residents in Queensland to contact PTAS Coordinator or their local area. Details available from the PTAS website.</p> <p>Website: http://www.dhhs.tas.gov.au/hospitals/patienttravel/index.html</p>
<p>Victoria</p> <p>Victorian Patient Transport Assistance Scheme (VPTAS)</p>	<p>Website: http://www.health.vic.gov.au/ruralhealth/aservices/vptas.htm</p>
<p>Western Australia</p> <p>Patients Assisted Travel Scheme (PATS)</p>	<p>WA residents in Queensland to contact PATS Clerk in their local hospital. Details available from HealthInfo line freecall 1300 135 030 or from the PATS website.</p> <p>WA residents approved to travel interstate access the Interstate Patient Transfer Scheme (IPTS). Details of IPTS available from the PATS website.</p> <p>Website: http://wacountry.health.wa.gov.au/Pats</p>

Information current at July 2007

8 QUEENSLAND PATIENT TRAVEL CONTACTS

DISTRICT	HOSPITAL / FACILITY	PHONE NO.
Cairns and Hinterland	Atherton	4091 0234
	Cairns	4050 6419
	Innisfail	4061 5436
	Mareeba	4092 9342
Cape York	Weipa	4090 6221
Central Queensland	Biloela	4992 7000
	Emerald	4987 9559
	Gladstone	4976 3285
	Rockhampton	
Central West	Longreach	4658 4700
Fraser Coast	Maryborough	4122 8301
	Hervey Bay	4120 6607
Gold Coast	Gold Coast	5571 8982
Mackay	Mackay	4968 6291
	Moranbah	4941 4600
Mater	Mater	3163 2325
Mt Isa	Mount Isa	4744 4444
Northside	Caboolture	5433 8664
	Redcliffe	3883 7562 3883 7792
	The Prince Charles Hospital	3139 4394
Princess Alexandra Hospital	Princess Alexandra Hospital	3240 5011
Royal Brisbane and Women's Hospital	Royal Brisbane and Women's Hospital	3636 8206
Royal Children's Hospital	Royal Children's Hospital	3636 8206
Southside	Beaudesert	5541 9202
	Logan	3299 8954
	QEII	3275 6190
	Redland	3488 3493
South West	Charleville	4650 5007
	Roma	
	St George	4620 2220
Sunshine Coast and Cooloola	Gympie	5489 8450
	Nambour	5470 6968
Torres Strait	Thursday Island	4069 0269
Toowoomba and Darling Downs	Dalby	4669 0555
	Goondiwindi	
	Inglewood	4652 0888
	Millmerran	4695 3111

	Stanthorpe	4681 5342
	Texas	4653 1233
	Toowoomba	4616 6256
	Warwick	
Townsville	Ayr	4783 0819
	Bowen	4786 8222
	Collinsville	4785 4777
	Ingham	4720 3002
	Palm Island	4752 5100
	The Townsville Hospital	4796 1113 4796 1115
West Moreton & South Burnett	Kingaroy	4162 9284
	Ipswich	3810 1212 3810 1130
Wide Bay	Bundaberg	4150 2012 4150 2018
	Gayndah	4161 3511

Telephone numbers current at July 2007

