



ACT
Government
Health

ACT Interstate Patient Travel Assistance Scheme

Guidelines for Medical Professionals
and Consumers

Updated 5 September 2013

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Introduction

These Guidelines provide information about the criteria and administrative requirements for the ACT Interstate Patient Travel Assistance Scheme (IPTAS).

In particular, it provides detailed information on:

- The eligibility criteria for ACT IPTAS
- The requirement to refer to the nearest treating location and the referral process for ACT IPTAS
- Situations where approval of an escort under ACT IPTAS may be appropriate, including a list of the reasons where provision of an escort may be appropriate
- Situations where approval of air travel under ACT IPTAS is appropriate, including a list of reasons that may make air travel appropriate and details of the process for obtaining approval for a patient/escort to travel by air.

ACT IPTAS Objective and Target Group

The objective of ACT IPTAS is to improve accessibility to specialist medical treatment and oral surgical health care (excluding routine dental work) for permanent residents of the ACT through the provision of financial assistance towards travel and accommodation costs.

ACT IPTAS is not a full reimbursement scheme. It provides limited financial assistance for costs associated with travel and accommodation actually incurred.

ACT IPTAS is available to permanent residents of the ACT where the access to inpatient or outpatient medical treatment and/or specialist oral health surgical treatment is not available in the ACT.

A copy of these Guidelines, together with the ACT IPTAS Application for Assistance (ACT IPTAS Form) and explanatory notes should be provided to all patients who may be eligible to claim for assistance under ACT IPTAS. Patients who think they may be eligible to apply for assistance under ACT IPTAS should contact the ACT IPTAS Office to clarify their eligibility prior to undertaking travel.

These Guidelines, ACT IPTAS Forms and explanatory notes can be obtained from the ACT Health Internet www.health.act.gov.au/iptas or the ACT IPTAS Office:

Postal Address: IPTAS Administrator The Canberra Hospital GPO Box 11 Woden ACT 2606	Street Address: IPTAS Administrator The Canberra Hospital Level 3, Building 6 Woden ACT 2606	Contact details: Tel: (02) 6244 2234 <i>If unattended please leave a message</i> Fax: (02) 6244 2234 Email: IPTAS@act.gov.au
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Eligibility Criteria

The primary eligibility for criteria for ACT IPTAS are:

- The patient must be a permanent resident of the Australian Capital Territory
- Medicare ineligible asylum seekers
- The Referring doctor must be from the ACT or Queanbeyan
- The patient must be referred to the nearest treating location for specialist treatment
- The patient must have a current referral for a specialist medical service that is **not available** in the ACT. This is required every 12 months for regular travellers.
- Treatment is not part of a workers compensation, damages or third party claim
- The patient must claim the maximum available benefits from their private health fund first.
- The treatment/services are registered for use by the Therapeutic Goods Agency in accordance with national guidelines.
- Veterans or War Widows who are not eligible for assistance from The Department of Veteran's Affairs, Repatriation Travel Scheme.
- Treatment only within Australia.

Exclusions from ACT IPTAS

Benefits are not payable under ACT IPTAS for:

- General medical treatment given by general practitioners and allied health professionals such as psychologists, physiotherapists and speech pathologists
- General dentistry such as dental extractions
- Seeking a second medical opinion.
- Inter-hospital transfers
- Travel by ambulance, air ambulance or any other form of emergency transport
- Travel or accommodation costs where benefits may be or have been provided through the Department of Veterans' Affairs (Repatriation Transport Scheme), other Commonwealth/Territory Government Schemes, Territory and Employer Schemes, Third Party Insurance or Work Cover
- Hospital-related costs, including private hospital inpatient accommodation costs
- Specialist medical and/or oral health surgical treatment for injury or illness incurred during business or recreational travel.
- Meals, taxi fares, public transport (including bus, inner city rail, light rail, ferry), tolls or parking fees.

ACT IPTAS Application for Assistance Form

The ACT IPTAS Application for Assistance (ACT IPTAS Form) has three parts and explanatory notes.

Part A Patient Details

Part A of the ACT IPTAS Form is to be completed by the patient/parent/guardian/carer.

Part B Referral Details

Section B of the ACT IPTAS Form should be completed by the referring medical practitioner or treating specialist **prior** (wherever possible) to the patient's forward journey.

Section B must be completed by the referring medical practitioner for the first referral and every 12 months from the first date of referral. For treatment in the intervening period, the treating specialist can complete Section B.

