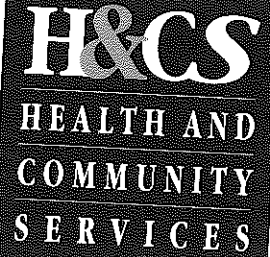


Hospital Circular



Distribution: Public Hospitals including Extended Care Centres

Subject: Changes in Fees for

1. WorkCover patients
2. Nursing Home Type Patients (NHTPs) in Recognised Hospitals

Purpose: The purpose of this circular is to advise of changes to the above fees.

1. Changes in Fees for WorkCover patients

This circular is to advise public hospitals of new non-admitted patient fee arrangements that will apply to WorkCover patients effective from 1 March 1996.

From 1 March 1996, a trial will commence of non-admitted patient services for WorkCover patients being charged on a fee for service basis. This means that all compensable patients will be charged on an equivalent basis using a common set of fees. However, it should be noted that not all of the services included in the fees for non-admitted patients list are recognised under the *Accident Compensation Act 1985*. Therefore, certain services (listed separately) may not be provided to WorkCover patients. Health & Community Services, the Victorian WorkCover Authority and the Victorian Hospitals Association will undertake a review of the fee for service arrangements for WorkCover patients in June 1996.

As a result of these changes, could you please make the following updates to the *Fees and Charges for Acute Health Services in Victoria: A Handbook for Public Hospitals*:

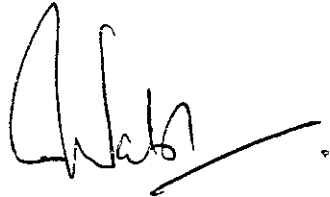
Compensable Outpatients - replace pages 5 to 7 with new pages 5 to 8 in part 2, Fees for non-admitted patients.

2. **Change in Fees for Nursing Home Type Patients (NHTPs) in Recognised Hospitals**

The Victorian Department of Health and Community Services has increased its NHTP *patient* contribution rate to an amount of \$26.05 per day (\$182.35 per week), *effective 21 March 1996.*

As a result of the above, please make the following update to the State Fees manual *Fees and Charges for Acute Health Services in Victoria: A Handbook for Public Hospitals:*

Nursing Home Type Patients - replace ^{10/8} ~~page 17,~~ and ~~discard~~ page 18 in part 1, Fees for Admitted Patients.



DR MICHAEL WALSH
DIRECTOR
ACUTE HEALTH SERVICES

Day Hospital Patients

Fee for day hospital patients (excluding compensable and WorkCover patients) \$4.30

This fee will apply for 2 days per week and thereafter will be determined by the hospital according to the patient's financial circumstances.

Date of effect: 1 July 1994

Reference: Circular No. 19/1994

Compensable, TAC and WorkCover Outpatients

Note: All outpatient fees are based on 30 minute treatment sessions. Pro-rata amounts should be charged for greater or lesser periods.

The following services may be provided to all compensable, TAC and WorkCover patients.

Service Provided	Item Number	Session	Fee for Service (\$)
Physiotherapy:	PUB13	Individual	27.00
	PUB14	Group	16.50
	PUB66	Worksite/Home assessment with report	By negotiation*
Occupational Therapy:	PUB20	Individual	27.50
	PUB19	Group	16.50
	PUB67	Worksite/Home assessment with report	By negotiation*
Speech Therapy:	PUB29	Individual	27.00
	PUB30	Group	16.20
	PUB64	Worksite/Home assessment with report	By negotiation*
Hydrotherapy (by a physiotherapist):	PUB23	Individual	27.00
	PUB22	Group	16.20

Service Provided	Item Number	Session	Fee for Service (\$)
Psychology:	PUB08	Individual	49.25
	PUB07	Group	29.55
Social Work:	PUB40	Individual	27.50
	PUB52	Group	16.20
Chiropody/Podiatry:	PUB41	Individual	27.00
Dietitian:	PUB17	Individual	26.50
Orthotist/Prosthetist:	PUB70	Individual	26.00
Orthoptist:	PUB42	Individual	27.00
Rehabilitation Counselling:	PUB28	Individual	27.00
	PUB37	Group	16.20
Vocational Counselling:	PUB53	Individual	22.00 †
	PUB54	Group	13.20 †

* As a guide, the fee paid will be up to the hourly rate for the duration of the assessment and report. TAC and WorkCover insurers will pay up to an hourly rate of \$54.00 for the duration of the assessment and report.

