

Acute Health Services Division

Hospital Circular

Human
Services



Peoplefirst

Distribution: Public Hospitals
Extended Care Centres

- Subject:**
1. Public Hospital Prostheses Fees
 2. Nursing Home Type Patients (NHTPs) in Recognised Hospitals - changes in fees
 3. Day Only Arrangements - amendments to the Type B & C Lists
 4. HosNet - status report

Purpose: To advise public hospitals and extended care centres of a number of changes in the areas identified above.

1. PUBLIC HOSPITAL PROSTHESES FEES

Please refer carefully to the attached Commonwealth HBF Circular No. 482 entitled *Basic Table Benefits for Surgically Implanted Prostheses March 1997 Review*.

Obtaining the March 1997 Determination

In accordance with

- the State's Acute Health Fees Circular No. 10/96, issued and effective 26 March 1996; and
 - the attached Commonwealth Circular,
- the March 1997 Determination for the purposes of paying benefits from the basic private table for prostheses, is only available
- on disk;
 - in *Excel 5.0* format; and
 - for purchase through the Commonwealth Department of Health and Family Services at the cost of \$15 per disk.

To obtain a copy of the disk, please make a cheque payable to the Department of Health and Family Services and complete the tear off slip at page three of the attached Commonwealth HBF Circular No. 482.

Date

Publication No.

Originating Unit

Contact Title

24 April 1997

5/1997

Regional Office

Updating the *State's Fees Manual*

As a result of the above could you please make the following amendment to your copy of the "*Fees and Charges for Acute Health Services in Victoria: A Handbook for Public Hospitals*":

- **Appendix A: Prostheses Fees** - *replace* the Order form for the Schedule of benefits for Surgically Inserted Prostheses *with* a copy of the tear off slip at page three of the attached Commonwealth HBF Circular No. 482.

IF YOU REQUIRE FURTHER INFORMATION ON PROSTHESES, PLEASE TELEPHONE (06) 2898786 24 HOUR ANSWERING SERVICE - Health Insurance Section, Commonwealth Department of Health and Family Services

2. **NURSING HOME TYPE PATIENTS (NHTPs) IN RECOGNISED HOSPITALS - CHANGES IN FEES**

The Victorian Department of Human Services has increased its NHT *patient* contribution rate to an amount of \$26.40 per day (\$184.80 per week), *effective 20 March 1997*.

As a result of this change, 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 page 18 in part 1, Fees for Admitted Patients (attached). This change is *effective 20 March 1997*.

3. **DAY ONLY ARRANGEMENTS - AMENDMENTS TO THE TYPE B & C LISTS**

The Commonwealth has advised that:

- with *effect from 4 November 1996*, the following item number has been removed from the Type C Exclusion list, and added to the Type B day only list:
30190 Angiofibromas, trichoepitheliomas or other severely disfiguring tumours suitable for laser excision, removal of
- the following item number has been removed from the Type C Exclusion list with *effect from 8 January 1997*:
340 Attendance for electroconvulsive therapy, with or without the use of stimulus dosing techniques, including any electroencephalographic monitoring and associated consultation

4. HOSNET

While the concept, and connection of HosNet between the Department's Head Office, Regional Offices and public hospitals was launched 30 January 1997, please note that:

- this Circular has been distributed in paper format copy only; and that
- in the near future, Hospital Circulars about fees and charges will be distributed in both electronic and paper formats. You will be advised when this occurs.



DR CHRIS BROOK
A/DIRECTOR
ACUTE HEALTH



Circular

COMMONWEALTH DEPARTMENT OF HEALTH AND FAMILY SERVICES

BBF CIRCULAR NUMBER: 482
PH CIRCULAR NUMBER: 266

FOR GENERAL INFORMATION

State/Territory Health Authorities
Registered Health Benefits Organisations
Private Hospitals/Licensed Day Hospital
Facilities

BASIC TABLE BENEFITS FOR SURGICALLY IMPLANTED PROSTHESES MARCH 1997 REVIEW

The Minister's Determination in respect of the National Health Act 1953 Sub-section 4(1), paragraph (dd) for the purposes of paying benefits from the basic private table for prostheses has been revised effective from 26 March 1997.

The level of benefit for a number of items has been changed in the Determination to more accurately reflect the current cost of items. The Determination incorporates changes to the product range of some of the existing prostheses, and also includes new items. New items and price alterations appear in bold type.

A further Determination is planned for September 1997 where new items only may be added. The Department sets minimum guidelines for the listing which are:

- devices must have approval by the Therapeutics Goods Administration;
- the device must be surgically implanted;
- the implant must replace totally or partially a bodily function and remain with the patient on discharge; and
- a person must be a patient of a hospital or day hospital facility to receive health fund benefits for the prostheses.

The Department often receives applications for devices that are aids or are disposable instruments. These devices are not intended for the Surgically Implant Prostheses Determination, but should be absorbed within theatre fee banding arrangements where appropriate.

Please note the deadline for applications for new items to be included on September 1997 determination is close of business Friday, 23 May 1997. It is Departmental policy not to accept late applications.

The following items have been declared obsolete and will be removed from the September 1997 Determination:

F014, F016, F434, F501

G579, G602, G604, G606, G607, G608, G610, G611, G616

H729, H755, H931, H933

J197

L169, L171, L310, L312, L314, L316, L318, L320, L322, L324, L326, L328, L330, L332, L334, L336, L338, L340, L342, L344, L346, L348, L350, L352, L354, L356, L358, L360, L362, L364, L366, L368, L370, L372, L374, L376, L378, L425, L427, L429, L431, L433, L435, L437, L439, L441, L726, L728, L730, L732, L734, L736, L738, L740, L742, L744, L746, L748, L750, L752, L754, L756, L758, L760, L801, L803, L805, L807, L809, L811, L813, L815, L838, L840, L842, L846, L848, L850, L852, L854, L856

Q086

R138, R139, R682, R712

The March 1997 Determination is available on disk. The Determination is only be available in Excel 5.0. The disk will be available for purchase through the Department at the cost of \$15 per disk.

To obtain a copy of the disk, please make a cheque payable to the Department of Health and Family Services and complete the attached page.

IF YOU REQUIRE FURTHER INFORMATION PLEASE TELEPHONE

(06) 289-8786 24 HOUR ANSWERING SERVICE -

Health Insurance Services Section

26 March 1997

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Forward cheque to : Ms Kathy Blunden - MDP 59
Health Insurance Services Section
Department of Health and Family Services
GPO Box 9848
CANBERRA CITY ACT 2601

Please forward me copy/ies of the Schedule of Benefits for Surgically Inserted Prostheses on disk at \$15 each. I enclose a cheque made payable to the Department of Health and Family Services for \$..... (total amount).

Available in Excel version only on a 3.5" IBM formatted disk.

Name:

Organisation:

Address:

.....

.....

.....

Contact Phone No: (.....).....

Signature:

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)	\$26.40
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Total revenue for hospital	\$87.96

Standard Fees - Extended Care

Basic Benefit (private patients)	\$61.56
Extensive Care (private patients - where applicable)	\$6.00
*Patient Contribution (all patients)	\$26.40
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Total revenue for hospital	\$93.96

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

**Date of effect: 20 March 1997*

Reference: Circular No. 5/1997, issued 24 April 1997

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.