WorkCover SA
Better together

Government of South Australia

Private hospital fee schedule and guidelines

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Returning to work and the role of the health provider

Why return to work is important

Getting back to work can be a crucial part of an injured workers rehabilitation as it can help to reduce the financial and emotional impact on workers and their families. With a positive approach and the right support, injured workers can recover and return to normal life. Helping improve South Australia's return to work rates is everyone's responsibility and we all have a role to play.

The health provider's role in the recovery process

Health providers have a vital role to play in helping injured workers stay at or return to work. Staying at home until completely recovered is often not the best thing for an injured worker. Health providers can help by focusing on what a worker can do rather than what they can't. To help make a difference, ensure that you:

- screen for risk early
- adopt a whole person approach
- make enough time for clinical management
- contact the workplace where applicable.

For more information, visit the health provider tab at www.workcover.com

Same-day services in a stand-alone day surgery facility

Stand-alone day surgery facilities will be paid using the same-day services tables.

Accommodation

Item no.	Service description	Max fee (ex GST)
PR410	Band 1: including gastrointestinal endoscopy, some minor surgical and non-surgical procedures not normally requiring anaesthetic.	$307.10
PR420	Band 2: including procedures other than Band 1 performed under local anaesthetic with no sedation. Theatre time less than 1 hour.	$365.70
PR430	Band 3: including procedures other than Band 1 performed under a general or regional anaesthesia or intravenous sedation. Theatre time less than 1 hour.	$427.20
PR440	Band 4: including procedures other than Band 1 performed under general or regional anaesthesia or intravenous sedation. Theatre time 1 hour or more.	$452.80

Theatre fee bands

Item no.	Service description	Max fee (ex GST)
PRT1A	1A	$176.40
PRT01	1	$352.90
PRT02	2	$450.40
PRT03	3	$626.10
PRT04	4	$905.80
PRT05	5	$1,162.30
PRT06	6	$1,530.50
PRT07	7	$2,093.70
PRT08	8	$2,234.80
PRT9A	9A	$2,599.10
PRT09	9	$2,981.40
PRT10	10	$3,902.60
PRT11	11	$5,538.20
PRT12	12	$5,946.20
PRT13	13	$5,622.90
PRT50	Dental minor	$333.50
PRT55	Dental major	$601.70

Services in this section will be determined in accordance with the *Group Accommodation and Theatre Banding Schedule* produced by the Commonwealth Department of Veterans' Affairs, February 2011.

Where more than one service is provided in a single theatre session, the theatre charge is –

a) the service with the highest theatre charge plus

b) 50% of the service with the next highest theatre charge plus

c) 30% of each of the other services provided.

Psychiatric hospital services

Emergency admission of WorkCover claimants (potential or current) to a psychiatric institution

When a medical expert believes that a WorkCover claimant (or potential WorkCover claimant) is at risk of harming themselves or others without psychiatric or psychological intervention, the person must be admitted. WorkCover has instructed claims agents to immediately approve such admission regardless of the status of the claim.

Where the psychiatric hospital cannot obtain approval from the claims agent (eg, the incident occurs after business hours) the hospital must admit the person immediately for the purposes of crisis assessment. If this occurs the admitting psychiatric hospital is required to advise the claims agent of the admission within two business days.

Private rooms are allocated on the basis of clinical need and the cost of such rooms is included in the charges set out below. Where a patient requests a private room, WorkCover will not be responsible for or accept any additional fee or surcharge.

Inpatient services

Item no.	Service description	Max fee (ex GST)
PR800	Length of stay 1 or more days but not more than 14 days	$589.90 per day
PR803	15 or more days	$453.90 per day
PR822	Electro-convulsive therapy (ECT)	$252.50 per day
PR850	Private room allocated on the basis of clinical need	Extra $14.80 per day

Drug and alcohol programs – inpatient

Item no.	Service description	Max fee (ex GST)
PR990	Length of stay 1 or more days but not more than 10 days	$668.80 per day
PR991	11 or more days	$489.40 per day

Note: This program provides specialised treatment and care for patients with alcohol or drug dependencies (including analgesics/narcotics/opiates and Benzodiazepine). The program is managed by a multi-disciplinary team including a medical director and consultant psychiatrists. Where required, the program involves a medically controlled, safe withdrawal of drugs or alcohol.

Same-day services

Item no.	Service description	Max fee (ex GST)
PRO81	Group session	$80.50
PRO82	ECT day program	$419.30
PRO83	Half-day program	$214.70
PRO84	Day program	$339.80
PRO95	Outreach	$193.90

Note: A day program is usually available to provide ongoing support and care to patients after discharge from treatment as inpatients. It is managed by a multi-disciplinary team of health care professionals, and is tailored to the individual needs of the patient. It can include specialised therapy modules including cognitive behavioural therapy, relaxation, assertiveness skills and anxiety management.

Outreach is treatment or care provided by the hospital to a non-admitted patient at a location outside the hospital premises (being treatment or care provided as a direct substitute for treatment or care that would normally be provided on the hospital premises). Please note, for billing purposes, the 'O' in item numbers for same-day services is an alphabetical letter not the number zero.

Rehabilitation hospital services

Private rooms are allocated on the basis of clinical need and the cost of such rooms is included in the charges set out below. Where a patient requests a private room, WorkCover will not be responsible for or accept any additional fee or surcharge.

Rehabilitation orthopaedic program for inpatients

Item no.	Service description	Max fee (ex GST)
PR600	Length of stay 1 or more days but not more than 16 days	$614.90 per day
PR605	17 or more days	$515.60 per day

Note: Orthopaedic programs involve referral and assessment by the rehabilitation coordinator of the program. They are defined programs with intense service provision. Rapid improvement is expected and there are specific outcome goals. The program includes physiotherapy, aquatic therapy, occupational therapy, case conferences and discharge planning.

Rehabilitation trauma program for inpatients

Item no.	Service description	Max fee (ex GST)
PR610	Length of stay 1 or more days but not more than 20 days	$733.20 per day
PR615	21 or more days	$661.90 per day

Note: Trauma programs involve referral and assessment by the rehabilitation coordinator of the program. They are defined programs with intense service provision. Rapid improvement is expected and there are specific outcome goals. The program includes physiotherapy, aquatic therapy, occupational therapy, speech therapy, case conferences and discharge planning.

Other hospital services

Inpatient pain assessment/management

Private rooms are allocated on the basis of clinical need and the cost of such rooms is included in the charges set out below. Where a patient requests a private room, WorkCover will not be responsible for or accept any additional fee or surcharge.

Item no.	Service description	Max fee (ex GST)
PR700	Length of stay 1 or more days but not more than 7 days	$539.50 per day
PR705	8 or more days but not more than 14 days	$506.90 per day
PR710	15 or more days	$329.50 per day

Outpatient service – pain pumps

Item no.	Service description	Max fee (ex GST)
PR720	Implanted infusion pump, refilling of reservoir, with a therapeutic agent or agents, for infusion to the subarachnoid or epidural space, with or without re-programming of a programmable pump, for the management of chronic intractable pain for a non-admitted patient	$187.30

Prostheses

Item no.	Service description	Max fee (ex GST)
CUR04	Prostheses will be paid in accordance with the Prostheses List produced by the Department of Health and Ageing.	DF

Interpretations

Acute patient means an admitted patient to an acute care facility -

(a) where a patient stays for the first 35 days of continuous hospitalisation, OR

(b) where a patient who has been in continuous hospital care for more than 35 days where an Acute Care Certificate (Form 918 from the Commonwealth Department of Health and Aged Care), or an equivalent form devised by the hospital, has been completed and signed by a medical practitioner indicating the patient is to remain as an acute care patient for a specified period.

Admission means the formal administrative process of a private hospital or day surgery facility by which the hospital or facility commences the provision of treatment, care, accommodation and other services to a patient.

Admitted in relation to a patient in a private hospital or day surgery facility, means that the patient has undergone the formal admission process of the hospital or facility and has not been discharged.

AR-DRG means Australian Refined Diagnosis Related Group and is referred to as DRG in this schedule.

AR-DRG reference numbers, descriptions and abbreviations. For the purposes of this Schedule –

(a) AR-DRG reference numbers or descriptions are as set out in the *Manual* and

(b) Terms and abbreviations used in AR-DRG descriptions have the meanings given by the *Manual*.

Criteria for admission
For the purposes of this Schedule, a patient qualifies for admission to a private hospital or day surgery facility if he or she satisfies one of the following criteria:

(a) The patient is to receive Day Only Band 1, 2, 3 and 4 services (excluding uncertified Type C professional attention procedures) as specified in the *Day Only Procedures Manual*.

(b) The patient is to receive a Type C professional attention procedure as specified in the *Day Only Procedures Manual* and there is an accompanying certification by a medical practitioner that an admission is necessary on the grounds of the medical condition of the patient or other special circumstances relating to the patient.

(c) The patient, following a clinical decision, is expected to require overnight treatment for a minimum of one night.

(d) The patient is to receive a Type B professional attention procedure as specified in the *Day Only Procedures Manual* and there is an accompanying certification by a medical practitioner that an overnight admission is necessary on the grounds of the medical condition of the patient or other special circumstances relating to the patient.

Day means a calendar day.

Day Only Procedures Manual means the *Day Only Procedures Manual* published in 1999 by the Commonwealth Department of Health and Aged Care, as in force on 1 July 2011.

Day surgery facility means a facility (other than a private hospital or facility of a private hospital) designed for the provision of medical, surgical or related treatment or care on a same day basis that is declared by WorkCover by notice in the Gazette to be a day surgery facility for the purposes of this Schedule.

