Patient Travel Subsidy Scheme (PTSS) guideline (part A)

Updated 08 August 2016
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1. Overview

The Patient Travel Subsidy Scheme (PTSS) provides financial assistance to eligible patients who are required to travel for specialist health services not available locally. The scheme assists with travel and accommodation costs only. It is not intended to cover all costs associated with accessing specialist health services.

This guideline outlines the assistance available to eligible patients.

Where specific situations have not been addressed in this document, the following principles will be used when making administrative decisions.

- patient safety—the safety of patients is a key consideration, including ensuring clinically appropriate patient travel
- access—the scheme supports patient access to specialist health services
- subsidy—the scheme does not cover full costs associated with travel and accommodation
- value for money—the scheme promotes the efficient use of public resources.

2. Eligibility

Patients are eligible, if they are:

- eligible for Medicare
- a permanent Queensland resident and residing in Queensland at the time of referral and accessing eligible specialist medical services
- a genuine vagrant (a Queensland resident or patient with no fixed address) (see Section 2.1)
- required to travel more than 50 kilometres from the public hospital or health facility closest to their permanent residence to access an eligible specialist medical service and travelling to the nearest available eligible specialist medical service
- unable to use Telehealth to access the required eligible specialist medical service. (Telehealth is a statewide videoconferencing service to help improve patient access to health care in their community)

Patients are NOT eligible, if they are:

- travelling on holidays or business, and reside in another state, including fly in-fly out (FIFO) or temporary workers who are not permanent Queensland residents
- a Queensland resident travelling from somewhere other than their usual place of residence to access specialist medical care (see Sections 2.4 and 2.5)
- eligible to claim assistance from a third party, including WorkCover, Department of Veterans Affairs, Motor Accidence Insurance Commission or other insurance cover (Note: partial PTSS subsidies may be approved if the third party assistance is less than what would be covered by PTSS, see Section 9)
- accessing a general practitioner (GP) or general dental services, or allied health services except as part of specialist treatment (see Section 10)
• undertaking an inter-facility transfer or emergency aeromedical or ambulance transport (see Section 2.5)
• they are seeking a second opinion without a medical referral (see Section 2.7)
• participating in clinical trials and experimental procedures.

2.1 Residence

Patients may be requested to provide proof of residence. Acceptable forms include:
• primary documents—patient’s driver’s licence or evidence of electorate enrolment
• secondary documents—household utilities or rates notice, rent receipt or lease agreement, tax return, bank letter, tertiary enrolment or letter from employer.

Patients who are genuine vagrants may apply for PTSS at the public hospital or health facility closest to the referring location. If a patient meets the eligibility criteria they are entitled to assistance funded by the public hospital or health facility at which the application was lodged. Assistance will only be provided for travel between the referring and treating locations.

Note: eligibility for patients with ongoing medical conditions requiring long-term treatment (more than three months) will be assessed by the patient’s referring Hospital and Health Services (HHSs) on a case-by-case basis. Patients needing long-term treatment requiring relocation should be directed to alternative long-term accommodation.

For the purposes of PTSS, people travelling for extended periods (for example ‘grey nomads’), seasonal and FIFO workers (or similar) for work purposes (or other purposes) will not be considered genuine vagrants.

2.2 Distance

Subsidies are available to eligible patients referred to specialist health services located 50 kilometres or more (one way) from a Queensland public hospital or health facility closest to their permanent residence.

The distance is determined using the more accurate distance calculation from either Google Maps (www.google.com.au/maps) or Whereis.com (www.whereis.com) using the fastest route without tolls.

2.3 Private patients

Patients who access private specialist services are entitled to assistance as long as they meet the eligibility criteria.

Eligible patients can see private specialists only in circumstances where a public specialist is not available within 50 kilometres from the patient’s nearest public hospital or health facility.
2.4 Queensland residents undertaking travel for holidays or work

Patients who are travelling within Queensland for recreational or business purposes are ineligible for subsidies to travel from anywhere other than the area in which they usually reside. Exceptions apply for patients who are transported for emergency treatment (see Section 2.5).

If a patient is required to travel from their usual place of residence to access ongoing specialist treatment, eligibility is to be assessed against the usual criteria.

Queensland residents who are travelling interstate or overseas are not eligible for assistance. Patients who undertake regular travel should consider appropriate private insurance to cover medical travel costs.

