

Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)

Assessment Guidelines

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1. Scheme summary

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) is a NSW government scheme that provides financial assistance to eligible patients who travel for treatment not available locally.

IPTAAS is not a full reimbursement scheme. It provides eligible patients a subsidy to assist with travel and accommodation costs only; it is not intended to cover all costs associated with accessing treatment.

2. Eligibility criteria

A patient is eligible for IPTAAS if they are:

- a resident of NSW or Lord Howe Island
- enrolled with Medicare
- not be receiving, or eligible for, financial assistance for travel and accommodation from third party insurance or other Australian State and Territory government services
- referred for treatment at their nearest health service
- receiving treatment at an eligible health service
- traveling from their residence for treatment at least 100km (one way), or at least 200kms in a week by making multiple trips to and from the same treatment location.

The information in these guidelines is general in nature and does not take into account every individual circumstance. A patient's eligibility is assessed with each application they submit, and applications may be declined if the eligibility criteria is not met.

More information about eligibility is provided in [section 3 detailed eligibility criteria](#).

3. Detailed eligibility criteria

3.1. Residency

To be eligible for IPTAAS a patient must meet the residency criteria.

Residency is determined using a patient's principal place of residence (their home). If required, residency can be confirmed by providing copies of Australian Electoral Commission (AEC) enrolment details, a current Driver Licence, Proof of Age card, residential tenancy agreement, or council or utility accounts.

3.1.1. Resident of NSW or Lord Howe Island

A patient will meet the residency criteria if their principal place of residence is in NSW or Lord Howe Island, and they are either an Australian citizen, permanent resident visa holder or a temporary resident.

Norfolk Island residents are not eligible for IPTAAS.

3.1.2. Dual resident

A patient may meet the residency criteria if they are a dual resident. Eligibility will be based on the location a patient travels from at the time of their appointment.

A patient is a dual resident if they regularly live in more than one location, such as two homes or a student who is attending boarding school. Evidence of dual residency is required, which can include council or utility notices for each location or written confirmation from the patient's education provider.

A patient who stays in a holiday home, regardless of the length of stay, or a patient who relocates during treatment, including to remain on a pre-transplant waiting list, is not considered a dual resident.

3.1.3. Itinerant workers

An itinerant worker is someone who has no fixed place of employment and stays in accommodation at their temporary job location. An itinerant worker will meet the residency criteria if they are travelling to their appointment from a temporary job location in NSW. Evidence of itinerancy is required, which must be written confirmation from a patient's employer. Eligibility will be based on the location a patient travels from at the time of their appointment.

3.1.4. Patients with no fixed address

A patient with no fixed address will meet the residency criteria if they travel to treatment from a location within NSW. Eligibility will be based on the patient's location at the time of their referral. If required, written confirmation of a patient's location can be provided by a welfare or social worker, or a health professional from either the referring or treating health service.

Long term travellers are not considered to have no fixed address unless they will not return to a permanent residence at the end of their travel.

3.1.5. Organ and tissue donation

A patient will meet the residency criteria if they are an Australian citizen or permanent resident, regardless of the state or territory they live in, donating an organ or tissue to a patient who resides in NSW.

A NSW resident who donates an organ or tissue to a resident of an Australian state or territory other than NSW is not eligible for IPTAAS. The NSW donor should seek financial assistance from the recipient's relevant state or territory health service.

Contact information for state and territory health services are provided in [Appendix 3](#).

3.2. Medicare enrolment

To be eligible for IPTAAS, a patient must be enrolled with Medicare and have a valid Medicare card.

A baby (up to the day of their first birthday) is considered to be enrolled if their parent has a valid Medicare card. After their first birthday, a patient is considered a child and must be enrolled with Medicare to be eligible.

An overseas resident visiting Australia is not eligible for IPTAAS, even if they have a Medicare card under a Reciprocal Health Care Agreement.

3.3. Financial assistance from other services

To be eligible for IPTAAS, a patient must not receive, or be eligible for financial assistance for travel and accommodation from other services. If a patient receives financial assistance from IPTAAS and then receives assistance from another service, they may be required to reimburse IPTAAS.

3.3.1. Department of Veterans' Affairs (DVA)

If a patient receives a pension or benefit from DVA, they may be eligible for assistance under the Repatriation Transport Scheme. A patient must check their eligibility with DVA before applying to IPTAAS.

Contact information for DVA is provided in [Appendix 3](#).

3.3.2. Other Australian federal, state and territory government schemes

If a patient is eligible to receive assistance for travel and accommodation from another Australian government scheme, they are not eligible for IPTAAS.

If a patient only receives travel assistance from another scheme, for example a patient who travels by government funded community transport, they may be eligible for accommodation assistance from IPTAAS. Please see [Appendix 3](#) for contact information

3.3.3. Workers compensation insurance

A patient is not eligible for IPTAAS if they receive, or are entitled to, compensation for a work related injury.

If a patient receives assistance from IPTAAS and then receives a payment from workers compensation, they are required to reimburse IPTAAS for any subsidies received for treatment relating to their insurance claim.

A patient may be eligible for subsidies for treatment that is not related to their workers compensation claim.

3.3.4. Motor vehicle insurance

If a patient is involved in a motor vehicle accident, they may be eligible for personal injury benefits or lump sum compensation from their compulsory third party (CTP) insurer. If a patient is eligible to claim through their CTP insurer, they are not eligible for IPTAAS. If a patient requires interim assistance before the settlement of their claim, they should contact their insurer.

A patient may be eligible for IPTAAS if they can provide written confirmation from their insurer that they are not eligible to claim benefits through insurance.

If a patient receives assistance from IPTAAS and then receives benefits or compensation from their insurer, they are required to reimburse IPTAAS for any subsidies received for treatment relating to their insurance claim.

3.3.5. Private health insurance

Patients with private health insurance are not considered to be receiving financial assistance from another service.

3.3.6. Travel insurance

A patient is not eligible for IPTAAS if they receive, or are entitled to, claim through their travel insurer, they are required to reimburse IPTAAS for any subsidies received for treatment relating to their insurance claim.

A patient may be eligible for IPTAAS if they can provide written confirmation from their insurer that they are not eligible to claim benefits through insurance.

3.3.7. Third Party Organisations (TPO)

A Third Party Organisation (TPO) is a registered charity, not-for-profit (NFP) organisation or non-government organisation (NGO) that provides a patient with financial assistance or organises travel and accommodation services. A patient may nominate to have all or part of their subsidy paid to a TPO.

A patient must meet the eligibility criteria before any payments are made to a TPO; the IPTAAS subsidy rates apply regardless of how much assistance the TPO provided the patient.

A TPO must be registered with IPTAAS to receive a subsidy. If required, a TPO should contact IPTAAS to register.

3.3.7.1 Aboriginal Community Controlled Health Services (ACCHS)

Aboriginal health services may assist a patient by transporting them to and from treatment. A service may receive a subsidy for transporting an eligible patient. A service will receive one subsidy per journey regardless of the number of patients being transported. If a patient is transported by an ACCHS they will not receive a travel subsidy if the service has received a subsidy for providing other patients travel on the same date.