Discharge means the formal administrative process of a private hospital or day surgery facility by which the hospital or facility ceases the provision of treatment, care, accommodation and other services to a patient.

Discharged in relation to a person who has been a patient in a private hospital or day surgery facility, means that the person has undergone the formal discharge process of the hospital or facility.

Episodes of care, for the purposes of this Schedule, includes (where applicable) the cost of the following:

(a) Accommodation

(b) Intensive care unit

(c) Theatre

(d) Common use theatre items

(e) Pharmaceutical items directly related to the condition being treated

(f) Television

(g) Newspapers

(h) Local telephone calls

(i) All hotel services (eg, meals etc)

(j) Consumable items

Episodes of care, for the purposes of this Schedule, do not include the following costs:

(a) The cost of prostheses

(b) The cost of substituted high cost single use items not commonly used in Australian clinical practice for delivery of the service where the substitution for the usual item can be demonstrated to have been necessary for the treatment of the patient

(c) The cost of allied health treatment (such as physiotherapy, dietetics, podiatry, psychology, social work, speech pathology etc)

(d) The cost of pharmaceutical items provided on discharge of a patient

(e) The cost of pharmaceutical items required for a patient for maintenance of an unrelated condition

(f) The cost of splints and braces required for the discharge of a patient

(g) Transfer costs

(h) Boarder fees

Inlier patient means an admitted patient whose length of stay in a private hospital for a service identified*, Inpatient services – Diagnosis Related Groups* falls within the range of the upper trim point days and the lower trim point days (inclusive) specified in *Inpatient services - Diagnosis Related Groups* corresponding to that service.

Inpatient in relation to a private hospital means an admitted patient who, following a clinical decision, requires or is expected to require overnight treatment for a minimum of one night.

Length of stay (LOS), in relation to an admitted patient in a private hospital, means the number of days between the day of admission of the patient to the hospital and the day of discharge of the patient from the hospital –

(a) counting the day of admission as one day, and

(b) excluding the day of discharge (unless it is also the day of admission).

Long-stay outlier patient means an admitted patient whose length of stay in a private hospital for a service identified in *Inpatient services – Diagnosis Related Groups*, is greater than the upper trim point specified in column 4 of the table corresponding to that service.

Long-stay outlier fee calculation

The upper trim point is set as the average LOS x 2. The outlier payments will commence the next day after the upper trim point.

Fee for long-stay outlier patients is calculated as follows:

Maximum fee = (Schedule fee) + (rate per day x (LOS – upper trim point))

Manual means the *Australian Refined Diagnosis Related Groups, Version 4.2, Addendum to Definitions Manual, Volume 4*,

produced in 2000 by the Commonwealth Department of Health and Aged Care (read with the *Australian Refined Diagnosis Related Groups, Version 4.1, Definitions Manual, Volumes 1-3*, produced in 1998 by the Commonwealth Department of Health and Aged Care).

Same day in relation to a service, means a service that is provided on a single calendar day.

Same day patients means an admitted patient to a registered stand-alone day surgery facility only.
Fees for same day patients in a registered day facility are calculated as follows:

theatre fee plus same day accommodation fee as per this Schedule.

Short-stay outlier patient means an admitted patient whose length of stay in a private hospital for a service identified in *Inpatient services – Diagnosis Related Groups* for which the lower trim point days specified in column 5 of the table corresponding to that service is 2 or more, is less than that lower trim point but greater than zero.

Short-stay outlier fee calculation

The lower trim point is set as the average LOS divided by 3.

The accommodation payment will be paid at the per day rate for each occupied bed per day when the LOS is less than the lower trim point. ICU fees are included in the per day accommodation rate.

Fee for short-stay outlier patients is calculated as follows:

Maximum fee = Rate per day x LOS

Transfers

Where the patient is transferred from the private hospital to another hospital, the maximum charge for the service provided by the transferring hospital is 80% of the maximum charge. The receiving hospital subject to admission criteria will be paid as a new episode of care.

Transitional arrangements – where treatment commenced before 1 July 2011 and continues beyond that date, the discharge date is used for billing purposes.

Inpatient services – Diagnosis Related Groups version 4.2

Private rooms are allocated on the basis of clinical need and the cost of such rooms is included in the charges set out below. Where a patient requests a private room, WorkCover will not be responsible for or accept any additional fee or surcharge.

Registered hospitals will be paid on a DRG basis – *please refer to Interpretation section.*

