WESTERN AUSTRALIA

PATIENT ASSISTED TRAVEL SCHEME (PATS)

2004 POLICY GUIDELINES
Effective from November 2004

November 2004
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1. INTRODUCTION

1.1. OVERVIEW

The PATS Guidelines have been revised effective from October 2004.

The aim of this manual is to facilitate consistency in the application of the guidelines. The guidelines cannot cover every circumstance, therefore a common sense approach should be applied in consideration of special circumstances, using the purpose of the scheme as a guide.


Amendments to this manual will be issued by the Department of Health under cover of circular advice. Up to date guidelines will be maintained on the Department of Health Intranet at the above address.

Any enquires regarding the manual or the policies related to PATS should be directed to:

WA Country Health Service
189 Wellington Street
PERTH WA 6892

Phone: 1800 629 028

1.2. PURPOSE OF PATS

The purpose of PATS is to assist permanent country residents to access the nearest eligible specialist medical services (including via Telehealth).

1.2.1. Strategies

1. To provide a subsidy towards the cost of travel and accommodation for eligible patients and if necessary an escort under the following circumstances:

- people who need to travel more than 100kms (each way) to attend specialist medical appointments;
to provide a 'safety net' for oncology and dialysis patients living between 70 and 100kms from the nearest treatment centre who need to make frequent trips for medical specialist treatment;

- to assist patients who have been transferred or evacuated to a hospital away from their home town with the costs of the return journey following discharge.

2. Where necessary, to assist people to coordinate appointments and travel and accommodation arrangements.

3. Make clinicians and patients aware of the eligibility criteria and availability of PATS by distributing promotional materials to health services and GPs.

1.2.2. Assistance Provided

Assistance is limited to the provision of support towards the cost of transport and/or accommodation. **PATS does not provide assistance towards cost of meals or other expenses.**

1.2.3. Conditions

To be eligible for assistance, a patient must fulfil the following criteria:

- **Resident**
  Must be a permanent country resident

- **Distance**
  Must travel more than 100kms (each way) specifically to access specialist medical treatment (special conditions apply for renal and oncology patients travelling 70-100kms)

- **Medical**
  Referral must be to closest available recognised medical or oral specialist service (which may be a Telehealth enabled service) which can provide the treatment required within the timeframe deemed necessary by the urgency classification of the patient’s medical condition.

- **Escort**
  PATS provides a transport and accommodation subsidy for the patient. A subsidy for an escort may be provided where it can be demonstrated that:
  - the patient is a dependent child (refer definition of dependent child);
  - an escort is legally required to make decisions on behalf of patient;
  - the patient requires significant assistance with daily living beyond the resources that can reasonably be made available during the journey and/or at the receiving centre; or
  - the patient is in a life threatening situation.
1.2.4. **Exceptional Rulings**

Decisions that fall outside of the guidelines can only be made by the Regional Director/Delegate and will take into account:

- the specific individual circumstances;
- the intent of the guidelines;
- the precedent that might be set for future decisions.

Suggested cases for exceptional rulings are provided throughout the guidelines.
2. ELIGIBILITY

2.1. APPLICANT CRITERIA

2.1.1. Residency

The patient must be a permanent resident of a country area of Western Australia. To attract PATS assistance the journey must commence from the place of permanent residence. The Australian Bureau of Statistics definition of a usual resident applies: if the resident spends more than 6 months of the year in the area, they are considered a usual resident. Evidence of residence may be requested and can include a copy of tax invoices or other documentation which clearly states local address.

Note: There is no minimum qualifying/waiting period applied to what determines permanent residency for PATS. Eg. even if the applicant has just moved to the area, as long as this is their permanent residential address they are eligible to apply for PATS.

Note: Itinerant workers and people of no fixed abode must be able to demonstrate that they are permanent country residents of Western Australia (and do not have a permanent address elsewhere). The place of residence for itinerant workers or people of no fixed abode is determined as the place they are staying at the time of application for PATS assistance.

Note: People who permanently reside in country Western Australia but do not hold Australian residency status entitling them to government provided medical treatment under Medicare may be eligible for certain types of treatment under Australia’s reciprocal agreement on health care. See Dept of Health Op Circ 1748/02 12 March 2004 for further details on the Reciprocal Agreement.

If a person meets the country residence criteria above and is entitled to treatment under a reciprocal agreement they will be eligible for PATS for this treatment.

Visitors to country WA, regardless of whether they are Australian or International visitors, are not eligible for PATS.

1 Source: Australian Bureau of Statistics
Residency Exclusions

- Where a patient is travelling, or has travelled, to the treatment centre for another purpose and, subsequently, requires specialist medical attention they are ineligible to claim PATS assistance as they are already at the treatment centre.

- Any person travelling/holidaying away from home is not eligible for PATS. Similarly students in boarding schools, or colleges/universities residing in Perth are not eligible for travel assistance. Parents visiting students when they are sick, also do not qualify for PATS assistance.

- When a student returns to a country area during vacation, they are only eligible when the referring medical practitioner states that the patient requires to see the medical specialist prior to their scheduled return. There must be a medical reason shown as to why the patient cannot wait until their scheduled return.

- Fly-in-Fly-out contractors receiving a living away from home allowance/concession and whose permanent residence is not in the country area are not eligible for PATS.

2.1.2. Minimum Distance Travelled

For PATS to apply, the patient must travel more than 100 kilometres each way from their residence to access the nearest specialist medical service. (see 3.2.1 for calculating distance).

2.1.3. Safety net for people travelling 70 - 100 kms

People with a chronic condition such as oncology and dialysis patients who need to travel between 70 and 100kms for frequent medical treatment are eligible for limited PATS assistance (see also 3.2.3).

2.1.4. Interstate Travel

PATS is an intrastate scheme only.

However, assistance may be provided for travel to another State if the referral is to the nearest specialist and all other PATS criteria are met. This essentially affects localities in the Kimberley and Northern Goldfields where the closest specialist may be in Darwin or Alice Springs.

