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## WorkCover Authority

### WORKERS COMPENSATION (PUBLIC HOSPITAL RATES) ORDER 2014 (No. 1)

under the  
Workers Compensation Act 1987

I, JULIE NEWMAN, Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 62 (1) of the Workers Compensation Act 1987, and with the concurrence of the Minister for Health under section 62 (8) of the Act, make the following Order.

Dated this 28th day of March 2014.

JULIE NEWMAN,  
Chief Executive Officer,  
WorkCover Authority

#### 1. Name of Order

This Order is the Workers Compensation (Public Hospital Rates) Order 2014 (No. 1).

#### 2. Commencement

This Order commences on the 1 April 2014.

#### 3. Application of Order

- (1) This Order applies to the hospital treatment of a worker at a public hospital, being treatment or service of a type referred to in clauses 4 to 9 and provided, with the exception of treatment outlined in Table 1 in clause 5, on or after 1 April 2014, whether the treatment relates to an injury that is received before, on or after that date.
- (2) This order does not apply to hospital treatment (excluding Visiting Medical Officer and Salaried Medical Officer services) provided to a worker whose injury has been sustained as a result of a motor vehicle accident in New South Wales. Fees for Visiting Medical Officer and Salaried Medical Officer services are contained in the relevant WorkCover medical services fees order.
- (3) Any order of the Secretary of the Ministry of Health relating to the classification of hospitals made for the purposes of clause 4 of this Order or any previous Order under section 62 of the Act has effect, subject to any amendment of it made by any subsequent order of the Secretary of the Ministry of Health.
- (4) Any order relating to the classification of hospitals made for the purposes of clause 4 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), appearing in Column 1 of the Tables to clauses 4 and 5 of this Order.

*the Act* means the Workers Compensation Act 1987.

*WorkCover* means the WorkCover Authority of New South Wales.

- (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 3 of the Tables to this clause is:
- (a) in the case of Acute Admitted Patient Services and Emergency Department Admitted Patient Services All Hospitals admitted prior to 1 April 2014 for each day (or part of a day) that the worker is a patient of the hospital, the corresponding amount specified in column 3 of Table 1;
- or
- (b) in the case of Acute Admitted Patient Services All Hospitals admitted on or after 1 April 2014 for each patient episode, the amount calculated as specified in column 3 of Table 2 in accordance with the formulas outlined under Table 2 and the Independent Hospital Pricing Authority’s (IHPA’s) *National Efficient Price Determination 2013-2014*;
- or
- (c) 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 2 in accordance with the formulas outlined under Table 2 and the IHPA’s *National Efficient Price Determination 2013-2014*;
- or
- (d) in the case of Emergency Department Non-admitted 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 3.
- (2) This clause does not apply to hospital treatment of a type referred to in clauses 7 to 11 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 6** refers to a group within the classification system known as Australian Refined Diagnostic Related Groups version 6.x (also known as AR-DRG V6.x) (refer Chapter 7 of the Independent Hospital Pricing Authority’s (IHPA’s) *National Efficient Price Determination 2013-2014*);

**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.

**metropolitan (non-referral) hospital** means a public hospital classified as a metropolitan (non-referral) hospital in an order published in the Gazette by the Director-General of the Department of Health.

**metropolitan (referral) hospital** means a public hospital classified as a metropolitan (referral) hospital in an order published in the Gazette by the Director-General of the Department of Health.

**National Efficient Price (NEP)** means the *National Efficient Price 2013-2014*, as set out at Chapter 2 of the IHPA’s *National Efficient Price Determination 2013-2014*. The NEP is \$4,993 per *National Weighted Activity Unit 2013-2014* (NWAU(13));

**National Weighted Activity Unit (NWAU)** means *National Weighted Activity Unit 2013-2014* (NWAU (13)) as set out at Chapter 2 of the IHPA’s *National Efficient Price Determination 2013-2014*.

**non-metropolitan hospital** means a public hospital classified as a non-metropolitan hospital in an order published in the Gazette by the Director-General of the Department of Health.

**other public hospital** means a public hospital other than a metropolitan (non-referral) hospital, a metropolitan (referral) hospital, a non-metropolitan hospital or a psychiatric hospital.

**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 Director-General of the Department of Health.

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

TABLE 1

<b>Acute Admitted and Emergency Department Admitted Patient Services – All Hospitals – patients admitted prior to 1 April 2014 and discharged on or after 1 April 2014. (Note: these rates are the same rates prescribed in the Workers Compensation (Public Hospital Rates) Order 2013)</b>		
<i>Payment Class. Code</i>	<i>Item</i>	<i>Fee</i>
PUH 001	Critical Care – first 21 days per episode	\$4,615/day
	Critical Care – over 21 days	\$2,645/day
	Other Inpatient – first 21 days per episode	\$1,820/day
	Other Inpatient – over 21 days	\$1,065/day

