

Victorian patient transport assistance scheme (VPTAS) Guidelines July 2009



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The VPTAS July 2009 Guidelines will come into effect from 1 July 2009 and will only apply to approved medical specialist services received post 1 July 2009. Claims for services received before 1 July 2009 will be assessed based on the previous VPTAS Guidelines (October 2007).

Accessibility

If you would like to receive this publication in an accessible format, please phone 9096 2005 using the National Relay Service 13 36 77 if required.

This document is also available in PDF format at
<www.health.vic.gov.au/ruralhealth>

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Statement of principles

In administering the Victorian patient transport assistance scheme, the Department of Health will have regard to these broad principles:

- The scheme is intended to subsidise the unavoidable financial costs for those residents of Victoria that have no option but to travel a long distance to receive essential medical specialist services from an approved medical specialist.
- The scheme is not intended to support choice of specialists. Patients should be treated as close to home as possible without compromising the quality and safety of the care provided. The scheme will not support the additional costs of travel if a patient makes a choice to travel beyond their closest specialist services.
- Assistance should be targeted towards those considered to be most disadvantaged with regard to access to specialist health services.
- The department should take all reasonable steps to promote awareness of the scheme.
- Information about the scheme, including all eligibility criteria and subsidy rates, should be available in an accessible manner to all Victorians.
- The scheme should be administered fairly based on consistent application of the VPTAS Guidelines.
- The scheme should not discriminate between those who have or do not have private health insurance.
- Subsidy rates should be reviewed on a regular basis.
- The scheme should adhere to the established service standards.
- The scheme should not reduce or constrain the delivery of high quality health services and ongoing improvements to specialist services across rural and regional Victoria.

Service standards

- The department will make every effort to verify and clarify information provided prior to rejecting a claim and will contact the claimant to clarify information or request additional information prior to a claim being rejected.
- Claimants are able to check the status of their claim.
- Claimants have access to a fair impartial and transparent review process.
- Complaints and requests for review are dealt with promptly and consumers are advised of the outcome in writing.
- Payments on successful claims are made or claimants are advised of the need for additional information to support a claim within six to eight weeks of the claim being received.
- Privacy and confidentiality is respected and maintained.

Brief overview

The Victorian patient transport assistance scheme (VPTAS) subsidises the travel and accommodation costs incurred by rural Victorians and an approved escort, who have no option but to travel a long distance to receive approved medical specialist services.

VPTAS claim forms are available from most doctors surgeries, rural and metropolitan hospitals, your Department of Health (the department) regional office or by following the links on our website <www.health.vic.gov.au/ruralhealth>.

The VPTAS guidelines set out the eligibility criteria, reimbursement rates and conditions under which the scheme operates. The department may amend the VPTAS eligibility criteria and guidelines as necessary.

As it is not possible to cover all scenarios under the VPTAS policy, patients or specialists with specific questions should contact the Victorian VPTAS office for further information.

Who is eligible?

To be eligible for assistance patients must meet all of the following criteria:

- be a Victorian resident
- live in a Department of Health designated rural region (refer to the rural map at appendix 1)
- be receiving specialist medical treatment under specialty treatment codes 001-099, 102 or 115 from an approved medical specialist service registered with Medicare Australia (refer to appendix 2), **and**
- need to travel more than 100 kilometres one way **or** on average 500 kilometres per week for a minimum of five consecutive weeks.

Assistance may also be provided to metropolitan and rural Victorian residents who are referred to an interstate approved medical specialist service when the service is not available within Victoria or if this is the nearest location. The approved medical specialist must confirm in writing that the required service cannot be provided in Victoria.

Patient escorts

An approved patient escort may also be eligible to seek assistance for travel and accommodation costs. An escort is responsible for the patient's needs for the period of transport and accommodation during treatment.

An approved escort must be:

- 18 years of age or older
- accompanying the patient whilst travelling, **and**
- deemed necessary by the approved specialist.