Interstate travel for highly specialised medical care not available in WA is covered by the Interstate Patient Transfer Scheme (IPTS). Information relating to IPTS should be sought from the Office of the Chief Medical Officer in the Department of Health on (08) 9222 2027.
Where country residents are accessing the IPTS, their travel for the intrastate component of their journey (ie country to Perth) will be covered by the IPTS not PATS.

2.1.5. Fares Claimable Under Another Scheme

Department of Veterans Affairs (DVA)

Patients holding a GOLD DVA card are eligible for travel and accommodation assistance through the DVA. They should call the DVA on 1300 550 454 to claim assistance. Patients holding a WHITE card are only covered by DVA for certain conditions. The PATS administration staff should check the person's eligibility (with the card holder's permission) by contacting the DVA office on 1300 550 454. If the patient is not eligible for DVA assistance, then the usual PATS criteria will apply.

A DVA Fact Sheet on the Repatriation Transport Scheme is available on the DVA Website. (www.dva.gov.au)

Motor Vehicle Insurance or Workers Compensation

Where treatment is covered by workers compensation or motor vehicle accident insurance, travel and accommodation costs should be claimed by the patient from the insurance company, not through PATS. In cases of financial hardship, PATS assistance may be provided and recouped against future compensation or insurance awards. Relevant claim references and numbers should be recorded on the application (yellow) form, if known.

The health service is to the lodge the form with the patient’s solicitor/insurer as soon as practical.

2.1.6. Return home trip following Inter-hospital Transfer or Primary Evacuation

The cost of eligible Inter-Hospital Transfers/Primary Evacuations (IHT/PE) is met by the referring public hospital. PATS assistance is for outpatient (non admitted) travel only, therefore it does not pay for the transfer when the patient is an inpatient.

However, permanent residents of country WA who have been admitted to hospital through IHT/PE are eligible for PATS assistance once they have been discharged from a public or private hospital provided that the IHT to a private hospital was originally to the closest available facility that could provide the treatment required in the timeframe required. Return will only be provided to the usual place of residence. The Health Service where the person resides will be responsible for the organisation and payment of PATS assistance.
2.1.7. Escort eligibility for Inter-Hospital Transfer/Primary Evacuation

There is no escort provision for inter-hospital transfer or primary evacuations for adult patients as the patient is under appropriate medical and nursing supervision. Ambulance or RFDS services may, on occasions, permit an escort to travel with the patient, however, escorts need to be made aware that they do not automatically qualify for PATS assistance for their return journey home.

If an escort travels with the patient by Ambulance or RFDS the Health Service may approve accommodation and/or travel assistance as an escort if deemed medically necessary by a medical specialist. Assistance will be limited to one family member. See 4.10 for specific circumstances where assistance with transport and/or accommodation will provided when a close family member travels with the patient by Ambulance or RFDS.

Occasionally families will enquire about financial support for family members to travel to be with the patient following inter hospital transfer/primary evacuation, however, there is generally no provision for this in PATS or the IHT/PE program. Assistance with transport and/or accommodation for a close family member following IHT/PE will only be provided in specific circumstances. (See 4.9).

Patient contribution for return home assistance

Any permanent resident of an area above 26th parallel does not have to make the $50 non-concession card holder contribution following discharge when returning home after IHT/PE.

The usual non-concession card holder contributions apply for residents below the 26th parallel (refer to 3.1).

2.1.8. Accommodation Following Discharge

Should any patient who has travelled from their area of permanent residence be required to stay at the treatment centre for outpatient specialist medical care following discharge from hospital, they may be entitled to accommodation assistance through PATS.

An accommodation subsidy will also be provided if transport schedules do not permit immediate transport home on the day of discharge. This will only apply where the earliest available transport of the approved type is utilised.

Similarly in returning home if the patient has to remain overnight while in transit (eg awaiting transfer back to a remote community), then accommodation assistance should be provided at the usual PATS rate.
In cases where the patient is required to return to the specialist for a follow-up appointment within a short period following discharge, an accommodation subsidy will be provided to assist the patient to remain at the treatment centre rather than return home if this is a cheaper option than paying for return travel.

2.2. MEDICAL CRITERIA

2.2.1. Eligible Medical Specialists

A recognised specialist is either:

1. a medical practitioner who is recognised as a specialist for Medicare Benefits purposes; or
2. a hospital/health service employed specialist; or
3. General practitioner proceduralists in accordance with clause 2.2.4; or
4. Dental practitioners in accordance with clause 4.1.

Note: There is no distinction made as to whether a patient accesses an eligible specialist on a private or public basis. This does not affect PATS eligibility.

Accepted medical specialties

The Australian Medical Council maintains a Medical Specialties list. The list is included on page 2 of the Application for Assistance (yellow form) and all PATS referrals must be to one of these accepted medical specialties. The list is subject to ongoing review and was current as at March 2004.

Referrals to other health professionals eg. general practitioners, allied health (eg. speech pathology, physiotherapy, podiatry, clinical psychology, occupational therapy, audiology, pathology etc), dentists (including specialist dentists that do not meet the criteria of 4.1) and nursing health professionals do not meet the criteria of PATS.
2.2.2. **Eligible Specialist Services**

Services that are eligible under PATS include:

1. Specialist medical service or oral surgery item covered by an item in the Commonwealth Medicare Benefits Schedule (MBS) Book\(^2\);
2. Specialist services involved in the fitting of an artificial limb;
3. Specialist services involved in the fitting of an artificial eye; or
4. Dental treatment covered by an item in the Medicare Benefits for Services by Accredited Dental Practitioners in the Treatment of Cleft Lip and Cleft Palate Conditions Booklet\(^3\).

To check whether a procedure/consultation is covered under Medicare, call the Medicare enquiries line on 132 011.

**Referring Practitioner**

A medical practitioner (GP or specialist) must make the referral for PATS except in the following circumstances:

- referral for approved oral surgery or cleft lip/palate treatment can be made by a medical practitioner or dentist;
- referral to an ophthalmologist may be made by a medical practitioner or by an optometrist.
- referral to a Radiologist for NMR Imaging can only be made by a registered medical specialist.