Transport provided by an ACCHS is considered private vehicle travel.

3.4. Referred treatment

To be eligible for IPTAAS a patient must be referred for treatment at their nearest health service.

The general practitioner is usually the source of a referral, however, if a patient is not referred by a general practitioner they may also be referred by:

Practitioner Type	Referred to
Dental Practitioner	<ul style="list-style-type: none"> Medical practitioner whose specialty is oral and maxillofacial surgery Dental practitioner whose specialty is orthodontics
Medical Practitioner	<ul style="list-style-type: none"> Different medical practitioner High specialised Allied Health clinic Prosthetist or Orthotist
Midwife	Medical practitioner whose specialty is obstetrics and gynaecology.
Optometrist	Medical practitioner whose specialty is ophthalmology.
Screening Program	Medical practitioner when diagnostic testing is required following health screening and assessment.
Visiting Medical Officer (VMO)	Who is referring the patient to their primary location when treatment is at available at the visiting location.

If a patient is donating an organ or tissue to a NSW resident, they do not need to be referred.

3.4.1. Nearest health service

Patients who choose to travel to a health service that is not the nearest or patients who travel to health services outside of Australia are not eligible for IPTAAS.

A health service is considered to be the nearest if it is the shortest geographical distance from the patients residence, regardless of the state or territory it is in. IPTAAS relies on information provided by the referrer to confirm if a patient meets this criteria.

A patient that does not travel to the nearest health service may be eligible if the referrer certifies it is necessary for the patient to travel to a more distant health service is necessary for one of the following reasons:

- a patient needs urgent treatment and the nearest health service is not available
- the nearest health service cannot provide the treatment the patient needs
- the nearest health service refers a patient for a second opinion
- the nearest health service has a waiting list and the referrer certifies that delaying treatment would likely result in emergency admission or have an adverse effect on the patient
- a patient needs multi-disciplinary care that is not available at the nearest health service
- a patient is unable to pay to access the nearest health service
- a patient is not accompanied by an escort and the referrer can demonstrate that the family support available at the more distant health service will provide a clinical advantage to the patient.

3.4.1.1. Outreach and visiting services

A visiting or outreach service available in the patients nearest public or private hospital is considered the nearest health service.

A patient may be eligible to travel to a more distant location for treatment if the outreach or visiting service is unable to access equipment required for treatment at the nearest location.

3.5. Health services

To be eligible for IPTAAS, a patient must travel to an appointment or receive treatment at an eligible health service.

Eligible health services include some:

- specialist medical services
- high specialised allied health services
- dental services
- prosthetic or orthotic services

3.5.1. Specialist medical services

A patient will meet the health service criteria if they travel for eligible specialist medical treatment provided by an eligible medical practitioner.

3.5.1.1. Eligible specialist medical treatment

Specialist medical treatment is eligible if it is listed as a recognised 'specialty' or 'field of specialty practice' by the Medical Board of Australia. A list of eligible specialist medical treatment is provided in [Appendix 4](#).

General practice is not considered eligible specialist medical treatment even if the practitioner is registered as a general practice specialist.

3.5.1.2. Eligible medical practitioner

A medical practitioner is eligible if they are listed in the Australian Health Practitioner Regulation Agency's (AHPRA) Register of practitioners, their profession is 'medical practitioner,' and their registration type is 'specialist'.

A medical practitioner may apply to be an eligible medical practitioner if their registration type is 'limited' or 'provisional'. Evidence of specialist status is required, which must be written confirmation from a commonwealth or state or territory health service, or the employing hospital.

3.5.1.3. Health screening

Health screening is not an eligible specialist medical service. A patient is not eligible for IPTAAS if they are travelling for health screening, even if it is performed by an eligible medical practitioner.

Health screening involves tests to look for early signs of a disease before symptoms develop. There are three national population based screening programs in Australia:

- BreastScreen Australia
- National Bowel Cancer Screening Program
- National Cervical Screening Program

Further diagnostic testing required following a patient's initial health screening appointment is not considered to be health screening, even if it is performed at a health screening location. A patient may be eligible for assistance to travel for further diagnostic testing at a screening location if the tests are performed by an eligible medical practitioner.

3.5.1.4. Clinical trials

A clinical trial is not an eligible specialist medical service. A patient is not eligible for IPTAAS if they are travelling to take part in a clinical trial, even if it is performed by an eligible medical practitioner.

A clinical trial refers to a research investigation in which people volunteer to test new treatments or interventions as a way to prevent, detect or treat conditions. A patient must check if they are eligible for travel and accommodation reimbursement with their clinical trial operator before applying to IPTAAS.

3.5.2. Dental services

Limited dental services are eligible under IPTAAS. A patient will meet the health service criteria if they travel for an eligible dental service. Unless otherwise stated, general dentistry is not an eligible dental service.

3.5.2.1. Oral surgery

Oral surgery is an eligible dental service if it is performed by an eligible dental practitioner in an operating theatre and the patient is under general anaesthesia.

A practitioner is an eligible dental practitioner if they are listed in AHPRA's register of practitioners and their profession is 'dental practitioner'.

Services provided to a patient under local anaesthetic are not considered eligible dental services, even if they are performed by an eligible dental practitioner.

3.5.2.2. Oral and maxillofacial surgery

A service provided by an eligible medical or dental practitioner whose registered specialty type is oral and maxillofacial surgery is an eligible dental service.

3.5.2.3. Cleft lip and cleft palate services

Dental services provided to patients certified with a cleft lip or palate are eligible if they are:

- orthodontic services provided by an eligible dental practitioner whose specialty is orthodontics
- prosthodontic services provided by an eligible dental practitioner
- general dentistry services provided by an eligible dental practitioner, or
- a service that is listed in Category 7 of the Medicare Benefits Schedule (MBS).

3.5.3. Allied health services

Allied health services are eligible under IPTAAS if an allied health clinic is considered highly specialised. An allied health clinic will be considered highly specialised if the service provided:

- includes an advance scope of practice by the allied health clinician
- is not available outside a few major centres/locations
- is generally provided in a public tertiary hospital
- is endorsed by a medical practitioner to be provided at a clinic (or a specified clinic location)
- is part of a regime of care supervised by a medical practitioner; and,
- is provided face to face.

A list of eligible allied health clinics is provided in [Appendix 5](#). If not listed, other highly specialised allied health clinics may apply for approval. An application form is required, the clinic should contact IPTAAS to get a form.

3.5.4. Prosthetic or orthotic services

A patient will meet the health service criteria if they travel to an eligible prosthetist or orthotist. A prosthetist or orthotist is eligible if they meet one of the following conditions:

- they provided the patient a service in a public hospital or outpatient clinic
- they are a full member of the [Australian Orthotic Prosthetic Association](#) (AOPA)
- they are an accredited service provider with EnableNSW.

Qualified prosthetists or orthotists that do not meet the criteria may apply for eligibility. An application form is required, the prosthetist or orthotist should contact IPTAAS to get a form.

