

Patient Assisted Travel Scheme (PATs)

Manual

1 January 2008

Improving country residents' access to specialist
medical services.



CONTENTS

1	INTRODUCTION	1
1.1	OVERVIEW.....	1
1.2	PURPOSE OF THE PATIENT ASSISTED TRAVEL SCHEME	1
	1.2.1 Assistance Provided	1
	1.2.2 Flexibility in Travel Arrangements.....	2
	1.2.3 Conditions.....	2
	▪ Residence	2
	▪ Distance	2
	▪ Nearest Medical Specialist	2
	1.2.4 Failure to Attend an Appointment, Pre-Paid Flight or Accommodation	2
	1.2.5 Exceptional Rulings.....	3
2	ELIGIBILITY	4
2.1	APPLICANT CRITERIA	4
	2.1.1 Residency	4
	2.1.2 Residency Exclusions	5
	2.1.3 Minimum Distance Travelled	5
	2.1.4 Safety Net for People Travelling 70 - 100 km	5
	2.1.5 Interstate Travel.....	6
	2.1.6 Travel and Accommodation Subsidy Claimable Under Other Schemes.....	6
	▪ Department of Veterans Affairs (DVA)	6
	▪ Motor Vehicle Insurance or Workers' Compensation	6
	2.1.7 Returning Home Following Inter-Hospital Patient Transfer (IHPT) or Primary Evacuation.....	7
	2.1.8 Accompanying Family Member/ Legal Guardian following Inter-Hospital Transfer (IHT)	7
	2.1.9 Accommodation Subsidy Following Discharge.....	7
2.2	MEDICAL ELIGIBILITY CRITERIA	8
	2.2.1 Eligible Medical Specialists.....	8
	2.2.2 PATS Eligibility for Procedures Carried out by a General Practitioner Proceduralist	8
	2.2.3 Eligible Specialist Services	9
	2.2.4 Antenatal Visits to GP Obstetrician.....	9
2.3	REFERRING CRITERIA	10
	2.3.1 Referring Practitioner.....	10
	2.3.2 Nearest Available Medical Specialist	10
	2.3.3 Referral through the Local or Regional Specialist	11
3	ESCORTS	12
3.1	DEFINITION OF ESCORT	12
	3.1.1 Attendants	12
3.2	APPROVAL.....	12
4	ASSISTANCE PROVIDED	14
4.1	MEET AND ASSIST	14
4.2	PATIENT CONTRIBUTION.....	14
	4.2.1 Concession Cards	14
	4.2.2 Contribution Rate for Non-Concessions Card Holders.....	15
	4.2.3 Contribution Rate for Concession Card holders	15



4.2.4	Contribution Rate for Escorts	15
4.3	TRAVEL SUBSIDY	16
4.3.1	Fuel Subsidy	16
4.3.2	Calculating Distance	16
4.3.3	Surface Travel (Coach or Rail)	17
4.3.4	PATS Subsidy for People Travelling Less than 100km	17
4.3.5	Air Travel	17
	▪ Pilbara and Kimberley Regions and Remote Areas	17
	▪ Air Travel Approvals for Journeys Less than 16 hours	18
	▪ Upgraded Travel	18
4.3.6	Assistance with Transport while at the Treatment Centre	18
4.3.7	Patients Conditions that are Eligible for Additional Transport Assistance	19
4.3.8	Dialysis Patients that are Eligible for Transport Assistance	19
4.3.9	Vehicle Hire	19
4.3.10	Travel Subsidy for an Escort	19
4.4	ACCOMMODATION SUBSIDY	20
4.4.1	Assistance Payable	20
4.4.2	Patient Eligibility	20
4.4.3	Accommodation Subsidy Following Discharge	21
4.4.4	Escort Eligibility for Accommodation Subsidy	21
4.4.5	Period of Assistance	21
4.4.6	Extended Periods of Accommodation Assistance	22
4.4.7	Accommodation and Extended Course of Treatment	22
4.4.8	Long Term Accommodation Assistance Beyond Six Months	22
4.4.9	Boarders at King Edward Memorial Hospital (KEMH)	23
5	SPECIAL RULINGS	24
5.1	DENTAL AND ORAL	24
5.1.1	Eligible Dental and Oral Services	24
5.1.2	Oral Maxillo-Facial Surgery	24
5.1.3	Dental Treatment for Cleft Lip and Palate	24
5.1.4	Exceptional Circumstances - Dental	25
5.2	MEDICAL IMAGING	26
5.2.1	Mammography	26
5.3	DIALYSIS	27
5.4	ASSISTED REPRODUCTIVE TREATMENT	27
5.5	DECEASED PATIENT OR ESCORT	28
5.5.1	Concession card holders or people who lived above the 26 th parallel	28
5.5.2	Non-concession cardholders or people who lived below the 26 th parallel	28
5.6	DONORS	28
5.7	REFRACTIVE SURGICAL PROCEDURES	29
5.7	WHEELCHAIR PATIENTS	29
5.8	NEXT STEP (ALCOHOL AND DRUG AUTHORITY) PATIENTS	29
5.9	CHILD BIRTH	30
6	QUICK REFERENCE & DEFINITIONS	31



1 Introduction

1.1 Overview

The Patient Assisted Travel Scheme (PATS) Manual provides a methodology for consistency in application of the Patient Assisted Travel Scheme. This manual has been revised and is effective from 01 January 2008. This manual supersedes the previous PATS Guidelines of November 2004. This manual includes all advice previously provided under cover of Department of Health Operational Directives between November 2004 and 31 May 2007.

The PATS Manual, relevant forms, and brochures are available on the WA Country Health Service (WACHS) Website: www.wacountry.health.wa.gov.au. This manual should be read in conjunction with other Department of Health Policies and Directives:

<http://intranet.health.wa.gov.au/circularsnew/index.cfm>, notably the Metropolitan Health Services Specialist Outpatient Services Access Policy: http://intranet.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=12274

Subsequent amendments to the policy and manual will be issued by WA Country Health Service under cover of directive advice.

1.2 Purpose of the Patient Assisted Travel Scheme

The purpose of the Patient Assisted Travel Scheme is to assist permanent country residents to access the nearest eligible specialist medical services (including a Telehealth enabled service) by providing a subsidy towards the cost of travel and accommodation for eligible patients and escorts.

1.2.1 Assistance Provided

The PATS assistance is limited to the provision of support towards the cost of transport and accommodation. The PATS does not provide assistance towards the cost of meals or other expenses involved in attending eligible specialist medical services.

Assistance can be provided in advance for all eligible patients for:

- booking and paying for travel fares (bus, rail, or air);
- booking and paying for accommodation; or
- purchase of fuel, through fuel cards where available.

In some circumstances, the PATS will also provide a subsidy for an escort to assist the patient (see 3.0 Escorts).