Non-concession card holders

Patients who are not the primary card holder of an approved Pensioner Concession Card or Health Care Card will pay the first \$100 each treatment year. Once the \$100 payment has been made patients will receive full VPTAS assistance for the remainder of that treatment year. A treatment year is defined as 12 months from the date of the patient's first listed medical specialist service.

Who is ineligible?

Patients who:

- participate in clinical trials or experimental treatments
- reside in states or territories other than Victoria
- are on holidays or whilst visiting friends or family both intra or interstate
- are undertaking a journey to or from outside Australia
- are accessing allied health (for example, physiotherapy, osteopathy, podiatry) or general practitioner services
- are eligible to claim assistance under another state, territory or Commonwealth scheme or from a registered benefits organisation including the Department of Veterans Affairs
- have received or claimed by way of compensation, damages or other payment in respect to the illness or injury being treated
- were injured in a motor vehicle accident and are covered by the Transport Accident Commission
- were injured at work and are covered by WorkCover.

Submitting a claim

Completed VPTAS forms must be submitted no later than 12 months from the date of the first listed approved medical specialist service. Original receipts for travel and accommodation need to be submitted with your claim form. Petrol receipts are not required. The lodgement date is the date the Victorian VPTAS office receives the completed claim form.

Patients must ensure the information provided is true and correct. False declarations can be liable to penalties of perjury under the *Evidence Act 1958*.

Patients may request payment to be forwarded via electronic funds transfer (EFT) or by cheque. Processing time and payment takes approximately six to eight weeks.

Victorian VPTAS office

PO Box 712
Ballarat 3353
Freecall: 1300 737 073
Phone: 5333 6040

Detailed eligibility criteria

To be eligible for VPTAS assistance, a patient must fulfil all of the following criteria.

Location

Patients must reside in a designated Department of Health rural region. Refer to appendix one, Department of Health rural regions map.

Patients residing in a metropolitan region who are required to travel interstate to seek specialist services from an approved medical specialist, when treatment is not available within Victoria, may also be eligible for VPTAS assistance.

Residency

To be eligible to claim VPTAS assistance patients must be Australian citizens, permanent residents or refugees and be residing in Victoria at the time of referral and receiving approved medical specialist services.

The place of residence is defined as the place where the patient lives permanently. This is determined by using the address at which the patient is registered on the electoral roll. Other documents to confirm residency include copies of a patient's drivers licence, health care card or utility bills.

In the case of border or combined towns, assistance under VPTAS will only be available to patients residing within the Victorian border. Residents from New South Wales or South Australia should apply to the scheme operating in their respective State.

In the case of itinerant workers, the place of residence is the address the patient was staying when the relevant journey for approved medical specialist services commenced.

If a patient has no fixed address, they must be able to demonstrate this to be eligible for assistance. The place of residence is determined as the location from which the relevant journey for approved medical specialist services began.

Distance

To be eligible for assistance patients must have no option but to travel 100 kilometres or more one way from their place of residence to the most appropriate approved medical specialist service.

Patients may also apply for assistance if they are travelling an average of 500 kilometres per week for five consecutive weeks or more. This is called block treatment. Patients may choose to travel daily or stay in accommodation; in either case only VPTAS travel assistance will be paid.

To consistently and accurately calculate the most direct and simplest surface route between the patient's permanent residence and the approved medical specialist service, the department uses the *route planner* system. This determines whether the minimum distance criteria is met and if so, the subsidy payment. Follow the links on our website <www.health.vic.gov.au/ruralhealth> to access the *route planner*.

Any deviations from the most direct and simplest surface route will not be recognised in measuring the distance travelled.

Approved medical specialist

Patients must be referred to the most appropriate approved medical specialist.