2.5 Return travel following inter-hospital transfer or emergency medical transport

Patients discharged following inter-hospital transfer or emergency transports are eligible for assistance towards the cost of the return journey if the eligibility criteria are met (see Section 2.8 for exceptions to the distance criteria for emergency transport).

The public hospital or health facility closest to the patient’s permanent residence is responsible for approving and paying for subsidies, taking into consideration any recommendations from the treating specialist.

Escort subsidies will only be approved if the usual escort criteria are met, for example the patient required an escort while hospitalised or during return travel (see Section 4).

Generally, patients are eligible for assistance to return to their permanent place of residence. At the discretion of the approving Hospital and Health Services (HHS), subsidies can be approved for travel back to the place from which the patient was transported, up to the value of travel to their permanent residence. Subsidies are not available for travel to a third location.

2.6 Eligible specialist services

PTSS provides financial assistance for patients to access the following specialist services:

- services referred to by a medical practitioner, dentist (for eligible dental services) or optometrist (for eligible ophthalmic services) which are necessary for the health of the patient; and

- listed in Schedule 1 – specialist medical services

The closest specialist service may be located in a different Hospital and Health Services (HHS) to the patient’s closest public hospital or health facility.

**Interstate travel:** subsidies are available to patients travelling to an interstate specialist medical service only if the service is not available in Queensland. Approving Hospital and Health Services (HHSs) can exercise their discretion and pay PTSS where a
patient’s closest specialist is in New South Wales, South Australia or the Northern Territory.

**Overseas travel:** no overseas travel is covered by PTSS. The Australian Government Department of Health administers the Medical treatment overseas (MTO) program which provides financial assistance for Australians with a life-threatening medical condition to receive proven life-saving medical treatment overseas where effective treatment is not available in Australia. Further information is available at [www.health.gov.au/](http://www.health.gov.au/).

### 2.7 Second opinions

Subsidies may be available to patients who have been referred to a specialist for a second opinion by another specialist. In instances where a patient is seeking a second opinion without a clinical referral, their travel and/or accommodation is at their own expense and not covered by PTSS.

### 2.8 Exceptions to the nearest specialist service criteria

Subsidies may be approved for a patient to attend a specialist service which is not the closest, under the following circumstances:

- it is a result of the patient receiving emergency transportation to the service
- the patient has previously been approved for assistance and a closer service is subsequently established. In this instance, the patient can receive assistance for one further visit to the originally approved specialist. The patient may choose to continue to see the original specialist, but subsidies will cease unless specifically approved by the approving Hospital and Health Services (HHS)
- transport to the closest specialist service is not available or it is more cost effective to refer patients to another specialist
- there is a valid clinical reason to attend. This may include timeliness of treatment at the nearest location. Approval from the approving Hospital and Health Services (HHS) prior to travel is required
- the patient has been selected for a system-wide strategy, such as a Wait list reduction program.

### 2.9 Allied health services

Allied health services include audiology, clinical psychology, nutrition/dietetics, occupational therapy, orthotics/prosthetics, physiotherapy, podiatry, social work and speech pathology.

PTSS may be approved for allied health services only when accessed as an essential component of a specialist medical service. Examples include, but are not limited to:

- a visit to an ocularist following eye removal
- a visit to a prosthetic specialist following limb amputation
- audiology services related to cochlear implant
• occupational therapy for burns scar management.

2.10 Telehealth

Telehealth is a statewide videoconferencing service to help improve patient access to health care, to provide clinical staff access to peer support and education and help reduce travel costs and inconvenience for clinicians, managers, patients and carers.

The expansion of Telehealth provides opportunities to reduce the need for patients to travel to access specialist health services.

If a patient chooses to travel when Telehealth is available and clinically appropriate, PTSS subsidies are not provided.

More information is available at www.health.qld.gov.au/telehealth/

2.11 Concession cards

For the purposes of PTSS, a concession card is any of the following:
• Pensioner Concession Card
• Centrelink Health Care Card
• Commonwealth Seniors Health Card
• Department of Veteran Affairs Health Card.

Note: concession cards apply only to the patient, not to the escort. For example, in instances where the escort has a concession card and the patient does not, neither person will be eligible for a concession.

3. Escorts

Eligible patients may qualify for assistance for an escort to travel with them.

An escort is defined as a person who accompanies a patient when they travel to access a specialist medical service. This can be to assist them in their treatment, in an active care role or if the patient is impaired. The escort must be 18 years or older.