1.2.2 Flexibility in Travel Arrangements

Subject to all other eligibility criteria being met, flexibility in travel arrangements is allowed.

- The patient will be required to fund the cost of any increases in fares or accommodation which result from extended travel arrangements (for example the patient will be required to pay the difference between a non-peak fare and a higher peak travel fare).
- Any additional costs such as administration charges and cancellation fees must also be borne by the patient as a result of the extended stay.
- If the patient's extended travel arrangements are cheaper than would otherwise have been arranged, then PATS will only cover the lower amount (i.e. there will be no monetary benefit to the patient).

1.2.3 Conditions

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

- **Residence** Must be a permanent WA country resident who is eligible for Medicare (conditions apply).
- **Distance** Must travel more than 100km (one way) specifically to access specialist medical treatment (restrictions apply for patients who frequently need to travel between 70-100km for the treatment of chronic conditions).
- **Nearest Medical Specialist** Referral must be to the closest available recognised medical or approved oral specialist service (which may be a Telehealth enabled service) which can provide the treatment required within the timeframe deemed necessary by the urgency classification of the patient's medical condition.

1.2.4 Failure to Attend an Appointment, Pre-Paid Flight or Accommodation

If a patient is unable to attend an appointment, pre-paid flight or accommodation, 24 hours notice of cancellation must be provided. If adequate notice is not provided together with reasonable evidence to substantiate the cancellation, PATS assistance will not be provided for a replacement journey unless there are exceptional circumstances.



1.2.5 Exceptional Rulings

The Regional Director, or their delegate, may approve the PATS application, if it meets the intent of the scheme. Exceptional rulings take into account the specific individual circumstances of a patient and do not set a precedent for future decisions.



2 Eligibility

2.1 Applicant Criteria

2.1.1 Residency

The patient must be a permanent resident of a country area of Western Australia. Evidence of residence may be requested. This can include a copy of tax invoices, official documentation which clearly states the patient's local address or through verification of patient electoral enrolment via the Australian Electoral Commission Website <https://oevf.aec.gov.au/verifyenrolment.aspx>

📁 Note: There is no minimum qualifying or waiting period applied to determine permanent residency for PATS purposes; e.g. even if the applicant has just moved to the area, as long as this is their permanent residential address, they are eligible to apply for PATS assistance.

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

📁 Note: People who permanently reside in country Western Australia but who do not hold Australian residency status entitling them to government provided medical treatment under Medicare may be eligible for certain types of treatment under Australia's *Reciprocal Health Care Agreement*. See Department of Health Operational Directive 1986/05 18 August 2005 for further details on the Reciprocal Agreement:
http://intranet.health.wa.gov.au/circulars/circular.cfm?Circ_ID=11976

If a person meets the country residence criteria above and is entitled to treatment under the *Reciprocal Health Care Agreement* they will be eligible for PATS assistance.

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

Permanent residents of a country area of Western Australia, who are temporarily away from home, but still within country Western Australia and require access to specialist medical services, will be eligible to receive PATS. This will be providing their need for treatment was not known or reasonably foreseeable at the time of departure from the usual place of residence.



For PATS to apply, the minimum distance travelled criteria of 100 kilometres applies (see 2.1.3 Minimum Distance Travelled).

The level of assistance provided will be the least costly option between:

- Travelling from their permanent residential address; or
- Travelling from their current location.

The maximum level of assistance provided for the return journey will be that they would have received from their usual place of residence.

PATS is not available for country residents travelling/holidaying interstate.

2.1.2 Residency Exclusions

- Where a patient is travelling, or has travelled, to the treatment centre for another purpose and, subsequently, requires specialist medical attention they are ineligible to claim PATS assistance as they are already at the treatment centre.
- Students in boarding schools or colleges/universities residing in Perth are not eligible for travel assistance. Parents visiting boarding students when they are sick also do not qualify for PATS assistance.
- When a student returns to a country area during vacation, they are only eligible when the referring medical practitioner gives a medical reason why the student is required to see the medical specialist prior to their scheduled return.
- Fly-in-Fly-out contractors receiving a living away from home allowance/concession and/or whose permanent residence is not in country Western Australia are not eligible for PATS.

2.1.3 Minimum Distance Travelled

For PATS to apply, the patient must travel more than 100 km one way from their residence to access the nearest specialist medical service (see 4.3.2 Calculating Distance).

2.1.4 Safety Net for People Travelling 70 - 100 km

People who are required to travel frequently to access medical specialist treatment, for chronic conditions such as oncology or dialysis treatment and who need to travel between 70 and 100 km are eligible for limited PATS assistance. (see 4.3.4 PATS Subsidy for People Travelling Less than 100 km).

Residents of Peel living in postcodes 6207, 6208 and 6210 who are required to travel 70-100 km to access their nearest eligible medical specialist for urgent treatment are eligible for limited PATS. (see 4.3.4 PATS Subsidy for People Travelling Less than 100 km)

PATS subsidy is only available when alternative transport options provided through the health service are not available.



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

2.1.5 Interstate Travel

PATS is an **intrastate** scheme only. However, assistance may be provided for travel to another state if the referral is to the nearest specialist and all other PATS criteria are met. This primarily affects localities in the Kimberley and Goldfields where the closest specialist may be in Darwin or Alice Springs.

Interstate travel for highly specialised medical care not available in Western Australia is covered by the Interstate Patient Transfer Scheme (IPTS). Information relating to IPTS should be sought from the Office of the Chief Medical Officer in the Department of Health on (08) 9222 2231.

Where country residents are accessing the IPTS, their travel for the intrastate component of their journey (e.g. country to Perth) is covered by the IPTS, not PATS.

2.1.6 Travel and Accommodation Subsidy Claimable Under Other Schemes

▪ Department of Veterans Affairs (DVA)

Veterans are eligible for travel assistance through the DVA Repatriation Transport Arrangements. The level of accommodation assistance is variable and will be assessed on an individual basis by the DVA. Veterans should call the DVA on 1300 550 454 to claim assistance. Patients holding a WHITE DVA card are only covered for the treatment of accepted disabilities and the GOLD DVA card covers all health care needs.

The PATS Clerk is to check the person's eligibility (with the card holder's permission) by contacting the DVA office on 1300 550 454. If the patient is not eligible for DVA assistance, then the usual PATS criteria apply.

A Fact Sheet on the *Repatriation Transport Arrangements* is available on the DVA Website: www.dva.gov.au/health/provider/lmo/notes/20.htm

▪ Motor Vehicle Insurance or Workers' Compensation

Where treatment is covered by workers' compensation (WC) or motor vehicle accident insurance trust (MVIT), the patient should claim the travel and accommodation costs from the insurance company, not through PATS. In cases of financial hardship, PATS assistance may be provided and recouped against future compensation or insurance awards. Relevant claim references and numbers should be recorded on the *Application for PATS Assistance* form.

