

Guideline

Health Service Directive

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Patient Travel Subsidy Scheme Health Service Directive

Guideline for the Patient Travel Subsidy Scheme

Purpose

This guideline provides information for patients accessing the Patient Travel Subsidy Scheme (PTSS) and for hospital and health services administering the PTSS.

Scope

This Guideline is mandatory and applies to all hospital and health services.

Overview

State and Territory governments are required to provide all Australians with timely access to quality health services based on their needs, regardless of where they live in the country.

The PTSS provides financial assistance to eligible patients who are required to travel for specialist health services not available locally (within 50 kilometres of the patient's closest public hospital or public health facility). The PTSS 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 financial assistance available to eligible patients.

Principles to guide decision-making

- Accessibility – the scheme and information about the scheme shall be accessible (available and understandable) for staff and the public
- Consistency – the scheme is applied consistently across Queensland
- Equity – the scheme facilitates equitable access to specialist healthcare services across Queensland
- Patient-centred approach – the health and wellbeing of patients is integral to the PTSS decision-making process and decisions are made with empathy
- Patient safety – the safety of patients is a key consideration in patient travel decisions
- Subsidy – the scheme does not cover full costs of travel and accommodation
- Value for money – the scheme promotes the efficient use of public resources across Queensland.



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1. Quick facts

Subsidies are available to eligible patients referred to specialist health services located **50 kilometres or more (one way) from a Queensland public hospital or public health facility** closest to their permanent address. The distance is determined using the Google Maps calculator (www.google.com.au/maps) using the fastest route without tolls.

Eligible patients can apply for the following subsidies:

- **Travel:** subsidy payments are calculated using the rates below:
 - Commercial (air, bus, ferry or rail) – fully subsidised payment equal to the lowest available discount fare (including economy/government rates)
 - Private motor vehicle (driving) – a rate of \$0.30 per kilometre, from the street address of the public hospital or public health facility closest to the patient's permanent address, to the street address of the closest public treatment facility. Refer to [Section 4: Travel subsidies and mode of transport](#).

Please note: A patient should travel as soon as (reasonably) possible before and after treatment, unless otherwise instructed by their clinician.

- **Accommodation:** patients required to stay overnight to access specialist health services may also be eligible for a subsidy to assist with the cost of accommodation. Subsidy payments are calculated as: \$10 per person per night for private accommodation and up to \$60 per person per night (excluding GST) for commercial accommodation. **Please note** patients may be required to pay for the first four nights of accommodation in each financial year, refer to [Section 6: Accommodation subsidies](#).
- **Escort:** patients who require assistance when travelling may also be eligible for a subsidy for a carer/escort. Refer to [Section 5: Escort subsidies](#).

Please note: proof of payment must be provided, refer to [Section 8: Subsidy claims](#)

The PTSS helps with travel and accommodation costs only. The cost of meals, parking, telephone calls and transfers e.g. taxis and airport transfers (unless the patient is travelling more than 50 kilometres from the closest public hospital or public health facility to the transport terminal, refer to [Section 4.3 Commercial travel](#)), are not covered.

2. Eligibility

2.1 Patients must meet all of the following criteria (and may be required to provide proof of eligibility):

- eligible for Medicare
- a permanent Queensland resident or person of no fixed address, or a student living at a Queensland boarding school or university campus (refer to [Section 2.3 Residence](#))
- required to travel more than 50 kilometres (one way) (from the public hospital or public health facility closest to their permanent address) to attend the nearest



eligible specialist health service (refer to [Section 2.15 Exceptions to the nearest specialist service criteria](#))

- have an eligible referral for an approved specialty (refer to [Section 2.10 Eligible specialist services](#))
- unable to use Telehealth (refer to [Section 13. Definition of Terms](#)).
Please note: The hospital and health service assessing the PTSS application will assess the clinical appropriateness for the appointment to be conducted via Telehealth. If a patient chooses to travel when Telehealth is available and clinically appropriate, PTSS subsidies will not be provided.

2.2 Patients are NOT eligible if they are:

- travelling on holidays or business and live in another state. This includes fly-in fly-out or temporary workers who are not permanent Queensland residents. Refer to [Section 2.7 Queensland residents travelling for holidays](#).
Please note: All Australian states/territories have patient travel schemes, patients should apply for assistance in their state/territory of permanent residence.
- eligible to claim assistance from a third party (e.g. WorkCover, Department of Veterans' Affairs, Motor Accident Insurance Commission, or some NDIS packages and private health insurance). Partial PTSS subsidies may be approved if the third party financial assistance is less than the PTSS subsidy, refer to [Section 9: Funding from alternative sources](#).
- seeing a general practitioner, or using general dental services or allied health services, except as part of specialist treatment (refer to [Section 2.10 Eligible specialist services](#)).
- transported, using urgent or non-urgent transport, arranged by Queensland Health e.g. emergency ambulance. (A subsidy may be approved for the return journey, refer to [Section 2.8 Return travel following inter-hospital transfer or emergency medical transport](#)).
- seeking a second opinion without a medical referral to an eligible specialist service (refer to [Section 2.12 Second opinions](#)).
- taking part in clinical trials and experimental procedures.

Please note: overseas travel to access specialist services is not covered by PTSS.

2.3 Residence

Patients may be requested to provide proof of residence in Queensland. Acceptable forms include, but not limited to:

- driver's licence, proof of electorate enrolment, electricity bill, rates notice, rent receipt or lease agreement, tax return, bank letter, tertiary enrolment, letter from employer or local Aboriginal and Torres Strait Islander community council.

Please note: patients with ongoing medical conditions requiring long-term treatment (more than three months) will be assessed by the patient's referring hospital and health service



on a case-by-case basis. Patients requiring relocation shall be directed to alternative long-term accommodation (Refer to [Section 6.9 Long-term accommodation](#)).