3.6. Travel

To be eligible for IPTAAS, a patient must meet the travel criteria.

A patient will meet the travel criteria if they travel for treatment from their residence, and the distance between their residence and health service is:

- at least 100km one way, or
- less than 100km one way but they make multiple trips to and from the health service, and the distance travelled in the week is at least 200kms.

Patients who travel for treatment while away from their residence, for example while on holidays, attending sporting events or visiting family/friends both within NSW and interstate, are not eligible for IPTAAS. A patient may be eligible if they travel for treatment from the town or suburb they reside in, even if they are not travelling from their home.

3.6.1. Calculation tool

Unless otherwise stated, distance is calculated between a patient's principal place of residence and the health service they are travelling to. IPTAAS uses [Google Maps](#) software to accurately measure the travel distance. The web-based technology is regularly updated in line with changes and improvements to roads; eligibility is based on the most up to date route at the time the application is assessed, regardless of which route was approved previously.

Travel distance is calculated using the full street address. If a street number cannot be found the street name will be used, or if a street name cannot be found, for example a rural property, the nearest available result provided by Google Maps will be used. Where there is more than one travel route, the fastest and most direct route provided by Google Maps is used for calculation.

A patient that does not travel the fastest and most direct route may be eligible if there is evidence that the route provided by Google Maps is unsafe or impractical. Evidence may include written confirmation from councils of poor and unsafe road conditions including long stretches of unsealed roads, unplanned incidents or roadworks resulting in road closures.

3.7. Escort

An escort is an adult who travels and/or stays with a patient and provides them with support during their treatment. Unless travelling by commercial air travel, a patient is automatically eligible for one escort. More information about escorts travelling by air with patients is provided in section [4.1.3.1 Air approval](#).

A patient is eligible for two escorts if they are:

- An Aboriginal or Torres Strait Islander person; or,
- If they are a child and their health service provides written confirmation that their condition is life threatening.

A patient may receive additional subsidies if accompanied by an escort. More information about subsidies for patients accompanied by an escort is provided in [section 4 subsidies](#).

4. Subsidies

If a patient meets the eligibility criteria they will receive a subsidy for eligible travel and/or accommodation costs.

A list of subsidy rates is available in [Appendix 6](#).

4.1. Travel subsidy

A patient may receive a subsidy for eligible travel between:

- their residence and health service
- their residence and transport terminal
- their residence and accommodation
- the transport terminal and accommodation
- the transport terminal and health service
- their accommodation and health service.

Unless otherwise stated, IPTAAS provides a subsidy for travel from the patient's residence to the health service and return. To receive a subsidy for in transit travel, a patient must provide the specific travel details in their application.

4.1.1. Private vehicle

If a patient travels by private vehicle they are eligible for a subsidy. If multiple patients are travelling within the same private vehicle, only one patient will receive a subsidy, regardless of the number of patients travelling.

A rental or hire car is considered a private vehicle.

Please see [Appendix 6](#) for subsidy rates.

4.1.2. Public transport

If a patient travels by public transport, they are eligible for a subsidy equal to the cost of their ticket excluding GST. Unless otherwise stated, if a patient is travelling by a class other than economy, their subsidy will be calculated using the equivalent economy rate.

If a patient is accompanied by an escort, they will also receive a subsidy for their escort's ticket.

A patient must provide evidence of the public transport cost. Evidence can be an itemised tax invoice, a statement from their travel card provider, or a ticket if the ticket displays the travel details and cost.

Patients who are not travelling by economy class public transport may be eligible for a higher subsidy if they provide written confirmation from their practitioner or health service confirming:

- their health condition prevents them travelling by economy class
- their health condition will be exacerbated by economy class travel
- they required urgent (but not emergency) treatment and there were no economy class tickets available.

If a patient needs an additional seat on public transport, they may receive a subsidy for the additional seat if they provide written confirmation from their practitioner or health service confirming they have no other transport options, and there is a medical need for the additional seat.

Airport shuttle transfers are considered public transport.

4.1.3. Commercial air

If a patient travels by commercial air (flying) and they have an IPTAAS [air approval](#) they are eligible for a subsidy equal to the cost of their ticket excluding GST. If a patient is travelling by a class other than economy, their subsidy will be calculated using the equivalent economy rate.

If a patient is accompanied by an [eligible escort](#), they will receive a subsidy for their escort's ticket.

A patient must provide evidence of the flight cost. Evidence may be an itemised tax invoice, or a ticket or flight itinerary if it displays the travel details and cost.

If a patient travels by commercial air and does not have an air approval, they will receive a subsidy for the lesser of:

- private vehicle subsidy from their residence to health service and/or return
- a subsidy equal to the cost of their ticket excluding GST.

4.1.3.1. Air approval

A patient may be eligible for an air approval if their health condition makes travel by other modes unsuitable. The air approval criteria is provided in [Appendix 7](#).

If a patient meets the air approval criteria, their referring or treating practitioner (or [authorised representative](#)) must contact IPTAAS to get an air approval. An air approval may be given for single journeys or for a maximum period of six months. To get an air approval the practitioner must:

- provide the patient's name, date of birth and Medicare card details
- confirm if the patient needs to be accompanied by an escort
- provide the patient's expected travel dates or period
- confirm why other travel modes are unsuitable for the patient.

Patients who are residents of Lord Howe Island do not need to get an air approval.

4.1.4. Taxi

If a patient travels by taxi they are eligible for a subsidy; the subsidy amount is based on the length of their appointment and the cost of the fare. The length of appointment applies to each journey, it is the appointment period (in days) plus any medically necessary nights of accommodation outside the appointment.

The maximum subsidy applies if the cost of the fare(s) less GST is equal to or more than the maximum subsidy rate. If the cost is less, the patient will receive a subsidy equal to the cost of their fare(s) less GST.

Please see [Appendix 6](#) for subsidy rates.

A patient must provide evidence of the taxi cost. Evidence may be an itemised tax invoice, a statement from their ride-sourcing company, or a receipt if it displays the travel details and cost.

Ride-sourcing companies are considered taxis.

4.1.4.1. Taxi subsidy schemes

A patient may be eligible for a subsidy or taxi voucher under an Australian state or territory tax scheme. If a patient's subsidy/voucher does not cover the full cost of their fare, they may receive a subsidy for their out of pocket costs. IPTAAS taxi subsidy rates will apply in this instance.

4.1.5. Booking fees

A patient will receive a subsidy for the entire cost of the booking fee part of their travel costs. Their subsidy is calculated using the cost of the ticket or fare.

4.1.6. Travel concessions

If a patient is eligible for a travel concession, there may be no cost for their travel or the cost of travel may be reduced. Unless otherwise stated, a patient will receive a subsidy for travel costs if the concession does not cover the full cost of their travel. The subsidy will be equal to the cost of their ticket excluding GST.

4.1.6.1. Pensioner travel vouchers

A patient may be eligible for free travel using pensioner travel vouchers. A patient will not receive a subsidy if they use their pensioner travel vouchers, even if there is a cost to upgrade to first class.