The PATS Clerk is to lodge the form with the patient's solicitor/insurer as soon as practical.



2.1.7 Returning Home Following Inter-Hospital Patient Transfer (IHPT) or Primary Evacuation

Permanent residents of country WA who have been admitted to hospital through IHPT or primary evacuation are eligible for PATS assistance once they have been discharged from a public or private hospital provided that the IHPT to a private hospital was originally to the closest available facility that could provide the necessary treatment in the timeframe required. Assistance for the return journey is provided to the usual place of residence or a closer location if requested by the patient. The region in which the patient resides is responsible for the approval, organisation and payment of the PATS assistance.

2.1.8 Accompanying Family Member/ Legal Guardian following Inter-Hospital Transfer (IHT)

There is no provision for a family member/ legal guardian to accompany an adult patient for inter-hospital patient transfer or primary evacuations as the patient is under appropriate medical and nursing supervision. The Ambulance or Royal Flying Doctor Service (RFDS) services may, on occasion, permit a person to travel with the patient. However, that person shall be made aware that they will not be eligible for assistance for their return journey.

If the patient travels to the treating hospital by Ambulance or RFDS, the health service may approve accommodation and/or travel assistance for a family member/ legal guardian if:

- the patient is critically ill (e.g. life threatening situation);
- the patient is receiving post discharge specialist medical outpatient care;
- the family member/ legal guardian is required following the patient's discharge to travel on the return journey with the patient;
- the family member/ legal guardian /carer is learning procedures required post discharge;
- the patient is a dependent child; or
- the family member/ legal guardian is legally required to make medical decisions on behalf of the patient.

2.1.9 Accommodation Subsidy Following Discharge

If a patient who is eligible for PATS is required to stay at the treatment centre for outpatient specialist medical care following discharge from hospital, they are entitled to accommodation assistance through PATS.

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

Similarly, when returning home, if the patient has to remain overnight while in transit (e.g. awaiting transfer back to a remote community), then accommodation assistance is to be available.




In cases where the patient is required to return to the specialist for a follow-up appointment within a short period following discharge, an accommodation subsidy is provided to assist the patient to remain at the treatment centre, rather than return home.

2.2 Medical Eligibility Criteria

2.2.1 Eligible Medical Specialists

An eligible medical specialist is either:

1. A medical practitioner who is recognised as a specialist for Medicare Benefits purposes; or
2. A hospital or health service employed specialist.

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

The Australian Medical Council maintains a Medical Specialties list. The list is included on *Section B* of the *Application for PATS Assistance* form. The list is subject to ongoing review and can be located via the Australian Medical Council website <http://www.amc.org.au/>

Referrals to other health professionals, such as general or allied health practitioners (e.g. speech pathology, physiotherapy, podiatry, clinical psychology, occupational therapy, audiology, pathology, etc), dentists and nursing health professionals are not medical specialists, and therefore do not meet the criteria for PATS assistance. (See 5.0 Special Rulings for further information)

2.2.2 PATS Eligibility for Procedures Carried out by a General Practitioner Proceduralist

Patients are eligible for PATS assistance for specialist treatment carried out by a GP Proceduralist, for example obstetrics or surgery. This does not include standard consultations or minor procedures. Medical specialist treatment with MBS items above 30000 carried out by a General Practitioner Proceduralist, with the exception of those listed in Table 1 are eligible for PATS.



Table 1 outlines those procedures with a schedule number above 30000, which are **not eligible**, unless performed in a theatre under general or regional anaesthesia (not local anaesthesia).

Table 1: MBS Items above 30000, **Not Eligible** for the PATS

30026	Repair of skin/subcutaneous tissue wound (less than 7cm long)
30035	Repair of skin/subcutaneous tissue wound (less than 7cm long)
30061	Removal of foreign body
30071	Biopsy of skin or mucous membrane
30186	Removal or palmar or plantar warts
30187	Removal or palmar or plantar warts
30192	Treatment of premalignant skin lesions
30196	Removal of cancer of skin or mucous membrane
30202	Removal of cancer of skin or mucous membrane
30203	Removal of cancer of skin or mucous membrane
30207	Skin lesions
30216	Aspiration of haematoma
30219	Haematoma, furuncle or small abscess
30223.	Large haematoma, large abscess, carbuncle, cellulitis

This list is subject to the listed MBS schedule

2.2.3 Eligible Specialist Services

Services that are eligible under the PATS include:

- Specialist medical services or oral surgery items covered by an item in the Commonwealth Medicare Benefits Schedule (MBS) Book ¹;
- Specialist services involved in the fitting of an artificial limb;
- Specialist services involved in the fitting of an artificial eye;
- Dental treatment covered by an item in the Medicare Benefits for Services by Accredited Dental Practitioners in the Treatment of Cleft Lip and Cleft Palate Conditions Booklet²; or
- Services covered under 5.0 Special Rulings.

To check whether a procedure/consultation is covered under Medicare, call the Medicare enquiries line on 13 20 11, or visit the website: www9.health.gov.au/mbs

2.2.4 Antenatal Visits to GP Obstetrician

PATS assistance is available to eligible patients for four antenatal visits to the nearest GP Obstetrician, with each pregnancy. If additional antenatal visits are required, the medical practitioner is to provide supporting clinical information on the *Application for PATS Assistance* form.

¹ Medicare Benefits Schedule Book; www9.health.gov.au/mbs

² Medicare Benefits for Services by Accredited Dental Practitioners in the Treatment of Cleft Lip and Cleft Palate Conditions Booklet



2.3 Referring Criteria

2.3.1 Referring Practitioner

Patients can be referred to eligible medical specialists or eligible specialist services by:

- a general practitioner;
- a medical practitioner within the hospital;
- a medical practitioners' private rooms;
- a dentist for approved oral surgery or cleft lip/palate treatment;
- an optometrist for an appointment with an ophthalmologist;
- a registered medical specialist ; or
- a registered nurse or registered nurse practitioner (with the telephone advice of a medical practitioner) when a patient is being referred from a designated nursing post for the purposes of urgent medical specialist treatment.

The referring practitioner must sign the appropriate section of the *Application for PATS Assistance* form. South West patients are required to be registered by the referring practitioner.

An *Application for PATS Assistance* form is valid for up to three months, when it is anticipated that a course of treatment will require recurrent visits to the medical specialist.

Pre-operative anaesthetic appointments should coincide with the appointment for surgery unless there is an increased risk of complication as a result of the procedure, in which case the referring medical practitioner should provide sufficient clinical details to support the application for the PATS.

Appointments for associated non-medical specialist services (e.g. allied health) may coincide with medical specialist appointments, and where possible this should be encouraged. In this case, an extra night or two of accommodation assistance may be considered while associated allied health consultations are completed (see 4.4 Accommodation Subsidy).