2.4 Boarding school students

While students are living at boarding school, the address of their boarding school will be considered as their permanent address. Eligible boarding school students will only be entitled to have an escort travel from a different location (e.g. a parent or guardian travelling from home) where the patient is admitted to hospital or has a life-threatening condition. Only escorts who are residents of Queensland and currently residing in Queensland are eligible. The public hospital or public health facility closest to the boarding school is responsible for approving and paying subsidies.

While students are not living at boarding school (e.g. on holidays), the address of their home will be considered as their permanent address.

2.5 University students

While university students are living on campus, the address of the campus will be considered as their permanent address. University students seeking an escort will be assessed as per the escort criteria (refer to [Section 5 Escort subsidies](#)). The public hospital or public health facility closest to the university is responsible for approving and paying subsidies.

While students are not living on campus (e.g. on holidays), the address of their home will be considered their permanent address.

2.6 Persons of no fixed address

Eligible Queensland residents of no fixed address are funded by the public hospital or public health facility at which the application is lodged. A subsidy will only be provided for travel between the referring and treating locations.

For the purposes of PTSS, patients living in another state travelling on holidays or business, including fly-in fly-out or temporary workers, who are not permanent Queensland residents, will not be considered a person of no fixed address.

2.7 Queensland residents travelling on holidays

Eligible patients travelling on holidays from somewhere other than their permanent address will only be entitled to a subsidy equivalent to the subsidy they would receive for travelling from the public hospital or public health facility closest to their permanent address to the nearest eligible specialist health service, or from their location, whichever is the lesser amount. Exceptions apply for the return journey of patients and their escorts who are transported for emergency treatment (refer below to [Section 2.8 Return travel](#)). Queensland residents travelling interstate or overseas are not eligible for financial assistance under this scheme.

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

Eligible patients discharged following inter-hospital transfer or emergency transport are eligible for financial assistance towards the cost of the return journey to the public hospital or public health facility closest to their permanent address. A patient may receive financial

assistance to travel back to their nearest local public health facility. Patients are not eligible for travel to a third location.

The public hospital or public health facility closest to the patient's permanent address is responsible for approving and paying subsidies.

An escort subsidy will only be approved if criteria are met (refer to [Section 5: Escort subsidies](#)). The escort is eligible for both legs of the return journey.

2.9 Private specialist services

Eligible patients who travel to private specialist services are eligible for a subsidy if a public or private specialist is not available within 50 kilometres from their nearest public hospital or public health facility. However, they are only entitled to a subsidy equivalent to the subsidy they would receive to travel to the closest public hospital or public health facility, or to the private service they are attending, whichever is the lesser amount.

The same rule applies to patients who are required to travel interstate (more than 50 kilometres from their nearest public hospital or public health facility to use specialist services not provided through the public health system anywhere in the state), they are only entitled to a subsidy equivalent to travelling to the nearest treatment.

Please note: The cost of the treatment provided is not a consideration as to whether the patient is eligible for a subsidy, or the amount.

Example:

Emillie lives in Cairns and travels to a private specialist on the Gold Coast. However, there is a public specialist in Brisbane that offers the same service. Emillie is only eligible for a subsidy payment for a trip to Brisbane (if that is the lesser amount).

2.10 Eligible specialist services

To be eligible for a subsidy under the PTSS, patients must:

- be unable to use Telehealth to access the required service; and
- be referred for specialist health services which are necessary for the health of the patient, as listed in Schedule 1. (**Please note:** the patient must be referred by a medical practitioner, dentist (for eligible oral and maxilla-facial surgery) or optometrist (for eligible ophthalmic services); and
- be referred to a recognised/credentialed specialist in the field for which the referral was given. (Please note the approving hospital and health service can check the Australian Health Practitioner Registration Agency (AHPRA) register on the AHPRA website at <https://www.ahpra.gov.au/registration/registers-of-practitioners.aspx> If the medical specialist is not a credentialed specialist, the application will be declined and the patient is advised to return to their general practitioner and ask for a referral to a recognised/credentialed specialist).

2.10.1 Allied health services

Eligible patients who are accessing allied health services as an essential component of their treatment plan, and have been referred by a specialist, are eligible for a subsidy if all other eligibility criteria are met.

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

2.10.2 Oral and maxilla-facial surgery (renamed from dental services)

General dental services are not covered under the scheme. The following examples are eligible (but not limited to) under the PTSS (to eligible patients):

- congenital defects/abnormalities of the skull and facial structures (e.g. cleft lip and palate)
- syndromes of cranio-facial distortion
- surgical orthodontic cases where facial disfigurement is such that surgery is required
- oral cancer (removal of tissue or tumours for biopsy)
- reconstructive surgery after removing tumours from the face, neck, jaw, or mouth.

2.11 Organ donors

Travel and accommodation costs for organ recipients are covered by the PTSS and are the responsibility of the recipient's approving hospital. Eligibility for escorts applies as per [Section 5: Escort Subsidies](#). Travel and accommodation costs for the organ donor are treated as part of the organ donation treatment and are the responsibility of the treating hospital.

2.12 Second opinions

Patients seeking a second opinion without a medical referral by another specialist are not eligible for a subsidy. Eligible patients who have been referred to an eligible specialist service for a second opinion by another specialist are eligible for a subsidy if all other eligibility criteria are met.

2.13 Interstate travel

Patients can apply for a PTSS subsidy to attend an interstate specialist health service if the service is not available in Queensland. Also, a patient can apply when travelling interstate to New South Wales, South Australia or the Northern Territory if the facility is the patient's closest specialist.