The medical practitioner who refers the patient for specialist medical treatment must complete the PATS application.

Any registered medical practitioner can make referrals providing that they supply the information required about the patient’s condition to enable the PATS application to be appropriately assessed. There is no requirement for the referral or PATS form to be completed by a local medical practitioner.

Where it is anticipated that a course of treatment will require recurrent visits to a specialist these can be approved in blocks of up to 3 months. After this time a new PATS referral form will need to be completed by the referring practitioner.

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\(^2\) Medicare Benefits Schedule book, November 2003; Commonwealth Department of Health and Family Services

\(^3\) Medicare Benefits for Services by Accredited Dental Practitioners in the Treatment of Cleft Lip and Cleft Palate Conditions Booklet
Appointments for associated non-medical specialist services (e.g. allied health) may coincide with medical specialist appointments, and where possible this should be encouraged. In this case, an extra night or two of accommodation assistance may be considered while associated allied health consultations are completed (see 2.3.1).

### 2.2.3. Nearest Available Medical Specialist

PATS assistance will only be provided if other means of accessing specialist treatment are not appropriate or not available. Telehealth options should be considered prior to the decision being made that the patient is required to travel to access the services required.

Patients seeking assistance under PATS must attend the nearest specialist who can provide the treatment required. PATS does not provide unrestricted choice of specialist. Where there is a visiting specialist to the region and clinical need dictates that the patient can wait for the next visit the patient should be referred to this specialist. *This policy also ensures support and viability of rural resident or visiting specialist services.*

The referring medical practitioner needs to provide sufficient clinical detail to justify referral to other than the nearest specialist. The medical practitioner must state on the Application for Assistance (yellow) form that the person cannot see the closest specialist.

Where the applicant does not wish to access the closest service for any reason and chooses to travel further afield, they may do so, however, they are not eligible to claim for all or a proportion of the trip.

The Regional Director may nominate a location as the appropriate centre for treatment for individual towns regardless of whether it is the closest centre on a purely geographical basis. This may occur in situations where transport options to the true closest centre are not viable (e.g. schedules, poor roads, lack of bus/train transport).

### Continuity of specialist care

Follow-up treatment will be subject to the normal PATS eligibility criteria for closest appropriate and available specialist.

A common misconception is that if a patient has seen a particular specialist for a procedure then they must return to that specialist for future consultations or for follow up care. This is only the case if the further care or follow up cannot be completed locally for medical reasons. *If a local/visiting specialist can provide adequate follow up care then the patient will not be eligible for PATS to return to the initial specialist.*

### 2.2.4. GP Proceduralist
Patients are eligible for PATS assistance for specialist treatment carried out by a GP Proceduralist, for example, obstetrics or surgery, so long as all other PATS criteria are met. This does not include standard consultations or minor procedures. Items covered include all MBS items with a schedule number above 30000 except the following unless performed in a theatre under general anaesthetic or major regional field block:

30026 Repair of skin/subcutaneous tissue wound (less than 7cm long)
30035 " "
30061 removal of foreign body
30071 biopsy of skin or mucous membrane
30186 removal or palmar or plantar warts
30187 " " "
30192 treatment of premalignant skin lesions
30196 removal of cancer of skin or mucous membrane
30202 " " "
30203 " " "
30207 skin lesions
30216 aspiration of haematoma
30219 haematoma, furuncle or small abscess
30223 large haematoma, large abscess, carbuncle, cellulitis

This list is subject to review every 12 months.

PATS is not available for follow-up visits in relation to the above procedures.

Pregnant women are eligible for PATS for 4 prenatal visits to the nearest GP obstetrician unless complications in the pregnancy indicate that additional visits are needed.

2.2.5 Referrals to go through the local/regional specialist

In order to ensure that all locally available options are explored, all referrals must be channelled through the relevant regional specialist (where such a specialist is available). Referrals to sub-speciality areas should be referred through the relevant general specialist. For example, all referrals for children should be referred through the local/regional paediatrician, and referrals for surgery should be assessed by the local general surgeon prior to any approval of PATS.

Note: In some cases, the PATS Clerk or referring GP may satisfy this criteria by a telephone call to the regional specialist. The regional specialist may choose to discuss the case and/or review the PATS application form, rather than an in-person appointment.
2.3. ESCORTS

2.3.1. Definition of Escort

An escort is a person who:

(a) accompanies an eligible patient on a journey to or from specialist appointments; and/or

(b) may need to stay overnight while an eligible patient is hospitalised, is awaiting transport home or is receiving outpatient treatment (refer to 3.3.2).

Assistance is restricted to expenses incurred by one escort only. Except in exceptional circumstances a young person under 18 accompanying an eligible patient cannot be an approved escort for PATS.

Exception: Where the escort is the parent of the patient and is under 18 years of age they will automatically be approved as the escort.

Escorts need to be aware of their role and responsibility and be able and willing to undertake this role.

2.3.2. Approval

Escorts are approved where:

- the eligible patient being escorted is a dependent child (see definition on page 31); or

- the referring practitioner certifies prior to departure (on the yellow PATS application form) that an escort is necessary for the medical well-being of the patient and with consideration of individual circumstances such as people with disabilities, or requires significant assistance with daily living beyond the resources that can be reasonably made available during the journeys or at the receiving centre.

On the yellow PATS application form, the referring medical practitioner must specify the reason why an escort is required (eg 'patient at significant risk of seizure', or 'patient will be unable to drive within 24 hours of treatment').

Note: ‘General support to the patient’ or ‘Patient from a remote community’ are insufficient reasons to justify approval of an escort.
If the referring medical practitioner specifies that an escort is required for a reason other than a medical reason (for example, social reasons) then eligibility for the escort must be determined by a suitable, clinical health service employee, such as the HSM/DON. In determining eligibility for an escort, the age, general health, language barriers, remoteness of residence, exposure to life skills and resources available are to be taken into consideration.

Aboriginality and remoteness of residency are not automatic grounds for escort approval. Options such as teleconference or videoconference with a family member, or utilising support services available in Perth should be considered.