2.3.2 Nearest Available Medical Specialist

Patients seeking assistance under PATS must normally attend the nearest medical specialist (including Telehealth options) who can provide the treatment required, within the clinically appropriate timeframe. PATS does not provide unrestricted choice of specialist.


If the referring medical practitioner considers that there is a valid clinical reason for referral to other than the nearest specialist, sufficient clinical detail must be provided on the *Application for PATS Assistance* form to enable consideration to be given to this request.



South West patients please contact SW PATS on 1800 823 131.

Where the patient does not wish to access the closest medical specialist service for any reason, they are not eligible for PATS assistance for any portion of the trip.


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

 Note: Continuity of Specialist Care

Follow-up treatment is subject to the normal PATS eligibility criteria for closest appropriate and available specialist. If a local or visiting specialist can provide appropriate follow-up care, the patient is not eligible for PATS to return to the initial specialist. There is no distinction made as to whether a patient accesses an eligible specialist on a private or public basis.

2.3.3 Referral through the Local or Regional Specialist

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

 Note: The PATS Clerk, or referring GP, may satisfy this criterion by a telephone call to the regional specialist. The regional specialist may choose to discuss the case and/or review the *Application for PATS Assistance* form, rather than an in-person appointment.



3 Escorts

PATS provides assistance for one escort only. Escorts need to be aware of their role and responsibility and be able and willing to undertake this role.

3.1 Definition of Escort

An escort is an adult person who:

- Accompanies an eligible patient on a journey to or from specialist appointments; and/or
- May need to stay overnight while an eligible patient is hospitalised, is awaiting transport home, or is receiving outpatient treatment (see 4.4.4 Escort Eligibility for Accommodation Subsidy)

In exceptional circumstances a person under 18 may be eligible for PATS assistance as an approved escort.

When the patient is under 18 years of age, a parent or guardian will automatically be approved as the escort. An additional escort may be provided in extenuating circumstances when both the patient and their parent or legal guardian are under 18 years of age. This will be evaluated on a case by case basis.

3.1.1 Attendants

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

Requests for attendants within PATS must be approved by the Regional Director, or delegate. The responsibility for arranging the attendant and paying the relevant costs is that of the local health service.


3.2 Approval

An escort is automatically approved where:

- the eligible patient being escorted is a dependent child ;
- Centrelink has determined that the eligible patient is under the care of a principal carer;
- home dialysis patients are receiving training (a carer is required to attend as a condition of the medical specialist treatment);
- the escort is legally required to make decisions on behalf of the patient;



- the referring practitioner, prior to departure specifies the reason why an escort's presence is essential, on the *Application for PATS Assistance* form, for the:
 - physical well-being of the patient, for example the 'patient requires physical care assistance during travel/treatment centre' or 'patient is in early stages of dementia'; or
 - physical well-being of the patient due to an effect of the likely treatment to be received. The referring practitioner must specify the reason why an escort is required, for example the 'patient is at significant risk of seizure', or 'patient is unable to drive within 24 hours of treatment'.

 Note: 'General support to the patient' or 'Patient from a remote community', are insufficient reasons to enable the PATS Clerk to provide approval for an escort.

If the referring medical practitioner specifies that an escort is required for a reason other than that of physical necessity, then approval for the escort is to be determined by a senior clinical health service employee, such as the Director of Nursing or Regional Medical Director.

The senior clinician is to consider factors such as the age, general health, language barriers, remoteness of residence, exposure to life skills, and resources available for the patient during their trip.

Options such as teleconference or videoconference with a family member, or utilising support services such as "Meet and Assist" (see 4.1 Meet and Assist) should be considered.



4 ASSISTANCE PROVIDED

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

4.1 Meet and Assist

Meet and Assist is an innovative and culturally sensitive service that meets and supports mainly Aboriginal clients travelling from remote locations to attend specialist treatment in Perth.

The service is designed for individuals who are elderly, wheelchair bound or first timers to Perth who need assistance with transport to a hospital or hostel.

A dedicated team of registered nurses, enrolled nurses and Aboriginal Health Workers known as the Aboriginal Hospital Liaison Unit (AHLU) administer the program. Together, they act as patient advocates, visit patients in hospital and assist in travel planning, accommodation arrangements, discharge planning and help to minimise culture shock. Further information is available on the WACHS website:

<http://wachs.health.wa.gov.au/default.asp?rid=7&pid=2701> or by contacting the AHLU 9347 6541.

4.2 Patient Contribution

4.2.1 Concession Cards

The following is a list of concession cards that are accepted for the purpose of PATS:

- Pensioner Concession Card (Centrelink);
- Health Care Card (Centrelink); and / or
- Commonwealth Seniors Health Card (Centrelink)

The Department of Veteran's Affairs (DVA) Gold or White and the WA Seniors Card (Office for Seniors Interests & Volunteering) cards do not qualify as concession cards for the purpose of PATS.

Veteran's Affairs cardholders should contact the Department of Veteran's Affairs to assess their eligibility for assistance through the DVA Scheme (see section 2.1.6 Travel and Accommodation Subsidy Claimable Under Another Scheme).



4.2.2 Contribution Rate for Non-Concessions Card Holders

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

After four trips where a contribution has been made no further contribution is required in a defined 12 month period. The 12 month period is calculated from the date of the 1st appointment. No non-concession card holder patient or family will be required to contribute more than \$200 in a defined 12 month period.

If the PATS Clerk is making the travel booking, the contribution is payable prior to travel, unless otherwise negotiated.

“Family” is defined as an adult, or a couple together with any dependent children living under the same roof. A dependent child, with shared parenting arrangements may be considered as a dependent of either parental party.

Non-concession cardholders making a trip where the eligible assistance is less than \$50 do not receive any assistance for the first four trips. Applicants will need to provide documented evidence of the initial four trips in order to claim a subsidy for the fifth and subsequent trips. Acceptable evidence may include a completed *Specialist Certification* form, a letter from the referring doctor or specialist, or accounts for the specified dates from the eligible medical specialist.

4.2.3 Contribution Rate for Concession Card holders

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

- 📁 Note: Staff must confirm the status of the patient’s Concession Card by:
- sighting the patients Concession Card;
 - note the expiry date of the card in the PATS database; and
 - verification of Concession Card status with Centrelink’s online customer database

4.2.4 Contribution Rate for Escorts

Approved escorts are not required to make a contribution in addition to the patient's contribution.



4.3 Travel Subsidy

Payment in advance is to be offered for all approved PATS patients and their escorts (see 1.2.1 Assistance Provided).

4.3.1 Fuel Subsidy

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

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


Frequent travellers who live more than 100km from their nearest treatment centre are eligible for an increased fuel subsidy of 15 cents per kilometre. This is payable on their fifth and subsequent trips made in any preceding 12 month period.