Escorts are not approved solely for emotional support or to keep a patient company.

When an escort is not approved the patient may still choose to have someone accompany them, however the escort’s travel and accommodation costs will not be subsidised by PTSS.

A patient’s need for an escort is automatically approved in the following circumstances:
• patient is a minor:
  – if the patient is under 18 years of age and a dependent child (the escort should preferably be the child’s parent, guardian or primary care giver)
• assisting in patient care:
  – where the escort is the patient’s legal guardian and is required to make decisions in relation to the patient’s healthcare
– if the patient has a life threatening condition or is requiring lifesaving treatment
– if the patient requires an escort for assistance with basic requirements of life, including for frail or elderly patients, or those requiring oxygen or sedation

• active role in care:
  – where the escort is required to participate in treatment or rehabilitation. For example, patients undergoing major surgery, such as cardiac surgery, organ transplants or renal dialysis may require a carer/escort to participate in their care while at home

• patient impairment:
  – if the patient has a physical or cognitive impairment, for example brain injury, dementia or confusion etc. Also includes visual impairment, mental illness or where mobility is impaired.

Where the patient’s referring practitioner or treating specialist recommends an escort for any other reason than those listed above, approval is at the discretion of the approving Hospital and Health Services (HHS).

Generally, only one escort per patient is eligible for assistance. Approval for more than one escort is at the discretion of the approving Hospital and Health Services (HHS). For example, where a patient is under 18 years of age and has a life-threatening condition, consideration could be given to providing two escorts.

Escorts must travel with the patient in order to receive assistance, except:

• when the patient has received emergency transport and prior approval for an escort was not possible, or
• where an escort was not required at the time of initial application and is subsequently approved to travel.

Approval must be obtained from the patient’s closest public hospital or health facility prior to the escort travelling.

4. Travel subsidies

Subsidies are available to eligible patients and approved escorts to assist with the cost of travel. All subsidies are GST exclusive and patients cannot claim a subsidy for any GST they incur for travel.

PTSS applications are to be assessed on a case-by-case basis. The mode of travel approved should reflect the clinical needs and circumstances of the patient, taking into consideration any recommendations made by the referring and/or treating clinician. Advice from allied health professionals, social workers and Indigenous liaison officers may also be considered in assessing applications.

Travel subsidies are calculated based on the mode of travel approved, or failing this, the cheapest available form of transport.
4.1 Private vehicle mileage

The private vehicle mileage subsidy is calculated at 30 cents per kilometre from the street address of the patient’s closest public hospital or health facility to the closest public treatment facility. This is determined by the distance calculator from Google Maps or Whereis.com, using the fastest route without tolls.

When a patient and approved escort are travelling together by car only one mileage subsidy is paid.

4.2 Commercial travel

If the Hospital and Health Services (HHS) books and pays for the commercial travel (e.g. air, bus or train) no subsidy is paid to the patient. Commercial travel is booked at the economy/government discount rate.

Patients who book and pay for their bus, rail or air travel will be reimbursed the economy/government discount rate. Patients cannot claim a subsidy for any GST they incur for travel.

If a patient chooses to book travel which is more expensive than the applicable subsidy, the patient is responsible for the additional costs.

If the patient is required to travel more than 50 kilometres from the closest public hospital or health facility to reach the transport terminal, they are eligible for assistance for that leg of the journey.

In all other circumstances, the patient is responsible for the cost of travel between the transport terminal and their home or the health facility they will be attending.

Incidental costs, including meals, parking and telephone calls are not subsidised under PTSS.

4.3 Return transport of a deceased patient

In the case of return transport of a deceased patient, a subsidy is payable to the patient’s estate. The subsidy should be equivalent to what was originally approved for the patient’s return journey.

If the patient has travelled with an approved escort, the escort’s return journey is subsidised to the extent that was originally approved.

Further assistance may be provided at the discretion of the approving Hospital and Health Service (HHS).

5. Accommodation subsidies

An accommodation subsidy is available to eligible patients and approved escorts for commercial or private accommodation. The eligibility criteria, including distance, apply to approval of accommodation subsidies.
Accommodation will only be subsidised for the period the patient is required to be away from home for medical reasons, or where a return journey cannot reasonably be completed in one day (see section 5.4).

