

**Workers Compensation (Public Hospital Rates) Order 2017 no 2**  
under the

*Workers Compensation Act 1987*

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

Dated this 29<sup>th</sup> day of November 2017

Carmel Donnelly  
A/Chief Executive  
State Insurance Regulatory Authority

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**1. Name of Order**

This Order is the *Workers Compensation (Public Hospital Rates) Order 2017 no 2*

**2. Commencement**

This Order commences on 1 December 2017.

**3. Application of Order**

- (1) This Order applies to the hospital treatment of a worker at a public hospital (excluding Visiting Medical Officer, Salaried Medical Officer and Anaesthetist services), being treatment or service of a type referred to in clauses 5 to 7 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.
- (2) Fees for Visiting Medical Officer, Salaried Medical Officer and Anaesthetist services are contained in the relevant State Insurance Regulatory Authority medical services fees Order.
- (3) Any order of the Secretary of the Ministry of Health relating to the classification of hospitals or any previous Order under section 62 of the Act continues to have effect, subject to any amendment made by any subsequent orders.
- (4) Any order relating to the classification of hospitals made for the purposes of clause 5 of this Order may provide that a hospital is not a public hospital of a particular type in respect of treatment provided to a specified class of patient.

**4. Definitions**

(1) In this Order:

**classification** refers to a classification of hospital, category of patient or otherwise (or any combination of them), specified in Column 2 of the Tables to clauses 5 and 6 of this Order respectively.

**the Act** means the Workers Compensation Act 1987.

**the IPHA** means the Independent Hospital Pricing Authority.

**The State Insurance Regulatory Authority** means the body corporate and NSW Government agency constituted under section 17 of the State Insurance and Care Governance Act 2015.

(2) A reference to treatment or services in this Order is (consistent with the definition of “hospital treatment” in section 59 of the Act) a reference to treatment or services provided at a public hospital or at any rehabilitation centre conducted by such a hospital.

**5. Fees for hospital patient services generally**

(1) The amount for which an employer is liable under the Act for hospital treatment of a worker, being treatment provided to a worker within a classification specified in column 2 of the Tables to this clause is:

(a) in the case of Acute Admitted Patient Services – All Hospitals, admitted on or after 1 July 2017 for each patient episode, the amount calculated as specified in column 3 of Table 1 in accordance with the formula outlined under Table 1 and the Independent Hospital Pricing Authority’s (IHPA’s) *National Efficient Price Determination 2017-2018*;

or

(b) in the case of Emergency Department Admitted and Emergency Department Non-Admitted Patient Services, except in small rural hospitals, for each Emergency Department episode or Emergency Department presentation, the amount calculated as specified in column 3 of Table 1 in accordance with the formulas outlined under Table 1 and the IHPA’s *National Efficient Price Determination 2017-2018*;

or

(c) in the case of Emergency Department Non-Admitted Patient Services of small rural hospitals not collecting nor required to collect patient level data, for each occasion of service, the corresponding amount specified in column 3 of Table 2.

(2) This clause does not apply to hospital treatment or services of a type referred to in clauses 6 to 7 of this Order.

(3) In this clause and the Tables to this clause:

**Acute Admitted Patient Services – All Hospitals** means acute care for an admitted patient in which the primary clinical purpose or treatment goal is to:

- manage labour (obstetric);
- cure illness or provide definitive treatment of injury;
- perform surgery;
- relieve symptoms of illness or injury (excluding palliative care);
- reduce severity of an illness or injury;
- protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; or
- perform diagnostic or therapeutic procedures.

**Emergency Department (ED) Admitted Patient Services** means services and treatment provided within a hospital emergency department where a person has been admitted.

**Emergency Department (ED) Non-admitted Patient Services** means services and treatment provided within a hospital emergency department where a person has not been admitted.

**Non – Acute/Sub – Acute Admitted Patient Services & Outpatient Services** means admitted patient care that does not meet the definition of Acute Care.

**AR-DRG version 8.0** refers to a group within the classification system known as Australian Refined Diagnostic Related Groups version 8.0 (also known as AR-DRG V8.0) (refer Chapter 8 of the *Independent Hospital Pricing Authority's (IHPA's) National Efficient Price Determination 2017-2018*).

**critical care**, in relation to a patient, has the same meaning as it has in the "NSW Department of Health – Department of Health Reporting System (DOHRS)" issued by the Department of Health in June 2000 or in any subsequent revision of that document issued by that Department.

**dialysis** used in treating kidney disease, by which uric acid and urea are removed from circulating blood by means of a dialyzer.

**National Efficient Price (NEP)** means the National Efficient Price 2017-2018, as set out at Chapter 2 of the IHPA's *National Efficient Price Determination 2017-2018*. The NEP is \$4,910 per National Weighted Activity Unit 2017-2018 (NWAU(17)).