4.3.2 Calculating Distance

Distances are calculated as follows:

- When residing within the town boundaries, calculate the kilometres from the home town to the treatment centre; or
- If residing outside a town's recognised boundaries, calculate the distance from the patient's door to the treatment centre.

The treatment centre is taken to be Perth where a patient visits or accesses the eligible specialist service within the boundaries of the following local governments: Armadale, Bassendean, Bayswater, Belmont, Cambridge, Canning, Claremont, Cockburn, Cottesloe, East Fremantle, Fremantle, Gosnells, Joondalup, Kalamunda, Kwinana, Melville, Mosman Park, Mundaring, Nedlands, Peppermint Grove, Perth, Rockingham, Serpentine-Jarrahdale, South Perth, Stirling, Subiaco, Swan, Victoria Park, Vincent and Wanneroo.

 Note: The current edition of the *Distance Book*, published by Main Roads, Western Australia is used to calculate the distances between towns:
www2.mainroads.wa.gov.au/NR/mrwa/run/startr.asp



4.3.3 Surface Travel (Coach or Rail)


Costs are reimbursed according to the relevant economy or discounted fare. Payment in advance is to be offered for all approved PATS patients and their escorts (see 1.2.1 Assistance Provided).

4.3.4 PATS Subsidy for People Travelling Less than 100km

Frequent travellers who live between 70 and 100km (one way) from the treatment centre (see section 2.1.4 Safety net for people travelling 70 - 100 km) receive a standard subsidy of \$20 per return trip, irrespective of the mode of travel, the need for an escort or accommodation.

Residents of Peel living in postcodes 6207, 6208 and 6210 who are required to travel 70-100km to access their nearest eligible medical specialist for urgent treatment are immediately entitled to a flat rate of \$20 per return trip. Patients who are undergoing treatment for a chronic illness are eligible after seven trips that have been made in the preceding 12 months.

PATS subsidy is only available when alternative transport options provided through the health service are not available.

 Note: Patients who travel on one day and return on another day receive the standard subsidy of \$20, as the subsidy is calculated on a return trip.

4.3.5 Air Travel

▪ Pilbara and Kimberley Regions and Remote Areas

Air travel is automatically provided where:

- a regularly scheduled air service from the point of departure to the point of destination exists; or
- travel to the nearest specialist involves a surface travel of more than 16 hours (one way), or is subject to excessive connection delays and prolonged stop.

If the airport is more than 100km from the patient's home, they are also entitled to claim a travel subsidy from home to the airport. Coral Bay residents are entitled to the shuttle bus service to Learmonth.

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



- **Air Travel Approvals for Journeys Less than 16 hours**

Where the referring medical practitioner certifies on the *Application for PATS Assistance* form the existence of a specific clinical risk that will cause an adverse clinical outcome for the patient if they travel by surface (road, train, or bus), air travel is approved for journeys of less than 16 hours equivalent road travel.

- **Upgraded Travel**

Where air travel is not approved and a patient elects to travel by air, the patient may be subsidised an amount equal to the equivalent public transport fare, or fuel subsidy, whichever is the lower.

4.3.6 Assistance with Transport while at the Treatment Centre

Concession Card holders are assisted with the cost of return transport between the airport, rail or bus station, and specialist appointment, or accommodation by the least costly appropriate transport option.

The PATS Clerk, in consultation with an appropriate clinician such as the Director of Nursing or their delegate, may determine a patient's eligibility to receive assistance for the cost of travel (including the use of taxi) between:

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

See section 4.3.7 Patients' Conditions that are Eligible for Additional Transport Assistance.

Taxi fares are not approved in the following circumstances :

- If the travel to the treatment centre has been by private vehicle, unless the effects of the clinical treatment at the treatment centre do not enable the patient to drive to their accommodation and an escort was not approved, for example following eye surgery or general anaesthesia; or
- The escort is visiting a hospitalised patient, or in any other circumstance when not accompanying the patient.

The Regional Director or their delegate may approve the use of a taxi to travel from the patient's residence to the treatment centre when no other travel options are available.

Where taxi vouchers are provided, the patient is to be provided with information to ensure that the taxi voucher is correctly completed.

PATS User Guidelines include information on airport shuttle services in the appendices.



4.3.7 Patients Conditions that are Eligible for Additional Transport Assistance

When the referring practitioner specifies the patient's condition warrants the provision of additional transport assistance e.g. taxi, due to one of the following:

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

In addition, cases may be eligible where cultural issues (e.g. unescorted people from remote Aboriginal communities; unescorted people of non-English speaking background) make it impractical for the patient to be expected to utilise other means of transport. The Meet and Assist Service in Perth should also be considered in these cases (see 4.1 Meet and Assist).

4.3.8 Dialysis Patients that are Eligible for Transport Assistance

If a patient is required to relocate in order to access dialysis treatment, and a dialysis satellite unit subsequently becomes available close to their country residence, PATS assistance will be provided for the return journey.

4.3.9 Vehicle Hire

Where a patient hires a vehicle they are eligible to receive only the subsidy equivalent to the value of the travel subsidy.

4.3.10 Travel Subsidy for an Escort

When an escort travels with the patient, the escort is eligible to receive a travel subsidy equivalent to the patient for assistance with bus, train, or airfares.

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

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



4.4 Accommodation Subsidy

When an application for accommodation assistance is approved, information regarding low cost accommodation options is to be offered to the patient. Information on some of the low cost accommodation options available can be found at: www.wacountry.health.wa.gov.au/PATS

4.4.1 Assistance Payable

The rate of accommodation subsidy is as follows:

- Private home accommodation (no receipt required): \$10 per night.
- Commercial accommodation (receipts are required): up to \$35 per night.

If the accommodation subsidy is to be paid directly to the accommodation provider, a local purchase order (LPO) can be used to pay for the approved period of accommodation. The accommodation provider then invoices the health service based on the purchase order.

4.4.2 Patient Eligibility

A patient is eligible for accommodation assistance only if they live more than 100 km from the treatment centre and:

- the medical specialist certifies that the patient needs to stay overnight for follow-up;
- the patient needs to arrive the day prior to the appointment due to transport schedules/availability;
- approval has been given for the patient to extend their stay by one or two days to attend associated allied health specialist appointments (see Eligible Medical Specialists 2.2.1);
- the forward and return journeys cannot reasonably be completed in one day. This should take into account time required travelling, type of travel and any other relevant factors such as the patient's condition; for example, cancer patients undergoing chemotherapy may not tolerate travel on the same day and may require PATS accommodation assistance overnight following treatment;
- transport schedules do not permit return home on the day of discharge (see 4.4.3 Accommodation Subsidy Following Discharge); or
- the private vehicle journey is in excess of 750 km one way. A patient without a Concession Card who travels greater than 750 km one way and needs to stay three nights at the destination would be entitled to assistance for two nights; a holder of a Concession Card would be entitled to assistance for five nights.