An approved medical specialist is a medical practitioner recognised as a specialist in a particular speciality under the *Health Insurance Act 1973* **and**

- registered with Medicare Australia with a speciality code in the range of 001 to 099 inclusive or 102 or 115 (refer to appendix two, specialty treatments approved for VPTAS) **or**
- a registered medical practitioner providing specialist services in a hospital under the supervision of an approved medical specialist **or**
- a practitioner approved by the Minister for Health to render prescribed medical services of an oral surgery nature in the operating theatre of a hospital **or**
- a practitioner on the Dental Health Services Victoria Specialist Unit list.

Approved treatments

The following treatments and services have been approved for VPTAS assistance:

- hyperbaric treatment
- the Lymphoedema Clinic at the Mercy Hospital, Melbourne
- treatment by any dental practitioner based in the Department of Dentistry at the Royal Children's Hospital, Melbourne.

Patients participating in clinical trials are ineligible for VPTAS assistance. The VPTAS policy will be updated to include new treatments and services as they become eligible.

Most appropriate approved medical specialist

In making referrals, GPs are expected to take into consideration the specific medical needs of the patient and minimise the travel required by referring to the nearest approved medical specialist service.

Assistance may also be provided to metropolitan and rural Victorian residents who are referred to an interstate approved medical specialist service when the service is not available within Victoria or if this is the nearest location. The approved medical specialist must confirm in writing that the required service cannot be provided in Victoria.

If the patient meets all other VPTAS criteria but decides to travel beyond the nearest specialist, payment will be made at the appropriate rate of travelling to the nearest approved medical specialist only.

Patient escort

An approved patient escort may also be eligible to seek assistance for travel and accommodation costs. An escort is responsible for the patient's transport and accommodation needs during treatment.

Only one escort per patient is eligible for VPTAS assistance. Patients under the age of 18 years are automatically entitled to an escort.

An approved escort must be:

- 18 years of age or older
- accompanying the patient whilst travelling, **and**
- deemed necessary by the approved medical specialist.

Assistance will not be provided to an escort where:

- the approved medical specialist has not noted the requirement of an escort **or**
- the escort does not travel with the patient; this includes situations where the patient travels by air or road ambulance.

Escort to a newborn infant

In situations where the patient is a newborn infant (up to six months of age) they are entitled to one escort.

In cases where the mother and newborn are hospitalised together, the mother is deemed to be the newborn's one escort. In the case of multiple births each newborn is entitled to an escort.

In cases where the newborn's escort is the mother, she may be eligible for travel and accommodation assistance whilst the newborn is hospitalised.

If the mother has a medical condition and is unable to care for her newborn, the mother and the newborn may have one escort each. The approved medical specialist must confirm in writing that the mother is unable to provide the necessary care for her newborn.

Family support

Patients may be eligible for family support assistance where the approved medical specialist requires immediate family members (parents or guardians, partners and/or siblings) to attend the same session for medical treatment or consultation. The patient in these circumstances is deemed to be the primary patient receiving approved specialist medical services.

Details of family support need to be confirmed in writing by the approved medical specialist.

Transplants

Rural Victorians required to travel to participate in a transplant (for example, receiving or providing an organ) are eligible for VPTAS assistance. Metropolitan residents who are required to travel interstate to participate in a transplant are also eligible for VPTAS.

VPTAS does not extend to individuals from other states or territories who travel to Victoria to participate in a transplant.

Deceased persons

If a patient dies during travel to receive or whilst receiving approved medical specialist services, an approved escort is entitled to VPTAS for the return journey.

Accommodation costs are not payable for the deceased patient or an approved escort beyond the time the person dies.

A deceased estate is not entitled to claim for transportation costs associated with the return journey of the deceased person, including repatriation of an individual.

VPTAS reimbursement will be made via cheque and payable to the estate of the deceased claimant.

Travel assistance

Modes of transport

Car travel

Where a private vehicle is used, costs are reimbursed at a rate of 17 cents per kilometre, irrespective of engine capacity. This is based on average car running costs as determined by the Royal Automobile Club of Victoria (RACV) and includes fuel, tyres and servicing and maintenance.