TABLE 2

<b>Acute Admitted, Emergency Department Admitted and Emergency Department Non-Admitted Patient Services except in small rural hospitals – patients admitted on or after 1 April 2014</b>		
<i>Payment Class. Code</i>	<i>Item</i>	<i>Fee</i>
PUH 001	Acute Admitted	(NWAU – 11%) x NEP (\$4,993)
	ED admitted	(NWAU – 11%) x NEP (\$4,993)
	ED non admitted	NWAU x NEP (\$4,993)

## NOTES TO TABLE 1 AND 2

**Acute Admitted Services**

The patient episode reflecting the applicable AR-DRG version 6.x grouping aligned to the National Weighted Activity Unit (NWAU (13)) with adjustments applied as applicable in accordance with the Independent Hospital Pricing Authority (IHPA) publication National Efficient Price Determination 2013-2014. The NWAU (13) 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 (13) for the purposes of charging this category of compensable patients.

multiplied by

The National Efficient Price (NEP) of \$4,993 as determined by the Independent Hospital Pricing Authority (IHPA).

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

The ED episode reflecting the applicable URG version 1.3 or UDG version 1.3 grouping aligned to the National Weighted Activity Unit (NWAU (13)) with adjustments applied as applicable in accordance with the IHPA publication *National Efficient Price Determination 2013-2014*.

The NWAU (13) 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 (13), which is applicable for the purposes of charging ED admitted compensable patients.

multiplied by

The National Efficient Price (NEP) of \$4,993 as determined by the Independent Hospital Pricing Authority (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 advised in Table 3 of this order.****Emergency Department (ED) Non-admitted 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 1.3 or UDG version 1.3 grouping aligned to the National Weighted Activity Unit (NWAU (13)) with adjustments applied as applicable in accordance with the IHPA publication *National Efficient Price Determination 2013-2014*.

multiplied by

The National Efficient Price (NEP) of \$4,993 as determined by the Independent Hospital Pricing Authority (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 3 of this order.

TABLE 3

<b>Non – Acute/ Sub – Acute Admitted Patient Services &amp; Outpatient Services and ED Patient Services Small Rural Hospitals</b>		
<i>Payment Class. Code</i>	<i>Item</i>	<i>Fee</i>
PUH 002	Public hospital (sub-acute & non-acute) – in patient	Max \$1,065/day
	Incorporating:	
	• Metropolitan Referral Hospital	\$1,065/day
	• Metropolitan Non Referral & Non-Metropolitan Hospital	\$1,065/day
	• Public Psychiatric hospital	\$445/day
PUH 003	• Other Public Hospital	\$250/day
	Dialysis	\$600 (per session)
	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	Max \$115
	• Metropolitan Referral Hospital	\$115
	• Metropolitan Non Referral & Non-Metropolitan Hospital	\$115
	• Public Psychiatric Hospital	\$80
	• Other Public Hospital	\$80

#### 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 4, is the corresponding amount specified in column 3 of that Table.
- (2) This clause does not apply to hospital treatment of a type referred to in clause 5, 7, 8, 9 or 10 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 program unit.

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

**metropolitan (non-referral) hospital** means a public hospital classified as a metropolitan (non-referral) hospital in an order published in the Gazette by the Director-General of the Department of Health.

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

TABLE 4

<b>Brain Injury Rehabilitation Services</b>		
<i>Code</i>	<i>Item</i>	<i>Fee (\$)</i>
PBI 001	Admitted patient service	Max \$1,590/day
	Incorporating:	
	• Category A patient	\$1,120/day
	• Category B patient	\$715/day
	• Category X patient	\$1,590/day
PBI 002	Metropolitan (non-referral) services	Max \$800/day
	Incorporating:	
	• Category A patient	\$800/day
	• Category B patient	\$395/day
PBI 003	Non-admitted patient services	\$75 per half hour
PBI 004	Out-patient medical clinic appointments	Max \$265
	Incorporating:	
	• Initial assessment	\$265
	• Follow up assessment	\$130

**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 hospital patients in the metropolitan non-referral classification, that is \$1,065 per day.
- (3) The rate for outpatient/outreach spinal injury rehabilitation services is that which applies for Brain Injury Program non-inpatient services/outreach rate, that is, \$75 per half hour or part thereof.

**8. Fee amount payable for physiotherapy outpatient services**

- (1) 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 Fees) Order (Schedule B) in effect at the time.

**9. Fee amount payable for psychology outpatient services**

- (1) 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 Fees) Order (Schedule A) in effect at the time.

**10. Fee amount payable 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 (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 document account, whether in hard or electronic form, of a workers 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 IB2013\_032 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 internet sites:

[http://www.health.nsw.gov.au/policies/ib/2012/pdf/IB2012\\_032.pdf](http://www.health.nsw.gov.au/policies/ib/2012/pdf/IB2012_032.pdf)

[http://www.health.nsw.gov.au/policies/pd/2006/PD2006\\_050.html](http://www.health.nsw.gov.au/policies/pd/2006/PD2006_050.html)

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