Note: Accommodation assistance will not be available for those patients wishing to extend their stay for reasons that are not related to their medical condition. The accommodation assistance will only apply for those nights relating to their medical treatment.



4.4.3 Accommodation Subsidy Following Discharge

If a patient who is eligible for PATS is required to stay at the treatment centre for outpatient specialist medical care following discharge from hospital, they are eligible for accommodation assistance through PATS.

4.4.4 Escort Eligibility for Accommodation Subsidy

The accommodation subsidy for approved escorts is at the same rate as the patient. An escort is eligible for an accommodation subsidy when:

- the referring practitioner or medical specialist certifies that the patient's physical condition necessitates the presence of an escort;
- the patient is a dependent child and has been admitted to hospital and the escort is unable to be accommodated at the hospital as a boarder; or
- the patient needs assistance from an escort due to their condition on discharge and it is cheaper to pay accommodation for the escort to remain at the treatment centre during the period of hospitalisation, rather than pay for a second journey to collect the patient.

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

4.4.5 Period of Assistance

PATS can provide an accommodation subsidy for a single trip to a treatment centre for a period not greater than six months. The period of assistance is applied as follows:

- where the patient is covered by a Concession Card, assistance is provided for all nights;
- where a patient (individual or family) does not have a Concession Card, the accommodation subsidy is payable for all nights, excluding the first three nights accommodation of each journey up to and including the fourth journey;
- for a patient (individual or family) without a Concession Card, after four trips the accommodation subsidy will be payable from the first night. No further contribution is required in the defined 12 month period. The 12 month period is calculated from the date of the 1st appointment.

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



If a patient's stay at the treatment centre is unexpectedly extended and is certified as medically necessary by the medical specialist, the patient should contact the PATS Clerk the next working day at the health service where the *Application for PATS Assistance* form was lodged to make arrangements to seek approval for the extended time period and changes to transport arrangements.

4.4.6 Extended Periods of Accommodation Assistance

The Regional Director or their delegate must approve applications for periods of accommodation in excess of 10 days, but less than six months.

Should accommodation need to be extended beyond the approved time period, the medical specialist must document the reason on the *PATS Specialist Certification* form.

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

4.4.7 Accommodation and Extended Course of Treatment

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

Patients should make plans to stay at the treatment centre for the whole course of treatment. PATS assistance is not provided for return journeys home during the course of the treatment.

If a patient elects to return home during the extended course of treatment they may claim either the travel or the accommodation subsidy whichever is the lower. The health service cannot pay both a travel and an accommodation subsidy for the same period of time.

4.4.8 Long Term Accommodation Assistance Beyond Six Months

In some instances patients remain at a treatment centre away from their primary residence for indefinite periods. This mainly applies to dialysis patients.

PATS accommodation assistance ceases to apply where:

- a country resident has transferred their primary residential address to the area where treatment is being received; or
- assistance extends beyond the six months (continuous) even if medical reasons prevent the patient from relocating.



Prior to completion of the six-month period, if it is apparent that a patient will not be able to return home after six months, they should be encouraged to seek assistance from the local health service social worker to reassess their health care and accommodation requirements.

For Aboriginal dialysis patients, the *PATS User Guidelines* should be consulted with respect to utilisation of the Autumn Centre.

4.4.9 Boarders at King Edward Memorial Hospital (KEMH)

Agnes Walsh House is located on the grounds of KEMH and can accommodate mother/female escorts of inpatient babies at no cost to the escort or PATS. Agnes Walsh House is unable to accommodate children or males.

In instances when the escort is unable to stay in Agnes Walsh House then they are eligible for a PATS accommodation subsidy (for the one escort only, not for the accompanying child).

When the treating medical officer certifies that a baby is seriously ill, and the mother is accommodated as a boarder, then the other parent or partner of the mother is eligible to receive an accommodation subsidy for a maximum of ten nights. Only one person is eligible to claim the accommodation subsidy, irrespective of how many people accompany them. If an accommodation subsidy is required for greater than ten nights in total, the Regional Director or delegate is to review the circumstances and determine if an exceptional ruling applies.



5 SPECIAL RULINGS

5.1 Dental and Oral

5.1.1 Eligible Dental and Oral Services

Most specialist dental services are not covered under PATS.

PATS support is only available for serious oral conditions including;

1. Eligible Medicare Benefits Schedule (MBS) items in the Oral and Maxillo-facial Medicare Benefits Schedule;
2. Treatment provided under the Cleft Lip and Palate scheme;
3. 'Exceptional dental circumstances' including specialist dental services for children and for adults with special needs when contemporaneous general anaesthesia is required.

PATS generally does NOT cover:

- The extraction of 3rd molars (wisdom teeth) - including under GA or sedation
- Orthodontic treatment (braces)
- Non-surgical temporo-mandibular joint treatment
- Implant surgery or crown and bridge treatment
- Endodontics (root canal therapy)
- Periodontal (gum) surgery or treatment
- MBS items in the Allied Health and Dental Services book (10975 - 10977)

5.1.2 Oral Maxillo-Facial Surgery

Services in the Oral and Maxillo-facial Medicare Benefits Schedule relating to serious conditions are eligible for PATS. This includes the management of facial trauma eg jaw fractures, serious dento-facial infections, oral malignancy etc.

Medicare Benefit Schedules can be viewed by searching "MBS online" at www.health.gov.au

A list of registered specialist oral and maxillo-facial surgeons can be accessed at www.dentalboard.wa.gov.au

Note: Extraction of wisdom teeth, implant surgery and pre-prosthetic surgery are not covered by PATS.

5.1.3 Dental Treatment for Cleft Lip and Palate

Patients referred to PMH for items in the Cleft Lip and Cleft Palate Medicare Benefits Schedule (items 75002 - 75854) are eligible for PATS.

Medicare Benefit Schedules can be viewed by searching "MBS online" at www.health.gov.au



5.1.4 Exceptional Circumstances - Dental

There are no MBS items to describe most eligible dental services. PATS applications forms should state which eligibility category {see (a) - (e) below} the treatment fulfils in Section A 5. CLINICAL DETAILS

Services for Children

- (a) Hospital-based management of severe dental trauma or severe dento-facial infections eg. cellulitis.
Transport will be to PMH.
- (b) Hospital-based dental services for children with significant medical co-morbidity or other serious conditions.
Transport will be to PMH.
- (c) Dental treatment requiring contemporaneous general anaesthesia.
Transport will be to PMH, OHCWA/ KEMH and private paediatric dentists. A list of registered specialist paediatric dentists can be accessed at www.dentalboard.wa.gov.au

Services for Adults

- (d) Hospital-based dental services for adults with significant medical co-morbidity.
Transport will usually be to RPH

Note: Routine oral medicine services are not covered by PATS.