All eligible patients (excluding patients under 18 years) who do not have a concession card (see section 2.11) are required to pay for the first four nights of accommodation (commercial or private) in each financial year.

If the patient does not have a concession card and is travelling with an approved escort, the escort is also required to pay for the first four nights of accommodation in each financial year.

5.1 Commercial accommodation subsidy

Patients and approved escorts are subsidised of up to $60 per person per night (excluding GST) when staying in commercial accommodation. Patients cannot claim a subsidy for any GST they incur for accommodation. Commercial accommodation may be at a hotel, motel, caravan park, apartment, bed and breakfast, rental arrangement, flat or accommodation facility associated with non-government organisations, such as the Cancer Council or Leukaemia Foundation.

Where approved, the patient’s closest public hospital or health facility will pay a subsidy of up to $60 per person, per night directly to the accommodation provider once an invoice has been sent to the patient’s closest public hospital or health facility travel office.

Note: if the cost of the accommodation is less than $60 per person per night, only the actual amount paid will be covered by PTSS.

5.2 Private accommodation subsidy

If the patient and approved escort choose to stay with friends or relatives (i.e. private accommodation) the subsidy provided is $10 per person per night.

5.3 Ongoing accommodation subsidies

Accommodation subsidies are to be provided for the entire period of time the patient is clinically required to be away from home as certified by the treating specialist (excluding any time as an in-patient).

If the end date for accommodation is not known, or the need for accommodation is ongoing, the approving Hospital and Health Service (HHS) may conduct a review to determine if subsidies are still required (e.g. to ascertain if the specialist service has become available locally).

If the need for accommodation extends beyond the period approved, the patient (or treating facility on the patient’s behalf) should notify the approving Hospital and Health Services (HHS) in advance to seek further approval. A new PTSS application is not required if the patient is continuing to access the same specialist health service.
5.4 Accommodation subsidies while travelling

Patients and escorts who are approved for private motor vehicle subsidies, and would need to travel more than 600 kilometres or eight hours in one day, are entitled to a accommodation subsidy of up to $60 per night (excluding GST) while travelling. Patients cannot claim a subsidy for any GST they incur for accommodation.

This provision is not intended to disqualify patients who would be travelling less than 600 kilometres or eight hours and may require accommodation prior to early appointments or admissions, or following late appointments or discharge.

5.5 Direct billing arrangements for accommodation

Approved accommodation subsidies may be paid directly to the accommodation provider by the approving hospital or health facility with the patient’s consent. This is referred to as a ‘direct billing arrangement’.

It is the responsibility of the approving hospital, health facility or Hospital and Health Services (HHS) to ensure a direct billing arrangement has been established with the accommodation provider.

Subsidies will only be provided for:

- eligible patients who have been approved for subsidies
- actual costs up to the approved subsidy amount
- nights for which the patient was clinically required to stay away from home as confirmed by the treating facility.

The approving Hospital and Health Service (HHS) is responsible for notifying the accommodation provider of the number of nights approved and the total subsidy to be paid.

The accommodation provider is not responsible for obtaining or providing confirmation to the approving Hospital and Health Service (HHS) that the patient was receiving treatment during the subsidised period.

Where the Hospital and Health Service (HHS) has booked the accommodation and the patient did not notify the Hospital and Health Service (HHS) in adequate time and/or with good reason that they were unable to make their trip, the patient will be responsible for any cancellation fees or other charges.

At the discretion of approving Hospital and Health Services (HHSs), patients who do not abide by the conditions of the direct billing arrangement may be required to pay for future accommodation themselves and submit a claim for a subsidy.

6. Application process

Patients are required to lodge their application for assistance as soon as practicable prior to travel. All patients are entitled to submit an application for assessment.
6.1 Where to find application forms

The application form can be obtained from a patient’s closest public hospital or health facility, or via www.health.qld.gov.au/ptss. Local general practitioners may also have the application forms.

6.2 Assessment of applications

Applications will be assessed by the approving hospital or health facility on a case-by-case basis within five working days of all necessary documentation being received.

Approval to provide subsidies must:

- be given by the local medical superintendent or an officer delegated by the Health Service Chief Executive
- have the appropriate clinical and financial delegations.

Applications must not be approved by the same clinician that has provided the patient’s referral.

6.3 Notification of outcome

The outcome of the application (approval or non-approval) must be documented and include details of the approving officer, the decision date and reason for non-approval if applicable.