### 2.3.3. Escort Subsidy

Refer to 3.2.8 for information regarding travel and accommodation subsidy rates for escorts.

### 2.3.4. Attendants

An attendant is a person who is required to accompany a patient for medical reasons as certified by the referring practitioner. The person must be a registered nurse, enrolled nurse or have appropriate clinical skills.

This level of escort is rarely required under PATS. (If the patient is extremely unwell, they are likely to be an inter-hospital transfer and be transported via ambulance or Royal Flying Doctor service).

Requests for attendants must be approved by the Regional Director, or delegate.

Responsibility for arranging the attendant and paying relevant costs is that of the local health service.
3. ASSISTANCE PROVIDED

PATS provides a subsidy towards the costs of travel and accommodation. The scheme is not intended to meet the full costs of travel and accommodation or to provide assistance with other costs associated with access to specialist appointments.

3.1. PATIENT CONTRIBUTION

3.1.1. Contribution rate for non-concession card holders

Patients not covered by a Health Concession Card are required to contribute a maximum of $50 per return trip for the first 4 trips per family in a twelve month period.

After four trips where a contribution has been made no further contribution is required in the twelve month period. Twelve months is counted backwards from the date of the patient's next appointment (see also 3.3.4). If the PATS Clerk is making the travel bookings the contribution is payable prior to travel unless otherwise negotiated.

Family is defined as one adult or a couple together with any dependent children living under the same roof.

Non-concession card holders making a trip where the eligible assistance is less than $50 will not receive any assistance for the first four trips. Applicants will need to provide documented evidence of the initial four trips in order to claim a subsidy for the fifth and subsequent trips. Acceptable evidence may include a completed blue form or a letter from the referring doctor or specialist.

3.1.2. Contribution rate for Health Concession Card holders

Patients holding a Health Concession Card are not required to make a patient contribution before becoming eligible for a PATS subsidy.

Note: Health Concession Cards should be sighted by the PATS Clerk when the application is lodged, or other appropriate evidence of concession card status sought. PATS administration staff should also note the expiry date of the card for reference for future trips.

A proforma fax is included in Appendices for use in seeking confirmation of Concession Card status through Central Waitlist Bureau.
3.1.3. **Ineligible concession cards**

Department of Veteran’s Affairs (DVA) Gold or White cards or Commonwealth Seniors Cards do not qualify as concession cards for the purpose of PATS.

Veteran’s Affairs card holders should contact the Department of Veteran’s Affairs to assess their eligibility for assistance through the DVA Scheme, refer to 2.1.5.

3.1.4. **Contribution rate for escorts**

Only one contribution per trip is required. Approved escorts are not required to make a contribution in addition to the patient’s contribution and location.

### 3.2. TRAVEL SUBSIDY

PATS provides assistance for people to travel on the cheapest form of transport appropriate to their medical condition. (See 3.2.4 for Air Travel)

3.2.1. **Fuel subsidy**

Patients travelling by private vehicle may claim a fuel subsidy of 13 cents per kilometre. Only one claim per vehicle may be made.

When two or more patients are travelling in a minibus or similar group transporter owned by a community or organisation, the fuel subsidy is 25 cents per kilometre per vehicle payable to the relevant organisation.

**Calculating distance**

Distances are calculated as follows:

- When residing within the town boundaries calculate the kilometres as from the home town to the town/city of treatment;

- If residing outside a town’s recognised boundaries calculate the distance from the patient’s door to the town of treatment.

Note: The Distance Book, Edition 9, is used to calculate the distances between towns. This book is available from Main Roads, Western Australia or is downloadable from:  

3.2.2. **Surface travel (coach or rail)**

Costs are reimbursed according to the relevant economy or discounted fare.
3.2.3. Travel allowance for people travelling less than 100kms

Oncology and dialysis patients who live between 70 and 100kms each way from the treatment centre and who qualify for PATS assistance (see Safety Net 2.1.3) will receive a flat subsidy of $20 per return trip, irrespective of mode of travel or the need for an escort. The travel subsidy is only available when alternative transport options provided through the Health Service are not available.

People travelling 70-100kms are not eligible for an accommodation subsidy.

3.2.4. Air Travel

The North West and remote areas

Air travel is automatically provided where:

- a regularly scheduled air service from the point of departure to the point of destination exists; and
- travel to the nearest specialist involves a bus trip of more than 16 hours (each way), or is subject to excessive connection delays and prolonged stops;
- other modes of surface travel (eg. private car, coach) are not available or feasible.

If the airport is more than 100kms from the patient's home, they are also entitled to claim a fuel subsidy from home to the airport. Note: a fuel subsidy can only be claimed for those parts of the journey when the patient travelled in the vehicle.

The Regional Director may approve PATS for a charter flight from a remote community where this is the only viable option of ensuring that community members are able to access essential specialist medical services within a clinically acceptable timeframe.

Air travel approvals for journeys less than 16 hours

Exceptional approval for air travel can be given by the Regional Director or delegate if the referring medical practitioner certifies that the medical condition of the patient will be significantly adversely affected by surface travel. The referring GP must specify the risk.

Upgraded travel

Where air travel is not approved and a patient elects to travel by air, the patient may be reimbursed the equivalent public transport fare or fuel subsidy, whichever is the lowest.
3.2.5. Transport to/from Perth airport

The cost of travel to/from airports, consulting centres and accommodation is not payable under PATS unless there is a medical reason (see 3.2.6 below).

The exception is that Health Concession Card holders are assisted with the cost of return transport between the Perth airport and specialist appointment or accommodation by the cheapest appropriate transport.

The PATS User Guidelines include information on transport options in the appendices.

3.2.6. Assistance with taxi fares

The PATS Clerk, in consultation with an appropriate clinician such as the HSM/DON or their delegate, may determine a patient's eligibility to receive taxi-vouchers or to have taxi-fares reimbursed under PATS where:

1. The patient's medical condition warrants the provision of that assistance.

The referring practitioner must specify the patient's medical condition that requires this service due to one of the following conditions:

- severe ambulatory problems (such as permanent inability to walk, dependence on a wheelchair or complex walking aids);
- total blindness or permanent severe visual impairment;
- disabilities or conditions that make it impractical for the patient to use other transport; or
- where the patient is very ill and unable to use other transport (eg discharge following a major surgical procedure).