2.14 Identifying the closest public hospital or public health facility

Where a patient's permanent address is equal in distance to two Queensland public hospitals or public health facilities, the patient's closest public hospital or public health facility will be considered as the one in their hospital and health service and will be responsible for administering the application.

Patients can submit their application to the most convenient facility.

2.15 Exceptions to the nearest specialist service criteria

Patients may be approved by their local hospital or health facility to attend a specialist health treatment at a facility which is not the closest if:

- **Emergency:** the patient received emergency transportation to the service
- **Historical approval:** the patient has previously been approved for financial assistance and a closer service is subsequently available. In this instance, the patient can receive a subsidy for one further visit to the originally approved specialist. The patient may choose to continue to see the original specialist, however, the patient will only be subsidised for travel to the closest service as per normal eligibility criteria
- **Practicality:** transport to the closest specialist service is not available or it is more cost effective to refer patients to another specialist
- **Clinical reason:** there is a valid clinical reason to attend. This may include timeliness of treatment at the nearest location. Approval prior to travelling is needed from the approving hospital and health service
- **System-wide strategy:** the patient has been selected for a system-wide strategy, such as a wait-list reduction program.

Please note: Eligible patients who choose to travel to a service that is not the closest service, and the above circumstances do not apply, are eligible for a subsidy equivalent to the subsidy they would receive for travelling to the closest service.

3. Patient responsibility

It is the patient's responsibility to:

- provide true and accurate information (e.g. if the patient is eligible for funding from another source)
- provide required documents/proof to the approving hospital and health service to support their PTSS claim (e.g. signed accommodation confirmation form (Form D) and any tax receipts)
- submit forms in a timely manner (e.g. submission of travel referral, following the receipt of an appointment date)
- provide additional documentation from their treating specialist if requested by the approving hospital and health service.

Patient responsibility is part of the reservation/booking agreement i.e. once travel and/or accommodation has been reserved/booked, the patient agrees to the terms and conditions of the carrier and/or commercial accommodation (as a customer).

3.1 Travel and accommodation

It is the responsibility of the patient to advise the approving hospital or health facility of any changes to their travel plans. Additional costs involved with changes to booked travel/accommodation without a clinical reason (an example of a clinical reason is the treating hospital cancels the appointment), are the responsibility of the patient.



If adequate notice is not provided (i.e. within 24 hours), and travel/accommodation is missed without a clinical/legitimate reason, the patient:

- is responsible for any cancellation fees or other charges i.e. full cost of accommodation or travel if applicable
- may be required to pay for future accommodation and submit a claim for a subsidy reimbursement
- may be required to pay for future travel (e.g. flights, bus, ferry) and submit a claim for a subsidy reimbursement.

3.2 Damage

The patient is responsible for any damage to:

- the room/s and/or accommodation provider's premises or property, no matter how caused (whether by a deliberate, negligent, or reckless act) e.g. smoking in a non-smoking room where a cleaning fee is charged
- the property in a lease agreement (as per usual rental tenancy conditions)
- the commercial travel provider's fixtures e.g. plane/train.

4. Travel subsidies and mode of transport

At a minimum, eligible patients and their approved escorts are subsidised for the most economical mode of transport to access their specialist health service. The mode of transport is determined by the most clinically appropriate and cost-effective mode of transport available. Such transport can include (but is not limited to): train, bus, ferry, private motor vehicle (driving) or airplane. All subsidies are GST exclusive and patients cannot claim a subsidy for any GST they incur for travel.

The following costs are not subsidised under PTSS:

- travelling to and from transport terminals (unless the transport terminal is more than 50 kilometres from the patient's local public hospital or public health facility)
- travelling between medical appointments and accommodation
- excess baggage and seat allocation (unless there is a clinical need/reason)
- incidental costs including meals, taxis, parking and telephone calls.

Please note: proof of payment must be provided, refer to [Section 8: Subsidy claims](#).

4.1 Eligibility criteria for the mode of transport

An eligible patient and their approved escort may have a clinical need to travel by transport other than the most economical and will be subsidised accordingly. The patient must meet one of the following:

- **Active clinical management:** conditions that would be difficult to manage during prolonged road travel, or if away longer than one day. This includes (but is not limited to) patients requiring ambulatory oxygen, regular catheterisation by



self/carer, frequent nebuliser therapy (more frequent than four hourly), and dialysis patients.

- **Pain management:** severe pain that is likely to be worsened by prolonged sitting, including (but not limited to) those experiencing post-operative pain (within two weeks of an operation), bony metastases, and acute disc prolapse neck/back.
- **Urgency:** needing urgent treatment or referral, including patients called for organ transplant, those starting chemotherapy/ radiotherapy/ dialysis and patients with sudden loss of vision e.g. retinal detachment.
- **Restricted mobility:** This includes patients with quadriplegia/ paraplegia/ hemiplegia, and those requiring significant assistance with ambulation, which precludes other forms of transport.
- **Life threatening conditions:** potentially life-threatening conditions (but not requiring emergency transfer), where a prolonged journey may compromise patient health. This includes patients with low-risk unstable angina pectoris unstable epilepsy indicated by frequent seizures, large aneurysm requiring surgery and advanced pregnancy.
- **Musculoskeletal instability:** This includes patients for whom prolonged jolting/jarring may compromise their treatment outcome such as splinted fractures not already stabilised, tendon repair (pre-op) and prolapsed vertebral disc with neurological signs.
- **Other factor:** it is not appropriate for the patient due to factors such as the patient's medical condition, their age, time of the appointment, the length of time taken to travel and the need to ensure the patient's safety on arrival and access to accommodation.

For example, it is not necessary to book the most economical mode of transport if it would result in the patient arriving at an unreasonably early or late hour, taking into account check-in times for accommodation.