4.1.6.2. Royal Far West travel vouchers

If a patient travels to Royal Far West, they may have access to travel vouchers for public transport. The travel vouchers allow:

A patient:

- free return travel from the NSW TrainLink location nearest to their residence to Central Station, Sydney NSW.

An escort:

- free travel from the NSW TrainLink location nearest to their residence to Central Station, Sydney NSW, and a 50% discount on return travel.

A patient is eligible to receive an IPTAAS subsidy for their escort's ticket. The subsidy will be equal to the cost of the ticket excluding GST.

Patients who do not travel by public transport will not receive a subsidy unless travelling by public transport is unsuitable. IPTAAS considers travel by public transport unsuitable if:

- a patient's health condition would be worsened if travelling by public transport
- the safety of a patient or other travellers would be compromised if the patient travels by public transport
- travel by other modes is more cost effective, including if the patient is travelling with siblings who do not have access to travel vouchers
- a patient has a need for transport while at Royal Far West
- a patient does not have a NSW TrainLink location near their residence
- the total travel time is longer if using public transport, including if multiple changes to transport mode would be required during the trip.

If public transport is unsuitable, subsidies will be calculated at the applicable subsidy rate for the mode of travel used.

A patient will receive a subsidy if they travel by public transport but do not have access to travel vouchers. IPTAAS public transport rates will apply in this instance.

4.1.6.3. Loyalty programs

If a patient's travel cost is covered by a loyalty program they will not receive a subsidy. A patient may receive a subsidy for travel costs if the loyalty program does not cover the full cost of travel. In this instance the subsidy will be calculated at the applicable subsidy rate for the mode of travel used.

4.1.7. Community transport

Community transport operators may transport a patient to and from treatment. If a patient travels by community transport, they will not receive a subsidy if the community transport operator receives government funding, even if there is a cost to the patient for the service.

A patient may receive a subsidy if the community transport operator does not receive government funding. Evidence that the operator does not receive government funding is required, which may be written or verbal confirmation from the community transport operator.

Eligible community transport travel is calculated using the public transport subsidy rate. A patient must provide evidence of the community transport cost. Evidence may be an itemised tax invoice or a statement from their community transport operator.

4.1.8. Emergency transport

A patient will not receive a subsidy for emergency transport provided by ambulance or aeromedical organisations.

4.1.9. Escort travel

Escort travel is eligible travel if:

- an escort accompanies a patient during travel
- an escort travels separate to the patient because the patient is travelling by emergency transport
- an escort travels separate to the patient, and the patient is a child
- the patient passed away during treatment and the escort is making the return trip.

A patient will not receive a subsidy for travel between the escort and patient's residences even if there is other eligible escort travel.

4.2. Accommodation subsidy

A patient will receive a subsidy for eligible accommodation. Accommodation is eligible if:

- it is unreasonable for the patient to make a return trip between home and the health service in one day
- the treating practitioner confirms it is medically necessary for the patient to stay near the health service before or after the hospitalisation or appointment date(s)
- the patient stays in accommodation during outpatient treatment
- the patient needs to stay before or after the appointment date due to limited availability of commercial air or public transport.

A patient will not receive a subsidy for accommodation nights that are not eligible.

Subsidies are calculated based on the accommodation type. IPTAAS uses the Australian Business Register's [ABN Lookup tool](#) to determine the accommodation type. There are three accommodation types:

- for-profit accommodation
- not-for-profit accommodation
- private accommodation

4.2.1. For-profit accommodation

An accommodation facility is for-profit if it has an active Australian Business Number (ABN), the 'entity type' is not a government entity, and the facility is not registered as a charity with the Australian Charities and Not-for-profits Commission (ACNC).

The subsidy is calculated based on the total number of eligible nights of accommodation during a financial year. The subsidy rates reset on 1 July each year even if the journey is not complete.

Patients will receive a higher subsidy if they are accompanied by an escort.

The maximum subsidy applies if the cost per night, less GST, is equal to or more than the applicable subsidy rate. If the cost is less, the patient will receive a subsidy equal to the cost per night less GST.

A patient must provide evidence of the accommodation cost. Evidence must be an itemised tax invoice. If a patient does not provide a tax invoice, the accommodation will be considered private accommodation.

Please see [Appendix 6](#) for subsidy rates.

4.2.2. Not-for-profit accommodation

An accommodation facility is not-for-profit if it has an active ABN and the 'entity type' is a government entity, or the facility is registered as a charity with the ACNC.

The subsidy is calculated based on the total number of eligible nights of accommodation during a financial year. The subsidy rates reset on 1 July each year even if the journey is not complete.

Patients will receive a higher subsidy if they are accompanied by an escort.

The maximum subsidy applies if the cost per night less GST is equal to or more than the applicable subsidy rate. If the cost is less, the patient will receive a subsidy equal to the cost per night less GST.

A patient must provide evidence of the accommodation cost. Evidence must be an itemised tax invoice. If a patient does not provide a tax invoice, the accommodation will be considered private accommodation.

Please see [Appendix 6](#) for subsidy rates.

4.2.3. Private accommodation

Accommodation is private if it is in a private home or the accommodation facility does not have an active ABN. Patients staying in private accommodation will receive a subsidy of \$20 per person per night.

4.2.4. Short term rentals listed on accommodation hosting sites

Short term rentals listed on accommodation hosting sites such as AirBNB are considered private accommodation. If the accommodation facility (not the hosting site) has an active ABN, the accommodation may be considered for-profit accommodation. Evidence that the accommodation has an active ABN is required. Evidence must be an itemised invoice from the accommodation facility.

4.2.5. In-patient hospital accommodation

In-patient hospital accommodation is not eligible. While they are an in-patient, a patient may receive a subsidy for their escort's accommodation costs.

4.3. Goods and Services Tax

Patients are not eligible to receive a subsidy for the Goods and Services Tax (GST) part of their travel or accommodation costs. Applicable subsidies will be calculated using the cost of travel or accommodation excluding GST. All tax invoices should display the GST amount payable; if GST amount is not displayed one eleventh will be deducted from the total cost.

IPTAAS may purchase travel directly for a patient if they are eligible for advance travel assistance. If an IPTAAS office is invoiced for travel costs as a result, the office can pay the GST component and claim back this component as an Input Tax Credit, provided they have a GST tax invoice charged to IPTAAS.

4.4. Deceased patients

Where a patient dies during treatment, IPTAAS may provide a travel subsidy to assist with the costs of transporting their body home. Escort travel may be available if a patient dies during treatment and the escort is on the return trip. The subsidy should be calculated using the same mode of travel that was used on the forward trip. If there were no eligible travel costs for the forward trip, the subsidy will be calculated using the private vehicle subsidy rate.

If a patient dies before the application has been assessed the subsidy should be paid to:

- the patient's parent or legal guardian, if the patient is a child
- the patient's living spouse, if the patient is an adult
- the deceased estate, if the above does not apply.

Information should be requested from [NSW Trustee and Guardian](#) if the above does not apply. IPTAAS may be held liable by any entitled beneficiaries if a patient's subsidy is paid to someone who is not entitled to receive it.