The reimbursement rate for private vehicle usage is reviewed every two years in August. Reviews were conducted in 2001, 2003, 2005 and 2007.

Public transport

Where public transport is used patients and an approved escort (if applicable) are eligible for fare reimbursement based on the cost of an economy fare or the relevant concession fare if travelling by rail, bus, coach or ferry.

Original receipts for all public transport (tickets) must be included with the claim form.

Air travel

VPTAS assistance for air travel is only provided if the journey exceeds 350 kilometres one way and a commercial flight is used to travel to the most appropriate approved medical specialist.

Where air travel is used, patients and an approved escort (if applicable) are eligible for fare reimbursement based on the cost of an economy fare or relevant discounted fare. If a patient chooses to travel first or business class, they will be reimbursed at the economy rate. Claims for air travel will only be reimbursed if a receipt is provided.

VPTAS assistance will not be provided where flights are taken as part of a frequent flyer or similar scheme, or where a charter flight is utilised.

If a patient chooses to travel by air or a receipt is not provided, reimbursement will be made at the per kilometre fuel subsidy rate.

Taxi travel

Taxi fares will only be reimbursed when a patient has no other means of transport available to travel from their permanent place of residence to the nearest public transport or from the public transport to their nearest most appropriate approved medical specialist.

Original receipts for all taxi travel must be included with the claim form. If a patient chooses to travel by taxi or a receipt is not provided, reimbursement may be made at the per kilometre fuel subsidy rate.

Multiple modes of transport

Where a patient or an approved escort (if applicable) use multiple modes of transport to access an approved medical specialist service, eligibility will be assessed against each mode of transport.

Travel covered

Only travel between the patients residence and the treatment location (via commercial accommodation if applicable) and travel to return to the patients residence is eligible for VPTAS. No travel undertaken during a treatment episode will be eligible for VPTAS assistance.

Regardless of the mode of transport used, travel assistance is only provided for:

- travel directly between the patients residence and the location of the approved specialist service (via commercial accommodation if applicable)
- return travel between the medical service (via commercial accommodation if applicable) and the patients residence.

No travel undertaken during a treatment episode will be eligible for VPTAS assistance.

Direct payment to travel providers

In situations where organisations make or supply travel arrangements on behalf of patients, patients may direct their travel entitlements to be paid directly to that organisation. Under these circumstances, it is the responsibility of the organisation to ensure they are listed on the VPTAS form to receive reimbursement.

In the event that a patient is deemed ineligible for VPTAS assistance, it is the responsibility of the organisation arranging or supplying the travel to follow up any unpaid travel accounts with the patient, not with the department.

Ineligible travel costs

VPTAS travel assistance will not be provided if:

- the patient travels by ambulance, air ambulance or emergency support vehicle
- an escort is claiming reimbursement for travel whilst not accompanying the patient
- travel is undertaken as part of an inter-hospital transfer
- repatriation is of a deceased individual
- a journey is made to or from outside Australia
- a patient is eligible to claim assistance under another state, territory or Commonwealth scheme or from a registered benefits organisation
- an amount has been received or claimed by way of compensation, damages or other payment in respect to the illness or injury being treated
- injuries are sustained in a motor vehicle accident and are covered by the Transport Accident Commission
- injuries are sustained at work and are covered by WorkCover
- family members, including escorts, visit a patient
- additional travel costs are incurred by patients, for example, car parking tickets or e-tag costs
- the patient uses a rental car (rental car hire is not supported by VPTAS). In this instance only the fuel subsidy will be reimbursed at the per kilometre fuel subsidy rate
- travel during a treatment episode between location of treatment and accommodation.

Accommodation assistance

An accommodation allowance for commercial accommodation is available to the patient and an approved escort. This allowance is only available if the patient and an approved escort are eligible for travel assistance.

