

Workers Compensation (Private Hospital Maximum Rates) Order 2024

under the

Workers Compensation Act 1987

I, Adam Dent, Chief Executive, State Insurance Regulatory Authority, pursuant to section 62 (1A) of the *Workers Compensation Act 1987* make the following Order.

Dated this 9th day of January 2024



Adam Dent
Chief Executive
State Insurance Regulatory Authority

1. Name of Order

This Order is the *Workers Compensation (Private Hospital Maximum Rates) Order 2024*.

2. Commencement

This Order commences on 1 February 2024.

3. Application of Order

This Order applies to the hospital treatment of a worker at a private hospital, being treatment of a type referred to in clause 5 and provided on or after the date of commencement of this Order, whether the treatment relates to an injury that is received before, on, or after that date. This Order sets the maximum fees for which an employer is liable under the *Workers Compensation Act 1987* for any treatment provided by a Private Hospital with respect to an injured worker.

For clarity, this Order applies to treatment provided to exempt workers and to injured workers receiving treatment under the Act outside of NSW.

4. Definitions

In this Order:

the Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Admitted patient means a patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).

Electroconvulsive therapy (ECT) means treatment involving the delivery of brief, carefully controlled electric currents through the brain.

GST means the goods and services tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999*

(Cth).

Health record means a record of the health information of an individual.

Health Information has the same meaning as in the *Health Records and Information Privacy Act 2002*.

Insurer means the employer's workers compensation insurer.

Intensive care (level 1 or level 2) has the same meaning as clause 6(h) of the *Private Health Facilities Regulation 2017* and must meet the licensing standards in the *Private Health Facilities Regulation 2017*. When invoicing the Insurer for intensive care services, the fee is to be based on the highest licensed level of the facility as approved and published by NSW Health at the time the service is provided and is to be charged in accordance with PTH007 of this Order.

Non-admitted patient means a patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient:

- emergency department patient
- outpatient and
- other non-admitted patient (treated by hospital employees off the hospital site – includes community/outreach services).

Private hospital means a hospital or licensed private health facility (as defined in the *Private Health Facilities Act 2007*) but excludes a public hospital.

Same day patient means an admitted patient who is admitted and discharged on the same date.

5. Fees for private hospital patient services generally

- (1) An employer is not liable under the Act to pay any amount for hospital treatment provided to a worker at a facility that is not a public hospital or a private hospital as defined.
- (2) Where the service is a taxable supply for the purposes of the GST Law, the amount in the last column of the attached Table should be increased by the amount of GST payable.
- (3) The theatre fees include the costs of consumable and disposable items. Only in exceptional circumstances will additional fees be paid for high-cost consumable and disposable items on provision of evidence from the hospital that the item is reasonably necessary.
- (4) There are Medical Benefits Schedule item numbers on the National Procedure Banding list that change the band to be applied dependent on the provision of a complexity certificate. If the procedure involves one or more of the indicators of high cost or complexity listed on the certificate, the higher banding is payable. A certificate of complexity must accompany the invoice claiming a higher banding level.
- (5) The facility fees also include the cost of pharmaceutical items provided during the admission. Only pharmaceutical items provided at discharge may be charged separately.
- (6) The overnight facility fees also include the cost of all allied health services provided during the admission except for overnight Rehabilitation patients. For overnight Rehabilitation patients, allied health services are to be charged in accordance with the relevant Workers Compensation Fees Order for that professional discipline. Where services are provided by allied health disciplines with no relevant Fees Order, these providers must bill using the relevant payment classification code for their discipline e.g. OAS002 for occupational therapists, OTT002 for speech pathologists and OTT006 for all other therapies and treatments, at the equivalent rate for Physiotherapists under the Workers Compensation (Physiotherapy, Chiropractic, Osteopathy Fees) Order (applicable at the time of service) that best reflects the service provided.

- (7) Same day admissions for full and half day Rehabilitation and Psychiatric programs (excluding ECT) should be charged using the applicable Day Facility Fee. This fee includes the cost of all allied health services provided during the admission (including any allied health services which may not be covered by a Workers Compensation Fees Order).
- (a) A Full-Day Rehabilitation Program is for patients who have an established rehabilitation need, do not require overnight care, and whose rehabilitation program and goals require the involvement of a multidisciplinary team. Full-Day rehabilitation programs should be used for treatments with at least 3 hours' duration.
 - (b) A Half-Day Rehabilitation Program is for patients who have an established rehabilitation need, do not require overnight care, and whose rehabilitation program and goals require the involvement of a multidisciplinary team. Half-Day rehabilitation programs should be used for treatments with at least 1.5 hours' duration.
 - (c) A Full-Day Psychiatric Program (excluding ECT) is for patients who have an established need for mental health services, do not require overnight care, and whose psychiatric program and goals require the involvement of a multidisciplinary team. Full-Day psychiatric programs should be used for treatments with at least 4.5 hours' duration.
 - (d) A Half-Day Psychiatric Program (excluding ECT) is for patients who have an established need for mental health services, do not require overnight care, and whose psychiatric program and goals require the involvement of a multidisciplinary team. Half-Day psychiatric programs should be used for treatments with at least 2.5 hours' duration.