- (e) Dental treatment for adults with special needs requiring contemporaneous general anaesthesia.
Transport will usually be to SDH.

For additional eligibility advice please contact:

Dental Health Services (Dr Martin Glick - 08 9313 0555)

The Centre for Rural and Remote Oral Health (Dr Kate Dyson - 08 9346 7249)

PMH dental department (Dr John Winters - 08 9340 8342)



5.2 Medical Imaging

Applications for PATS are approved for medical imaging consultation where the referring medical practitioner has indicated referral to a Radiologist for a procedure approved under Medicare. This may include referral to the closest service including x-ray, interventional radiological procedures, ultrasound, computed tomography (CT), nuclear medicine (NM), and magnetic resonance imaging (MRI) scan (MRI only if referred by a specialist).

However, from 01 January 2008, amendments to the Medicare Benefits Schedule will be made to include eligibility for GPs referring for MRI for MBS items 63328 - derangement of knee or its supporting structures, and 63049 - demyelinating disease of the brain. These examinations are eligible for PATS.

While the patient may not see the Radiologist, a Radiologist must read the films in order for the patient to be eligible for PATS assistance.

Where the Radiologist reviews the films without seeing the patient, the Medical Imaging Technologist is appropriate to sign the PATS *Specialist Certification* form once the examination has been completed. The Medical Imaging Technologist should ensure they place a line through any question that is not relevant to them when signing the *PATS Specialist Certification* form.

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

5.2.1 Mammography

PATS assistance applies where:

- a woman has attended the Breastscreen WA Mobile Breast Screening Service and an abnormality is identified which requires further investigation;
- a woman has an appointment at one of the Breast Assessment Centres that are part of the National Program for the Early Detection of Breast Cancer to have further investigation of an abnormality detected at this screening. There are two Breast Assessment Centres that provide assessment as part of the Breastscreen WA program and these are located at Royal Perth Hospital and Sir Charles Gairdner Hospital.

Note: Health services can recoup such PATS expenditure from Breastscreen WA, Women's Cancer Screening Service.



- a screening service is not available within an acceptable time frame through the BreastScreen WA Mobile Breast Screening Service and
 - the patient has been referred for a mammography screening by a medical practitioner;
 - the mammography assessment is covered by the Medicare Benefits Schedule; and
 - the patient is transferred to the closest available mammography service.
- An applicant is referred for diagnostic imaging evaluation of a palpable breast lump or other breast abnormality. Referral may be made to a general surgeon skilled in breast assessment or to a relevant Breast Assessment Centre or medical specialist.

5.3 Dialysis

Applications for PATS assistance are approved for attendance at dialysis clinics where the patient is under the care of a Nephrologist for a procedure approved under Medicare. Where the patient undergoes dialysis without seeing the Nephrologist, the nursing staff supervising the procedure should sign the *PATS Specialist Certification* form once the patient has undergone dialysis.

PATS assistance is also approved for patients attending a home therapies unit to undergo:

- training to perform their dialysis;
- routine clinical review; or
- assessment and treatment.

In this case the *PATS Specialist Certification* form is signed by the specialist dialysis nurse employed in the nurse lead clinic.

5.4 Assisted Reproductive Treatment

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

The woman's partner qualifies when he visits the specialist for his initial consultation and investigation (i.e. as a patient), and for one visit per cycle of treatment (i.e. as a patient). Neither the patient, nor the partner will be eligible for PATS assistance for additional trips for education or counselling. In these instances videoconferencing should be considered. There is no automatic entitlement for the partner to travel as an escort unless the guidelines for escort travel apply.



5.5 Deceased Patient or Escort

If a patient or escort dies following Inter-hospital patient transfer or PATS assisted travel to a hospital, the family may be eligible for assistance with the cost of transporting the deceased patient or escort to their place of residence.

5.5.1 Concession card holders or people who lived above the 26th parallel

When the deceased patient or escort held a valid concession card or lived above the 26th parallel, then the local health service is responsible for the cost of transporting the deceased patient or escort back to the country hospital nearest to the patient or escort's permanent place of residence, providing the case is not the liability of another agency (Refer to Technical Bulletin BB053/00: Transport of Deceased Persons

http://intranet.health.wa.gov.au/circulars/circular.cfm?Circ_ID=7731)

5.5.2 Non-concession cardholders or people who lived below the 26th parallel

For non-concession cardholders and people living below the 26th parallel, the following applies:

- If a patient or escort dies during a journey, or at the place of treatment, the travel allowance payable is deemed to be at the level of PATS subsidy, had the patient or escort been repatriated to their place of residence via surface travel or, if surface travel had involved travel of more than 16 hours, air travel .
- Accommodation costs are not payable for the escort of the deceased patient beyond the time of the patient's death, unless transport is not immediately available.
- Assistance is also provided to the mother and child where the child dies after birth.

The Department for Community Development (www.community.wa.gov.au) provides assistance for funeral costs in some cases. Any requests for assistance other than PATS entitlement should be referred to the regional delegate, who may consider social work referral as appropriate.

5.6 Donors

Travel and accommodation assistance for kidney donors is available for WACHS residents through the Live Kidney Donor - Travel Reimbursement Scheme. Information can be obtain via the following link

<http://www.wacountry.health.wa.gov.au/default.asp?documentid=512>

5.7 Refractive Surgical Procedures

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

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

To be eligible for PATS assistance, the patient must:


- be referred by an ophthalmologist; and
- have a range of myopia -2 to -6 diopters.

5.7 Wheelchair Patients

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

5.8 Next Step (Alcohol and Drug Authority) Patients

Eligible patients referred to Next Step specialist medical services (delivered by a medical specialist in addiction) are eligible to receive PATS assistance for the initial consultation for admission into a treatment or therapy program.

-  For example PATS assistance will apply for the initial consult when the;
- Patient undergoes a treatment or therapy program and relapses following completion of the program (same drug or different) and seeks treatment; or
 - Patient commences treatment / therapy, relapses during the program and then seeks readmission to a treatment / therapy program. Re-entry into the program requires an assessment by a medical specialist in addiction.

Patients needing travel and accommodation assistance for ongoing treatment and/or regular reviews while undergoing treatment on the Methadone program are not eligible for assistance from the PATS. Further information is available from the Alcohol and Drug Information Service: www.dao.health.wa.gov.au

5.9 Child Birth

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

Where a woman lives in a remote area where no birthing facilities exist, then accommodation assistance is available for two weeks prior to the confinement date.