The referring medical practitioner must provide full contact details and confirm hospitalisation, treatment and appointment dates for the patient and the need for escort to be with patient during treatment. Requests for escorts and/or air travel should be based solely on the criteria outlined in these guidelines. ACT IPTAS Forms will be returned to the patient where the information provided in this section is incomplete and/or not provided.

All information except the certifying signature is to be printed. Section B should not be completed by anyone other than the referring medical practitioner or treating specialist.

Part C Specialist and Treatment Details

It is the responsibility of the treating specialist or their Registrar to complete Section C of the ACT IPTAS Form **prior** to the patient's return journey.

The treating specialist must provide full contact details and relevant information concerning appointment dates, hospitalisation period and /or requirement for outpatient treatment. Requests for escorts and/or air travel should be based on the criteria outlined in these Guidelines. ACT IPTAS Forms will be returned to the patient where the information provided in this section is incomplete and/or not provided.

All information except the certifying signature is to be printed. Section C should not be completed by anyone other than the treating specialist or their Registrar.

Referral under ACT IPTAS

Nearest Treating Location

Patients seeking assistance under ACT IPTAS are required to attend the nearest location in a particular speciality or sub-specialty.

ACT IPTAS is not obliged to reimburse costs where the patients/referring medical practitioner chooses to bypass the nearest treating location. To clarify where the nearest treating specialist is located; please contact the ACT IPTAS Office.

Exemption to Nearest Specialist Ruling

- Exemption from the nearest specialist ruling may be granted where:
- Following liaison between the referring medical practitioner and the nearest specialist, it is confirmed by the referring medical practitioner that the medical condition of the patient requires a type of specialist service not available at the nearest specialist level. This may include consideration of the urgency of the referral.
- The nearest location considers that the referral to a more distant specialist is required on medical grounds.
- **Certification of the reason will be required in Part B of the ACT IPTAS Form.**

Referral Process

Patients seeking financial assistance under ACT IPTAS must be referred for treatment by:

- A medical practitioner to a specialist or consultant physician for items listed in the *Commonwealth Medical Benefits Schedule Handbook*
- An Optometrist to an Ophthalmologist for items listed in the *Commonwealth Medical Benefits Schedule Handbook*
- An accredited dental practitioner to a specialist or consultant physician for oral surgery conducted in an operating theatre of an approved hospital and listed in the *Commonwealth Medicare Benefits for Services by Dental Practitioners Handbook*.
- An accredited dental practitioner to a specialist or consultant physician for orthodontic and associated dental treatment rendered by an accredited dental practitioner where the patient is registered as a cleft lip and palate patient and the treatment is listed in the *Commonwealth Medicare Benefits for the Treatment of Cleft Lip and Cleft Palate Conditions Handbook*.

Subsequent Specialist Appointments and Ongoing Specialist Medical Treatment

Where subsequent visits to the same specialist are required for continuing treatment, the treating specialist may be regarded as the referring medical practitioner. The exception is where a patient has not seen the treating specialist within the past 12 months. In this instance, the referring medical practitioner must complete Section B of the ACT IPTAS Form.

Referrals from a medical practitioner for ongoing specialist medical treatment must be provided on a 12-monthly basis and Section B of the ACT IPTAS Form must be filled in by the referring medical practitioner.

Specialist Status

For ACT IPTAS purposes, a specialist is defined as:

- A medical practitioner who is recognised as a specialist or consultant physician in a particular specialty for the purposes of the *Health Insurance Act 1973*
- A dental practitioner registered as an oral surgeon contracted to render oral surgery in the operating theatre of a hospital established under the *Health Insurance Act 1973*.

Specialists must be registered on the Commonwealth Register of Medical Practitioners (CROMP) to be recognised as a specialist.

Peer Recognition as a Specialist

Peer recognition does not constitute sufficient grounds to confer specialist status under ACT IPTAS. Only medical practitioners who are registered on CROMP as specialists will be accepted for ACT IPTAS purposes.

Registrars

Medical practitioners (including Registrars) employed as specialists by the Commonwealth, a State or Territory by the proprietors of an approved hospital are deemed to be specialists for ACT IPTAS purposes. Confirmation of specialist status will be required.

Treatment by Specialist Oral Health Surgeon

For ACT IPTAS purposes, specialist oral health surgical treatment includes:

- Treatment by an accredited dental practitioner who is a specialist or consultant physician for oral surgery conducted in an operating theatre of an approved hospital and listed in the *Commonwealth Medicare Benefits for Services by Dental Practitioners Handbook*
- Orthodontic and associated dental treatment where the patient is registered as a cleft lip and palate patient and the treatment is listed in the *Commonwealth Medical Benefits for Services by Accredited Dental Practitioners in the Treatment of Cleft Lip and Cleft Palate Conditions Handbook*.