† These fees apply to Vocational Counselling provided to TAC and compensable patients, but not WorkCover patients. Vocational counselling is a WorkCover approved service, but only if provided by occupational rehabilitation providers approved for that purpose. Approved occupational rehabilitation providers should contact WorkCover to determine the appropriate fee.

The following services are not recognised under the *Accident Compensation Act 1985*, and are therefore not to be provided to WorkCover patients. These services may be provided to TAC and other compensable patients.

Service Provided	Item Number	Session	Fee for Service (\$)
Special Education/ Accredited Teacher:	PUB12	Individual	26.50
	PUB36	Group	16.00
Physical Education:	PUB58	Individual	26.50
	PUB59	Group	16.00
Sports Medicine:	PUB15	Individual	26.50
	PUB16	Group	16.00

Copies of the format for accounts for TAC patients can be obtained from the Health Services Branch of the TAC (Ph: (03) 9664 6042). WorkCover insurers require an item number on all accounts for outpatient services (item numbers are listed in the table are above).

TAC requires a primary code between 000 and 999 for Volume 1 of the International Classification of Diseases, 9th Revision, Clinical Modification for every outpatient. Other codes may be provided in addition to this primary requirement.

Before any rehabilitation treatment is commenced on a TAC outpatient, both a Rehabilitation Assessment and a Rehabilitation Plan must be completed, and submitted to the TAC for their approval. Copies of the Requirements and a Standard Rehabilitation Plan are to be obtained from the Health Services Branch of the TAC (Ph: (03) 9664 6042).

Date of effect: 1 March 1996

Reference: Circular No. 6/1996, issued 7 March 1996

Service Provided

Fee

Registered Medical Practitioners

Registered Medical Practitioners providing services to compensable patients in the Accident and Emergency/Casualty or Outpatient Departments may charge a consultation fee in accordance with the Commonwealth Medicare Benefits Schedule. For medical practitioners who are employees of a hospital, that hospital must invoice the relevant third party payer (e.g. TAC Insurance or a WorkCover insurer) for the service.

Service Provided

Fee

Specialist & Consultant Physicians may continue to invoice TAC under the arrangement existing in the past.

Facility Fee

\$50.00 per episode

The Facility Fee covers the material and administrative costs of providing the service in an Emergency/Casualty Department only.

Date of effect: 1 March 1996

Reference: Circular 6/1996, issued 7 March 1996

Ineligible Patients

Hospitals may set fees for patients who are not covered by Medicare, including overseas patients. In setting fees, hospitals should be aware that some overseas patients are entitled to free care because of reciprocal health care agreements.

Fees for ineligible patients should be set to achieve full cost recovery, unless specifically authorised by the Regional Director.

Nursing Home Type Patients

The following fees are charged daily for nursing home type patients in public hospitals:

Standard Fees - Ordinary Care

Basic Benefit (private patients)	\$61.56
*Patient Contribution (all patients)	\$26.05
<hr/>	
Total revenue for hospital	\$87.61

Standard Fees - Extended Care

Basic Benefit (private patients)	\$61.56
Extensive Care (private patients - where applicable)	\$6.00
*Patient Contribution (all patients)	\$26.05
<hr/>	
Total revenue for hospital	\$93.61

(See section on Compensable Patients re: compensable nursing home patients)

**Date of effect: 21 March 1996*

Reference: Circular No. 6/1996, issued 7 March 1996

Department of Veterans' Affairs, nursing home type patients in public hospitals:

Refer to this Manual: *DVA Funding Arrangements from 1 January 1995* - Fees for Admitted Patients, page 10A.

Our reference
Your reference



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ERRATUM - H&CS HOSPITAL CIRCULAR 6/96

Please would you note and make the following corrections to H&CS Hospital Circular 6/96 (enclosed) as instructed below.

1. **GO TO**
second page of Circular 6/96

AMEND

Nursing Home Type Patients - replace page 17, and discard page 18 in part 1, Fees for Admitted Patients

TO READ

Nursing Home Type Patients - replace page 18 in part 1, Fees for Admitted Patients

2. **GO TO**
seventh page (last sheet) of Circular 6/96

AMEND

FEES FOR ADMITTED PATIENTS 17 (located at bottom right hand corner of page)

TO READ

FEES FOR ADMITTED PATIENTS 18

A handwritten signature in black ink, appearing to read 'H. Wellington', written in a cursive style.

Dr Heather Wellington
Assistant Director
ACUTE HEALTH SERVICES

26 March 1996