The patient must be notified of the following once their application has been assessed:

- if approved: what has been approved, including subsidy rates and dates covered
- if not approved: reasons for non-approval and process for lodging an appeal.

6.4 Retrospective (Past) applications

An application is considered retrospective if submitted after travel has occurred. Claims for a subsidy for previously approved applications (e.g. private motor vehicle mileage) are not considered retrospective.

Retrospective applications will be assessed against the eligibility criteria on the same basis as applications made prior to travel.

Retrospective applications are allowed in the following circumstances:

- the patient was not aware of PTSS or that approval must be obtained prior to travel (this exception can only apply once per patient)
  - note: in this instance applications may be submitted only for travel that has occurred in the 12 months prior to the most recent treatment date. The patient is responsible for obtaining all documentation to confirm referral and treatment details. All future travel must be approved in advance
- the patient required urgent appointments or admissions and did not have adequate time to obtain approval in advance
• a PTSS-approved patient has travelled alone to receive treatment and subsequently requires an escort to join them

6.5 Missed travel and accommodation

It is the responsibility of the patient to advise their approving hospital or health facility of any changes to their travel plans. If a patient fails to provide adequate notice (i.e. within 24 hours) and/or misses their travel/accommodation without good reason, it may affect their future patient travel subsidies.

7. Subsidy claims

PTSS-approved patients who have paid for their own travel and/or accommodation may submit a claim for a subsidy that is consistent with what has been approved.

When seeking to claim a subsidy, the following documentation must be provided as evidence of payment for transport and/or accommodation services:

• original tax invoices and receipts for travel and accommodation subsidies, except private motor vehicle fuel subsidies
• original commercial transport tickets (where available), copies of tickets or itinerary, or proof of payment for e-tickets
• accommodation invoices and receipts need to identify the patient by name (or the parent/guardian where the patient is a minor) and specify dates of accommodation
• signed private accommodation confirmation form for patients who have stayed with family or friends.

Note: receipts are NOT required to claim for private motor vehicle mileage subsidies. Incomplete claims will not be processed.

7.1 Certification form

Patients are required to submit a completed and signed certification form for each approved treatment, procedure or medical specialist appointment.

7.2 Time limits on claims

Claims for pre-approved subsidies must be submitted no more than 12 months from the first date of travel for that specialist medical referral.

7.3 Subsidy payment timeframe

The subsidy is to be paid within 30 working days from receipt of all necessary paperwork by the patient's local hospital or health facility (including specialist confirmation form/s and any required receipts).
New applications are unable to be approved until all of the required documentation is submitted for subsidy claims relating to previously completed treatments. Note this clause does not apply to ongoing claims.

8. Funding from alternative sources

Patients who are eligible to receive assistance from other sources, such as Department of Veterans’ Affairs, WorkCover or third party insurance, are required to declare this during the application process. Partial or part payment of the PTSS subsidy may be approved if the alternative assistance is less than what would be provided by PTSS.

Patients who have received PTSS assistance and subsequently receive payment from another source may, at the discretion of the approving Hospital and Health Service (HHS), be required to repay all or part of the PTSS subsidies.

9. Administrative process and appeals

9.1 Lost paperwork

Statutory declarations may be required where there is insufficient documentation to support an application or claim for a subsidy. Forms available to download from https://publications.qld.gov.au/dataset/statutory-declaration

9.2 Appeals

Patients are able to appeal the outcome of their application. The appeal form can be obtained from a patient’s closest public hospital or health facility. The process is:

- appeals must be lodged at the patient’s nearest hospital or health facility within 30 calendar days of the patient receiving notification of non-approval of their claim
  - Note: appeals lodged more than 30 calendar days from the date of notification may be accepted at the discretion of the approving hospital or health facility
- the patient is responsible for providing any additional information to support review of their application. This may include additional documentation from the referring or treating clinician
- an appeal will be assessed within five working days from date of lodgement. Appeals may take longer if additional information or documentation is required
- appeals will be assessed in the same manner as the original application with the same eligibility criteria and requirements. However, the PTSS approver shall consider any new or supporting information provided as part of the appeal.

9.3 Feedback and complaints

Patients can lodge a complaint or provide feedback on the scheme either verbally or in writing to their local hospital or health facility. Each Hospital and Health Service (HHS) has a complaints coordinator who reviews feedback for all the facilities in their area.
The complaints coordinator can be contacted to assist, even if a formal complaint has not been lodged.