A hospital and health service may approve a different mode of transport other than the most economical if it results in value for money for the patient and/or hospital and health service.

The approved subsidy may be for a different mode of transport for the forward and return journeys. A patient should travel as soon as (reasonably) possible before and after treatment, unless otherwise instructed by their clinician.

Please note: the referring clinician **recommends** the mode of transport but the approving hospital and health service makes the **final approval** based on the information provided and the individual circumstances of the patient. Advice from clinicians, allied health professionals, social workers and liaison officers, will be considered when assessing the patient's application. If the referring clinician does not provide adequate information (e.g. a clinical reason) for the mode of transport, the approving hospital and health service may book the most economical mode of transport.



Eligible patients who have been approved for the most economical mode of transport, but choose to use a different mode of transport, will be provided the equivalent of the subsidy for the most economical mode of transport.

4.2 Private motor vehicle mileage

The private motor vehicle mileage subsidy is calculated at \$0.30 per kilometre from the street address of the patient's closest public hospital or public health facility to the closest public treating facility. The distance is calculated using Google Maps using the fastest route without tolls.

Only one mileage subsidy is paid per private motor vehicle per return trip i.e. when a patient and approved escort are travelling together or when two or more patients are travelling together in the same vehicle.

Example:

Bryan is a visually impaired patient travelling from Atherton to Cairns for specialist medical treatment. His PTSS application has been approved for private motor vehicle travel and an escort. As Bryan and his escort will travel together, they will receive **one** travel subsidy payment equal to \$0.30 per kilometre for the return journey from Atherton Hospital to Cairns Hospital.

4.3 Commercial travel

All hospital and health services must provide the option to book commercial travel for eligible patients. If a facility does not have the ability to book travel for a patient, it must ensure another facility within the hospital and health service can book the travel.

Eligible patients who choose to book and pay for their commercial travel are eligible for a subsidy up to the economy/government rate for the approved mode of transport (excluding GST and any fees). However, if this is due to emergency travel or the hospital and health service is unable to book the travel, the patient will be reimbursed (excluding GST and any fees).

If the hospital and health service 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 rate. Additional costs involved with changes to booked travel/accommodation without a clinical reason are the responsibility of the patient.

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

In the case where a change of escort is needed (e.g. due to a change of circumstance in the escort's availability), the hospital and health service shall be notified for approval for any additional travel.

If a patient is required to travel more than 50 kilometres (one way) from the closest public hospital or public health facility to reach the transport terminal, they are eligible for a subsidy for that leg of the journey. In all other circumstances, the patient is responsible for the cost of travel between a transport terminal and their home or health facility.

5. Escort subsidies

Eligible patients may qualify for financial 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 health service. An additional travel subsidy will not be paid for an escort when travelling by car with the patient.

5.1 Eligibility criteria

Patients receive automatic approval for an escort when:

- **the patient is a minor:** the patient is under 18 years of age and a dependent child
- **the escort is the patient's legal guardian** and is required to make decisions in relation to the patients' healthcare
- **the patient requires essential assistance:** the patient requires assistance with basic requirements of life e.g. frail patients or those requiring oxygen or sedation
- **the patient requires life-saving treatment**
- **active role in care:** the escort is required to participate in treatment or rehabilitation e.g. patients undergoing major surgery, organ transplants or dialysis may require a carer/escort to participate in their care while at home
- **the patient has a physical or cognitive impairment** (e.g. brain injury or dementia), is legally blind, has a mental illness requiring a legal guardian/carers, or impaired mobility.

A patient may be eligible for an escort for reasons not listed above at the discretion of the approving hospital and health service. The requirement for an escort will be assessed after assessing the clinician's recommendation i.e. a patient's referring practitioner or treating specialist recommends an escort for:

- clinical reasons
- assisting with language barriers (when interpreter services are not available)
- cultural reasons which would inhibit a patient attending an appointment – the hospital Indigenous health co-ordinator or Indigenous liaison officer may be consulted to support this request.

Please note: the referring clinician is required to provide details/reasoning to support their recommendation for an escort.

A patient may be eligible for more than one escort at the discretion of the approving hospital and health service. For example, a patient is under 18 years of age and has a severe disability that requires two escorts to care for the patient.

Please note: a patient escort must be 18 years and older.

If an escort is not approved a patient may still choose to have someone accompany them, however the escort's travel costs will not be subsidised by the PTSS.

5.2 Rules for escorts

Escorts must travel with the patient, except:



- when the patient has received emergency transport and prior approval for an escort was not possible, or
- where an escort was not needed 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.

In the case where a change of escort is required (e.g. due to a change of circumstance in the escort's availability), the hospital and health service needs to be notified and an updated form or advice from the GP/specialist may be requested. Please note there should be no additional costs than originally approved by the hospital and health service.

6. Accommodation subsidies

Eligible patients and approved escorts may qualify for an accommodation subsidy for commercial or private accommodation when accessing eligible specialist health services.

Accommodation will only be subsidised for the period the patient is clinically required to be away from home for medical reasons (excluding any time as an inpatient), or where a return journey cannot reasonably be completed in one day.

6.1 Eligibility criteria

An eligible patient and their approved escort may be required to stay in accommodation if they meet any of the following criteria:

- **Clinical/medical requirement:** a patient is clinically required to be away from home (excluding any time in hospital). An approved escort may be eligible for accommodation while the patient is in hospital
- **Travel distance:** a patient is approved to travel by private motor vehicle and would need to travel more than a total of 600 kilometres or eight hours in one day
- **Appointment time:** a patient has an early appointment/admission or has a late appointment/discharge and it is not practical to travel on the same day.