Escorts

Definition of an Escort

- The provision of an escort under ACT IPTAS must be based on the approval criteria below.
- Patients under 18 years of age are eligible for an escort irrespective of their medical condition.
- Escorts must be adults and must be able to cope with the special medical needs of the patient.
- Assistance with travel and accommodation costs for an escort under ACT IPTAS is always conditional on the patient's eligibility for assistance under ACT IPTAS (see Eligibility Criteria above).

If a patient is not eligible for assistance under ACT IPTAS, the escort will not be eligible for assistance either.

Use of Escorts under ACT IPTAS

As use of escorts adds significant cost to ACT IPTAS, it is important that their necessity is confirmed on valid grounds.

Need for an escort during treatment

- Financial assistance with accommodation may be paid in respect of an escort where the need to remain with the patient during treatment is certified by the treating specialist.
- Certification of the need for an escort to remain with the patient during treatment should be provided by the treating specialist in Section C of the ACT IPTAS Form. The time frame should also be designated
- Failure to cite a valid reason may result in non-reimbursement of escort costs under ACT IPTAS.

Criteria for Approval of Escort

The clinical criteria to guide referring medical practitioners and/or treating specialists in considering and certifying the need for an escort are:

1. Patient with cognitive impairment, including:
 - Congenital
 - Acquired (e.g. Acquired Brain Injury, dementia, confusion)
2. Where the carer is responsible for the patient's medical treatment, including:
 - Carer performs dialysis (haemodialysis/CAPD) or undertaking training
 - Catheterises patient
 - Administers treatment (e.g. insulin)
 - Unstable epileptic (frequent seizures)
3. Long-term specialist outpatient treatment (eg radiotherapy)
4. Where the carer is responsible for meeting the patient's personal care needs, including:
 - Patient with quadriplegia
 - Patient with multiple sclerosis
5. Children (up to 17 years)
 - Two escorts may be considered if the child's condition is considered life-threatening

6. Where partner is required for part of procedure, including:
 - Fertility treatments
 - Organ donor/transplant work-up
7. Where an escort is required to support the patient, including:
 - Decision making about cancer treatments
 - Decision making by a patient requiring major/disfiguring surgery
 - Aboriginal and Torres Strait Islanders requiring cultural support
 - Non-English speaking people requiring cultural support
8. Where taking an escort is an alternative to air travel, including:
 - Visual or hearing impairment
 - Some mental illnesses, such as schizophrenia, psychosis, or severe depressive disorder.

If the referring medical practitioner or treating specialist considers that there is a valid reason for an escort which is not covered by the clinical criteria listed above, the specific details must be provided.

Prolonged interstate hospitalisation of patient

Escorts who are required to remain with the patient interstate for extended periods of time may be eligible for financial assistance for return travel to attend to personal/household needs. A maximum of 2 return journeys (by road, rail or bus) per month may be supported. This will be assessed on an individual basis.

Air Travel

Use of Air Travel

Under ACT IPTAS, reimbursement of fares is at economy surface level using rail or coach services, unless the referring medical practitioner or treating specialist certifies that the patient has a specific medical condition that requires them to travel by air.

There needs to be a valid reason why the patient needs to travel by air for both the forward and/or return journeys. The need for air travel must be provided by the referring medical practitioner or treating specialist in Section B of the ACT IPTAS Form.

The continuing need for air travel for subsequent visits must be considered, certified and approved on each occasion.

Approval for air travel is always conditional on patients meeting the primary eligibility criteria for ACT IPTAS.

Prior Approval

Prior approval for air travel must be obtained by the referring medical practitioner or treating specialist from the ACT IPTAS Office before the patient travels. The process for obtaining prior approval for air travel is outline below.

Where the medical reason for air travel is related to the reason for the specialist consultation (e.g. short notice for a patient requiring surgery), the referring medical practitioner can only obtain prior approval for the forward journey. The treating specialist would need to obtain prior approval if there is a medical reason for the patient needing to return by air rather than by rail, coach or car.

Where the medical reason for air travel is not related to the reason for the specialist consultation, the referring medical practitioner can obtain prior approval for both the forward and return journeys simultaneously. For example, this might be appropriate where the medical reason for air travel is that the patient has bony metastases and the patient is travelling to consult a specialist for an unrelated gynaecological problem.