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
A06Z	Tracheostomy any age any cond	$62,507.00	35	11	$1,100.00
B01Z	Ventricular shunt revision	$6,557.00	12	2	$1,027.00
B02A	Craniotomy + ccc	$24,341.00	35	6	$1,100.00
B02B	Craniotomy + smcc	$14,719.00	21	3	$1,100.00
B02C	Craniotomy - cc	$10,941.00	15	2	$1,100.00
B03A	Spinal procedures + cscc	$11,189.00	24	4	$813.00
B03B	Spinal procedures - cscc	$5,373.00	9	1	$869.00
B04A	Extracranial vascular pr +cscc	$8,578.00	24	4	$646.00
B04B	Extracranial vascular pr -cscc	$5,775.00	8	1	$1,100.00
B05Z	Carpal tunnel release	$1,173.00	4	0	$654.00
B06A	Cbl psy,mus dysy,npthy pr+cscc	$10,411.00	35	6	$509.00
B06B	Cbl psy,mus dysy,npthy pr-cscc	$1,642.00	4	0	$977.00
B07A	Prphl & cranl nerv & oth pr+cc	$6,781.00	31	5	$400.00
B07B	Prphl & cranl nerv & oth pr-cc	$2,027.00	4	0	$1,047.00
B40Z	Plasmapheresis + neurolgcl dis	$280.00	12	2	$47.00
B41Z	Prlngd mntrng for cmplx eplpsy	$747.00	10	2	$159.00
B60A	N-acute para/quad+/-or pr+ccc	$18,305.00	35	9	$657.00
B60B	N-acute para/quad+/-or pr-ccc	$4,773.00	19	3	$468.00
B61A	Spinal cord cond+/-or pr +cscc	$10,911.00	34	6	$590.00
B61B	Spinal cord cond+/-or pr -cscc	$6,062.00	14	2	$685.00
B62Z	Admit for apheresis	$446.00	4	0	$446.00
B63Z	Dmntia & chrnic disturb crbrl fn	$3,600.00	21	3	$349.00
B64Z	Delirium	$5,305.00	20	3	$535.00
B65Z	Cerebral palsy	$2,069.00	12	2	$356.00
B66A	Nervous system neoplasm a>64	$7,751.00	27	4	$590.00
B66B	Nervous system neoplasm a<65	$4,657.00	17	3	$541.00
B67A	Degnrtv nervous sys dsrd +cscc	$8,726.00	35	6	$500.00
B67B	Degnrtv nervous sys dsrd -cscc	$3,396.00	14	2	$511.00
B68A	Mlt sclrosis & cerebel ataxia+cc	$5,096.00	23	4	$459.00
B68B	Mlt sclrosis & cerebel ataxia-cc	$552.00	4	0	$319.00
B69A	Tia & precerebral occlusn+ccc	$5,689.00	27	4	$416.00
B69B	Tia & precerebral occlusn+scc	$2,695.00	14	2	$350.00
B69C	Tia & precerebral occlusn-cscc	$2,695.00	7	1	$661.00
B70A	Stroke +severe/compl dx/proc	$11,957.00	34	6	$716.00
B70B	Stroke + other cc	$8,503.00	19	3	$911.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
B70C	Stroke - other cc	$6,532.00	12	2	$1,100.00
B70D	Stroke died/transferred<5 days	$6,532.00	4	0	$1,100.00
B71A	Cranial & periphl nerv dsrd+cc	$5,663.00	17	3	$672.00
B71B	Cranial & periphl nerv dsrd-cc	$1,146.00	4	0	$558.00
B72Z	Nrvs sys inf ex vrl meningitis	$4,988.00	18	3	$567.00
B73Z	Viral meningitis	$2,254.00	8	1	$593.00
B74Z	Nontraumatic stupor & coma	$2,143.00	9	1	$487.00
B75Z	Febrile convulsions	$630.00	4	0	$525.00
B76A	Seizure a<3 + cscc	$5,656.00	14	2	$820.00
B76B	Seizure a>2 - cscc	$2,272.00	8	1	$595.00
B77Z	Headache	$1,965.00	7	1	$605.00
B78Z	Intracranial injury	$9,580.00	18	3	$1,100.00
B79Z	Skull fractures	$2,981.00	9	1	$693.00
B80Z	Other head injury	$1,948.00	11	2	$354.00
B81A	Other dsrd of nervous sys+cscc	$5,408.00	27	4	$403.00
B81B	Other dsrd of nervous sys-cscc	$2,774.00	12	2	$451.00
C01Z	Proc for penetratng eye injury	$2,311.00	4	0	$1,100.00
C02Z	Enucleations & orbital procs	$2,255.00	4	0	$1,048.00
C03Z	Retinal procedures	$1,440.00	4	0	$724.00
C04Z	Major corn, scleral & conjnct pr	$977.00	4	0	$490.00
C05Z	Dacryocystorhinostomy	$1,947.00	4	0	$1,020.00
C06Z	Complex glaucoma procedures	$1,026.00	4	0	$474.00
C07Z	Other glaucoma procedures	$1,026.00	4	0	$474.00
C08Z	Major lens procedures	$1,668.00	4	0	$1,100.00
C09Z	Other lens procedures	$1,668.00	4	0	$1,100.00
C10Z	Strabismus procedures	$1,275.00	4	0	$566.00
C11Z	Eyelid procedures	$1,511.00	4	0	$723.00
C12Z	Other corn, scleral & conjnct pr	$1,067.00	4	0	$521.00
C13Z	Lacrimal procedures	$799.00	4	0	$396.00
C14Z	Other eye procedures	$1,026.00	4	0	$474.00
C60A	Acute & mjr eye infectns a>54	$5,320.00	16	3	$673.00
C60B	Acute & mjr eye infectns a<55	$2,255.00	9	1	$550.00
C61Z	Neurological & vasclr eye dsrd	$2,045.00	6	0	$757.00
C62Z	Hyphema & med managd eye trauma	$2,554.00	8	1	$646.00
C63A	Other disorders of the eye +cc	$2,216.00	11	2	$410.00
C63B	Other disorders of the eye -cc	$460.00	4	0	$329.00
D01Z	Cochlear implant	$2,942.00	4	0	$831.00
D02A	Head & neck procedures + cc	$13,928.00	14	2	$1,100.00
D02B	Head & neck procedures - cc	$5,816.00	4	0	$1,100.00
D03Z	Surgcl rpr cleft lip/palate dx	$3,096.00	4	0	$1,100.00
D04A	Maxillo surgery + cc	$5,099.00	6	0	$1,100.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
D04B	Maxillo surgery - cc	$3,491.00	4	0	$1,100.00
D05Z	Sialoadenectomy	$3,845.00	5	0	$1,100.00
D06Z	Sinus, mastd & cmplx mddl ear pr	$2,457.00	4	0	$1,100.00
D07Z	Salivry gland pr-sialoadenctmy	$1,364.00	4	0	$874.00
D08Z	Mouth procedures	$1,364.00	4	0	$874.00
D09Z	Misc ear,nose,mouth & throat pr	$1,789.00	4	0	$1,082.00
D10Z	Rhinoplasty (+/-turbinectomy)	$2,012.00	4	0	$1,100.00
D11Z	Tonsillectomy, adenoidectomy	$1,384.00	4	0	$1,024.00
D12Z	Oth ear,nose,mouth & throat pr	$1,679.00	4	0	$884.00
D13Z	Myringotomy +tube insertion	$910.00	4	0	$524.00
D40Z	Dental extract & restorations	$892.00	4	0	$664.00
D60A	Ear nose mouth & throat mal+cscc	$6,675.00	21	4	$624.00
D60B	Ear nose mouth & throat mal-cscc	$2,402.00	10	2	$437.00
D61Z	Dysequilibrium	$2,358.00	8	1	$596.00
D62Z	Epistaxis	$1,319.00	4	0	$715.00
D63A	Otitis media & uri + cc	$3,156.00	10	2	$620.00
D63B	Otitis media & uri - cc	$1,404.00	4	0	$646.00
D64Z	Laryngotracheitis & epiglottitis	$920.00	4	0	$657.00
D65Z	Nasal trauma & deformity	$1,024.00	4	0	$608.00
D66A	Oth ear,nose,mouth & thrt dx +cc	$2,659.00	8	1	$651.00
D66B	Oth ear,nose,mouth & thrt dx -cc	$911.00	4	0	$695.00
D67Z	Dntal & oral dis-extrct & restrtns	$919.00	4	0	$732.00
E01A	Major chest procedure + ccc	$16,067.00	30	5	$994.00
E01B	Major chest procedure - ccc	$9,087.00	16	3	$1,062.00
E02A	Other respiratry sys or pr+ccc	$11,764.00	30	5	$743.00
E02B	Other respiratry sys or pr+scc	$5,589.00	10	2	$991.00
E02C	Other respiraty sys or pr-cscc	$1,992.00	4	0	$1,100.00
E40Z	Resp sys dx + ventilator suppt	$19,100.00	25	4	$1,100.00
E60A	Cystic fibrosis +cscc	$4,003.00	21	3	$389.00
E60B	Cystic fibrosis -cscc	$4,978.00	17	3	$615.00
E61A	Pulmonary embolism + cscc	$6,146.00	20	3	$618.00
E61B	Pulmonary embolism - cscc	$3,880.00	13	2	$600.00
E62A	Respiratry infectn/inflamm+ccc	$8,532.00$	25	4	$682.00
E62B	Respiratry infectn/inflam+smcc	$5,277.00	17	3	648.00
E62C	Respiratory infectn/inflamm-cc	$3,286.00	11	2	$628.00
E63Z	Sleep apnoea	$605.00	4	0	$584.00
E64Z	Pulmonry oedema & resp failure	$6,241.00	18	3	$711.00
E65A	Chrnic obstrct airway dis+cscc	$7,069.00	22	4	$643.00
E65B	Chrnic obstrct airway dis-cscc	$4,406.00	15	2	$590.00
E66A	Major chest trauma a >69 + cc	$7,575.00	28	5	$546.00
E66B	Mjr chest trma a<70+cc/a>69-cc	$4,208.00	16	3	$546.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
E66C	Major chest trauma a<70 - cc	$2,385.00	8	1	$596.00
E67A	Respiratry signs & symptm+cscc	$3,880.00	13	2	$581.00
E67B	Respirtry signs & sym a<3-cscc	$1,705.00	4	0	$855.00
E67C	Respirtry signs & sym a>2-cscc	$1,705.00	4	0	$642.00
E68Z	Pneumothorax	$3,155.00	10	2	$676.00
E69A	Bronchitis & asthma a>49 + cc	$4,985.00	17	3	$602.00
E69B	Brnchts & asthma a<50+cc/a>49-cc	$2,958.00	11	2	$529.00
E69C	Bronchitis & asthma a<50 - cc	$1,552.00	5	0	$701.00
E70A	Whoopng cgh & acte brnchio+cscc	$4,226.00	17	3	$497.00
E70B	Whoopng cgh & acte brnchio-cscc	$1,883.00	6	0	$673.00
E71A	Respiratory neoplasms + cc	$6,957.00	16	3	$874.00
E71B	Respiratory neoplasms - cc	$3,800.00	8	1	$936.00
E73A	Pleural effusion + ccc	$6,591.00	23	4	$577.00
E73B	Pleural effusn + scc	$3,626.00	14	2	$510.00
E73C	Pleural effusion - cscc	$2,294.00	8	1	$581.00
E74A	Interstial lung dis a>64 +cscc	$7,529.00	24	4	$619.00
E74B	Intrsl lng a<65+cscc/a>64-cscc	$5,871.00	15	2	$801.00
E74C	Interstial lung dis a<65 -cscc	$2,746.00	8	1	$688.00
E75A	Other resp sys dx a>64+cc	$5,490.00	19	3	$592.00
E75B	Ot resp sys dx a<65+cc/a>65-cc	$3,312.00	13	2	$508.00
E75C	Other resp sys dx a<65 - cc	$1,725.00	6	0	$617.00
F03Z	Crdc valv pr+pump+inva inve pr	$26,092.00	32	5	$1,100.00
F04A	Crd vlv pr+pmp-in inve pr+cscc	$22,349.00	25	4	$1,100.00
F04B	Crd vlv pr+pmp-in inve pr-cscc	$19,672.00	18	3	$1,100.00
F05A	Corony bypass+inva inve pr+ccc	$28,182.00	33	5	$1,100.00
F05B	Corony bypass+inva inve pr-ccc	$22,294.00	24	4	$1,100.00
F06A	Corony bypas-inva inve pr+cscc	$21,902.00	22	4	$1,100.00
F06B	Corony bypas-inva inve pr-cscc	$19,320.00	17	3	$1,100.00
F07Z	Other cardthorac/vasc pr+pump	$22,446.00	21	3	$1,100.00
F08A	Mjr reconstrc vasc pr-pump+ccc	$21,010.00	35	6	$1,041.00
F08B	Mjr reconstrc vasc pr-pump-ccc	$9,327.00	16	3	$1,008.00
F09Z	Other cardiothoracic pr-pump	$11,303.00	15	2	$1,100.00
F11A	Amputn circ sys-up lmb & toe+ccc	$23,225.00	35	12	$591.00
F11B	Amputn circ sys-up lmb & toe-ccc	$13,164.00	35	6	$719.00
F12Z	Cardiac pacemaker implantation	$4,829.00	9	1	$794.00
F13Z	Up limb & toe amptn crc sys dsrd	$9,112.00	29	5	$538.00
F14A	Vasc pr-mjr reconstrc-pump+ccc	$13,942.00	26	4	$900.00
F14B	Vasc pr-mjr reconstrc-pump+scc	$6,868.00	9	1	$1,100.00
F14C	Vasc pr-mjr reconstr-pump-cscc	$3,705.00	4	0	$1,100.00
F17Z	Cardiac pacemaker replacement	$4,829.00	5	0	$1,100.00
F18Z	Crdc pcmkr revsn -dvc rplcmnt	$4,829.00	7	1	$987.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
F19Z	Oth trns-vsclr perc crdc intrv	$6,611.00	4	0	$1,100.00
F20Z	Vein ligation & stripping	$2,563.00	4	0	$1,100.00
F21A	Ot circ sys or pr+ccc/a>64-ccc	$17,930.00	31	5	$1,044.00
F21B	Oth circul sys or pr a<65-ccc	$6,764.00	6	0	$1,100.00
F40Z	Circ sys dx+ventilator support	$16,747.00	22	4	$1,100.00
F41A	Crc dsrd+ami+inva inve pr+cscc	$9,256.00	13	2	$913.00
F41B	Crc dsrd+ami+inva inve pr-cscc	$7,307.00	7	1	$1,100.00
F42A	Crc dsrd-ami+ic in pr+cmpdx/pr	$5,528.00	7	1	$1,019.00
F42B	Crc dsrd-ami+ic in pr-cmpdx/pr	$3,389.00	4	0	$1,100.00
F60A	Crc dsrd+ami-inva inve pr+cscc	$5,528.00	21	3	$310.00
F60B	Crc dsrd+ami-inva inve pr-cscc	$3,389.00	9	1	$545.00
F60C	Crc dsrd+ami-inva inve pr died	$3,389.00	13	2	$384.00
F61Z	Infective endocarditis	$10,055.00	30	5	$661.00
F62A	Heart failure & shock + ccc	$9,144.00	29	5	$626.00
F62B	Heart failure & shock - ccc	$4,853.00	16	3	$607.00
F63A	Venous thrombosis + cscc	$5,891.00	20	3	$590.00
F63B	Venous thrombosis - cscc	$3,094.00	11	2	$566.00
F64Z	Skin ulcers circulatory disord	$7,554.00	17	3	$888.00
F65A	Peripheral vascular dsrd +cscc	$7,626.00	20	3	$754.00