6.2 Payment of the first four nights' accommodation

Eligible patients are required to pay the first four nights of accommodation (commercial or private) in each financial year, unless they meet the following criteria in which case the patient and their escort/s are exempt:

- **Patient is a minor** (under 18 years of age)
- **Concession card holder** - if a patient holds one of the following valid cards:
 - Pensioner Concession Card
 - Centrelink Health Care Card
 - Commonwealth Seniors Health Card
 - Department of Veteran Affairs Health Card (blue/white card only).

If a patient does not have a concession card, the approved escort is also required to pay for the first four nights of accommodation in each financial year. Where the escort has a concession card and the patient does not, neither are eligible for a concession.

Example:

Clive has been referred for specialist treatment in Brisbane and has submitted a travel referral to travel between Charleville and Brisbane. This is the first time he will receive specialist treatment and he has not previously claimed a PTSS subsidy. Clive does not hold a concession card. Clive is eligible for PTSS and has been approved by his local facility for travel and accommodation subsidies. His travel has been booked and paid for by his local facility, so he will not receive a travel subsidy payment as the cost has been paid by the facility. Clive needs to stay in Brisbane for five nights for his treatment and is booking his own accommodation. As Clive does not have a concession card he is required to pay for the first four nights of accommodation before receiving an accommodation subsidy payment. **Clive's subsidy payment will be \$60 for one night's commercial accommodation. Any future travel referrals approved for the accommodation subsidy within the same financial year (1 July to 30 June) will be paid at \$60 per night.**

Example:

Esme is travelling for a knee replacement surgery and her local facility has approved her for travel, accommodation and escort subsidies. For her treatment, Esme will be away from home for a total of seven nights, three of which she will spend in hospital as an inpatient. Esme has a Pensioner Concession Card so does not need to pay for the first four nights of accommodation for herself or her escort. Esme has been approved for air travel and has booked the return airfares for herself and her escort Bill. She has also booked a hotel for \$130 per night for the seven nights she will be away from home. Esme and Bill will receive the following subsidy payments:

Travel subsidy

Both Esme and Bill will have the cost of their return economy airfares, minus any GST and booking fees, fully reimbursed in their travel subsidy payment.

Accommodation subsidy

Esme: \$240 (\$60 per night for the four nights she is not an inpatient).

Bill: \$420 (\$60 per night for the seven nights Esme needs to be away from home for treatment).

Total accommodation subsidy payment: \$660 (\$240 for Esme and \$420 for Bill).

Esme and Bill will need to pay the additional costs for their seven nights' accommodation. The total costs of Esme and Bill's accommodation for the seven nights' is \$910 (\$130 x 6). Esme and Bill will need to pay the extra cost of \$250 (\$910 - \$660) for their accommodation.

6.3 Accommodation subsidies while travelling

Patients and escorts who are approved for private motor vehicle subsidies, and:

- would need to travel more than a total of 600 kilometres or eight hours in one day, are each entitled to an accommodation subsidy while travelling

- are attending an early appointment/admission or have a late appointment/discharge may be eligible for an accommodation subsidy.

6.4 Accommodation for escorts when patients are admitted to hospital

If an adult patient has been admitted to hospital as an inpatient, and the escort is not needed for the ongoing care of the patient (as per the initial clinical approval), the escort is eligible for either an accommodation subsidy or a subsidy for one return trip home, whichever is the lesser amount.

Example:

Matt is given approval to travel from Rockhampton to Brisbane with an escort for his planned admission into hospital. Once Matt is admitted into hospital he no longer needs his escort Simon to care for him. Simon decides to stay in Brisbane for the three nights until Matt is cleared to return home to Rockhampton. Matt's local facility approves the accommodation and pays Simon a subsidy of \$180 (\$60 per night). At that time, a return flight to Rockhampton was \$220. If Simon chose to return home (back to Rockhampton) and fly back to Brisbane again when Matt is cleared to fly home, Simon would be eligible for a subsidy up to \$180 (the cost of three nights' accommodation).

If a patient under the age of 18 is admitted to hospital, accommodation for the escort will be provided for the duration of the admission (as per the accommodation eligibility). If the escort changes, the hospital and health service should be notified.

6.4.1 Commercial accommodation subsidy

Eligible patients and approved escorts are entitled to a subsidy of up to \$60 per person per night (excluding the GST component) when staying in commercial accommodation. Patients claiming the accommodation subsidy will need to complete the accommodation confirmation form (Form D). Examples of commercial accommodation include: hotel, motel, caravan park, apartment, bed and breakfast, rental arrangement, Airbnb or similar, flat or accommodation facility associated with non-government organisations (e.g. the Cancer Council or Leukaemia Foundation). If a patient chooses to stay with an accommodation provider that is not registered for GST (e.g. Airbnb, bed and breakfast), there should be no GST charged or reimbursed.

Example:

Kylie's travel referral is approved (including accommodation). Kylie books and pays for the motel herself, costing \$55 per night. GST is included in the tax invoice (\$5 of the \$55 is GST), therefore Kylie will only be reimbursed \$50.

6.5 Payment direct to accommodation provider

Approved commercial accommodation subsidies may be paid directly to the accommodation provider by the approving public hospital or public health facility.

Subsidies will only be provided for:

- eligible patients who have been approved for subsidies
- actual costs up to the approved subsidy amount (i.e. where the actual cost of accommodation is less than \$60 per person per night (excluding GST), the lesser amount will be paid)



- nights for which the patient is clinically required to stay away from home factoring in travel e.g. a patient may only need to stay overnight for a procedure but because of the time of the procedure, may need an extra night's accommodation.

It is the responsibility of the approving hospital and health service to:

- ensure a direct billing arrangement has been set up with the accommodation provider
- notify the accommodation provider of the approved number of nights and the subsidy to be paid
- send the accommodation confirmation form directly to the accommodation provider prior to the patient travelling (Please note: patients need to read and sign this form when they check-out as well as pay for any gap in the nightly rate and/or additional costs incurred).