The circumstances of the feedback/complaint should be clearly described, including:

- times, dates, locations
- names of persons involved
- the particular issue
- details of satisfactory resolution
- patient/carer’s contact details.

The **Queensland Ombudsman** investigates complaints about the decisions or actions of a Queensland Government agency. More information is available at www.ombudsman.qld.gov.au/MakeaComplaint.aspx
### 10. Schedule 1 – specialist medical services eligible for PTSS subsidies

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Eligible for PTSS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allied health e.g. audiology, occupational therapy, orthotics, physiotherapy, podiatry, psychology, speech pathology.</strong></td>
<td>Covered by PTSS only when provided as an essential component of services listed in Schedule 1 (see Section 2.8)</td>
</tr>
<tr>
<td>Anaesthesia</td>
<td>Y</td>
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<tr>
<td></td>
<td>Including hyperbaric medical services.</td>
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<tr>
<td>Cardiology</td>
<td>Y</td>
</tr>
<tr>
<td>Cardio-thoracic surgery</td>
<td>Y</td>
</tr>
<tr>
<td><strong>Dental – general</strong></td>
<td>N</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Y</td>
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<tr>
<td>Diagnostic Radiology</td>
<td>Y</td>
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<tr>
<td>Diagnostic Ultrasound</td>
<td>Y</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Y</td>
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<tr>
<td>Gastroenterology and hepatology</td>
<td>Y</td>
</tr>
<tr>
<td><strong>General practice</strong></td>
<td>N</td>
</tr>
<tr>
<td>General surgery</td>
<td>Y</td>
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<tr>
<td>Gynaecological oncology</td>
<td>Y</td>
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<tr>
<td>Geriatric medicine</td>
<td>Y</td>
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<tr>
<td>Haematology</td>
<td>Y</td>
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<td>Immunology and allergy</td>
<td>Y</td>
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<td>Infectious diseases</td>
<td>Y</td>
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<td>Intensive care medicine</td>
<td>Y</td>
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<tr>
<td>Internal medicine</td>
<td>Y</td>
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<tr>
<td><strong>Medical administration</strong></td>
<td>N</td>
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<tr>
<td>Medical oncology</td>
<td>Y</td>
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<tr>
<td>Nephrology (renal medicine)</td>
<td>Y</td>
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<tr>
<td>Neurology</td>
<td>Y</td>
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<tr>
<td>Neurosurgery</td>
<td>Y</td>
</tr>
<tr>
<td>Nuclear medicine</td>
<td>Y</td>
</tr>
<tr>
<td>Obstetrics and gynaecology</td>
<td>Travel to maternity and birthing services are covered only if the services or level of care required are not available at the patient’s closest public hospital or health facility. This also includes in-vitro fertilisation services. Ante and post-natal appointment are only covered if the patient is referred to a medical specialist i.e. not a general practitioner or midwife</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Laser refractive services are not covered</td>
</tr>
<tr>
<td>Oral and maxillofacial surgery</td>
<td>Y</td>
</tr>
<tr>
<td>Organ transplant</td>
<td>Travel and accommodation costs for organ</td>
</tr>
<tr>
<td>Specialty</td>
<td>Eligible for PTSS</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
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<tr>
<td>Orthopaedic surgery</td>
<td>Y</td>
</tr>
<tr>
<td>Otolaryngology (head and neck surgery)</td>
<td>Y</td>
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<tr>
<td>Otorhinolaryngology (ear, nose and throat)</td>
<td>Y</td>
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<tr>
<td>Paediatric surgery</td>
<td>Y</td>
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<tr>
<td>Paediatrics and child health</td>
<td>Y</td>
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<tr>
<td>Palliative medicine</td>
<td>Y</td>
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<tr>
<td>Pathology</td>
<td>Y</td>
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<tr>
<td>Plastic surgery, including transgender services</td>
<td>Plastic and reconstructive surgery not attracting a Medicare rebate are <strong>not</strong> covered</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Y</td>
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<tr>
<td>Radiation oncology</td>
<td>Y</td>
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<tr>
<td>Radiology</td>
<td>Y</td>
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<tr>
<td>Rehabilitation medicine</td>
<td>Y</td>
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<tr>
<td>Respiratory and sleep medicine</td>
<td>Y</td>
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<td>Rheumatology</td>
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