F65B	Peripheral vascular dsrd -cscc	$1,711.00	4	0	$746.00
F66A	Coronary atherosclerosis + cc	$3,949.00	12	2	$545.00
F66B	Coronary atherosclerosis - cc	$3,492.00	5	0	$942.00
F67A	Hypertension + cc	$4,023.00	13	2	$613.00
F67B	Hypertension - cc	$2,249.00	8	1	$559.00
F68Z	Congenital heart disease	$857.00	4	0	$616.00
F69A	Valvular disorders + cscc	$5,242.00	19	3	$557.00
F69B	Valvular disorders - cscc	$1,581.00	4	0	$772.00
F70A	Mjr arrhythmia & crdc arrst+cscc	$5,226.00	15	2	$633.00
F70B	Mjr arrhythmia & crdc arrst-cscc	$2,750.00	6	0	$739.00
F71A	N-mjr arythm & condctn dsrd+cscc	$5,002.00	16	3	$616.00
F71B	N-mjr arythm & condctn dsrd-cscc	$1,593.00	20	3	$131.00
F72A	Unstable angina + cscc	$4,793.00	14	2	$650.00
F72B	Unstable angina - cscc	$2,600.00	7	1	$745.00
F73A	Syncope & collapse + cscc	$5,194.00	16	3	$671.00
F73B	Syncope & collapse - cscc	$2,198.00	7	1	$600.00
F74Z	Chest pain	$1,349.00	4	0	$736.00
F75A	Other circulatry system dx+ccc	$7,676.00	25	4	$591.00
F75B	Other circulatry system dx+scc	$3,892.00	14	2	$552.00
F75C	Other circulaty system dx-cscc	$2,422.00	6	0	$678.00
G01A	Rectal resection + ccc	$18,612.00	34	6	$1,006.00
G01B	Rectal resection - ccc	$10,604.00	19	3	$988.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
G02A	Mjr small & large bowel pr+ccc	$17,106.00	34	6	$957.00
G02B	Mjr small & large bowel pr-ccc	$8,063.00	16	3	$941.00
G03A	Stomch,oeshpgl & duodnl pr+mal	$16,931.00	30	5	$1,043.00
G03B	Stmch,oeshpgl & ddnl pr-mal+cscc	$12,002.00	19	3	$1,100.00
G03C	Stmch,oeshpgl & ddnl pr-mal-cscc	$4,959.00	7	1	$1,100.00
G04A	Peritoneal adhesolysis a>49+cc	$11,514.00	24	4	$919.00
G04B	Prtnl adhly(a<50+cc)/(a>49-cc)	$5,506.00	11	2	$879.00
G04C	Peritoneal adhesolysis a<50-cc	$3,796.00	7	1	$917.00
G05A	Mnr small & large bowel pr+cc	$6,663.00	13	2	$937.00
G05B	Mnr small & large bowel pr-cc	$3,738.00	4	0	$1,100.00
G07A	Appendicectomy + cscc	$6,342.00	14	2	$858.00
G07B	Appendicectomy - cscc	$3,212.00	5	0	$978.00
G08Z	Abdom, umb & oth hernia pr a>0	$2,554.00	4	0	$995.00
G09Z	Inguinal & femoral hernia pr a>0	$2,171.00	4	0	$1,100.00
G10Z	Hernia procedures a<1	$1,574.00	4	0	$876.00
G11A	Anal & stomal procedures +cscc	$3,465.00	10	2	$657.00
G11B	Anal & stomal procedures -cscc	$1,291.00	4	0	$941.00
G12A	Oth digest sys or pr+cscc/+mal	$8,377.00	15	3	$1,021.00
G12B	Oth digest sys or pr-cscc-mal	$3,366.00	4	0	$1,100.00
G40A	Cx thpc gstry+mjr dig dis+cscc	$3,817.00	19	3	$392.00
G40B	Cx thpc gstry+mjr dig dis-cscc	$3,817.00	6	0	$1,100.00
G41A	Cx thptc gastrsy+n-mjr dig dis	$3,817.00	10	2	$801.00
G41B	Cx thptc gstrsy n-m dig dis,sd	$551.00	4	0	$444.00
G42A	Oth gastroscopy+mjr digest dis	$3,817.00	11	2	$723.00
G42B	Oth gastroscopy+mjr dig dis,sd	$551.00	4	0	$444.00
G43Z	Complx therapeutic colonoscopy	$1,110.00	4	0	$740.00
G44A	Other colonoscopy+cscc/cx pr	$4,882.00	12	2	$825.00
G44B	Other colonoscopy-cscc/cx pr	$2,051.00	6	0	$695.00
G44C	Other colonoscopy, sameday	$707.00	4	0	$571.00
G45A	Other gastrpy+n-mjr digest dis	$2,854.00	9	1	$621.00
G45B	Other gastrpy+n-mjr dig dis,sd	$531.00	4	0	$423.00
G60A	Digestive malignancy + cscc	$4,135.00	14	2	$593.00
G60B	Digestive malignancy - cscc	$2,037.00	7	1	$567.00
G61A	Gi haemorrhage a<65+cscc/a>64	$2,706.00	10	2	$583.00
G61B	Gi haemorrhage a<65 - cscc	$1,130.00	8	1	$285.00
G62Z	Complicated peptic ulcer	$3,158.00	14	2	$478.00
G63Z	Uncomplicated peptic ulcer	$2,586.00	8	1	$718.00
G64Z	Inflammatory bowel disease	$1,115.00	6	1	$367.00
G65A	Gi obstruction + cc	$4,820.00	15	2	$653.00
G65B	Gi obstruction - cc	$2,276.00	7	1	$648.00
G66A	Abdmnl pain/mesentrc adents+cc	$3,035.00	10	2	$615.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
G66B	Abdmnl pain/mesentrc adents-cc	$1,332.00	5	0	$620.00
G67A	Oesphs, gastr & mis dig a>9+cscc	$4,167.00	15	3	$553.00
G67B	Oesphs, gastr & mis dig a>9-cscc	$1,900.00	7	1	$582.00
G68A	Gastroenteritis a<10 + cc	$2,014.00	5	0	$876.00
G68B	Gastroenteritis a<10 - cc	$1,145.00	4	0	$674.00
G69Z	Oesphs & misc dig sys dis a<10	$1,462.00	5	0	$579.00
G70A	Other digestive system diag+cc	$4,277.00	12	2	$724.00
G70B	Other digestive system diag-cc	$1,180.00	4	0	$611.00
H01A	Pancreas, liver & shunt pr+ccc	$22,519.00	33	6	$1,100.00
H01B	Pancreas, liver & shunt pr+smcc	$11,036.00	17	3	$1,100.00
H01C	Pancreas, liver & shunt pr -cc	$11,036.00	14	2	$1,100.00
H02A	Major biliary tract proc+malig	$15,101.00	28	5	$967.00
H02B	Mjr biliary tract pr-mal+cscc	$8,693.00	24	4	$626.00
H02C	Mjr biliary tract pr-mal-cscc	$4,620.00	9	1	$827.00
H03A	Cholecystectmy+closed cde+cscc	$5,750.00	19	3	$494.00
H03B	Cholecystectmy+closed cde-cscc	$3,611.00	8	1	$746.00
H04A	Cholecystectmy-closed cde+cscc	$12,019.00	14	2	$1,100.00
H04B	Cholecystectmy-closed cde-cscc	$5,597.00	4	0	$1,100.00
H05A	Hepatobiliary diagntic pr+cscc	$7,841.00	17	3	$823.00
H05B	Hepatobiliary diagntic pr-cscc	$3,171.00	6	0	$967.00
H06Z	Oth heptobilry & pancrs or pr	$9,367.00	19	3	$929.00
H40Z	Endospic pr bleed oes varices	$3,549.00	10	2	$553.00
H41A	Ercp cx theraputic pr + cscc	$7,602.00	18	3	$757.00
H41B	Ercp cx theraputic pr - cscc	$3,549.00	6	0	$928.00
H42A	Ercp oth theraputic pr + cscc	$7,610.00	19	3	$751.00
H42B	Ercp oth theraputic pr - cscc	$4,471.00	5	0	$1,100.00
H60A	Cirrhosis & alc hepatitis +ccc	$8,430.00	29	5	$590.00
H60B	Cirrhosis & alc hepatitis+cscc	$4,396.00	12	2	$714.00
H60C	Cirrhosis & alc hepatitis-cscc	$1,655.00	5	0	$669.00
H61A	Mal heptbilr s,pncrs a>69+cscc	$6,193.00	21	3	$592.00
H61B	Mal hepbil a<70+cscc/a>69-cscc	$2,814.00	13	2	$414.00
H61C	Mal heptbilr s,pncrs a<70-cscc	$2,814.00	7	1	$828.00
H62A	Disorders pancreas-malig+cscc	$3,778.00	24	4	$326.00
H62B	Disorders pancreas-malig-cscc	$2,075.00	9	1	$417.00
H63A	Dsrd lvr-mal,cirr,alc hep+cscc	$5,338.00	17	3	$620.00
H63B	Dsrd lvr-mal,cirr,alc hep-cscc	$1,390.00	5	0	$600.00
H64A	Disorders of biliary tract +cc	$4,800.00	12	2	$813.00
H64B	Disorders of biliary tract -cc	$1,793.00	6	0	$636.00
I01Z	Bil/mlti mjr jt pr lwr extrmty	$10,791.00	23	4	$755.00
I02A	Mcrvas tt/skin graft+cscc-hand	$18,680.00	35	7	$841.00
I02B	Skin graft -cscc -hand	$4,827.00	9	1	$853.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
I03A	Hip revision + cscc	$14,789.00	34	6	$778.00
I03B	Hip replac+cscc/hip revsn-cscc	$10,260.00	22	4	$822.00
I03C	Hip replacement - cscc	$7,163.00	16	3	$834.00
I04A	Knee replacemt & reattach+ccc	$6,772.00	26	4	$467.00
I04B	Knee replacemt & reattach-ccc	$6,772.00	15	2	$808.00
I05Z	Oth mjr jnt replace & limb reatt	$5,190.00	11	2	$766.00
I06Z	Spinal fusion + deformity	$13,257.00	20	3	$1,063.00
I07Z	Amputation	$14,770.00	33	6	$813.00
I08A	Other hip & femur proc + cscc	$13,445.00	35	6	$698.00
I08B	Other hip & femur pr a>54-cscc	$5,428.00	18	3	$526.00
I08C	Other hip & femur pr a<55-cscc	$5,428.00	6	0	$1,100.00
I09A	Spinal fusion + cscc	$12,791.00	27	4	$811.00
I09B	Spinal fusion - cscc	$7,659.00	14	2	$839.00
I10A	Other back & neck procs + cscc	$10,976.00	21	3	$904.00
I10B	Other back & neck procs - cscc	$5,970.00	10	2	$931.00
I11Z	Limb lengthening procedures	$6,148.00	10	2	$1,028.00
I12A	Infc/infm bone/jnt+misc pr+ccc	$15,563.00	35	7	$662.00
I12B	Infc/infm bone/jnt+misc pr+scc	$9,490.00	21	3	$843.00
I12C	Infc/infm bne/jnt+misc pr-cscc	$3,944.00	6	1	$1,061.00
I13A	Humer,tibia,fibul,ankl pr+cscc	$8,662.00	22	4	$736.00
I13B	Humer,tib,fib,ank pr a>59-cscc	$4,171.00	9	1	$793.00
I13C	Humer,tib,fib,ank pr a<60-cscc	$2,729.00	5	0	$939.00
I14Z	Stump revision	$2,245.00	6	1	$461.00
I15Z	Cranio-facial surgery	$5,249.00	12	2	$671.00
I16Z	Other shoulder procedures	$2,640.00	4	0	$1,025.00
I17Z	Maxillo-facial surgery	$3,482.00	4	0	$1,100.00
I18Z	Knee procedures	$1,737.00	4	0	$1,028.00
I19Z	Other elbow, forearm procs	$2,084.00	4	0	$840.00
I20Z	Foot procedures	$2,274.00	4	0	$967.00
I21Z	Loc ex, rem int fix dev hp & fmr	$1,862.00	4	0	$769.00
I22Z	Major wrist, hand, thumb procs	$1,503.00	4	0	$738.00
I23Z	Loc ex, rem int fix dev-hp & fmr	$1,420.00	4	0	$878.00
I24Z	Arthroscopy	$1,647.00	4	0	$922.00
I25Z	Bone, joint dxtic pr inc biopsy	$3,789.00	13	2	$550.00
I26Z	Other wrist, hand procedures	$1,503.00	4	0	$812.00
I27Z	Soft tissue procedures	$2,134.00	4	0	$1,010.00
I28A	Other connect tissue procs +cc	$7,682.00	22	4	$639.00
I28B	Other connect tissue procs -cc	$1,795.00	4	0	$680.00
I60Z	Femor shaft & open condyl fract	$5,033.00	26	4	$393.00
I61Z	Other femoral fractures	$8,653.00	33	5	$534.00
I62A	Fract pelvis & femoral neck +ccc	$8,653.00	35	6	$448.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
I62B	Fract pelvis & femoral neck +scc	$8,653.00	29	5	$601.00
I62C	Fract pelvis & femoral neck-cscc	$8,653.00	21	3	$857.00
I63Z	Spr,str & dsloc hip,pelvis&thigh	$2,932.00	9	1	$645.00
I64A	Osteomyelitis a<65+cscc/a>64	$8,240.00	26	4	$622.00
I64B	Osteomyelitis a<65 -cscc	$2,962.00	8	1	$796.00
I65A	Con tis mal,inc path frac a>64	$7,073.00	21	3	$689.00
I65B	Con tis mal,inc path frac a<65	$4,295.00	13	2	$669.00
I66A	Oth con tis dsr a>64/a<65+cscc	$6,069.00	11	2	$1,100.00
I66B	Oth conntve tiss dsr a<65-cscc	$794.00	4	0	$750.00
I67A	Septic arthritis + cscc	$5,817.00	25	4	$465.00
I67B	Septic arthritis - cscc	$2,834.00	12	2	$462.00
I68A	N-s nck,bck-pn pr a<75+cc/a>74	$6,295.00	19	3	$684.00
I68B	N-surg neck,back-pn pr a<75-cc	$3,120.00	8	1	$815.00
I68C	N-surg neck & back+pain pr/myel	$740.00	4	0	$379.00
I69A	Bne dis & spcfc arthro a>74+cscc	$8,706.00	30	5	$584.00
I69B	Bne dis & spcfc arthro a>74-cscc	$3,667.00	12	2	$598.00
I69C	Bone dis & specfc arthrop a<75	$1,841.00	5	0	$652.00
I70Z	Non-specific arthropathies	$2,194.00	9	1	$487.00
I71A	Musculotendinous dsrd a>69 +cc	$5,353.00	19	3	$559.00
I71B	Musctendns dsr a<70+cc/a>69-cc	$2,316.00	8	1	$601.00
I71C	Musculotendinous dsrd a<70 -cc	$1,235.00	4	0	$818.00
I72A	Tendn,myot & burs a<80+cscc/a>79	$4,525.00	15	2	$621.00
I72B	Tendntis,myots & burs a<80-cscc	$1,261.00	4	0	$674.00
I73A	Aftcare con tis drsd a>59+cscc	$9,111.00	30	5	$619.00
I73B	Aftcare ct a<60+cscc/a>59-cscc	$3,613.00	9	1	$791.00
I73C	Aftcare con tis drsd a<60-cscc	$1,671.00	4	0	$859.00
I74A	Inj frarm,wr,hand,foot a>74+cc	$6,189.00	25	4	$503.00
I74B	Inj hand, foot a>74-cc/a<75+cc	$2,942.00	11	2	$519.00
I74C	Inj frarm,wr,hand,foot a<75-cc	$1,003.00	4	0	$793.00