To be eligible for accommodation assistance the approved medical specialist must state on the VPTAS claim form that it is necessary for the patient and approved escort to be accommodated close to or at the location they are receiving approved medical specialist services.

The approved medical specialist or authorised officer must specify on the claim form the number of nights accommodation is required in connection with the treatment.

A patient and an approved escort staying in commercial accommodation are each eligible for a maximum of \$35.00 per night, plus Goods and Service Tax (GST) where applicable.

Where the cost of accommodation is less than the maximum subsidy rate, the lesser amount will be paid.

Commercial and subsidised accommodation

Patients must stay in commercial accommodation. Commercial accommodation is accommodation that is registered as a business and has an Australian Business Number (ABN).

Registered commercial providers, such as hotels, motels, caravan parks, apartments, flats and accommodation facilities associated with a health service are considered to be commercial accommodation.

All original receipts or invoices for commercial accommodation must be attached to the VPTAS claim form before the claim can be processed. Commercial accommodation receipts and invoices must be provided on letterhead and contain the following details:

- name and address of the commercial accommodation provider or accommodation facilities associated with a health service
- ABN
- name of all members accommodated
- date(s) each person was accommodated
- cost of each person(s) accommodation per night
- total cost of accommodation

Direct payment to accommodation providers

Patients may direct their accommodation entitlements to be paid directly to the accommodation provider. Under these circumstances it is the responsibility of the organisation to ensure they are listed on the VPTAS form to receive reimbursement.

In the event that a patient is deemed ineligible for VPTAS assistance, it is the responsibility of the commercial accommodation provider to follow up any unpaid accommodation accounts with the patient not with the department.

Ineligible accommodation costs

VPTAS accommodation assistance will not be provided if:

- a patient is eligible to claim assistance under another state, territory or Commonwealth scheme or from a registered benefits organisation
- an amount has been received or claimed by way of compensation, damages or other payment in respect to the illness or injury being treated
- injuries are sustained in a motor vehicle accident and are covered by the Transport Accident Commission
- injuries are sustained at work and are covered by WorkCover
- a patient is hospitalised and is an inpatient
- the patient and approved escort (if applicable) stay in non-commercial accommodation

VPTAS accommodation assistance will not be provided if the patient chooses to travel home and claims travel assistance during periods where an accommodation provider is reserving and charging for accommodation.

Completing the VPTAS claim form

Up to five visits can be recorded on each VPTAS claim form. The approved medical specialist or authorised officer must sign on or after the last listed date of specialist services. If an additional travel and accommodation diary is attached to the claim form, it must also be signed on or after the last listed date of specialist medical services.

The approved medical specialist must confirm the number of nights the patient is required to stay in commercial accommodation in connection with the treatment they are receiving.

Authorised officer

An authorised officer is an individual that works with/for the approved medical specialist and can confirm the patient's details and the approved medical specialist services received.

Concession card holders

For all components of the VPTAS, an approved primary card holder is the person detailed in the top left hand section of a Pensioner Concession Card or Health Care Card.

Additional persons listed on a Pensioner Concession Card or Health Care Card are not recognised as approved primary card holders. In these circumstances the non-concession cardholder policy will apply.

Non-concession card holders

Patients who are not the primary card holder of an approved Pensioner Concession Card or Health Care Card will pay the first \$100 each treatment year. Once the \$100 payment has been made patients will receive full VPTAS assistance for the remainder of that treatment year.

Dependants under the age of 18 years will not have the first \$100 deducted from their VPTAS reimbursements.

Changes to concession card status

A patient's concession status is determined at the time of the approved medical specialist service. Any changes to concession card status must be advised when the patient lodges their next VPTAS form.

Where a patient's concession card status changes, the patient will be assessed under the applicable concession card/non concession card holder guidelines (see above).

Treatment year

A treatment year is defined as 12 months from the date of the patient's first approved medical specialist service.

