Workers Compensation (Private Hospital Rates) Order 2019

under the

Workers Compensation Act 1987

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

Dated this day of 2018
6 December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

---

1. Name of Order

This Order is the *Workers Compensation (Private Hospitals Rates) Order 2019.*

2. Commencement

This Order commences on 1 January 2019.

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.

4. Definitions

(1) In this Order:

the Act means the *Workers Compensation Act* 1987.

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).

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 in relation to an intensive

care (level 1 or level 2) class private health facility. Staffing must meet the requirements set out in Part 8 of Schedule 2 of the *Private Health Facilities Regulation* 2017.

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.

(2) A reference to treatment or services in this Order is a reference to treatment or services provided at a private hospital or at any rehabilitation centre conducted by such a hospital.

5. Fees for 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 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 a minimum of 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 between 1.5 and 2.5 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 a minimum of 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 of more than 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
- State Insurance Regulatory Authority payment classification code
- Medicare Benefits Schedule (MBS) item and theatre band (where applicable)
- service cost for each State Insurance Regulatory Authority classification code
- theatre duration (if applicable)

7. Additional Information

The insurer or State Insurance Regulatory 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 $169.00 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 – from 1 January 2019 **Under section 62 (1A) of the *Workers Compensation Act 1987***	**Maximum Fees for services**
	OVERNIGHT FACILITY FEES (Daily)	
PTH001	**Advanced surgical** 1 to 14 days	$838.30
	>14 days	$568.00
PTH002	**Surgical** 1 to 14 days	$789.10
	>14 days	$568.00
PTH003	**Psychiatric** 1 to 21 days	$749.90
	22 to 65 days	$579.80
	Over 65 days	$532.30
PTH004	**Rehabilitation** 1 to 49 days	$814.60
	>49 days	$598.60
PTH005	**Other (Medical)** 1 to 14 days	$700.60
	>14 days	$568.00
PTH007	**Intensive Care** < 5 days, level 2	$3,259.90
	< 5 days, level 1	$2,256.70
PTH006	**DAY FACILITY FEES (including Accident and Emergency attendance) (Daily)**	
	Psychiatric Full-Day Program - treatments with a minimum of 4.5 hours' duration Half-Day Program – treatments with a minimum of 2.5 hours' duration.	 $360.50 $281.70
	Rehabilitation Full-Day Program – treatments with a minimum of 3 hours' duration Half-Day Program- treatments between 1.5 and 2.5 hours' duration	 $360.50 $281.70
	Band 1 - absence of anaesthetic or theatre times	$360.50
	Band 2 - local anaesthetic, no sedation	$423.40
	Band 3 - general or regional anaesthetic or intravenous sedation, less than 1 hour theatre time	$477.80
	Band 4 - general or regional anaesthetic or intravenous sedation, 1 hour or more theatre time	$534.00
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	$202.40
	Band 1	$360.50
	Band 2	$617.30
	Band 3	$755.10
	Band 4	$1,022.00
	Band 5	$1,501.50

	Band 6	$1,722.60
	Band 7	$2,302.40
	Band 8	$3,205.50
	Band 9A	$3,314.40
	Band 9	$4,235.20
	Band 10	$5,009.70
	Band 11	$5,931.40
	Band 12	$6,409.30
	Band 13	$7,773.10
PTH009	**SURGICAL PROSTHESES FEES**	
	Prostheses	As per Dept Health listed minimum rate
	Handling fee	5% of prosthesis fee capped at $169.00
WCO005	**PROVISION OF HEALTH RECORDS**	
	Fee for the electronic provision of health records	Flat fee of $60

[n2018-4208]