6.6 Private accommodation subsidy

If a patient and approved escort choose to stay with friends or relatives (i.e. private accommodation) the subsidy provided is \$10 per person per night (excluding GST as GST does not apply here). A signed private accommodation confirmation must be submitted as proof, refer to [Section 8 Subsidy Claims](#).

6.7 Accommodation reimbursements

Eligible patients who pay for their accommodation are entitled to a subsidy payment of \$60 per person per approved night. Patients cannot claim a subsidy for any GST they incur for accommodation. Proof of payment must be provided (refer to [Section 8 Subsidy claims](#)).

Where the actual cost of accommodation, is less than \$60 per person per night, that amount will be paid (excluding GST).

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

6.8 Accommodation approval period

If the need for accommodation extends beyond the period approved, the patient (or treating facility on the patient's behalf) needs to notify the approving hospital and health service in advance to ask for further approval. A new PTSS application is not needed if the patient is continuing to access the same specialist health service.

6.9 Long-term accommodation

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

If the end date for accommodation is not known, or the need for accommodation is ongoing, the approving hospital and health service may conduct a review (no more than every 3 months) to decide if subsidies are still required (e.g. to ascertain if the specialist service has become available locally or if Telehealth is now appropriate or available).



Example:

Scott and his son Rodney are temporarily relocating to Brisbane for Rodney's Leukaemia treatment. As Rodney is under 18 years of age, he is automatically approved for an escort. Rodney's PTSS application has been approved for travel, accommodation and escort subsidies. The end date for Rodney's treatment is unknown so his local hospital has booked both Scott and Rodney a one-way airplane ticket to Brisbane. Scott has organised accommodation with a local Non-Government Organisation (NGO) that will directly invoice his local hospital for the same amount as his approved subsidy (\$60 each, \$120 in total). As Scott and Rodney's airfares have been paid for by their local hospital, and the NGO accommodation provider invoices the local hospital directly, they will not receive a PTSS subsidy payment. To continue to have their accommodation paid for, Scott will need to provide proof of Rodney's ongoing treatment in Brisbane. When Rodney receives medical clearance to return home, Scott will need to contact his local hospital to arrange their travel home under PTSS.

Eligible patients and/or approved escorts requiring long-term accommodation (more than three months) are expected to have a discussion with the HHS to secure rental or other suitable accommodation that provides value for money and better meets the needs of the patient.

Example:

Belle is advised she will receive treatment at a hospital in Brisbane. Belle's PTSS application is approved for travel, accommodation and an escort. Belle finds a motel close to the hospital and as the treatment is ongoing with no end date, the HHS organises a direct billing arrangement (the subsidy is paid directly to the motel). This reduces out of pocket expenses for Belle. The motel rate is \$130 per night and as the approved subsidy is only \$120 per night (\$60 for Belle and \$60 for her escort), Belle will need to pay the additional \$10 per night. After three months, the hospital and health service talk to Belle about her needs and decide that a rental property will be more appropriate in the long term. They agree on a two-bedroom unit that costs \$800 per week. This is better value for money for Belle as it has more facilities (e.g. laundry and full kitchen) and eliminates the out of pocket costs, as Belle no longer pays \$10 per night for accommodation).

Patients with ongoing medical conditions (more than three months) who have permanently relocated to be closer to an appropriate treatment facility or specialist are no longer eligible for a subsidy under the PTSS. If a patient needs to relocate because they are on the transplant list, the approving hospital and health services should have a discussion with the patient regarding their options.

7. Application Process

Patients need to lodge their application for a subsidy as soon as practicable before they travel and ensure supporting documentation (e.g. appointment confirmation, referral) are included at the time of application. All patients are entitled to submit an application for assessment.

Patients must apply using the current PTSS forms. Forms are available at public hospitals or health facilities, or online at www.health.qld.gov.au/ptss. Local general practitioners may also have PTSS forms.



Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Your personal information is collected to assess whether you are eligible to receive a subsidy under the PTSS. The personal information provided by you will be securely stored and made available to appropriately authorised officers of Queensland Health. Personal information recorded on the forms will not be disclosed to other parties without your consent, unless required by law. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au/global/privacy.

7.1 Assessment of travel referrals

The approving hospital or health facility shall aim to assess PTSS forms and notify patients of the outcome within five working days (where possible) of all necessary documentation being received.

Travel referrals will be assessed by the local medical superintendent or an officer delegated by the Hospital and Health Service Chief Executive with the appropriate clinical approval and financial delegations.

Each facility is required to have a list of unavailable specialist treatments for which patients can be automatically approved for PTSS, where eligibility criteria are met.

7.1.1 Approval of financial assistance outside guidelines

Approval of financial assistance outside this Guideline is at the discretion of the hospital and health service. It is recommended the hospital and health service take into account any precedent that may be set by approval of additional financial assistance. Details of financial assistance approved outside the Guideline shall be recorded, including associated costs, and reported as non-PTSS activity and expenditure as outlined in the Protocol for the Administration of the Patient Travel Subsidy Scheme.

Hospital and health services need to provide written advice to the patient outlining they have been provided with financial assistance that is not funded under the PTSS, and this is not a guarantee of future payments.

7.2 Notification of outcome of application

The patient shall be notified of the outcome of the application as follows:

- **If approved** and the patient has provided the hospital and health service with an email address or mobile phone number, the notification will say that it has been approved and include the travel reference number and the speciality.
- **If not approved:** A letter will be written explaining the reason for non-approval and the process for lodging an appeal.