If the patient has not made a claim through the VPTAS for two years, a new treatment year will commence when they next receive approved medical specialist services.

Time limit on claims

Completed VPTAS forms must be submitted no later than 12 months from the date of the first listed approved medical specialist service.

Supporting documentation

Patients must attach relevant documentation to support their claim (eg. supporting letter from specialist etc).

Original receipts for travel and accommodation need to be submitted with your claim form. Petrol receipts are not required.

The lodgement date is the date the Victorian VPTAS office receives the completed claim form.

VPTAS forms submitted outside the 12-month lodgement period are not eligible for VPTAS assistance or review.

Unsuccessful or incomplete claims

Patients will be notified in writing if their claim is unsuccessful. The Victorian VPTAS office will advise why the claim was unsuccessful.

If a VPTAS claim form is incomplete or documentation is missing, the Victorian VPTAS office will contact the patient to advise of sections that need to be completed and any documentation required for the claim to be assessed.

Review process

In cases where the Victorian VPTAS office declines part or all of a VPTAS claim, patients can request a review of the decision.

Claimants have three months from the date that they have been notified of the outcome of a claim to lodge a request for review of a claim. Complaints or requests for review must be lodged by the complainant or their representative in writing.

A two-tiered complaints process has been established to provide a fair and transparent approach. The first stage involves a review by the VPTAS Manager who will review the matters raised by the claimant to determine the grounds of the complaint and/or request for review.

Should a claimant be dissatisfied with the outcome of the review by the VPTAS office, a further request for review of the decision can be requested to be undertaken by the Executive Director, Hospital and Health Service Performance in the Department of Health. To consider these requests for review, the Executive Director, Hospital and Health Service Performance will convene the Complaints and Review Committee (CRC).

All written requests for review must be marked to the attention of:

The VPTAS Complaint handling and Review policy outlines the processes by which the VPTAS office manages complaints and requests for reviews. The policy is available at the VPTAS web page at <www.health.vic.gov.au/ruralhealth>.

VPTAS Manager
VPTAS Office
PO Box 712
BALLARAT VIC 3380

Privacy

The department is committed to protecting your privacy.

Providing reimbursement to patients involves gathering and storing a large amount of personal and often highly sensitive information. Personal information refers to information that allows an individual to be identified. It can appear in any form and be recorded in any medium. Personal information may either be immediately identifiable (a patient's name), or potentially identifiable.

We collect and handle this personal information only for the purposes of administering and processing payments for VPTAS claims.

The department has a responsibility to protect personal information and ensure it is handled appropriately and only used for the purpose for which it was intended when collected.

The Information Privacy Principles (IPP) set out statutory obligations for handling personal information, which apply to all public sector organisations. They cover all stages of the information cycle, from collection to use, release and disposal of personal information. These principles ensure that privacy is protected in a consistent manner across the department. The IPP are reflected in the department's privacy policy statement, which adopts the legislative principles as minimum standards.

To administer, process payments and reimbursements, we may disclose your personal information to external parties such as accommodation and transport providers.

If a patient has a grievance about information being released without their consent, (or any other privacy complaint) the patient may take their concerns to the Victorian Privacy Commissioner, or the patient may complain to the Health Services Commissioner.

Where other legislation contradicts privacy law, the other legislation will prevail to the extent of the contradiction. For example, if it was proposed to withhold information about a patient in accordance with the *Information Privacy Act 2000*, this information could not be withheld from the ombudsman, where it is required by the *Ombudsman Act 1973*.

If you choose not to provide your personal information or only provide part of the information requested, we may not be able to process your claim.

You have a right to access your personal information through the *Freedom of Information Act 1982*.*

For information on the department's privacy policy, please visit the department's privacy website on <www.dhs.vic.gov.au/pdpd/ciiru/privacy>.