I75A	Inj sh, arm,elb,kn,leg a>64+cc	$8,661.00	29	5	$596.00
I75B	Inj arm, leg a>64-cc/a<65+cc	$4,257.00	15	2	$572.00
I75C	Inj sh, arm,elb,kn,leg a<65-cc	$1,426.00	4	0	$671.00
I76A	Other conn tiss dsrds a>69 +cc	$6,070.00	21	4	$568.00
I76B	Oth con tis ds a<70+cc/a>69-cc	$2,643.00	10	2	$515.00
I76C	Other conn tiss dsrds a<70 -cc	$1,057.00	4	0	$738.00
J01Z	Microvasc tiss transf skn/brst	$13,313.00	17	3	$1,100.00
J02A	L lmb+skin graft+ulcr/cels+ccc	$19,319.00	35	10	$583.00
J02B	L lmb+skin graft+ulcr/cels-ccc	$10,126.00	29	5	$645.00
J03A	L lmb+skn graft-ulcr/cels+cscc	$7,901.00	26	4	$556.00
J03B	L lmb+skn graft-ulcr/cels-cscc	$3,147.00	8	1	$609.00
J04A	L lmb-skn graft+ulcr/cels+cscc	$19,319.00	35	7	$903.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
J04B	L lmb-skn graft+ulcr/cels-cscc	$10,126.00	10	2	$1,100.00
J05Z	L lmb-skin graft-ulcer/cells	$3,147.00	4	0	$1,100.00
J06A	Major pr malig breast condtns	$4,946.00	7	1	$1,100.00
J06B	Major pr non-malig breast cnds	$2,720.00	4	0	$967.00
J07A	Minor pr malig breast condns	$2,899.00	4	0	$1,100.00
J07B	Minor pr non-malig breast cnds	$1,319.00	4	0	$671.00
J08A	Oth skn grf & dbrdmnt pr+cscc	$6,241.00	16	3	$670.00
J08B	Oth skn grf & dbrdmnt pr-cscc	$1,795.00	4	0	$1,032.00
J09Z	Perianal & pilonidal pr	$1,541.00	4	0	$803.00
J10Z	Skn,subc tis & brst plastic pr	$1,916.00	4	0	$1,037.00
J11Z	Other skin, subc tis & brst pr	$1,093.00	4	0	$621.00
J60A	Skin ulcers a>64	$8,032.00	17	3	$976.00
J60B	Skin ulcers a<65	$254.00	5	0	$110.00
J61Z	Severe skin disorders	$5,254.00	14	2	$761.00
J62A	Malig breast disorder a>69 +cc	$2,978.00	14	2	$421.00
J62B	Mal brst disrd a>69-cc/a<70+cc	$1,340.00	8	1	$341.00
J62C	Malig breast disorder a<70 -cc	$1,340.00	5	0	$512.00
J63Z	Non-malignant breast disorders	$2,966.00	4	0	$1,100.00
J64A	Cellulitis a>59 + cscc	$7,441.00	24	4	$627.00
J64B	Cellulitis a>59 -cscc / a<60	$3,275.00	11	2	$627.00
J65A	Trauma to skn,sub tis & bst a>69	$4,701.00	16	3	$598.00
J65B	Trauma to skn,sub tis & bst a<70	$1,453.00	4	0	$705.00
J66A	Moderate skin disorders + cscc	$3,489.00	19	3	$323.00
J66B	Moderate skin disorders - cscc	$3,489.00	11	2	$556.00
J67A	Minor skin disorders + cc	$3,489.00	12	2	$527.00
J67B	Minor skin disorders - cc	$817.00	4	0	$408.00
K01Z	Diabetic foot	$15,158.00	35	7	$673.00
K02Z	Pituitary procedures	$11,049.00	16	3	$1,100.00
K03Z	Adrenal procedures	$7,150.00	13	2	$907.00
K04Z	Major procedures for obesity	$3,690.00	4	0	$1,033.00
K05Z	Parathyroid procedures	$3,552.00	5	0	$1,100.00
K06Z	Thyroid procedures	$3,893.00	5	0	$1,100.00
K07Z	Obesity procedures	$4,703.00	6	1	$1,047.00
K08Z	Thyroglossal procedures	$2,113.00	4	0	$973.00
K09Z	Other endcrn, nutr & meta or pr	$8,019.00	15	2	$888.00
K40Z	Endosc/invest pr metab dsdr-cc	$870.00	4	0	$637.00
K60A	Diabetes + cscc	$7,469.00	24	4	$617.00
K60B	Diabetes - cscc	$2,944.00	9	1	$662.00
K61Z	Severe nutritional disturbance	$7,943.00	29	5	$559.00
K62A	Misc metabolic disorders + ccc	$7,287.00	26	4	$566.00
K62B	Misc metblc dsrds+scc/a>74-scc	$3,085.00	12	2	$526.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
K62C	Misc metabolic dsrds-cscc a<75	$986.00	5	0	$396.00
K63Z	Inborn errors of metabolism	$2,390.00	6	0	$800.00
K64A	Endocrine disorders + cscc	$7,016.00	20	3	$718.00
K64B	Endocrine disorders - cscc	$2,256.00	7	1	$673.00
L02Z	Oper insert peri cath dialysis	$34,828.00	7	1	$1,100.00
L03A	Kdny,urt & mjr bldr pr npsm+cscc	$15,498.00	24	4	$1,100.00
L03B	Kdny,urt & mjr bldr pr npsm-cscc	$7,906.00	13	2	$1,032.00
L04A	Kdy,urt & mjr bldr pr n-npm+cscc	$11,078.00	19	3	$1,100.00
L04B	Kdy,urt & mjr bldr pr n-npm-cscc	$5,272.00	6	0	$1,100.00
L05A	Tranureth prostatectomy +cscc	$8,483.00	22	4	$705.00
L05B	Tranureth prostatectomy -cscc	$4,384.00	8	1	$979.00
L06A	Minor bladder procedures+cscc	$7,911.00	18	3	$827.00
L06B	Minor bladder procedures -cscc	$2,106.00	4	0	$843.00
L07A	Transurethral procs + cscc	$4,402.00	11	2	$727.00
L07B	Transurethral procs - cscc	$1,437.00	4	0	$1,080.00
L08A	Urethral procedures + cc	$2,091.00	5	0	$740.00
L08B	Urethral procedures - cc	$1,326.00	4	0	$835.00
L09A	Oth kidny & urnry tract pr+ccc	$14,356.00	34	6	$784.00
L09B	Oth kidny & urnry tract pr+scc	$5,855.00	13	2	$786.00
L09C	Oth kidny & urnry trct pr-cscc	$2,818.00	4	0	$1,100.00
L40Z	Ureteroscopy	$1,608.00	4	0	$938.00
L41Z	Cystourethroscopy -cc	$824.00	4	0	$511.00
L42Z	Esw lithotripsy+urinary stones	$2,601.00	4	0	$1,100.00
L60A	Renal failure + ccc	$10,777.00	34	6	$639.00
L60B	Renal failure + scc/a>69-scc	$6,417.00	17	3	$787.00
L60C	Renal failure a<70 - cscc	$4,045.00	7	1	$1,100.00
L61Z	Admit for renal dialysis	$369.00	4	0	$368.00
L62A	Kdny & unry trct neoplasms +cscc	$4,351.00	19	3	$472.00
L62B	Kdny & unry trct neoplasms -cscc	$1,606.00	6	0	$503.00
L63A	Kdny & unry trct infs a>69+ccc	$7,994.00	25	4	$650.00
L63B	Kdny & unry trct infs a>69-ccc	$4,184.00	13	2	$647.00
L63C	Kidny & urnry tract infcs a<70	$1,882.00	7	1	$550.00
L64Z	Urinary stones & obstruction	$1,472.00	4	0	$662.00
L65A	Kdny & unry tr sgns & symps+cscc	$5,093.00	15	2	$684.00
L65B	Kdny & unry tr sgns & symps-cscc	$1,565.00	4	0	$774.00
L66Z	Urethral stricture	$1,323.00	4	0	$1,100.00
L67A	Oth kidny & urnry tract dx+ccc	$8,505.00	23	4	$728.00
L67B	Oth kidny & urnry tract dx+scc	$4,266.00	10	2	$911.00
L67C	Oth kidny & urnry trct dx-cscc	$931.00	4	0	$719.00
M01Z	Major male pelvic procedures	$8,462.00	12	2	$1,100.00
M02A	Transurethral prostectomy+cscc	$6,482.00	16	3	$776.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
M02B	Transurethral prostectomy-cscc	$3,691.00	7	1	$996.00
M03A	Penis procedures + cc	$3,438.00	6	0	$1,035.00
M03B	Penis procedures - cc	$1,474.00	4	0	$888.00
M04A	Testes procedures + cc	$2,937.00	5	0	$912.00
M04B	Testes procedures - cc	$1,575.00	4	0	$930.00
M05Z	Circumcision	$964.00	4	0	$548.00
M06A	Oth male reprod sys or pr +mal	$1,615.00	4	0	$652.00
M06B	Oth male reprod sys or pr -mal	$1,334.00	4	0	$1,006.00
M40Z	Cystourethroscopy - cc	$754.00	4	0	$466.00
M60A	Malignancy, male repr sys+cscc	$4,988.00	16	3	$614.00
M60B	Malignancy, male repr sys-cscc	$1,746.00	4	0	$1,100.00
M61A	Benign prostatic hypertry+cscc	$4,266.00	12	2	$706.00
M61B	Benign prostatic hypertry-cscc	$770.00	4	0	$466.00
M62A	Inflammation male reprd sys+cc	$3,256.00	9	2	$712.00
M62B	Inflammation male reprd sys-cc	$1,372.00	4	0	$661.00
M63Z	Sterilisation, male	$903.00	4	0	$531.00
M64Z	Other male reproductive sys dx	$976.00	4	0	$617.00
N01Z	Pelvic evscrtn & radcl vlvctmy	$8,553.00	18	3	$807.00
N02A	Utrn,adnx pr+ovrn/adnxl mal+cc	$10,941.00	20	3	$989.00
N02B	Utrn,adnx pr+ovrn/adnxl mal-cc	$5,559.00	10	2	$887.00
N03A	Utrn,adnx pr-ovrn/adnxl mal+cc	$8,663.00	17	3	$902.00
N03B	Utrn,adnx pr-ovrn/adnxl mal-cc	$4,775.00	9	1	$972.00
N04Z	Hysterectomy for non-malignanc	$4,885.00	9	1	$969.00
N05A	Ooph & com fal tube pr nmal+cscc	$6,074.00	14	2	$775.00
N05B	Ooph & com fal tube pr nmal-cscc	$3,412.00	5	0	$1,100.00
N06Z	Fem repr sys reconstructive pr	$2,739.00	7	1	$676.00
N07Z	Oth utern & adnexa pr for nmal	$1,454.00	4	0	$851.00
N08Z	Endoscopic procs, fem repr sys	$1,748.00	4	0	$1,047.00
N09Z	Conistn,vagina,cervix & vulva pr	$1,125.00	4	0	$674.00
N10Z	Dxc curettge, dxc hysteroscopy	$973.00	4	0	$588.00
N11A	Oth fem rep s pr a>64/+mal/+cc	$6,516.00	11	2	$1,057.00
N11B	Oth fem rep sys pr a<65-mal-cc	$424.00	4	0	$323.00
N60A	Malignancy fem reprod sys+cscc	$4,077.00	14	2	$582.00
N60B	Malignancy fem reprod sys-cscc	$2,560.00	6	0	$821.00
N61Z	Infections, female reprod syst	$2,434.00	6	1	$754.00
N62A	Mnstrl & oth fem repr sys dis+cc	$3,887.00	6	0	$1,100.00
N62B	Mnstrl & oth fem repr sys dis-cc	$2,899.00	4	0	$1,100.00
Q01Z	Splenectomy	$8,023.00	12	2	$1,100.00
Q02A	Oth or pr bld & bld frm org+cscc	$9,491.00	19	3	$925.00
Q02B	Oth or pr bld & bld frm org-cscc	$2,031.00	4	0	$1,100.00
Q60A	Reticlendothll & imnty dsrd+cscc	$4,816.00	15	2	$646.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
Q60B	Reticlendothll & imnty dsrd-cscc	$746.00	4	0	$746.00
Q61A	Red blood cell disders + ccc	$6,524.00	22	4	$596.00
Q61B	Red blood cell disders + scc	$3,012.00	9	2	$640.00
Q61C	Red blood cell disders - cscc	$929.00	4	0	$809.00
Q62A	Coagulation disorders a>69	$1,631.00	9	1	$385.00
Q62B	Coagulation disorders a<70	$1,631.00	4	0	$929.00
R01A	Lymphma & leukma+mjr or pr +cscc	$16,687.00	35	6	$869.00
R01B	Lymphma & leukma+mjr or pr -cscc	$5,264.00	10	2	$857.00
R02A	Oth nplstc dsrd+mjr or pr+cscc	$11,341.00	22	4	$926.00
R02B	Oth nplstc dsrd+mjr or pr-cscc	$5,367.00	9	2	$996.00
R03A	Lymphma leukma+oth or pr +cscc	$14,587.00	35	7	$706.00
R03B	Lymphma leukma+oth or pr -cscc	$2,481.00	5	0	$903.00
R04A	Oth nplstc dsrd+oth or pr+cscc	$5,145.00	13	2	$720.00
R04B	Oth nplstc dsrd+oth or pr-cscc	$2,399.00	5	0	$800.00
R60A	Acute leukaemia + ccc	$15,826.00	35	6	$836.00
R60B	Acute leukaemia + scc	$2,516.00	9	1	$562.00
R60C	Acute leukaemia - cscc	$812.00	5	0	$361.00
R61A	Lymphma & n-acute leukaemia+ccc	$10,843.00	31	5	$701.00
R61B	Lymphma & n-acute leukaemia-ccc	$2,733.00	9	1	$627.00
R61C	Lymphoma/n-a leukaemia,sameday	$382.00	4	0	$315.00
R62A	Other neoplastic disorders +cc	$4,517.00	15	2	$605.00
R62B	Other neoplastic disorders -cc	$2,130.00	8	1	$477.00
R63Z	Chemotherapy	$440.00	4	0	$408.00
T01A	Or proc infect & paras dis+ccc	$20,077.00	35	7	$930.00
T01B	Or proc infect & paras dis+smcc	$9,256.00	18	3	$969.00
T01C	Or proc infect & paras dis-cc	$4,730.00	11	2	$780.00
T60A	Septicaemia + cscc	$8,094.00	23	4	$721.00
T60B	Septicaemia - cscc	$4,279.00	13	2	$674.00
T61A	Pstop & psttr inf+cscc/a>54-cscc	$4,029.00	13	2	$630.00
T61B	Postop & posttr infect a<55-cscc	$2,217.00	7	1	$697.00
T62A	Fever of unknown origin + cc	$3,571.00	13	2	$582.00
T62B	Fever of unknown origin - cc	$1,975.00	7	1	$629.00
T63A	Viral illness a>59	$3,001.00	11	2	$551.00
T63B	Viral illness a<60	$1,524.00	6	0	$586.00
T64A	Oth infectous & parstic dis+cscc	$6,321.00	18	3	$680.00
T64B	Oth infectous & parstic dis-cscc	$1,834.00	8	1	$439.00
U40Z	Mental health treat,samedy+ect	$235.00	4	0	$235.00
U60Z	Mental health treat,samedy-ect	$243.00	4	0	$241.00
U61A	Schizophrenia disorders+mhls	$11,871.00	33	5	$728.00
U61B	Schizophrenia disorders-mhls	$7,475.00	35	6	$400.00
U62B	Par & acute psych dsrd-cscc-mhls	$7,341.00	32	5	$465.00