2. In cases where cultural issues (eg. unescorted people from remote Aboriginal communities; unescorted people of non-English speaking background) make it impractical for the patient to be expected to utilise other means of transport.

Eligible Taxi Journeys

Where patients are eligible for assistance with taxi fares, taxi fares may be met for the following journeys only:

- from the point of entry (airport, bus station etc) to the hospital/doctor's surgery or accommodation (see above);
- to and from accommodation centre to hospital/doctor’s surgery;
- from the hospital/doctor's surgery or accommodation to the point of exit.

Specific circumstances where taxi fares cannot be approved include:
- if the travel to the treatment centre has been by private motor vehicle;
- the escort is visiting a hospitalised patient or in any other circumstance when not accompanying the patient; or
- where a taxi is used to travel from the patient's home town to the treatment centre.

Approval for assistance with taxi fares must be obtained in advance and fares will only be reimbursed on production of receipts. Where taxi vouchers are provided, ensure that appropriate information is entered on the voucher to describe the trips.

3.2.7. Vehicle Hire

PATS does not cover the costs incurred by a patient in hiring a car or in chartering a plane. (In exceptional circumstances assistance with plane charter can be provided to a remote community, see Air Travel 3.2.4 above).

Where a patient hires a vehicle they are eligible to receive payment only to the level of the PATS claim for surface travel.

3.2.8. Travel subsidy for an escort

Escorts are generally not eligible for a travel subsidy unless they are travelling with the patient, see 4.9.

3.3. ACCOMMODATION SUBSIDY

When an application for accommodation assistance is approved, information regarding low cost accommodation options should be offered to the patient.

3.3.1. Patient eligibility

A patient is eligible for accommodation assistance only where:

(a) the patient lives more than 100kms from the treatment centre; and

(b) the specialist certifies that the patient needs to stay overnight for follow-up; or

(c) the patient needs to arrive the day prior to the appointment due to transport schedules/availability; or

(d) approval has been given for the patient to extend their stay by one or two days to attend associated allied health specialist appointments (see 2.2.1). or

(e) the forward and return journeys cannot reasonably be completed in one day. This should take into account time required travelling, type of travel
and any other relevant factors such as the patient’s condition. Patients travelling in a private vehicle on a journey in excess of 750 kms each way are automatically eligible for an accommodation allowance to enable them to have a stop-over on-route; or

(f) Transport schedules do not permit return home on the day of discharge (refer to 2.1.8).

**3.3.2. Escort eligibility for accommodation subsidy**

An accommodation subsidy for an escort can be approved in the following circumstances:-

- the specialist certifies it is necessary for medical reasons for the escort and/or attendant to remain with the patient; or

- the patient is a dependent child and has been admitted to hospital and the escort is unable to be accommodated at the hospital as a boarder; or

- the patient is an adult but will need assistance from an escort due to their medical condition on discharge and it is cheaper to pay accommodation for the escort to remain at the treatment centre during the period of hospitalisation, rather than pay for a second journey to collect the patient.

Accommodation assistance for approved escorts is paid on the same basis and at the same rate as for the patient.

If an escort is approved to accompany a patient to an appointment and then is not required while the patient is in hospital but will be required to escort the patient home, the escort will be entitled to an accommodation allowance, or return journey home and back, whichever is the lowest cost.

**3.3.3. Boarders at King Edward Memorial Hospital (KEMH)**

When a baby is an inpatient at KEMH, mothers/female escorts can usually stay at Agnes Walsh House free of charge and PATS assistance for an accommodation subsidy is not required. However children and male partners are unable to be accommodated in this accommodation. In instances when the escort is unable to stay in Agnes Walsh House because a dependent child accompanies them (for example, a breast feeding infant), then they are eligible for a PATS accommodation subsidy (for the one escort only, not for the accompanying child).

In instances when a baby is seriously ill, as certified by the treating medical practitioner, and the mother is accommodated as a boarder, then the other parent, or partner of the mother is eligible for a PATS accommodation subsidy for a maximum of 10 days. If the baby is hospitalised for an extended period, a further period of ten days accommodation subsidy may be considered by the regional delegate. Only one person is eligible to claim an accommodation subsidy, irrespective of how many people accompany them.
3.3.4. Period of assistance

The period of assistance is applied as follows:

1. where the patient is covered by a Health Concession Card, assistance is provided for all nights;

2. Where a patient does not have a Health Concession Card, accommodation allowance is payable for all nights in excess of the first 3 nights of each journey; and

3. Where the patient (individual or family unit) without a Health Concession Card has travelled four times in the previous 12 month period (calculated from first trip) all further assistance is payable from the first night for the balance of that twelve month period.

In cases where the patient is admitted to hospital and the escort is staying in outside accommodation (and the patient is not a Health Concession Card holder), the payment should be made from the fourth night calculated from first night accommodation was required. A separate three-day waiting period will not apply to the patient if accommodation is required following discharge.

3.3.5. Assistance Payable

The rate of accommodation subsidy is as follows:

- Private home accommodation (no receipt required): $10 per night.
- Commercial accommodation (receipts must be produced): Up to $35 per night.

In cases where the cost of accommodation is met directly by the Health Service through invoicing, the eligible subsidy is a maximum of $35 per night (excluding GST).

3.3.6. Extended Periods of Accommodation Assistance

Applications for periods of accommodation in excess of 10 days must be approved by the Regional Director or delegated authority.

If the patient’s stay at the treatment centre is unexpectedly extended they should immediately contact the PATS Clerk at the Health Service where the form was lodged to arrange approval for the extended time period and changes to transport arrangements.

Periods of Accommodation Assistance over 10 Days

The Regional Director or delegate can approve payment of an accommodation subsidy to a maximum of one month at a time. The patient is
required to provide the confirmation of the need for an extended stay at the treatment centre from the medical specialist.