5. Applying for assistance

5.1. Application forms

Applications and any required evidence can be submitted [online](#) by post, fax, email, or in person at select locations.

Applications must be submitted within 12 months of the hospitalisation discharge or appointment end date. IPTAAS considers the submitted date as the date the IPTAAS office receives the application. A patient will not receive a subsidy for journeys outside 12 months even if the patient meets the eligibility criteria.

Patients should submit their application after their treatment, however in some cases, travel and accommodation assistance may be available to patients before the end of treatment. More information is provided in the [advance travel](#) and [bulk bill](#) sections of these guidelines.

Application forms are available by visiting the [website](#) or calling IPTAAS. Application forms may not be required if an application is submitted online.

5.1.1. Application for travel and accommodation assistance form

[Form 1. Application for travel and accommodation assistance](#) is a full application that allows IPTAAS to assess a patient's eligibility. It is required the first time a patient applies for assistance to the treating practitioner or health service. A separate [Form 1](#) is required for each different practitioner or health service.

A patient may apply for assistance for subsequent journeys using [Form 2. Travel and accommodation supplement form](#).

If a patient's details change and they are not able to update them online, they should provide updated details using [Form 1](#) the next time they apply.

5.1.2. Travel and accommodation supplement form

[Form 2. Travel and accommodation supplement](#) is a shortened application form that can be used to:

- apply for multiple or subsequent journeys to a practitioner or health service
- apply for in transit travel
- finalise an advance travel or bulk bill application.

5.1.3. Referral details

The Referral details part of the IPTAAS application form is required the first time a patient applies for assistance to the treating practitioner or health service (including online applications). It is valid for two years from the date the referrer completes the form. Applications submitted after two years of this date require updated referral details, even if the patient has applied previously.

Referral details are required for each different practitioner or health service.

Patient transfer reports may be accepted instead of the Referral details part of the IPTAAS application form if:

- the patient's admission was an emergency, or
- the patient was transferred between two hospitals.

5.1.4. Statutory declarations

If exceptional circumstances apply, IPTAAS may accept Statutory Declaration as evidence of costs instead of the required travel and accommodation evidence stated in [section 4 Subsidies](#).

5.1.5. Authorised representatives

An authorised representative may complete relevant parts of IPTAAS application forms on behalf of either the referrer or treating practitioner, or health service. An authorised representative is a person who can confirm a patient's hospitalisation or appointment date(s) and is employed by the same service as the person they are completing the form on behalf of. Authorised representatives may be:

- medical staff, including registrars and interns
- administrative staff, including patient liaison officers
- nursing staff
- social workers.

If a person is not employed by the same service as the person they are completing the form on behalf of, they are not considered an authorised representative. For example, staff of the health service where the patient is receiving treatment cannot complete referral details on behalf of the referring doctor.

5.2. Assessment of applications

Applications should be assessed, and subsidy payments processed for eligible applications, within the following timeframes:

Application	Timeframe
Advance travel assistance	10 working days
Bulk bill accommodation assistance	10 working days
Other travel and accommodation assistance	30 calendar days

Assessment timeframes are subject to receiving completed applications. If additional information is required IPTAAS will contact the patient.

5.3. Payments

All subsidies are paid by electronic funds transfer (EFT) to the nominated bank account.

IPTAAS has the right to recover subsidies that a patient should not have received, including if:

- a patient's application or treatment details could not be confirmed
- a patient provided false or misleading information
- IPTAAS has incorrectly calculated a subsidy
- a patient receives financial assistance for travel and accommodation from another service.

5.4. Advance travel

Patients who meet the advance travel criteria may receive travel assistance before their appointment.

A patient will meet the advance travel criteria if:

- they have a valid concession card
- they can provide evidence of financial hardship.

To get advance travel assistance a patient must submit [Form 4. Application for advance travel assistance](#) before they travel.

A patient will receive either:

- a private vehicle subsidy from their residence to the health service and return
- a prepaid ticket for regional public transport travel (advance assistance is not provided for metropolitan travel)
- a prepaid ticket for commercial air travel, if the patient has a valid IPTAAS air approval.

If a patient is travelling by public transport or commercial air, IPTAAS may provide a prepaid ticket for their escort.

A patient must submit [Form 2. Travel and accommodation supplement](#) (and any required evidence) within six weeks of their return trip to complete their application. A patient may be required to reimburse IPTAAS the travel costs if they do not submit the form.

5.5. Bulk bill

Bulk billing is when an accommodation facility invoices IPTAAS directly for a [patient's](#) accommodation costs. A patient may be eligible to bulk bill their accommodation costs if they:

- stay in an accommodation facility that is registered with IPTAAS as a TPO; and,
- stay at least three consecutive nights; and,
- get an approval before they leave the accommodation facility.

To get an approval, the patient and accommodation facility should complete [Form 3. Application to bulk bill accommodation](#)

and submit it to IPTAAS before the patient leaves the accommodation facility. A new approval is required if a patient leaves the facility for five or more consecutive nights.

When a patient leaves the accommodation facility they must provide the accommodation facility with [Form 2. Travel and accommodation supplement](#) (and any required evidence) to submit with the accommodation invoice.

All invoices must include the approval ID, the accommodation check in and check out dates, and the accommodation costs. Invoices must be addressed to HealthShare NSW – IPTAAS, ABN 65 697 563 521.

An accommodation facility should generally invoice IPTAAS at the end of the stay. If a patient is staying for more than one month, the accommodation facility may submit monthly invoices. A patient will receive their travel subsidy when the final invoice is paid.

Subsidies will be calculated based on the accommodation type. The maximum IPTAAS subsidy rates will apply; any costs above the applicable maximum subsidy rate are the responsibility of the patient.

If the accommodation facility is part of a NSW local health district or specialty network, payment will be made directly from HealthShare NSW. The accommodation facility should contact their finance team to assist with invoicing and IntraHealth transactions.

5.6. Auditing and record keeping

IPTAAS conducts regular audits to confirm patient application and treatment details. A patient may be asked to prove that they attended treatment. Evidence of attendance should be kept (if not submitted to IPTAAS as part of their application) for two years from the application submission date. Evidence may include:

- an IPTAAS application form with the practitioner or health service declaration completed
- a Medicare benefit statement
- a medical certificate or hospital discharge papers
- an appointment schedule
- written confirmation of the appointment or treatment from the practitioner or health service.

If any application or treatment details cannot be confirmed, a patient will be required to reimburse IPTAAS any subsidies received for that application. Giving false or misleading information is a serious offence.

5.7. Appeals

If a patient does not understand or agree with a decision made by IPTAAS, they should contact IPTAAS. IPTAAS will check the decision, explain why the decision was made and correct any errors.

If a patient thinks the decision made by IPTAAS is incorrect they may appeal the decision. An appeal must be submitted to IPTAAS in writing within 90 days of the date of the application decision. The appeal should include additional relevant information that was not included in the original application.

