



# **Private Health Insurance (Health Insurance Business) Rules 2018**

made under the

*Private Health Insurance Act 2007*

## **Compilation No. 9**

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## About this compilation

### This compilation

This is a compilation of the *Private Health Insurance (Health Insurance Business) Rules 2018* that shows the text of the law as amended and in force on 1 July 2022 (the **compilation date**).

The notes at the end of this compilation (the **endnotes**) include information about amending laws and the amendment history of provisions of the compiled law.

### Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register ([www.legislation.gov.au](http://www.legislation.gov.au)). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

### Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

### Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

### Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

### Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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## Part 1 Preliminary

### 1. Name of Rules

These Rules are the *Private Health Insurance (Health Insurance Business) Rules 2018*.

### 3. Definitions

In these Rules:

**accredited** means assessed as being fully compliant with the *National Safety and Quality Health Service Standards* by a body approved by the Australian Commission on Safety and Quality in Health Care to assess health service organisations against the *National Safety and Quality Health Service Standards*.

**Act** means the *Private Health Insurance Act 2007*.

**allied health service** has the meaning given by rule 12.

**chronic disease** has the meaning given by rule 12.

**chronic disease management program** has the meaning given by rule 12.

**diagnostic imaging services table** means the table prescribed under subsection 4AA (1) of the *Health Insurance Act 1973*.

**eligible person** has the same meaning as in subsection 3 (1) of the *Health Insurance Act 1973* and includes a person who is treated as an eligible person under sections 6, 6A or 7 of that Act.

**excluded natural therapy treatment** means any of the following treatments:

- (a) Alexander technique;
- (b) aromatherapy;
- (c) Bowen therapy;
- (d) Buteyko;
- (e) Feldenkrais;
- (f) Western herbalism;
- (g) homeopathy;
- (h) iridology;
- (i) kinesiology;
- (j) naturopathy;
- (k) Pilates;
- (l) reflexology;
- (m) Rolfing;
- (n) shiatsu;
- (o) tai chi;
- (p) yoga.

**general medical services table** means the table prescribed under subsection 4 (1) of the *Health Insurance Act 1973*.

**Hospital Casemix Protocol Data** means the data provided by hospitals to insurers that is the subject of rule 4.

**item** has the same meaning as in subsection 3 (1) of the *Health Insurance Act 1973*.

**licensee** means the person licensed under the law of the State or Territory in which the facility is located to operate the premises.

**makes provision for informed financial consent:** a hospital **makes provision for informed financial consent** if it has procedures in place to inform a patient or nominee, in writing, of what hospital charges, insurer benefits and out-of-pocket costs (where applicable) are expected in respect of the hospital treatment. A patient or nominee must be informed:

- (a) for scheduled admissions—at the earliest opportunity before admission for the hospital treatment; or
- (b) for unplanned admissions—as soon after the admission as the circumstances reasonably permit.

**minimum benefit** means the minimum benefit calculated in accordance with clause 3 of Schedule 5 of the *Private Health Insurance (Benefit Requirements) Rules 2011*.

**National Safety and Quality Health Service Standards** means the standards developed by the Australian Commission on Safety and Quality in Health Care.

Note: Development of the *National Safety and Quality Health Service Standards* is a function of the Australian Commission on Safety and Quality in Health Care under paragraph 9 (1) (e) of *National Health Reform Act 2011*.

**private hospital** means a hospital in respect of which there is in force a statement under subsection 121-5 (8) of the Act that the hospital is a private hospital.

**pathology services table** means the table prescribed under subsection 4A (1) of the *Health Insurance Act 1973*.

**private facility** means a facility that, if a declaration were to be made by the Minister under subsection 121-5 (6) of the Act in respect of that facility, it would include a statement under subsection 121-5 (8) that the hospital is a private hospital.

**public hospital** means a hospital in respect of which there is in force a statement under subsection 121-5 (8) of the Act that the hospital is a public hospital.

**risk factors for chronic disease** has the meaning given by rule 12.

**State/Territory** means the State or Territory in which the premises are located and includes a governing body or authority established by a law of the Commonwealth, a State or an internal Territory.

Note: Terms used in these Rules have the same meaning as in the Act—see section 13 of the *Legislation Act 2003*. These terms include:

complying health insurance policy  
covers  
employee health benefits scheme  
general treatment