If accommodation is to be paid directly to the accommodation provider, a purchase order should be provided to the accommodation provider to cover this period. The accommodation provider will invoice based on the purchase order (ie. up to monthly). Should accommodation need to be extended beyond the specified time period, further advice from the specialist will be required.

Patients requiring accommodation for periods in excess of one month, should be encouraged to seek rental or leased accommodation where feasible.

**Long Term Accommodation in a Lease or Rental Agreement**

A rental amount of $140/week can be approved by the Regional Director or delegate when a patient has entered into a rental or lease agreement. This amount is a singular weekly payment and does not vary whether an escort is approved.

An approved time period for the lease should be negotiated with the patient. This may depend on notification from the specialist who determines the time that the patient must remain at the treatment centre.

As an example, if the length of treatment is confirmed by the specialist to be four weeks, approval may be given for the entire time period. If, however, the total treatment time cannot be specified, the specialist must advise the minimum time the person must remain at the treatment centre. Approval and further assistance can be reviewed at the end of this time period.

**Extended Course of Treatment**

Patients requiring accommodation for an extended course of treatment, for example radiotherapy, should ask the specialist to specify the length of treatment in writing to the PATS Clerk at the referring Health Service. PATS approval can be provided for an extended course of treatment.

Patients should make plans to stay at the treatment centre for the whole course of treatment. PATS assistance will not be provided for return journeys home during the course of the treatment. However, if the cost of the travel subsidy to return home is less than the accommodation subsidy for the period that the patient wishes to be away for, the patient may opt to take a travel subsidy rather than an accommodation subsidy. The Health Service cannot pay both a travel and accommodation subsidy for the same period of time.

**Limit of Long Term Accommodation Assistance**

In some instances patients remain at a treatment centre away from their primary residence for indefinite periods. This mainly applies to dialysis patients.
PATS assistance will cease to apply where:

- a country resident has transferred their primary residential address to the area where treatment is being received;

- where assistance extends beyond the six months (continuous). After six months a patient is considered to have changed their permanent address and should be expected to relocate into permanent accommodation.

Prior to completion of the six month period, if it is apparent a patient will not be able to return home after six months, they should be encouraged to seek assistance from hospital social work staff to reassess their needs. This should include assessing whether the patient can be relocated to a satellite dialysis service, and the patient’s ongoing accommodation support needs.

Please note:

1. If the patient has already permanently relocated to Perth they may be considered for PATS assistance to relocate to a satellite unit as an exceptional circumstance.

2. If the patient is temporarily in Perth for stabilisation then PATS assistance may be sought within the initial 6 months for transport back to the satellite unit providing that assistance, back to a satellite unit is sought at the earliest opportunity after stabilisation has occurred.

3. PATS assistance will cease to apply (prior to 6 months) once there is no medical reason for the patient to remain in Perth in preference to a satellite unit. In this situation the patient will need to produce evidence from treating specialist that for medical reasons the patient must remain in Perth in preference to a satellite unit.

4. PATS ceases to apply after 6 months even if medical reasons prevent the patient from relocating as it will be concluded that the patient has no choice but to permanently reside in Perth for medical reasons.

5. The patient is ineligible for accommodation assistance if their home is within 100 kilometres of the dialysis unit.
4. SPECIAL RULINGS

4.1. DENTAL AND ORAL

4.1.1. Oral Surgery

Specialist oral surgery only covers prescribed items listed in the Commonwealth Department of Health Medicare Benefit Schedule by an oral surgeon approved by the Commonwealth Minister for Health for purposes of the Health Insurance Act 1973.

See the Appendices in the User Guidelines for a list of approved oral surgeons. Updates of this list can be obtained from the Dental Board of Western Australia or Perth Dental Hospital on 9313-0505.

<table>
<thead>
<tr>
<th>Questions to ask to check whether a patient is eligible for PATS to obtain Oral Surgery (See form 2 in User Guidelines appendices)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the MBS item number for the Dental procedure?</td>
</tr>
<tr>
<td>2. What is the specialist’s Provider Number provided by the Health Insurance Commission?</td>
</tr>
</tbody>
</table>

If these cannot be provided it may be that the oral surgeon is not a Commonwealth approved oral surgeon and/or Medicare does not cover the procedure and therefore PATS will not apply.

4.1.2. Dental Treatment for Cleft Lip and Palate

Patients are eligible for PATS assistance for dental treatment covered by an item in the Medicare Benefits for Services by Accredited Dental Practitioners in the Treatment of Cleft Lip and Cleft Palate Conditions Booklet.

4.1.3. Urgent Dental Services

In rare cases where an urgent and critical dental procedure is required and the service is not available locally, the Regional Director has the ability to approve an exceptional PATS payment.

This should occur only after consultation with a Regional Dental Officer from the Dental Health Services (contact 9313 0555) to confirm that the condition is urgent and critical.

4.2. RADIOLOGY

4.2.1. Medical Imaging

Applications for radiology consultation are approved for PATS where the referring medical practitioner has indicated referral to a radiologist for a procedure approved under Medicare. This may include referral to the closest service including x-ray, ultrasound, CT, MRI scan (MRI only if referred by a
specialist) and interventional radiological procedures. Whilst the patient may
not see the radiologist, the films must be read by a radiologist in order to be
eligible for PATS.

Where the Radiologist reviews the films without seeing the patient, the blue
PATS specialist form should be signed by the Radiographer once the films
have been taken.

This will usually exclude x-rays ordered for dental and orthodontic purposes.

4.2.2. Mammography
PATS assistance will apply where:

1) a woman has attended the Breastscreen WA Mobile Breast Screening
Service and an abnormality is identified which requires further
investigation;

2) a woman has an appointment at one of the Breast Assessment Centres
that are part of the National Program for the Early Detection of Breast
Cancer to have further investigation of an abnormality detected at this
screening. There are two Breast Assessment Centres that provide
assessment as part of the Breastscreen WA program and these are
located at Royal Perth Hospital and Sir Charles Gairdner Hospital.