An appeal will be assessed within 10 working days of the appeal being received by IPTAAS. If more information is required and a decision cannot be made within 10 working days, IPTAAS will contact the patient to give an updated timeframe.

Further information on appeals see the IPTAAS Policy Directive.

5.8. Privacy

IPTAAS is committed to treating a patient's personal and health information in accordance with privacy law, and has implemented measures to comply with its obligations under the Health Records and Information Privacy Act 2002. The privacy notice is available on the [website](#) and explains how and why IPTAAS collects personal information, how to access your personal information and how the information may be used.

5.9. Feedback

IPTAAS values all feedback and suggestions to help improve the service. Feedback can be made to a patient's local IPTAAS office:

- using the [online](#) feedback option
- by phone (1800 478 227)
- by email
- in person at an IPTAAS office with over the counter services.

5.10. Where to get more information

For more information please go to the IPTAAS website – www.iptaas.health.nsw.gov.au – or call the patient's local IPTAAS office on 1800 IPTAAS (1800 478 227).

More information about IPTAAS offices and contact details is available in [Appendix 2](#).

Any link to an external website is provided for your information and convenience only. IPTAAS does not endorse, monitor or control such sites and is not responsible for their content, or your access or use of them.

6. Appendices

Appendix 1. Definitions

Accredited service provider	An accredited service provider is a prosthetist or orthotist who has passed the EnableNSW quality assurance process of Accreditation. The quality assurance process ensures they are maintaining prosthetic manufacturing and clinical skills and maintaining continuing professional development in the area of amputee management. More information about accreditation is available on the EnableNSW website .
Adult	An adult is a patient aged 17 years old or more.
Appointment	An appointment is attendance at a health service for review or management of a health condition. Throughout these guidelines appointment may also be referred to as treatment or care.
Baby	A baby is a patient who is less than one year old.
Child	A child is a patient aged one to 16 years old. A patient is no longer considered a child once they are 17 years old.
Financial year	A financial year is the 12 month period used for business and taxation purposes in Australia. The financial year dates are 1 July to 30 June.
Financial Hardship	Financial Hardship may be considered if travel to access treatment will cause significant financial burden. The following indicators are examples of the factors IPTAAS will consider (but not limited to) when assessing eligibility for Financial Hardship: <ul style="list-style-type: none"> • A deficiency in income due to illness • Death in the family • Unforeseen circumstances in patient's capacity to meet financial obligations • Loss of job • Combination of debt including medical bills. Patients are to contact their local IPTAAS office on how to provide this evidence.
In transit	In transit travel is any travel that is not between a patient's residence and health service.
IntraHealth transaction	An IntraHealth transaction is a financial transaction between two NSW government health agencies.
IPTAAS	IPTAAS is the Isolated Patients Travel and Accommodation Assistance Scheme.
Journey	A journey is either: <ul style="list-style-type: none"> • a trip from the patient's residence to health service and return if the distance is at least 100kms one way, or • if the distance is less than 100km one way, the trips made within a week if the patient makes multiple trips and the distance travelled is at least 200kms.
Patient	A patient is the person getting treatment or attending an appointment at a health service and applying for travel and accommodation assistance from IPTAAS.

Referrer	A referrer is an appropriately qualified person who refers a patient for treatment at a health service.
Relocate	<p>Relocate means to move from their principale place of residence.</p> <p>A patient is considered to have relocated if they are no longer living at their principale place of residence and:</p> <ul style="list-style-type: none"> • their personal belongings are not kept there • they no longer receive mail at this address • they have updated their enrolment details with AEC, or • utilities such as electricity or gas are no longer connected in their details
Ride sourcing	<p>Ride sourcing is an ongoing arrangement where:</p> <ul style="list-style-type: none"> • a driver makes a vehicle available for public hire by passengers • a driver transports a passenger for a payment (fare) • a passenger uses a website or app provided by a third party to request a ride, for example Uber, Bolt and others
Spouse	<p>A spouse is another person who the patient is:</p> <ul style="list-style-type: none"> • legally married to • in a relationship with that is registered under a prescribed state or territory law although not legally married • living with on a genuine domestic basis in a relationship as a couple
Tax invoice	<p>A tax invoice must include:</p> <ul style="list-style-type: none"> • the seller's ABN • the invoice date • the total amount paid, including the GST amount if applicable • accommodation or travel details • check in and check out details for accommodation invoices • travel date(s) for travel invoices <p>A tax invoice must be paid in full unless the seller is invoicing IPTAAS directly for the accommodation or travel cost. Any invoices to be paid by IPTAAS must be addressed to:</p> <p>HealthShare NSW – IPTAAS ABN 65 697 563 521</p>
Treatment	<p>Treatment is attendance at a health service for review or management of a health condition.</p> <p>Throughout these guidelines treatment may also be referred to as appointment or care.</p>
Valid concession card	<p>A valid concession card is a card (concession or health care) issued by Department of Human Services (Centrelink) or Department of Veterans Affairs (DVA) that entitles the card holder to benefits, including cheaper health care from the Australian Government.</p> <p>A concession card is not valid if the card was expired when the journey took place.</p>
Week	A week is a period of seven consecutive days. A week does not have a specified start day.

Appendix 2. IPTAAS Offices and contact details

A patient's local office is determined by the local health district they live in. If patients need help identifying which local health district applies they can use the [office locator](#) available on the IPTAAS website.

Hunter New England residents – Tamworth office

Phone	1800 478 227 and select Option 1
Email	HNELHD-IPTAAS@hnehealth.nsw.gov.au
Fax	(02) 6766 4576
Post	IPTAAS Coordinator Locked Bag 9783 Tamworth NEMSC NSW 2348
Over the counter service	Tamworth Hospital Dean Street North Tamworth NSW 2340

Northern NSW and Mid North Coast residents - Port Macquarie office

Phone	1800 478 227 and select Option 2
Email	MNCLHD-TFH-IPTAAS@health.nsw.gov.au
Fax	(02) 5524 2996
Post	IPTAAS Coordinator PO Box 126 Port Macquarie NSW 2444
Over the counter service	Port Macquarie Community Health Morton Street Port Macquarie NSW 2444

Far West residents - Broken Hill office

Phone	1800 478 227 and select Option 3
Email	FWLHD-IPTAAS@health.nsw.gov.au
Fax	(08) 8080 1695
Post	IPTAAS Coordinator Broken Hill Health Service PO Box 457 Broken Hill NSW 2880
Over the counter service	Broken Hill Health Service Thomas Street Broken Hill NSW 2880

All other NSW residents, including Lord Howe Island residents – Parramatta office

Phone	1800 478 227 and select Option 4
Email	IPTAAS@health.nsw.gov.au
Fax	(02) 8797 6543
Post	IPTAAS Coordinator Locked Bag 5270 Parramatta NSW 2124
Over the counter service (available to Western NSW residents)	Dubbo Base Hospital Myall Street Dubbo NSW 2830

Appendix 3. Australian federal, state and territory government travel schemes

Australian Capital Territory residents

Scheme name	Interstate Patient Travel Assistance Scheme (IPTAS)
Contact number	02 5124 5868
Website	www.health.act.gov.au/hospitals-and-health-centres/canberra-hospital/your-time-hospital/interstate-patient-travel