Note: Medical conditions that usually prevent air travel during pregnancy include:

- Multiple pregnancy after 36th week; or
- Flights > 4 hours - single pregnancy after 36th week

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



6 QUICK REFERENCE & DEFINITIONS

Accommodation Assistance

Accommodation assistance is provided if:

- a. the forward and return journeys cannot reasonably be completed in one day;
- b. the specialist certifies that the patient needs to stay overnight for follow-up treatment;
- c. the specialist certifies that the patient's condition necessitates the presence of an escort and/or attendant;
- d. the journey is being made by private vehicle and is more than 750km by road (one way); or
- e. the cost of accommodation is less than a return journey if an eligible follow up appointment is scheduled.

Accommodation is paid at the following rates;

- a. private home accommodation - \$10 per night (no receipt required);
- b. commercial accommodation - up to \$35 per night (taxation receipts are required).

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

Attendant

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

Block Approval

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



Concession Cards

The following cards are 'concession cards' for the purposes of PATS:

- Pensioner Concession Card (Centrelink);
- Health Care Card (Centrelink); or
- Commonwealth Seniors Health Card (Centrelink).

Patients who hold a valid Pensioner Concession Card, Health Care Card, or Commonwealth Seniors Health Card are eligible for comprehensive levels of assistance under the PATS. Further information about these cards are available at:

www.centrelink.gov.au/internet/internet.nsf/publications/co153.htm

Cleft Lip and Palate (CLP) card is **not** a concession card for the PATS and can only be used to verify that the patient is eligible for any specialist CLP services.

Dental Services

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

Dependent child

A dependant child is a child under the age of 18 who normally resides with a parent and who is not in full time employment. This can include a child who is in a boarding institution during school term time. However, restrictions concerning travel for students who attend metropolitan boarding schools will apply.

Eligible Services

Services that are eligible under the PATS include:

- Specialist medical service or oral surgery item covered by an item in the Medicare Benefits Schedule Book;
- Specialist services involved in the fitting of an artificial limb;
- Specialist services involved in the fitting of an artificial eye;

Dental treatment covered by an item in the Medicare Benefits for Services by Accredited Dental Practitioners in the Treatment of Cleft Lip and Cleft Palate Conditions Booklet. Services covered by 5.0 Special Rulings.



Escort

An escort is a person who:

- accompanies an eligible patient on a journey to or from the specialist appointments; and/or
- may need to stay overnight while an eligible patient is hospitalised, or is receiving outpatient treatment.

An escort is approved where:

- the eligible patient being escorted is a dependent child as defined;
- Centrelink has determined that the eligible patient is under the care of a principal carer;
- home dialysis patients are receiving training (a carer is required to attend as a condition of the medical specialist treatment);
- the escort is legally required to make decisions on behalf of the patient;
- the referring practitioner specifies the reason why an escort's presence is essential, prior to departure (on the *Application for PATS Assistance* form), for the:
 - physical well-being of the patient, for example the 'patient requires physical care assistance during travel/treatment centre' or 'patient is in early stages of dementia'; or
 - physical well-being of the patient due to an effect of the likely treatment to be received. The referring practitioner must specify the reason why an escort is required, for example the 'patient is at significant risk of seizure', or 'patient is unable to drive within 24 hours of treatment'.

Frequent traveller

A patient who is eligible for PATS assistance and who travels more than four times in any twelve month period to visit an eligible medical specialist, or access an eligible specialist service

A patient who always travels more than four times in the preceding 12 month period will always remain at the 15c/km rate.

Patients who travel between 70-100 km for the treatment of chronic conditions are eligible for a flat subsidy of \$20 per return trip.



Incomplete Applications

When the applicant presents with an incomplete *Application for PATS Assistance* form, they should be offered assistance in completing the patient section as required. If information is missing or incorrectly completed by the referring practitioner, the application should be returned unless the missing detail can easily be added or confirmed by phoning the referral source.

Inter-hospital Patient Transfer or Primary Evacuation

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

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

Minimum Distance

The patient must travel more than 100 kilometres (one way) to access the nearest specialist service. The distance is calculated in either the following methods:

1. when residing within the town boundaries - calculate the kilometres as from the home town to the treatment centre; or
2. If residing outside a town's recognised boundaries - calculate the distance from the patient's door to the treatment centre.

For the purposes of calculating distances, the treatment centre is taken to be Perth where a patient visits an eligible medical specialist, or accesses the eligible specialist service within the boundaries of the following local governments: Armadale, Bassendean, Bayswater, Belmont, Cambridge, Canning, Claremont, Cockburn, Cottesloe, East Fremantle, Fremantle, Gosnells, Joondalup, Kalamunda, Kwinana, Melville, Mosman Park, Mundaring, Nedlands, Peppermint Grove, Perth, Rockingham, Serpentine-Jarrahdale, South Perth, Stirling, Subiaco, Swan, Victoria Park, Vincent and Wanneroo.

See also "Frequent traveller".

Nearest Available Specialist

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



Non-Medical Specialist Services

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

However, appointments for associated non-medical specialist services (e.g. allied health) may coincide with medical specialist appointments, and where possible this should be encouraged. In this case, an extra night or two of accommodation assistance may be considered while associated allied health consultations are completed (see 4.4 Accommodation Subsidy).

Oral Surgeon

For the purposes of the PATS, an oral surgeon must be approved as such by the Commonwealth Minister for Health for purposes of the *Health Insurance Act 1973*.

The PATS assistance only applies for specialist oral surgery procedures listed in the Commonwealth Department of Health and Ageing Medicare Benefits Schedule Book. Referral can be made by a dentist or medical practitioner.

Outpatients

Non admitted patients who are required to travel to obtain specialist medical services (or who commence their journey as an outpatient (non-admitted), but are subsequently hospitalised at the treatment centre) are termed 'outpatients' for the purposes of the PATS.

PATS

Patient Assisted Travel Scheme.

Patient Contribution

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

Peel PATS Patient

Residents of Peel living in postcodes 6207, 6208 and 6210 who are required to travel 70-100 km to access their nearest eligible medical specialist for urgent treatment are immediately entitled to a flat rate of \$20 per return trip. Patients who are undergoing treatment for a chronic illness are eligible after seven trips that have been made in the preceding 12 months. The PATS subsidy is only available when alternative transport options provided through the health service are not available.



Permanent Resident	Permanent residents include all those who have a permanent residential address in the area (see 2.1.1 Residency).
Treatment centre	The city or town in which the patient visits an eligible medical specialist, or accesses an eligible specialist service.
Assistance in advance (up front payments)	<p>Assistance is provided in advance for all eligible patients and escorts for:</p> <ul style="list-style-type: none">▪ booking and paying for travel fares (bus, rail, or air);▪ booking and paying for accommodation; and▪ the purchase of fuel. <p>The patient must make any contributions at the time of collecting their travel itinerary.</p>
Usual Resident	If the resident spends more than six months of the year in the area they are considered to be a usual resident (see 2.1.1).