* For information about Freedom of Information (FoI) requests, visit the department's FoI website <www.dhs.vic.gov.au/foi/>

Patient/legal guardian consent and declaration

VPTAS applications are assessed based on the information provided. Any information provided to assess eligibility for VPTAS assistance will remain confidential.

When assessing your VPTAS application it may be necessary to discuss your application with other relevant parties. Your consent is required to permit the department to discuss your VPTAS application. Any information you provide on your application will remain confidential.

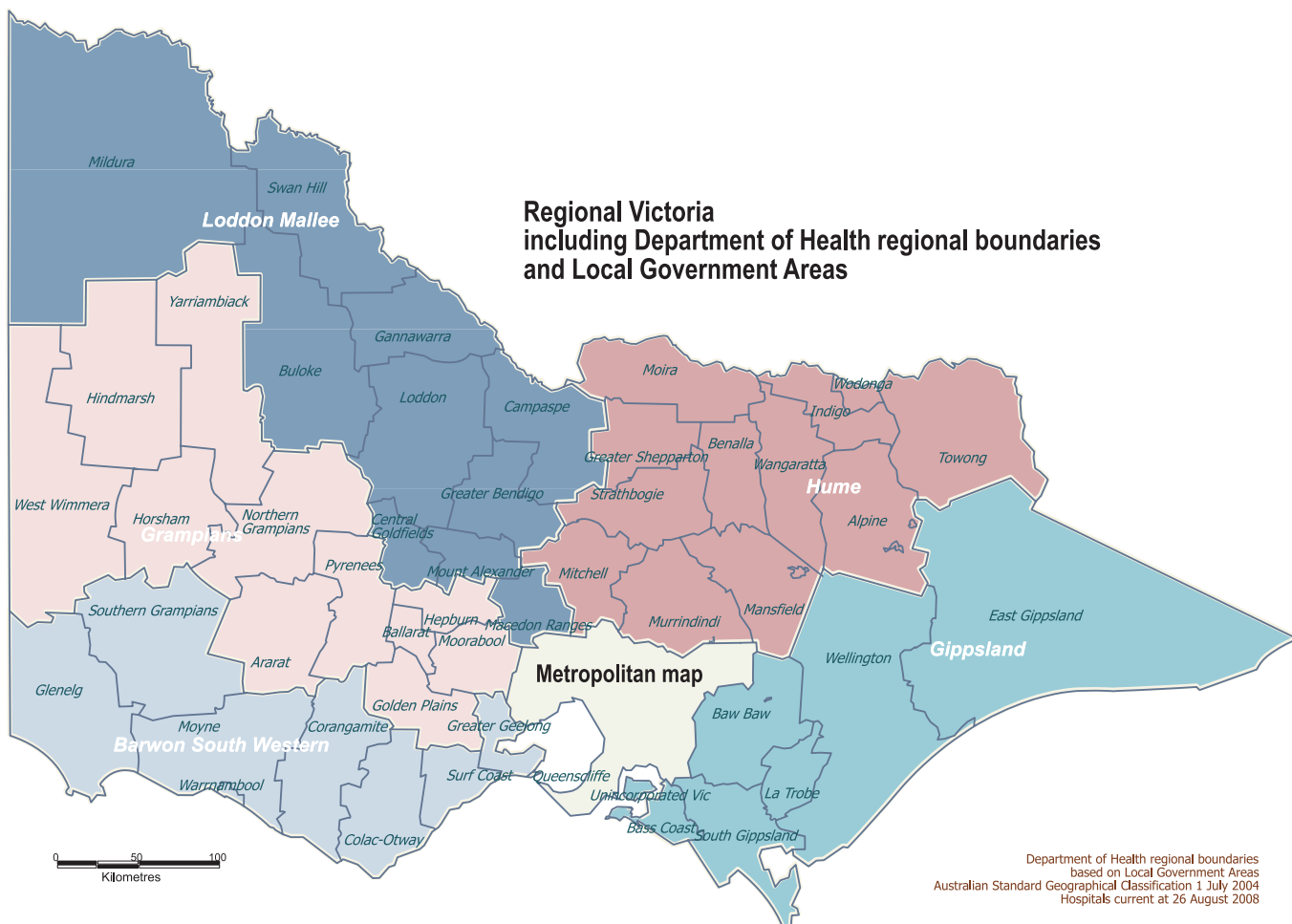
Only details which directly relate to your VPTAS application may be discussed and information released from relevant parties for the purpose of clarifying issues related to the application for VPTAS assistance and for no other purpose.