Item	Service description	Max fee (ex GST)	Upper trim point days	Lower trim point days	Max per day rate (ex GST)
U63A	Mjr affect dsrd+cscc/a>69-cscc	$9,624.00	35	7	$465.00
U63B	Major affective dsrd a<70-cscc	$8,824.00	35	6	$489.00
U64Z	Oth affect & somatoform dsrd	$8,740.00	31	5	$566.00
U67Z	Personlty dsrd & acute reactions	$9,287.00	33	5	$565.00
V60Z	Alcohol intoxicatn & withdrwl	$3,795.00	8	1	$1,026.00
V61A	Drug intoxictn & withdrawal+cc	$5,005.00	28	5	$368.00
V61B	Drug intoxictn & withdrawal-cc	$5,005.00	13	2	$807.00
V62A	Alcohol use dsrd & dependence	$8,148.00	29	5	$577.00
V62B	Alcohol use dsrd & dependnc+sd	$254.00	4	0	$254.00
V63Z	Opioid use dsrd & dependence	$2,411.00	10	2	$482.00
V64Z	Other drug use disord & depend	$2,411.00	13	2	$395.00
W02Z	Hip,femr & limb pr mult sig trma	$2,231.00	35	6	$75.00
W03Z	Abdominal pr mult sig trauma	$8,728.00	21	3	$751.00
W04Z	Othr or pr for mult sig trauma	$8,728.00	30	5	$531.00
W60Z	Multiple trauma, died/transf<5	$1,491.00	6	0	$474.00
W61Z	Multiple trauma - signif procs	$6,380.00	35	7	$319.00
X01Z	Mic tt/skin grafts inj lwr lmb	$2,450.00	21	3	$102.00
X02Z	Mic tt/skin grafts inj to hand	$2,450.00	4	0	$1,055.00
X03Z	Mic tt/skin grafts other inj	$2,450.00	12	2	$182.00
X04A	Other pr inj lwr lmb a>59/+cc	$6,101.00	20	3	$532.00
X04B	Other pr inj lowr limb a<60-cc	$2,231.00	4	0	$1,088.00
X05Z	Other pr for injuries to hand	$1,874.00	4	0	$917.00
X06A	Other pr other injuries + cscc	$8,728.00	18	3	$908.00
X06B	Other pr other injuries - cscc	$2,819.00	4	0	$994.00
X60A	Injuries a>64 + cc	$6,380.00	20	3	$648.00
X60B	Injuries a>64 - cc	$3,344.00	11	2	$603.00
X60C	Injuries a<65	$1,491.00	4	0	$712.00
X61Z	Allergic reactions	$1,596.00	5	0	$760.00
X62A	Poisng/toxc eff drugs a>59/+cc	$3,853.00	11	2	$710.00
X62B	Poisng/toxc eff drugs a<60 -cc	$1,021.00	4	0	$601.00
X63A	Sequelae of treatmnt+cscc	$4,600.00	13	2	$704.00
X63B	Sequelae of treatmnt-cscc	$1,723.00	5	0	$661.00
X64A	Ot inj,pois & tox ef dx a>59/+cc	$2,761.00	11	2	$511.00
X64B	Ot inj,pois & tox eff dx a<60-cc	$630.00	4	0	$630.00
Z01A	Or pr+dx oth cnt hlth srv+cscc	$4,247.00	16	3	$497.00
Z01B	Or pr+dx oth cnt hlth srv-cscc	$1,842.00	4	0	$1,067.00
Z40Z	Follow up aftr treat+endoscopy	$695.00	4	0	$539.00
Z62Z	Follow up aftr treat-endoscopy	$651.00	4	0	$477.00

