

# Circular



Circular No: 34/1993

Contact: Regional Office

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Distribution: Public Hospitals

Subject: Workcover Patient Fees

## Revised Regulations

A revised set of Hospitals and Charities (Fees) (Accident Compensation Patients) Regulations has been made on 29 June, 1993. These regulations set out the fee structure applicable to Workcover patients receiving treatment in public hospitals. Attachment 1 provides a summary of the fee levels.

The fee-setting method continues the previous DRG-based payment system for admitted workers' compensation patients. The previous arrangements for grouping workers' compensation patients using the HSI Third Revision - Fourth Version will be continued in the short-term. However, the Department will transfer to AN-DRGs for Workcover patients later this year. This change will be the subject of a Regulatory Impact Statement.

The procedures for raising accounts which applied under the most recent regulations will continue to apply as set out in Circulars 7,8 and 31/1992. Circular 29/1992 dealt with criteria for admission of workers' compensation patients. This has been replaced by the general policy on minimum criteria for admission which applies to all public hospital admissions and which was covered in Circular 19/1993.

## Summary of changes to regulations

The following changes have been made to the regulations.

### (i) Rehabilitation fee

The previous fee of \$302 per bed-day for Workcover patients admitted to approved rehabilitation facilities has been changed to \$300 under the new regulations.

The rehabilitation fee is applicable for admission, including same-day admission, of Workcover patients to the following rehabilitation facilities approved by the Health Benefits Council for higher benefits.

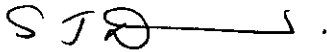
## Approved Rehabilitation Facilities

Anne Caudle Centre  
Queen Elizabeth Centre [Ballarat]  
Alfred Group of Hospitals - Caulfield Campus  
Austin Hospital - Royal Talbot Campus  
Royal Melbourne Hospital - Essendon Campus  
St Vincent's Hospital

This listing of approved rehabilitation facilities replaces that in Circular 8/1992, dated 3 March 1992.

**(ii) Reference to nursing home patients**

Reference to nursing home patient fees for Workcover patients in the regulations has been deleted. This change is required because there is no provision under Section 3 of the Health Insurance Act for compensable patients to be officially defined as Nursing Home Type patients, nor are the fees applicable to residents of nursing homes.

A handwritten signature in black ink, appearing to read 'S J DUCKETT', with a horizontal line extending to the right.

**S J DUCKETT**  
DIRECTOR  
ACUTE HEALTH SERVICES

**ATTACHMENT 1.  
SUMMARY OF FEES APPLICABLE TO WORKCOVER PATIENTS IN PUBLIC HOSPITALS**

**Inpatient Fees**

**DRG Base Fee**

\$2,300 per unit DRG weight

The fee for an inpatient stay is calculated by multiplying the DRG Base Fee by the DRG weight. Weights for short stay patients who are same-day or overnight patients are listed in Circular 31/1992, dated 30 October 1992.

The fee calculation should be rounded up to the nearest five cents.

The DRG allocation and DRG weights are to be derived from the HSI Third Revision (Fourth Version) Grouper.

In addition to the DRG Fee, the total fee for any inpatient whose stay is longer than 24 days should be calculated by adding the following per diem charges:

Day 25 to 35 inclusive:	\$180 per day
Day 36 onwards:	\$144 per day

**Rehabilitation Patients**

Fees for inpatients coded to DRG 462 (Rehabilitation) are not to be calculated on a DRG-basis, but on the basis of \$300 per day. This fee also applies to same-day rehabilitation patients admitted as inpatients in accordance with the criteria outlined in Circular 7/1992.

**Outpatient Fees**

Outpatient Fees for WorkCover patients should be charged at a rate of \$70 per attendance.