Northern Territory residents

Scheme name	Patient Assistance Travel Scheme (PATs)
Contact number	Visit the PATs website for office contact details
Website	www.nt.gov.au/wellbeing/health-subsidies-support-and-home-visits/patient-assistance-travel-scheme

Queensland residents

Scheme name	Patient Travel Subsidy Scheme (PTSS)
Contact number	Visit the PTSS website for office contact details
Website	www.health.qld.gov.au/ptss

South Australia residents

Scheme name	Patient Assistance Transport Scheme (PATS)
Contact number	1300 341 684
Website	www.sahealth.sa.gov.au/pats

Tasmanian residents

Scheme name	Patient Travel Assistance Scheme (PTAS)
Contact number	Visit the PTAS website for office contact details
Website	www.dhhs.tas.gov.au/hospital/ptas

Victorian residents

Scheme name	Victorian Patient Transport Assistance Scheme (VPTAS)
Contact number	1300 737 073
Website	www2.health.vic.gov.au/hospitals-and-health-services/rural-health/vptas-how-to-apply

Western Australian residents**Western Australian residents travelling within Western Australia**

Scheme name	Patient Assisted Travel Scheme (PATS)
Contact number	Visit the PATS website for office contact details
Website	www.wacountry.health.wa.gov.au/index.php?id=pats

Western Australian residents travelling interstate

Scheme name	Interstate Patient Travel Scheme (IPTS)
Contact number	(08) 9222 2474
Website	www.healthywa.wa.gov.au/Articles/F_I/Interstate-patient-transfer-scheme

Norfolk Island residents

Scheme name	The Norfolk Island Patient Travel and Accommodation Assistance Scheme (NIPTAAS)
Contact number	+ 6723 22091
Website	www.norfolkislandhealth.gov.nf

Veterans and war widows/widowers - Department of Veterans' affairs

Scheme name	Repatriation Transport Scheme (RTS)
Contact number	1800 555 254
Website	www.dva.gov.au/factsheet-hsv02-claiming-travelling-expenses-under-repatriation-transport-scheme

Appendix 4. Eligible specialist medical treatment

Specialty	Field of specialty practice
Addiction medicine	-
Anaesthesia	-
Dermatology	-
Emergency medicine	Paediatric emergency medicine
Intensive care medicine	Paediatric intensive care medicine
Medical administration	-
Obstetrics and gynaecology	Gynaecological oncology
	Maternal–fetal medicine
	Obstetrics and gynaecological ultrasound
	Reproductive endocrinology and infertility
	Urogynaecology
Occupational and environmental medicine	-
Ophthalmology	-
Paediatrics and child health	-
	Clinical genetics

	Community child health
	General paediatrics
	Neonatal and perinatal medicine
	Paediatric cardiology
	Paediatric clinical pharmacology
	Paediatric emergency medicine
	Paediatric endocrinology
	Paediatric gastroenterology and hepatology
	Paediatric haematology
	Paediatric immunology and allergy
	Paediatric infectious diseases
	Paediatric intensive care medicine
	Paediatric medical oncology
	Paediatric nephrology
	Paediatric neurology
	Paediatric nuclear medicine
	Paediatric palliative medicine
	Paediatric rehabilitation medicine
	Paediatric respiratory and sleep medicine
	Paediatric rheumatology
Pain medicine	-
Palliative medicine	-
Pathology	-
	General pathology
	Anatomical pathology (including cytopathology)
	Chemical pathology
	Haematology

	Immunology
	Microbiology
	Forensic pathology
Physician	-
	Cardiology
	Clinical genetics
	Clinical pharmacology
	Endocrinology
	Gastroenterology and hepatology
	General medicine
	Geriatric medicine
	Haematology
	Immunology and allergy
	Infectious diseases
	Medical oncology
	Nephrology
	Neurology
	Nuclear medicine
	Respiratory and sleep medicine
	Rheumatology
Psychiatry	-
Public health medicine	-
Radiation oncology	-
Radiology	Diagnostic radiology
	Diagnostic ultrasound
	Nuclear medicine
Rehabilitation medicine	-

Sexual health medicine	-
Sport and exercise medicine	-
Surgery	-
	Cardio-thoracic surgery
	General surgery
	Neurosurgery
	Orthopaedic surgery
	Otolaryngology – head and neck surgery
	Oral and maxillofacial surgery
	Paediatric surgery
	Plastic surgery
	Urology
	Vascular surgery

Appendix 5. Eligible allied health clinics

Clinic Name	Clinic Location	
Assistive Technology and Seating	Macquarie Hospital	North Ryde
Balance Disorders Clinic	Prince of Wales Hospital	Randwick
Botulinum Toxin Clinic	Sydney Children's Hospital	Randwick
Botulinum Toxin Clinic	The Children's Hospital at Westmead	Westmead
Burns Clinic	Concord Repatriation General Hospital	Concord
Burns Clinic	Royal North Shore Hospital	St Leonards
Burns Clinic	The Children's Hospital at Westmead	Westmead
Cerebral Palsy Clinic	John Hunter Children's Hospital	New Lambton Heights
Cerebral Palsy Clinic	Sydney Children's Hospital	Randwick
Cerebral Palsy Clinic	The Children's Hospital at Westmead	Westmead
Children's Lymphoedema Clinic	John Hunter Children's Hospital	New Lambton Heights

Children's Lymphoedema Clinic	Sydney Children's Hospital	Randwick
Children's Lymphoedema Clinic	The Children's Hospital at Westmead	Westmead
Children's Rehabilitation Unit	Queensland Children's Hospital	Brisbane
Cleft Palate Clinic	Canberra Hospital	Garran
Cleft Palate Clinic	Sydney Children's Hospital	Randwick
Cleft Palate Clinic	The Children's Hospital at Westmead	Westmead
Clinical Genetics	Royal Hospital for Women	Randwick
Clinical Genetics	Sydney Children's Hospital	Randwick
Clinical Genetics	The Children's Hospital at Westmead	Westmead
Club Foot Clinic	Queensland Children's Hospital	South Brisbane
Gait Lab	The Children's Hospital at Westmead	Westmead
Hand Unit	Sydney and Sydney Eye Hospital	Sydney
Hand Unit	Sydney Children's Hospital	Randwick
Hand Unit	The Children's Hospital at Westmead	Westmead
Huntington Disease Clinic	Westmead Hospital	Westmead
Intestinal Failure Clinic	Royal Prince Alfred Hospital	Camperdown
Limb Service Clinic	Sydney Children's Hospital	Randwick
Limb Service Clinic	The Children's Hospital at Westmead	Westmead
Lymphoedema Service	Calvary Public Hospital	Bruce
Metabolic Clinic	Westmead Hospital	Westmead
Metabolism and Obesity Clinic	Royal Prince Alfred Hospital	Camperdown
Metabolism and Obesity Clinic	Riverina Community College	Wagga Wagga
Musculoskeletal Service Clinic	Sydney Children's Hospital	Randwick
Musculoskeletal Service Clinic	The Children's Hospital at Westmead	Westmead
Neuropsychology Assessment Clinic	Sydney Children's Hospital	Randwick
Neuropsychology Assessment Clinic	The Children's Hospital at Westmead	Westmead
Paediatric Voice Clinic	Sydney Children's Hospital	Randwick