3) Where a screening service is not available within an acceptable time frame
through the Breastscreen WA Mobile Breast Screening Service and

   (a) the patient has been referred for a mammography screening by
       a medical practitioner; and

   (b) the mammography assessment is covered by the
       Commonwealth Medicare Benefits Schedule; and

   (c) the patient is transferred to the closest available mammography
       service.

4) An applicant is referred for a diagnostic mammographic report of a
palpable breast lump or other breast abnormality, then PATS assistance
will apply. Referral may be made to a General Surgeon skilled in breast
assessment or to a relevant Breast Assessment Centre or medical
specialist.

Note: Health Services can recoup such PATS expenditure from
Breastscreen WA, Women's Cancer Screening Service.
4.3. ASSISTED REPRODUCTIVE TREATMENT

Patients receiving Invitro-Fertilisation (IVF) treatment and other assisted reproductive treatment are eligible for PATS for referral to specialist treatment covered by an item in the Commonwealth Medicare Benefits Schedule.

The woman’s partner qualifies when he visits the specialist for his initial consult and investigation (ie. as a patient), and for one visit per cycle of treatment (ie. as a patient). Additional trips for education/counselling do not attract PATS assistance. In these instances videoconferencing should be considered. There is no automatic entitlement for the partner to travel as an escort and guidelines for escort travel must apply.

4.4. DECEASED PATIENTS

If a patient dies following Inter-hospital transfer or PATS assisted travel to a another hospital the family may be eligible for assistance with the cost of transporting the cadaver home.

When the deceased person lives above the 26\textsuperscript{th} parallel, or holds a valid Health Concession Card, the Health Service is responsible for the cost of transporting the cadaver back to the country hospital nearest to the patient's permanent place of residence, providing the case is not the liability of another agency. (Refer to Technical Bulletin BB0053/00: Transport of Deceased Persons) [http://intranet.health.wa.gov.au/circular/bb/bb005300.pdf](http://intranet.health.wa.gov.au/circular/bb/bb005300.pdf)

For non-concession card holders and people living below the 26\textsuperscript{th} parallel, the following policy applies:

If a patient or escort dies during a journey or at the place of treatment, the travel allowance payable is deemed to be the cost of the return journey via the original means of transport.

Accommodation costs are not payable for the escort of the deceased beyond the time of the patient's death, unless transport is not immediately available.

The Department for Community Development will provide assistance for burial costs in some cases. Any requests for assistance other than the PATS entitlement should be referred to the regional delegate, who may consider Social Work referral as appropriate.

4.5. DONORS

PATS does not cover transplant donors. Where a country resident is a suitable transplant donor and travels to the metropolitan area, reimbursement for travel costs and other expenses should be met by the specialist service coordinating the transplant.
If no assistance is available, the health service may approve a PATS application as an exceptional circumstance. In this case, the donor would be eligible for assistance up to the level that they would receive if they were the patient's escort.

**4.6. REFRACTIVE SURGICAL PROCEDURES**

Patients referred for excimer laser photorefractive keratotomy (PRK) and LASIK are eligible for PATS assistance.

Due to highly specialised equipment these procedures are carried out at the Lions Eye Institute and Murdoch Eye Centre.

The patient must:

- be referred by an ophthalmologist; and

- have a range of myopia -2 to -6 diopters.

**4.7. WHEELCHAIR PATIENTS**

Patients who are required to attend the Rehabilitation Technology Unit at Royal Perth Rehabilitation Hospital (Shenton Park) for complex wheelchair assessment and review (wheelchair prescription and assessment of seating and pressure needs) are eligible for PATS assistance. Referral to this clinic can be by a medical practitioner, physiotherapist or occupational therapist. (Less complex adjustments may be able to be completed by local physiotherapy and/or occupational therapy staff where available).

**4.8. NEXT STEP (ALCOHOL AND DRUG AUTHORITY) PATIENTS**

Patients referred to Next Step for specialist medical services (delivered by a medical specialist in addiction) are only eligible to receive PATS assistance to cover those travel and any necessary overnight accommodation expenses (subject to standard guidelines) incurred for an initial consultation for a drug or alcohol problem. This assistance should be provided in the usual manner.

Patients needing travel and accommodation assistance for ongoing treatment and/or regular reviews while undergoing treatment on the Methadone program are not eligible for PATS but may seek assistance direct from Next Step.

**4.9. ESCORT TRAVEL**

In some cases when a patient has been transferred to the metropolitan hospital by IHT/EP it may be necessary for a close family member to travel to the metropolitan hospital at a later date. PATS assistance may be provided if the patient is an unaccompanied child, requires an escort on discharge, or is
in a life-threatening situation when the next of kin is required to make a medical decision on behalf of the patient.

Other cases should be referred to the Regional Director for approval.

4.10. ACCOMPANYING FAMILY MEMBER ELIGIBILITY WHEN THEY TRAVEL WITH THE PATIENT BY AMBULANCE OR RFDS

If an escort travels with the patient by Ambulance or RFDS the Health Service may approve accommodation and/or travel assistance for an escort if deemed medically necessary by a medical specialist. Reasons requiring an escort are:

- the escort is required to stay for the period as the patient is critically ill (eg life threatening situation); or

- the escort is required to stay with the patient while the patient receives post discharge specialist medical outpatient care; or

- the escort is required following the patient’s discharge to travel on the return journey with the patient; or

- the escort/carer is learning procedures required post discharge; or

- the patient is a dependent child; or

- the escort is legally required to make medical decisions on behalf of the patient that cannot be done by other means (eg videoconferencing).

4.11. CHILD BIRTH

Women who are entitled to PATS travel assistance for the delivery of a child, are eligible for a PATS accommodation subsidy for a maximum of 3 nights prior to the delivery, unless medical reasons are provided by the GP Obstetrician or specialist Obstetrician as to why the woman needs to be close to the hospital earlier than this.

Where a woman lives in a remote area where no birthing facilities exist, then assistance will be available for 2 weeks prior to confinement date to ensure safe birthing facilities are available.