Accounts and invoicing standards

All amounts listed in this booklet are exclusive of GST. If applicable, WorkCover will pay to the provider an amount on account of the provider's GST liability in addition to the GST exclusive fee. Suppliers should provide WorkCover with a tax invoice where the amounts are subject to GST.

For all invoices, whether a tax invoice or not, the following information should be provided:

- Provider details – name, provider number, clinic details
- Invoice number
- Australian Business Number (ABN)
- Worker's surname and given name/s
- Claim number, if known
- Employer name, if known
- Brief description of the injury to which the services relate
- Each service for which payment is sought itemised separately with:
  - date of consultation/attendance/service and commencement time
  - service item number in accordance with this fee schedule
  - meaningful service description in accordance with this fee schedule
  - charge for the service in accordance with this fee schedule
  - total charge for invoiced items plus any GST that may be applicable.

Invoices are to be submitted within six weeks of service. Invoices for services displaying the information set out above will allow for prompt and efficient processing of invoices. Invoices that do not meet these standards may be returned to the provider for amendment.

The claims agent is unable to pay on 'account rendered' or statement invoices. Payment will be made, where appropriate, on an original invoice or duplicate/copy of the original. Payment for services, including reports, will not be made in advance.

Please note: WorkCover pays via electronic funds transfer (EFT) therefore, bank account details are also required.

GST

For all GST-related queries, please contact the Australian Tax Office on 13 24 78, or your tax advisor.

Changes to provider details or adding new providers

For changes to provider details (such as Australian Business Numbers, change of address or payee and electronic funds transfer details, complete an Application and EFT form available from www.workcover.com by searching 'Application and EFT form' or phone 13 18 55. The Application and EFT form must then be faxed to WorkCover on (08) 8233 2479.

