

- Distribution:** Public Hospitals
Health Insurance Funds
- Subject:** New interim fee structure for compensable patients (excluding WorkCover recipients)
- Purpose:** The purpose of this circular is to advise hospitals and health insurance funds of the new interim fee structure for compensable patients (excluding WorkCover recipients) and to amend their H&CS Fees Manual accordingly.
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This circular is to advise public hospitals and health insurance funds that from 1 March 1994, compensable patients (excluding WorkCover recipients) will be charged according to a new fee structure (attached). The new fee structure is based on the patient classifications used for private patients in public hospitals which are a better indicator of the cost of diagnostic treatment than the existing special class patient fee classifications.


As from 1 March 1994, the compensable patient fees (excluding WorkCover recipients) which are attached will replace the existing fees as set out in Circular No. 1/1993 dated 19/1/93.

This new fee structure for compensable patients is part of a staged move to an itemised fee structure in which compensable patient fees are charged on a Diagnosis Related Group (DRG) basis. Consequently, H&CS intends to charge all compensable patients on a DRG basis from 1 July 1995. Further information will be forthcoming well in advance of that date.

As a result of the changes to fees effective 1 March 1994 for compensable patients, could you please make the following amendments to your copy of the *Fees and Charges for Acute Health Services in Victoria: A Handbook for Public Hospitals*:

1. **Contents** - replace the existing Table of Contents in part 1, Fees for Admitted Patients. This change is effective from 1 March 1994.
2. **Same Day Patients** - replace page 4 in part 1, Fees for Admitted Patients. This change is effective from 1 March 1994.

3. **Compensable (excluding WorkCover recipients) Patients** - replace page 11 of part 1, Fees for Admitted Patients. This change is effective from 1 March 1994.
4. **Contents** - replace the existing Table of Contents in part 2, Fees for Non-Admitted Patients. This change is effective from 1 March 1994.
5. **Compensable (excluding WorkCover recipients) Patients** - replace page 5 in part 2, Fees for Non- Admitted Patients. This change is effective from 1 March 1994.



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Same Day Patients

The following fees are charged for all *same day patients* who, on admission to a public hospital, have elected to be treated as private patients. Same day patients admitted for minor procedures (that is, those procedures contained in the Commonwealth's Type C exclusion list*) must be certified as requiring hospital admission.

Band	Fee (\$)
Band 1	134
Band 2	160
Band 3	185
Band 4	212

Date of effect: 1 September 1993

Reference: Circular No. 32/1993

(See section on Compensable Patients for compensable same day patients).

* All matters relating to Same Day Procedures are addressed in the Commonwealth Department of Health, Housing, Local Government and Community Services' *Day Only Procedures Manual*, November 1992. This manual includes a complete listing of the exclusion (Type C) list, same day band descriptors and Band 1 item numbers and descriptions. A copy of the manual has been provided to all hospitals.

Compensable (excluding WorkCover recipients) Patients

The following fees are charged for all compensable patients other than WorkCover patients.

Accommodation Fees for Compensable Inpatients

Patient Classification	Length of Stay	Fee per bed day (\$)
Advanced Surgical:	1 - 14 days	410
	15 + days	191
Surgical:	1 - 14 days	370
	15 + days	191
Other (Medical):	1 - 14 days	360
	15 + days	191
Psychiatric**	1 - 30 days	240
	31 - 65 days	210
	66 + days	191
Rehabilitation**	1 - 25 days	300
	26 - 49 days	191
	50 + days	160
Nursing Home Patient		125
Same Day Patient***		300

**Rehabilitation and Psychiatric fees can only be charged by hospitals with specific rehabilitation or psychiatric programs approved by the Health Benefits Council.

***Hospitals are required to strictly comply with the definition of "Admission" in the 1993 Medicare Agreement which prescribes the minimum criteria which must be met before a patient can be admitted. The minimum criteria for admission is recorded in H&CS Circular No. 19/1993.

(See section on Patient Classifications for the definitions of advanced surgical, surgical and medical patients).



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WorkCover Patients

Non-admitted patients service \$70.00 per day

Day Hospital Patients

Fee for day hospital patients (excluding compensable and WorkCover patients) \$4.25

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

Date of effect: 1 July 1993

Reference: Circular No. 27/1993

Compensable (excluding WorkCover recipients) Outpatients

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

Service Provided	Session	Fee for Service (\$)
Sports Medicine/Physical Education:	Individual	26.50
	Group	16.00
Special Education/Accredited Teacher:	Individual	26.50
	Group	16.00
Rehabilitation Counselling:	Individual	27.00
	Group	16.20
Vocational Counselling:	Individual	22.00
	Group	13.20
Physiotherapy:	Individual	26.00
	Group	16.50
	Worksite/Home assessment with report	By negotiation*