PATS assistance is not provided for an escort unless there are complications that put the mother or baby's lives at risk, or in cases when the mother and child may need an escort to return home, for example, a multiple birth.
Accommodation Assistance

Accommodation assistance is provided if:

a. the forward and return journeys cannot reasonably be completed in one day; or
b. the specialist certifies that the patient needs to stay overnight for follow-up treatment; or
c. the specialist certifies it is necessary for medical reasons for the escort and/or attendant to remain with the patient; or
d. the each way journey is being made by private vehicle and is more than 750kms by road.
e. The cost of accommodation is less than a return journey if an eligible follow up appointment is scheduled.

Accommodation is paid at the following rates:

a. Private home accommodation (no receipt required):
   $10 per night.
b. Commercial accommodation (receipts must be produced):
   Up to $35 per night.

Concession card holders are eligible from the first night, non concession card holders from the fourth night. Once a non concession card holder (or family) has completed four trips in a financial year, they are eligible from the first night also.

Attendants

An attendant is a person who is required to accompany a patient for medical reasons as certified by the referring practitioner. The person must be a registered nurse, enrolled nurse or have appropriate clinical skills.

Block Approval

A patient with a clearly identified treatment program of outpatient visits can obtain one approval to cover up to a three month treatment program. The specialist must provide a schedule of appointments. Only one application is required although a Certificate by Specialist (blue) form must be completed for each trip.

Concession Cards

Health Care or Pensioner Concession Card holders are eligible for greater levels of assistance and for the purposes of the PATS manual are termed “concession card holders”. Cleft Lip and Palate (CLP) card is not a concession card and can only be used to verify that the patient is eligible for any specialist CLP services.
Dental Services

Dental or orthodontic services are generally not covered under PATS. Young children (under the age of eight years of age) who require an urgent and critical dental procedure under general anaesthetic, or those with severe trauma may be approved under PATS as an exceptional ruling. Approved oral surgery is covered when the procedure is covered under Medicare and the oral surgeon is approved by the Commonwealth Minister.

Dependent child

A child under the age of 18 who normally resides with a parent and is not in full time employment. ‘Normally resident’ may include a child who is in a boarding institution during school term time, but note the restrictions concerning travel for students who attend metropolitan boarding schools.

Eligible Services

a. Specialist medical service or oral surgery item covered by an item in the Commonwealth Medicare Benefits Schedule Book;
b. Specialist services involved in the fitting of an artificial limb;
c. Specialist services involved in the fitting of an artificial eye;
d. Dental treatment covered by an item in the Medicare Benefits for Services by Accredited Dental Practitioners in the Treatment of Cleft Lip and Cleft Palate Conditions Booklet

Escorts

An escort is a person who:

a. accompanies an eligible patient on a journey to or from specialists rooms; and
b. may need to stay overnight while an eligible patient is hospitalised or is receiving outpatient treatment.

Escorts are approved where:

* the eligible patient being escorted is under 18 years of age; or
* the referring practitioner certifies prior to departure (on the yellow PATS application form) that an escort is necessary for the medical well-being of an eligible patient and with consideration of individual circumstances such as people with disabilities, or those from remote areas.

Incomplete Applications

When the applicant presents with an incomplete PATS form, they should be offered assistance in completing the
patient section as required. If information is missing / incorrectly completed by the referring practitioner, the application should be returned. (Common sense should prevail if the missing detail can easily be added / confirmed by phoning the referral source)

Inter-hospital Transfer or Primary Evacuation

Patients who commence the journey as an impatient (transferred from another hospital) or primary evacuation do not have PATS assistance to access specialist treatment. However, PATS applies for the return journey and any accommodation expenses following discharge from a hospital that is more than 100kms from the patient's place of residence.

This applies irrespective of whether the patient is discharged from a private or public hospital.

Lease Arrangement

(see rental agreement)

Minimum Distance

The patient must travel more than 100 kilometres (each way) to access the nearest specialist service. The distance is calculated as:

When residing within the town boundaries calculate the kilometres as from the home town to the town/city of treatment ; and

If residing outside a town's recognised boundaries calculate the distance from the patient's door to the town of treatment.

Oncology and dialysis patients needing to travel between 70 and 100kms (each way) are eligible for a flat rate subsidy of $20 per trip if the hospital is unable to provide alternative transport.

Nearest Available Specialist

The nearest available specialist is defined as the closest resident or visiting specialist, who can provide the required service within a clinically appropriate time frame.

Non-Medical Specialist Services

Services that do not attract PATS funding include non specialist medical (including GP consultations), allied health services (eg. speech pathology, physiotherapy, podiatry, occupational therapy, audiology, social work, dietetics etc) and nursing services. Some specialist procedures carried out by a GP Proceduralist are covered.

Oral Surgeon

For the purposes of PATS, an oral surgeon must be approved as such by the Commonwealth Minister for Health for purposes of the Health Insurance Act 1973.
PATS assistance only applies for specialist oral surgery procedures listed in the Commonwealth Department of Health Medicare Benefit Schedule. Referral can be made by a dentist or medical practitioner.

**Outpatients**
Non admitted patients who are required to travel to obtain specialist medical services (or who commence their journey as an outpatient (non-admitted) but are subsequently hospitalised at the treatment centre) are termed ‘outpatients’ for the purposes of PATS and are subject to the standard guidelines, covered by PATS.

**P.A.T.S.**
Patients Assisted Travel Scheme

**Patient Contribution**
For those who do not have a health care or pensioner concession card, a $50 (max) contribution will be applied per trip. After four trips in the previous twelve months, this no longer applies. The contribution must be paid prior to travel for prepaid transport/accommodation.

**Permanent Resident**
Permanent residents include all those who have a permanent residential address in the area. See 2.1.1 for more details.

**Rental agreement**
Should a patient require an extended stay at the treatment centre for outpatient care and subsequently enter into a lease or rental agreement then a rental amount of $140/week can be approved by the Regional Manager or delegate.

**Up Front Payments**
Up front payments are generally not approved under PATS as the blue (certification by specialist) should be returned prior to payment. Exceptions may occur in cases of financial hardship.

**Usual Resident**
If the resident spends more than 6 months of the year in the area they are considered to be a usual resident. This may be helpful in cases where permanent residency is difficult to determine.