Paediatric Voice Clinic	The Children's Hospital at Westmead	Westmead
Ponseti (Clubfoot / Lower limb) Clinic	John Hunter Children's Hospital	New Lambton Heights
Ponseti (Clubfoot / Lower limb) Clinic	Sydney Children's Hospital	Randwick
Ponseti (Clubfoot / Lower limb) Clinic	The Children's Hospital at Westmead	Westmead
Ponseti (Clubfoot / Lower limb) Clinic	Queensland Childrens Hospital	South Brisbane
Royal Far West Paediatric Clinic	Royal Far West	Manly
Seating Clinic	Prince of Wales Hospital	Randwick
Specialist Cystic Fibrosis Clinic	John Hunter Children's Hospital	New Lambton Heights
Specialist Cystic Fibrosis Clinic	Royal Prince Alfred Hospital	Camperdown
Specialist Cystic Fibrosis Clinic	Sydney Children's Hospital	Randwick
Specialist Cystic Fibrosis Clinic	The Children's Hospital at Westmead	Westmead
Specialist Pain Clinic	John Hunter Children's Hospital	New Lambton Heights
Specialist Pain Clinic	Sydney Children's Hospital	Randwick
Specialist Pain Clinic	The Children's Hospital at Westmead	Westmead
Speech Pathology Clinic	John Hunter Children's Hospital	New Lambton Heights
Speech Pathology Clinic	Sydney Children's Hospital	Randwick
Speech Pathology Clinic	The Children's Hospital at Westmead	Westmead
Spina Bifida Service Clinic	The Children's Hospital at Westmead	Westmead
Spinal Cord Injury Service Clinic	The Children's Hospital at Westmead	Westmead
Spinal Outpatients Clinic	Prince of Wales Hospital	Randwick
Upper Limb Amputee Clinic	Prince of Wales Hospital	Randwick
Upper Limb Amputee Clinic	Westmead Hospital	Westmead
Velopharyngeal Insufficiency (VPI) Clinic	Canberra Hospital	Garran
Velopharyngeal Insufficiency (VPI) Clinic	Sydney Children's Hospital	Randwick
Velopharyngeal Insufficiency (VPI) Clinic	The Children's Hospital at Westmead	Westmead

Voice and Swallow Clinic	Westmead Hospital	Westmead
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Please note there may be an update version of this list. Please see the [website](#) for the most updated list.

Appendix 6. Subsidy rates

Travel			
Travel Type		Subsidy	
Private vehicle		0.22c per km	
Public transport		Cost of ticket excluding GST	
Commercial air – with air approval		Cost of ticket excluding GST	
Commercial air – without air approval		The lesser of 0.22c per km Cost of ticket excluding GST	
Taxi		Based on length of appointment	
		Length of appointment	Maximum subsidy
		1 day	\$20
		2 – 7 days	\$40
		8 – 14 days	\$80
		15 days or more	\$160
Community transport – not receiving government funding		Cost of ticket excluding GST	
Accommodation			
Accommodation type		Maximum subsidy per night	
For profit		Total nights stayed	Patient only or escort only Patient and escort Escort and escort Patient, escort and escort
		1 – 7 night	\$43 \$60
		8 – 14 nights	\$80 \$105
		15 nights or more	\$105 \$120

Not for profit	Total nights stayed	Patient only or escort only	Patient and escort Escort and escort Patient, escort and escort
	1 – 7 nights	\$43	\$60
	8 or more	\$65	\$85
Private	\$20 per person per night		

Appendix 7. Air approval criteria

Criteria	
Active clinical management	<p>A patient needs:</p> <ul style="list-style-type: none"> • ambulatory oxygen • regular catheterisation • frequent nebuliser therapy (less than four hourly), or • a patient has a health condition that will be worsened by or difficult to manage during lengthy private vehicle or public transport travel <p>A patient who needs to travel in one day to return for dialysis will meet the air approval criteria.</p>
Musculoskeletal instability	<p>A patient has a bone fracture that has not been stabilised or a musculoskeletal disorder and constant movement during lengthy private vehicle or public transport travel would compromise their healing or treatment outcome.</p>
Pain management	<p>A patient:</p> <ul style="list-style-type: none"> • is experiencing post-operative pain (within two weeks of an operation) • has bone metastases • has a prolapsed (herniated) disc or, • has severe pain that will be worsened during lengthy private vehicle or public transport travel
Restricted mobility	<p>A patient:</p> <ul style="list-style-type: none"> • has a spinal cord injury or • needs significant assistance moving which prevents them travelling by private vehicle or public transport
Urgency	<p>A patient needs urgent treatment (non-emergency) that is arranged at short notice and it would be unreasonable / impossible for them to travel to their appointment by private vehicle or public transport in time for treatment.</p> <p>Patients with pre-planned treatment will not meet the air approval criteria.</p>

Appendix 8. Co-payments

A co-payment is a \$30 deduction taken from a patient's eligible subsidy. A maximum of four co-payments per financial year will be deducted from a patient.

A co-payment may be deducted if the patient's appointment was before 1 October 2018 and:

- they are an adult and do not have a valid concession card
- they were accompanied by an escort and their escort had separate costs, and does not have a valid concession card, or
- they are a child and their escort does not have a valid concession card.

Co-payments are applied per journey. A journey is either:

- a return trip from the patient's residence to health service, if the distance is at least 100kms one way, or
- the trips made within a week, if the distance is less than 100kms one way, and the patient travels at least 200kms by making multiple trips to the same health service.

An additional co-payment per journey may apply if the patient was accompanied by an escort who had separate costs. IPTAAS considers a cost separate if:

- the escort travels by public transport, commercial air or has escort only travel
- the escort has accommodation costs while the patient is an in-patient

A maximum of two co-payments apply per journey. The below table shows how co-payments are applied to journeys:

Child patient Maximum of 1 co-payment per journey	Adult patient without escort or, Adult patient with escort and escort had no separate charges Maximum of 1 co-payment per journey	Adult patient with escort and escort had separate charges Maximum of 2 co-payments per journey
Escort has a valid concession card No co-payment	Patient has a valid concession card No co-payment	Both patient and escort have valid concession cards No co-payment
Escort does not have a valid concession card 1 co-payment	Patient does not have a valid concession card 1 co-payment	Both patient and escort do not have valid concession cards 2 co-payments Patient has a valid concession card but the escort does not or, Patient does not have a have a valid concession card but the escort does 1 co-payment

If a co-payment amount is higher than the eligible subsidy, the patient will not receive a subsidy.

Patients experiencing financial hardship may apply to have their co-payment waived. An application form is required, the patient should contact IPTAAS to get a form.