Criteria for Patient Air Travel

The list below provides clinical criteria to guide referring medical practitioners and/or treating specialists who are considering requesting approval for air travel by a patient/escort.

1. Patients requiring regular/continuous treatment that would be difficult to manage during road transport or if away longer than one day, including:
 - Patient requiring ambulatory oxygen
 - Dialysis patient
 - Nebuliser therapy of less than four-hourly
 - Patient requiring regular catheterisation by self/carer
2. Patients with severe pain which is likely to be worsened by prolonged sitting, including:
 - Recent post-operative pain (within two weeks post-op)
 - Bony metastases
 - Acute disc prolapse neck/back. (It should be noted that some patients with chronic back pain would be best transported by road where they can stop at regular intervals)
3. Urgent need for treatment/presentation, including:
 - Patients called for transplant. (It would not necessarily follow that all subsequent follow-up would require air travel)
 - Patients commencing chemotherapy/radiotherapy/dialysis
 - Short notice for patient requiring surgery
 - Patients with sudden loss of vision (e.g. retinal detachment)
4. Restricted mobility, including:
 - Quadriplegia/paraplegia/hemiplegia
 - Patients requiring significant assistance with ambulation which precludes other forms of transport
5. Unstable/potentially life-threatening conditions where a prolonged journey may compromise patient health, including:
 - Low-risk unstable angina pectoris. (High risk patients would obviously be transferred by air ambulance and those with stable angina pectoris would not need to fly)
 - Unstable epilepsy (i.e. frequent seizures)
 - Advanced pregnancy
 - Large aneurysm requiring surgery

6. Musculoskeletal instability where prolonged jolting/jarring may compromise patient outcome, including:
 - Splinted fractures not already stabilised
 - Tendon repair (pre-op)
 - Prolapsed vertebral disc with neurological signs.

If the referring medical practitioner or treating specialist considers that there is a valid reason for air travel which is not covered by the clinical criteria listed above, the specific details must be provided.

Please contact the IPTAS office in relation to Travel Clearance by air; this is a requirement for some medical conditions.

Process for Prior Approval for Air Travel

The process for obtaining prior approval for air travel is as follows:

- Approval must be obtained from the ACT IPTAS Office prior to the travel taking place. Failure to obtain prior approval may result in non-reimbursement of travel costs
- The ACT IPTAS Officer will require the following information:
 - Patient details
 - Reason necessitating air travel as indicated IN Part B of the ACT IPTAS Form
 - Specialist’s details
 - Journey details, including forward and return dates
 - Whether an escort is required
- This information should be provided to the ACT IPTAS Office either by telephone or fax. The ACT IPTAS Office will advise the referring medical practitioner and/or treating specialist of the prior approval number (IPTAS claim number) for air travel by telephone or return fax. The prior approval number must be noted in Part B of the ACT IPTAS Form.

Responsibility for Booking Air Travel

In most cases, advance purchases of the air ticket will be arranged through the ACT IPTAS Office.

Either the patient or the medical practitioner should contact the ACT IPTAS Office with the following information to facilitate the air travel booking –

- Patient details
- Medical reason necessitating air travel as indicated on Part B of the ACT IPTAS Form
- Specialist's details
- Journey details, including forward and return dates
- Whether an escort is required
- Approval number (supplied by ACT IPTAS when air travel approved)
- Special requirements eg, IV, oxygen, wheelchair etc. (see IPTAS form)
- This information should be provided to the ACT IPTAS Office either by telephone or fax.
- In cases where the patient and/or escort have arranged and paid for any air travel, a tax invoice indicating GST and any other tax must be submitted with the ACT IPTAS Form to receive any reimbursement.
- Failure to obtain prior approval for air travel for patient and/or escort through the ACT IPTAS Office may result in non-reimbursement of costs under ACT IPTAS.

Note: Frequent Flyer points will not be claimed on behalf of the client by the IPTAS administration staff.

Further Information

For further information about ACT IPTAS please contact the ACT IPTAS Office

<i>Postal Address:</i> IPTAS Administrator The Canberra Hospital GPO Box 11 Woden ACT 2606	<i>Street Address:</i> IPTAS Administrator The Canberra Hospital Level 3 Building 6 Woden ACT 2606	<i>Contact details:</i> Tel: (02) 6244 2234 <i>If unattended please leave a message</i> Fax: (02) 6244 3453 Email: IPTAS@act.gov.au
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For NSW residents please contact ENABLE NSW on 1800 362 253.