**National Weighted Activity Unit (NWAU)** means National Weighted Activity Unit 2017-2018 (NWAU (17)) as set out at Chapter 2 of the IHPA's *National Efficient Price Determination 2017-2018*.

**outpatient** means a patient who does not undergo a formal admission process.

**psychiatric hospital** means a public hospital classified as a psychiatric hospital in an order published in the Gazette by the Secretary of the Department of Health.

**public hospital** means a public hospital within the meaning of section 59 of the Act.

**Transitional Living Unit Bed** means a bed that is staffed 24 hours a day and is officially approved by NSW Health under the Brain Injury Rehabilitation Program for the accommodation of patients requiring transitional living care services following a brain injury.

**Table 1**

(For all patients **admitted prior to 1 July 2017**, please refer to the *Workers Compensation (Public Hospital Rates) Order 2016* for the appropriate fee)

Acute Admitted, Emergency Department Admitted and Emergency Department Non-Admitted Patient Services except in small rural hospitals - patients admitted on or after 1 July 2017.		
Payment Classification Code	Item	Fee
PUH 001	Acute Admitted	(NWAU(17) – 11%) x NEP ( \$4,910)
	ED Admitted	(NWAU(17) – 11%) x NEP (\$4,910)
	ED Non-admitted	NWAU(17) x NEP ( \$4,910)

- The payment for Acute Admitted Patient Services is to cover all inpatient services normally provided including, medical, consumables, surgically planted prostheses, nursing, accommodation, meals, theatre use, intensive care, imaging, pathology and other diagnostic services, in hospital allied health professional services, inpatient pharmaceuticals, medical supplies, discharge planning, and aids and appliances immediately necessary to facilitate discharge
- The payment for Emergency Department care covers all medical, consumables, surgically planted prostheses, nursing, imaging, pathology and other diagnostic services, allied health professional services, pharmaceuticals and medical supplies during the episode of Emergency Department care.

**NOTES TO TABLE 1**

**Acute Admitted Patient Services – All Hospitals**

The patient episode reflecting the applicable *AR-DRG version 8.0* grouping aligned to the *NWAU (17)* with adjustments applied as applicable in accordance with the IHPA publication *National Efficient Price Determination 2017-2018*. The *NWAU (17)* is adjusted to reflect that Visiting Medical Officers (VMOs) and Staff Specialists bill separately for compensable admitted patients. The removal of assessed VMO and Staff Specialist costs reduces each *NWAU* by 11% creating an *adjusted NWAU (17)* for the purposes of charging this category of compensable patients.

The *NWAU* is rounded to the nearest 3 decimal places.

multiplied by

The *NEP* of \$4,910 as determined by the IHPA.

**Emergency Department (ED) Admitted Patient Services - All Hospitals excluding EDs of small rural hospitals not collecting nor required to collect patient level data.**

The ED episode reflecting the applicable *Urgency Related Group (URG) version 1.4* or *Urgency Disposition Group (UDG) version 1.3* grouping aligned to the *NWAU (17)* with adjustments applied as applicable in accordance with the IHPA publication *National Efficient Price Determination 2017/2018*. The *NWAU (17)* is adjusted to reflect that Visiting Medical Officers (VMOs) and Staff Specialists bill separately for compensable admitted patients. The removal of assessed VMO and Staff Specialist costs reduces each *NWAU* by 11% creating an *adjusted NWAU (17)*, which is applicable for the purposes of charging ED admitted compensable patients.

The *NWAU* is rounded to the nearest 3 decimal places.

multiplied by

The *NEP* of \$4,910 as determined by the IHPA.

**Emergency Department (ED) of small rural hospitals not collecting nor required to collect patient level data per occasion of service at set rates as specified in Table 2 of this Order.**

**Emergency Department (ED) Non-admitted Patient Services - All Hospitals excluding EDs of small rural hospitals not collecting nor required to collect patient level data.**

The patient ED presentation reflecting the applicable *URG version 1.4* or *UDG version 1.3* grouping aligned to the *NWAU (17)* with adjustments applied as applicable in accordance with the IHPA publication *National Efficient Price Determination 2017-2018*.

The *NWAU* is rounded to the nearest 3 decimal places.

multiplied by

The *NEP* of \$4,910 as determined by the IHPA.

**Emergency Department (ED) Non-admitted Services of small rural hospitals not collecting nor required to collect patient level data** - per occasion of service at the amount specified in column 3 in Table 2 of this Order.