Where payment is outstanding

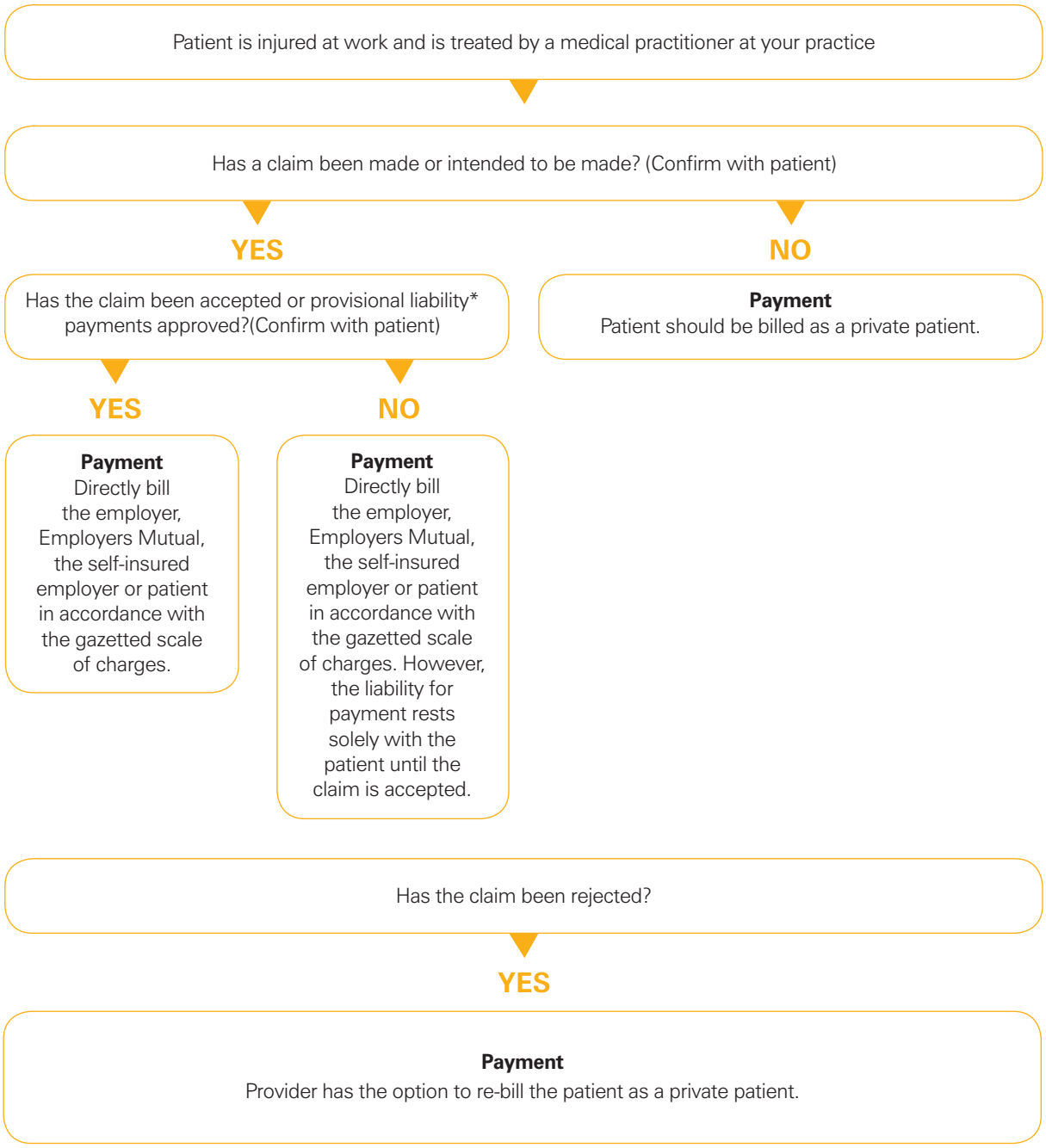
Contact Employers Mutual or the self-insured employer if the claim has been accepted and the payment is outstanding. If the claim has not been accepted, responsibility for payment of accounts rests with the worker.

General medical queries, MBS quarterly updates, services outside of MBS

Contact WorkCover's Health Provider Services on 13 18 55 or fax (08) 8238 5690.

Account process for workers compensation claimants

This is an overview of the account process for medical practitioners.



Note: If the worker requires time off work, a *WorkCover Medical Certificate* (WMC) must be issued.

* Provisional liability is a process in which WorkCover begins paying income and medical costs to an injured worker within seven days (in most cases). For more information on provisional liability visit the WorkCover website, www.workcover.com.

Key sections of the *Workers Rehabilitation and Compensation Act 1986*

Legally qualified medical practitioners play an integral part in the management of work-related injuries within the workers compensation environment. WorkCover works together with medical practitioners to maintain its commitment to provide cost effective and appropriate medical services ensuring that timely, sustainable and safe return to work outcomes are achieved. Therefore, we have reprinted some sections of *Workers Rehabilitation and Compensation Act 1986* (the Act) that may be useful to you.

A worker is entitled to be compensated for costs of a kind, set out in section 32(2), reasonably incurred through having suffered a compensable disability. These are more fully described in sections 30, 30A, 31 and 32 of the Act.

Section 3 of the Act defines 'medical services' as:

(a) attendance, examination or treatment by a medical expert (including the obtaining from a medical expert of a certificate or report); or

(b) any diagnostic examination or test required for the purposes of treatment by a medical expert.

Section 32(2)

The costs referred to in subsection (1) are as follows:

(a) the cost of medical services

(b) the cost of hospitalisation and all associated medical, surgical and nursing services

(c) the cost of approved rehabilitation

(d) the cost of travelling, or being transported, to and from any place for the purpose of receiving medical services, hospitalisation or approved rehabilitation (but not where the worker travels in a private vehicle)(refer to section 32 (7))

(e) where it is necessary for the worker to be accommodated away from home for the purpose of receiving medical services or approved rehabilitation – the cost of such accommodation (but not exceeding limits prescribed by regulation)

(f) the cost of attendance by a registered or enrolled nurse, or by some other person approved by the Corporation or of a class approved by the Corporation, where the disability is such that the worker must have nursing or personal attendance

(g) the cost of the provision, maintenance, replacement or repair of therapeutic appliances

(h) the cost of medicines and other material purchased on the prescription or recommendation of a medical expert

(i) any other costs (or classes of costs) authorised by the Corporation.

Section 32(3)

Compensation in respect of costs to which this section applies may be paid

(a) to the worker' or

(b) directly to the person to whom the worker is liable for those costs.

Section 32(5)

Where –

(a) services of a kind to which this section applies were provided to a worker in relation to a compensable disability' and

(b) the Corporation considers that the services were, in the circumstances of the case, inappropriate or unnecessary, the Corporation may disallow charges for the services.

Section 32(6)

Where the Corporation disallows or reduces a charge under this section –

(a) the worker is not liable to the provider for the disallowed charge, or for more than the reduced charge, (as the case requires) and, if the worker has in fact paid an amount for which he or she is not liable, the Corporation will reimburse the worker for that amount and may recover it from the provider as a debt.

Section 32(7)

When a worker travels in a private vehicle to or from any place for the purpose of receiving medical services, hospitalisation or approved rehabilitation, and the travel is reasonably necessary in the circumstances of the case, the worker is entitled to a travel allowance at rates fixed by a scale published under this section.

Section 32(14)

A person who provides a service for a disabled worker, knowing the worker to be entitled to compensation for the service under this section, must not charge for the service an amount exceeding the amount allowed under a scale of charges published under this section.

Maximum penalty: $1,000.

For further information regarding the Act, visit the WorkCover website, www.workcover.com.

Useful contacts

WorkCoverSA

For further enquiries relating to fee schedules contact WorkCoverSA.

100 Waymouth Street, Adelaide SA 5000
GPO Box 2668, Adelaide SA 5001

Phone: 13 18 55
Visit: www.workcover.com>health provider>the workcover system>fee schedules.

Employers Mutual

All WorkCover claims (that are not self-insured) are managed by Employers Mutual.

26 Flinders Street, Adelaide SA 5000
GPO Box 2575, Adelaide SA 5001
DX270 Adelaide

Phone: (08) 8127 1100
Fax: (08) 8127 1200

Self-insured employers

For matters relating to self-insured claims, please contact the employer directly.

Allianz Australia SA CTP

All claims relating to motor vehicle crashes are managed by Allianz Australia SA CTP on behalf of the insurer, the Motor Accident Commission.

89 Pirie Street, Adelaide SA 5000
GPO Box 219, Adelaide SA 5001

Phone: 1300 137 331
Fax: 1300 137 431
Email: SACTPClaims@allianz.com.au

To request a form

Requests for forms must be in writing on letterhead stating the name and provider number of the doctor to WorkCover's Records Management Unit.

- *WorkCover Medical Certificate* (WMC)
- *Specified Duties Form* (SDF)

The WorkCover *Claim form* can be downloaded from the WorkCover website, www.workcover.com or phone our Service Centre on 13 18 55.

WorkCover SA
Better together

Government of South Australia

Enquiries: 13 18 55
100 Waymouth St, Adelaide
South Australia 5000
Fax: (08) 8233 2990
info@workcover.com
www.workcover.com

Free information support services are available for: TTY (deaf or have hearing/speech impairments) call (08) 8233 2574. Languages other than English call the Interpreting and Translating Centre (08) 8226 1990 and ask for an interpreter to call WorkCoverSA on 13 18 55. Braille, audio, or e-text call 13 18 55.

The information in this publication is compiled by WorkCover Corporation of South Australia. The data and facts referred to are correct at the time of publishing and provided as general information only. It is not intended that any opinion as to the meaning of legislation referred to is to be relied upon by readers who should seek independent advice as to any specific issues relevant to you, your workplace or organisation.

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