6. Invoices for private hospital patients

Invoices for private hospital patients are to be submitted to insurers and must include the following information:

- worker's first name and last name and claim number
- payee details
- ABN
- name of service provider who provided the service
- date of service
- Authority payment classification code
- Medicare Benefits Schedule (MBS) item and theatre band (where applicable)
- service cost for each Authority classification code
- theatre duration (if applicable).

7. Additional Information

The Insurer or the Authority may request additional information as evidence of the service provided and billed.

8. Fees for Surgically Implanted Prostheses and Handling

- (1) Surgical prostheses are to be selected from the Department of Health Prostheses List (in accordance with the *Private Health Insurance (Prostheses) Rules (Cth)* rate current at the time of service) at the minimum benefit rate.
- (2) A 5% handling fee may be applied to each item up to a maximum of \$189.00 per item.

9. Fees payable for Allied Health Services for Non-Admitted patients for single mode of therapy for an individual or group program up to 2 hours

- (1) Where a worker is provided with allied health services as a non-admitted patient for either a single mode of therapy or group program in a private hospital, the maximum amount for which an employer is liable under the Act for the provision of those services is in accordance with the relevant Workers Compensation Fees Order for that professional discipline.
- (2) Where there is no relevant Workers Compensation Fees Order for an allied health service provided, the service must be billed in accordance with the relevant community rate for that professional discipline.
- (3) A group program, defined as two or more patients receiving the same service at the same time with allied health or medical professionals, must be outcome based with a return-to-work emphasis.

10. Single rooms

There is no additional fee payable for a single room.

11. Fees for Electro Convulsive Therapy (ECT)

As there is no theatre banding fee for ECT, this service is to be billed using the facility fee Band 3 (PTH006) and theatre Band 1 (PTH008) stated in the Fee Schedule to this Order.

Code	Private Hospitals Fee Schedule – commencing 1 February 2024 Under section 62 (1A) of the <i>Workers Compensation Act 1987</i>	Maximum Fees for services
	OVERNIGHT FACILITY FEES (Daily)	
PTH001	Advanced surgical 1 to 14 days	\$937.30
	>14 days	\$635.10
PTH002	Surgical 1 to 14 days	\$882.30
	>14 days	\$635.10
PTH003	Psychiatric 1 to 21 days	\$838.50
	22 to 65 days	\$648.30
	Over 65 days	\$595.20
PTH004	Rehabilitation 1 to 49 days	\$910.80
	>49 days	\$669.30
PTH005	Other (Medical) 1 to 14 days	\$783.30
	>14 days	\$635.10
PTH007	Intensive Care < 5 days, level 2	\$3,644.90
	< 5 days, level 1	\$2,523.20
PTH006	DAY FACILITY FEES (including Accident and Emergency attendance) (Daily)	
	Psychiatric	
	Full-Day Program – treatments with at least 4.5 hours' duration	\$403.00
	Half-Day Program – treatments with at least 2.5 hours' duration.	\$314.90
	Rehabilitation	

	Full-Day Program – treatments with at least 3 hours' duration	\$403.00
	Half-Day Program - treatments with at least 1.5 hours' duration	\$314.90
	Band 1 – absence of anaesthetic or theatre times	\$403.00
	Band 2 – local anaesthetic, no sedation	\$473.40
	Band 3 – general or regional anaesthetic or intravenous sedation, less than 1 hour theatre time	\$534.30
	Band 4 – general or regional anaesthetic or intravenous sedation, 1 hour or more theatre time	\$597.00
PTH008	THEATRE FEES – as per National Procedure Banding Schedule Multiple procedure rule: 100% of fee for first procedure, 50% for second procedure undertaken at the same time as the first, 20% for the third and subsequent procedures undertaken at the same time as the first.	
	Band 1A	\$226.40
	Band 1	\$403.00
	Band 2	\$690.30
	Band 3	\$844.30
	Band 4	\$1,142.70
	Band 5	\$1,678.80
	Band 6	\$1,926.10
	Band 7	\$2,574.40
	Band 8	\$3,584.10
	Band 9A	\$3,705.90
	Band 9	\$4,735.50
	Band 10	\$5,601.50
	Band 11	\$6,632.10
	Band 12	\$7,166.40
	Band 13	\$8,691.30
PTH009	SURGICAL PROSTHESES FEES	
	Prostheses	As per Dept of Health listed minimum rate
	Handling fee	5% of prosthesis fee capped at \$189.00
WCO005	PROVISION OF HEALTH RECORDS	
	Fee for the electronic provision of health records	Flat fee of \$65.30

	<p>Fee for providing hard copies of health records (only where not maintained electronically).</p> <p>Fees are inclusive of postage and handling.</p>	<p>\$41.40 (for first 33 pages or less) and an additional \$1.40 per page (up to a maximum of \$162 for additional pages) if more than 33 pages.</p>
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