7.3 Retrospective travel claims (after travel has occurred)

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

Retrospective travel referrals/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:

- **Unaware of the Scheme:** the patient was not aware of PTSS or that approval must be received prior to travel (this exception can only apply once per patient).

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 getting all documentation (including receipts) to confirm referral and treatment details. All future travel must be approved in advance.

- **Urgency:** the patient required urgent appointments or admissions and did not have enough time or opportunity to obtain approval in advance.
- **Change in circumstances:** a PTSS-approved patient has travelled alone to receive treatment and subsequently requires an escort to join them.

7.4 Approved application period

Approved travel referrals are valid for a period of 12 months, or for as long as the specialist referral is valid, whichever is the longer period. Patients travelling for treatment of the same condition over that period are not required to reapply for PTSS approval.

Patients are required to submit a new application for each different specialty referral as each condition may require specific needs for travel e.g. a patient seeing a cardiologist and a gastroenterologist will need to submit two applications (one for each).

Please note a hospital and health service may review an application at any time to ensure a patient's approval is still appropriate i.e. to ascertain if the specialist service has become available locally or if Telehealth is appropriate. A patient may be requested to provide an updated Travel Referral Form B or a letter to support a change in travel arrangements.

7.5 Approval of multiple trips

If a patient needs to see multiple specialists or more than one trip is needed/expected, the hospital and health service may give approval for all known trips. The patient shall be advised of the approved treatment period and conditions of approval. It is recommended wherever possible that the patient is seen by all the treating specialists in the one trip. If this is not possible, the hospital and health service shall only approve the patient to attend the closest specialist for each specialty.

If there are changes to a patient's circumstances (for example, a patient was not initially approved for an escort, but subsequently has a clinical reason for needing an escort), the patient must apply for a change to their approval, either using an updated Travel Referral Form B or a letter to support a change in travel arrangements from their specialist.

8. 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, patients must provide proof of payment for transport and/or accommodation services as follows:

- original tax invoices and receipts for travel and accommodation subsidies



- copies of tickets and receipts for commercial travel and accommodation subsidies, proof of the booking and 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 accommodation confirmation form for patients who stayed in private accommodation with family or friends.

Proof is not required to claim for private motor vehicle mileage subsidies, however the appointment confirmation is still required.

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

Incomplete claims will not be processed, and the patient will be advised of missing documentation and given the opportunity to make the claim compliant. A claim cannot be processed until all required documents are received.

8.1 Subsidy payment timeframe

The subsidy is to be paid within 30 working days from receipt of all necessary documents by the approving public hospital or public health facility.

New travel referrals are unable to be approved until all the required documentation is submitted for subsidy claims relating to previously completed treatments. This clause does not apply to ongoing claims.

8.2 Proof of attendance at specialist appointment

Approved patients attending either public or private health specialist services need to provide proof of attendance for each approved treatment, procedure or appointment (e.g. a signed Appointment Attendance Form C, attendance record, discharge summary, invoice, HICAPS receipt or Medicare record).

Patients must provide proof of attendance at the previous specialist appointment before new travel can be booked.

8.3 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 as per [Section 7.4 Approved application period](#).

9. Funding from alternative sources

Patients who are eligible to receive financial assistance from other sources, such as Department of Veterans' Affairs, WorkCover or third-party insurance, or some NDIS packages and private health insurance, are required to declare this during the application process. Partial payment of the PTSS subsidy may be approved if the alternative financial assistance does not include travel or accommodation costs or if the amount is less than what would be provided by PTSS. If a patient is unsure about these details they should speak to their local/approving hospital and health service.



Patients who have received a PTSS subsidy payment and subsequently receive payment from another source may be required to repay all, or part of, the PTSS subsidies.

10. Return transport of a deceased patient

In the case of the return transport of a deceased adult patient, a subsidy is payable to the patient's estate. The subsidy shall be equivalent to what was originally approved for the patient's return journey. If a patient has travelled with an approved escort, the escort's return journey is subsidised to the extent that was originally approved.

In the case of the return transport of a deceased child, the originally approved subsidy payment shall be made to the parent/s or guardian/s bank account.

Further additional financial assistance may be provided at the discretion of the approving hospital and health services.

11. Appeals, compliments, feedback and complaints

11.1 Appeals

Patients can appeal the outcome of their application. Appeal forms are available at public hospitals or health facilities, or online at:

https://www.qld.gov.au/data/assets/pdf_file/0025/27457/appeal-form-20190304.pdf

The process for submitting an appeal is:

- appeals must be lodged at the hospital or health facility that assessed the original application within 30 calendar days of the patient receiving notification of the outcome of their application except in extenuating circumstances
- 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.

Please note: the original approver cannot assess the appeal.

11.2 Compliments, feedback and complaints

- **Patients can lodge a compliment, complaint or provide feedback on the PTSS** either verbally or in writing to their local public hospital or health facility. Each hospital and health service 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 compliment/feedback/complaint should be given in detail, including times, dates, locations, names of persons involved, the specific issue, details

of what would be a satisfactory resolution from the perspective of the patient, and patient/carer's contact details.

Hospital and health services must manage any complaints regarding travel referrals and claims using a locally managed dispute management process. Further information about Queensland Health's compliments and complaints processes is available at www.qld.gov.au/health/contacts/complaints/index.html.

Where disputes arise regarding approved mode of transport, these must be resolved between the approving and treating facilities by officers with appropriate clinical experience.