Patients are required to sign a declaration that all the information provided is true and correct. Patients providing a false declaration may be liable to penalties of perjury under the *Evidence Act 1958*, which may include imprisonment.

Auditing

The department reserves the right to conduct regular audits on all VPTAS claims. This includes, but is not limited to, accessing information from patients, escorts and approved medical specialists in relation to details provided on the VPTAS claim form.

Appendix 1 – Department of Health rural regions



Appendix 2 Specialty treatments approved for VPTAS

CODE	SERVICE
001	Internal Medicine
002	General Medicine
003	Immunology and Allergy
004	Cardiology
005	Haematology
006	Endocrinology
007	Gastroenterology and Hepatology
008	Nephrology
0090	Neurology
010	Nuclear Medicine
011	General Paediatrics
012	Physical Medicine (Rehab)
013	Rheumatology
014	Respiratory and Sleep Medicine
015	Clinical Pharmacology
016	Geriatric Medicine
017	Medical Oncology
018	Intensive Care
019	Infectious Diseases
020	Pathology Laboratories
021	General Pathology
022	Anatomical Including Cytopathology and Forensic Pathology
023	Chemical Chemistry
024	Cytopathology
025	Forensic Medicine
026	Haematology
027	Immunology
028	Microbiology
029	Spec Path(Cons) Temp code
030	Emergency Medicine
031	Surgery
032	General Surgery
033	Cardio-Thoracic Surgery
034	Neurosurgery
035	Othopaedic Surgery
036	Paediatric Surgery
037	Plastic and Reconstruct Surgery
038	Urology
039	Vascular Surgery
040	Clinical Genetics
041	Specialist - Occupational Medicine
042	Pain Medicine

CODE	SERVICE
043	Palliative Medicine
045	Diagnostic Ultrasound
046	Radiology
047	Diagnostic Radiology
048	Diagnostic Nuclear Medicine
049	Radiation Oncology
051	Anaesthesia
052	Dermatology
053	Obstetrics and Gynaecology
054	Ophthalmology
055	Otolaryngology Head and Neck Surgery
056	Psychiatry
057	Public Health Medicine
058	Rehabilitation Medicine
059	Medical Administration
060	Anaesthetics (Intensive Care)
062	Oral and Maxillofacial Surgery
073	Oral Surgery
076	C/Physician Pain Medicine
077	C/Physician Palliative Medicine
078	Consultant Physician Occupational
079	C/Physician Infect Diseases
080	C/Physician Clinical Genetics
081	C/Physician Internal Medicine
082	C/Physician General Medicine
083	C/Physician Immunology and Allergy
084	C/Physician Cardiology
085	C/Physician Haematology
086	C/Physician - Endocrinology
087	C/Physician Gastroenterology and Hepatology
088	C/Physician Nephrology
089	C/Physician Neurology
090	C/Physician Nuclear Medicine
091	C/Physician General Paediatrics
092	C/Physician Rehabilitation Medicine
093	C/Physician Rheumatology
094	C/Physician Respiratory and Sleep Medicine
095	C/Physician Clinical Pharmacology
096	C/Physician Geriatric Medicine
097	C/Physician Medical Oncology
098	C/Physician Intensive Care
099	C/Physician - Psychiatry
102	Dentist (Approved)
115	Accredited Orthodontist (Cleft)