**Table 2**

<b>Non – Acute/ Sub – Acute Admitted Patient Services &amp; Outpatient Services and ED Patient Services Small Rural Hospitals</b>		
<b>Payment Classification Code</b>	<b>Item</b>	<b>Fee</b>
PUH 002	Public hospital (non-acute & sub-acute) – inpatient Incorporating: <ul style="list-style-type: none"> <li>◆ Public Hospital</li> <li>◆ Public Psychiatric hospital</li> <li>◆ Other (eg Residential Aged care facility)</li> </ul>	Max \$1,155/day  \$1,155/day \$485/day \$272/day
	Dialysis	\$651 ( <i>per session</i> )
PUH 003	Public hospital – outpatient occasion of services (excluding physiotherapy, psychology and exercise physiology services – use relevant WC gazetted fees for these services with code PUH003) and ED of small rural hospitals not collecting patient level data  <ul style="list-style-type: none"> <li>◆ Public Hospital</li> <li>◆ Public Psychiatric Hospital</li> <li>◆ Other (eg Residential Aged care facility)</li> </ul>	Max \$123/occasion  \$123/occasion \$86/occasion \$86/occasion

**6. Fees for brain injury rehabilitation services**

- (1) The amount for which an employer is liable under the Act for hospital treatment of a worker, being brain injury rehabilitation services within a classification specified in column 2 of Table 3, is the corresponding amount specified in column 3 of that Table.
- (2) This clause does not apply to hospital treatment or services of a type referred to in clause 5, 7, 8, 9, 10 or 11 of this Order.
- (3) In this clause and the Table to this clause:

**Category A patient** means a patient being assessed for or receiving active rehabilitation.

**Category B patient** means a patient receiving personal and nursing support who is resident in a brain injury rehabilitation program services unit.

**Category X patient** means a patient needing an extremely high level of support.

**outpatient** means a patient who does not undergo a formal admission process.

**Table 3**

Brain Injury Rehabilitation Program Services		
Payment Classification Code	Item	Fee (\$)
PBI 001	Admitted patient Brain Injury Rehabilitation service Incorporating: <ul style="list-style-type: none"> <li>◆ Category A patient</li> <li>◆ Category B patient</li> <li>◆ Category X patient</li> </ul>	Max \$1,727/day  \$1,214/day \$777/day \$1727/day
PBI 002	Admitted patient Transitional Living Unit Bed Incorporating: <ul style="list-style-type: none"> <li>◆ Category A patient</li> <li>◆ Category B patient</li> </ul>	Max \$867/day  \$867/day \$430/day
PBI 003	Non-admitted patient services	\$83 per half hour
PBI 004	Outpatient medical clinic appointments Incorporating: <ul style="list-style-type: none"> <li>◆ Initial assessment</li> <li>◆ Follow up assessment</li> </ul>	Max \$287  \$287 \$143
PBI005	Group Activities <ul style="list-style-type: none"> <li>◆ Directly supervised by qualified allied health clinician</li> <li>◆ Not directly supervised by qualified allied health clinician</li> </ul>	\$53 per half hour  \$38 per half hour

#### 7. Fees for spinal injury rehabilitation services

- (1) Spinal injury rehabilitation rates apply exclusively to services provided at Royal Rehabilitation Centre Sydney.
- (2) The rate for inpatient spinal injury rehabilitation services is that which applies for public hospital patients, that is \$1,155 per day.
- (3) The rate for outpatient/outreach spinal injury rehabilitation services is that which applies for the Brain Injury Rehabilitation Program Services non-inpatient services/outreach rate, that is, \$83 per half hour or part thereof.

#### 8. Fees for physiotherapy outpatient services

The amount for which an employer is liable under the Act for hospital treatment of a worker, being physiotherapy services provided to the worker as an

outpatient is according to the relevant *Workers Compensation (Physiotherapy, Chiropractic, Osteopathy Fees) Order (Schedule A)* in effect at the time.

**9. Fees for psychology outpatient services**

The amount for which an employer is liable under the Act for hospital treatment of a worker, being psychology services provided to the worker as an outpatient, is according to the relevant *Workers Compensation (Psychology and Counselling Fees) Order (Schedule A)* in effect at the time.

**10. Fees for exercise physiology outpatient services**

(1) The amount for which an employer is liable under the Act for hospital treatment of a worker, being exercise physiology services provided to the worker as an outpatient, is according to the relevant *Workers Compensation (Accredited Exercise Physiology Fees) Order (Schedule A)* in effect at the time.

**11. Charges for health records and medical reports**

(1) In this clause a **health record** means a documented account, whether in hard or electronic form, of a worker's health, illness and treatment during each visit or stay at a health service.

(2) The charges for health records and medical reports are charged in accordance with the rates set out in NSW Health IB2016\_047 subject to the categorisations set out in NSW Health PD2006\_050 (except where rates are otherwise provided under specific legislation). Reports charging both of those rates or categorisations are amended or revised from time to time and can be found at the following NSW Health websites:

[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016\\_047.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016_047.pdf)

[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2006\\_050.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2006_050.pdf)