- **If a patient is not happy with the locally managed dispute management process outlined above, they can contact the Queensland Ombudsman.** The Queensland Ombudsman investigates complaints about the decisions or actions of a Queensland Government agency. More information is available online at www.ombudsman.qld.gov.au/MakeaComplaint.aspx

12. Supporting and related documents

- *Hospital and Health Boards Act 2011*
- Protocol for Administration of the Patient Travel Subsidy Scheme QH-HSDPTL-050-1:2019

Authorising Health Service Directive

- Patient Travel Subsidy Scheme QH-HSD-050:2019

13. Definition of Terms

| Term | Definition / Explanation / Details | Source |
|--|---|--|
| Airbnb | A lodging reservation website that lets private property owners list their spare room, apartment or home | Dictionary |
| Clinical trial | Clinical trials are research investigations in which people volunteer to test new treatments, interventions or tests that have not been proven and eligibility is to a recognised specialist medical treatment. | https://www.australianclinicaltrials.gov.au/ and medical dictionary |
| Clinically required | A registered doctor/specialist, using clinical judgement, decides what is medically necessary to prevent or treat an illness, injury, condition, disease or its symptoms. | QH |
| Commercial vehicle | Any type of motor vehicle used to transport paying passengers | Dictionary |
| Cultural reason (in relation to an escort being requested) | Where it is culturally appropriate for a kin member/family relative to escort the patient to fulfil/support their health needs and/or treatment | QH |



| | | |
|--------------------------------|---|---|
| Experimental procedures | Not proven by scientific evidence to be effective or not accepted by a health care professional as being effective | Medical dictionary |
| Inter-hospital transfer | Inter hospital transfer (IHT) refers to the safe, timely and coordinated transfer of patients into, out of and between hospitals, including between and within Hospital and Health Services. | QH https://qheps.health.qld.gov.au/caru/interhospital-transfer |
| Medicare eligible | To be eligible for Medicare, the person must be an Australian or New Zealand citizen, or have been granted permanent residency status | PTSS |
| Oral and maxillofacial surgery | Specialises in treating many diseases, injuries and defects in the head, neck, face, jaws and the hard and soft tissues of the oral and maxillofacial region. | PTSS |
| Permanently relocated | A one-way relocation, lasting or intended to last, indefinitely | Dictionary |
| Subsidy | Money given as part of the cost of patient travel to help or encourage it to happen | QH |
| Telehealth | A statewide videoconferencing service to help improve patient access to healthcare in their community. More information is provided at www.health.qld.gov.au/telehealth | Telehealth |
| Value for money | Combination of cost and quality. Based not only on the minimum purchase price (economy) but also on the maximum efficiency and effectiveness of the purchase | QH |

14. Approval and Implementation

Guideline Custodian

Deputy Director-General,
Corporate Services Division, Department of Health.

Approving Officer:

Michael Walsh, Chief Executive

Approval date: 07/06/2019

Effective from: 01/07/2019



15. Version Control

| Version | Date | Prepared by | Comments |
|---------|-----------|--|--|
| V1 | 13/6/2019 | KR, Business Partnerships and Improvement Branch, Corporate Services | <p>This Guideline replaces the PTSS guideline Part A v1.03 and Part B (stand-alone guidelines). There are no changes to the PTSS eligibility criteria, the application assessment process or subsidy amounts. Changes are detailed below.</p> <p>New template used for consistency with HSD and protocol. Refreshed to remove ambiguity, and ensure the language is plain and simple to reduce any confusion and ensure equity. Specific changes to allow for consideration of escorts for cultural reasons, provide clarity for boarding school and university students, provide clarity on managing long term accommodation, and provide advice on patient responsibilities. Also updated to reflect the changes in administration of the PTSS with the introduction of the enterprise IT solution. No changes to eligibility criteria, the application assessment process or subsidy amounts.</p> |



Schedule 1 – specialist medical services eligible for PTSS subsidies

| Specialty | Eligible for PTSS |
|--|--|
| Allied health <i>e.g. audiology, occupational therapy, orthotics, physiotherapy, podiatry, psychology, speech pathology.</i> | Covered by PTSS only when provided as an essential component of services listed in this table. |
| Anaesthesia | Y Including hyperbaric medical services. |
| Cardiology | Y |
| Cardio-thoracic surgery | Y |
| Dental – general | N |
| Dermatology | Y |
| Diagnostic Radiology | Y |
| Diagnostic Ultrasound | Y |
| Endocrinology | Y |
| Gastroenterology and hepatology | Y |
| General practice | N |
| General surgery | Y |
| Gynaecological oncology | Y |
| Geriatric medicine | Y |
| Haematology | Y |
| Immunology and allergy | Y |
| Infectious diseases | Y |
| Intensive care medicine | Y |
| Internal medicine | Y |
| Medical administration | N |
| Medical oncology | Y |
| Nephrology (renal medicine) | Y |
| Neurology | Y |
| Neurosurgery | Y |
| Nuclear medicine | Y |

| Specialty | Eligible for PTSS |
|---|---|
| Obstetrics and gynaecology | <p>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.</p> <p>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.</p> |
| Ophthalmology | Laser refractive services are not covered |
| Oral and maxillofacial surgery | Y |
| Organ transplant | <p>Travel and accommodation costs for organ recipients are covered by PTSS and are the responsibility of the recipient's approving hospital. Costs for the organ donor are considered part of the organ donation treatment and are the responsibility of the treating hospital</p> |
| Orthopaedic surgery | Y |
| Otolaryngology (head and neck surgery) | Y |
| Otorhinolaryngology (ear, nose and throat) | Y |
| Paediatric surgery | Y |
| Paediatrics and child health | Y |
| Palliative medicine | Y |
| Pathology | Y |
| Plastic surgery, including transgender services | Plastic and reconstructive surgery not attracting a Medicare rebate are not covered |
| Psychiatry | Y |
| Radiation oncology | Y |
| Radiology | Y |
| Rehabilitation medicine | Y (Including wheelchair fitting services) |
| Respiratory and sleep medicine | Y |
| Rheumatology | Y |
| Urology | Y |
| Vascular surgery | Y |