Acute Health Services Division

Hospital Circular

H&CS
HEALTH AND COMMUNITY SERVICES

Distribution: **Public Hospitals**
Health Insurance Funds

Subject: **Magnetic Resonance Imaging (MRI) & Facility Fees for Compensable Patients & Account Formats**

Purpose: **The purpose of this circular is to advise hospitals and health insurance funds of the new MRI fee for compensable patients (excluding WorkCover recipients) and of the format for TAC accounts. H&CS Fees Manual needs to be adjusted accordingly .**

This circular is to advise public hospitals and health insurance funds of the following updates to the *Fees and Charges for Acute Health Services in Victoria: A Handbook for Public Hospitals*:

(i) **Compensable (excluding WorkCover recipients) Patients** - replace page 12 of part 1, Fees for Admitted Patients. This change is effective from 1 March 1994.

(ii) **Compensable (excluding WorkCover recipients) Patients** - add page 7 in part 2, Fees for Non-Admitted Patients. This change is effective from 1 March 1994.

As a result of the revised fees for Compensable Patients (excluding WorkCover recipients) advised in Circular No. 1/1994 it is necessary to include additional information in accounts provided to TAC Insurance. Copies of suggested account formats, both inpatient and outpatient, are attached. Whilst hospitals may devise their own formats the information sought by TAC Insurance must be provided to ensure the timely processing of accounts.

L J MORAN
Acting Director
Acute Health Services

Date 18/2/94 *Publication No.* 4/1994 *Contact* *Regional Office*

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

Before any rehabilitation treatment is commenced on a TAC inpatient, 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) 664 6042).

Magnetic Resonance Imaging Fees for Compensable Patients

Compensable patients may be charged a single fee of $740 for an MRI service. If more than one service is required in a single day, then a medical certificate certifying the reason is to be provided. Copies of the format for accounts are to be obtained from the Health Services Branch of the TAC (Ph: (03) 664 6042).

Date of effect: 1 March 1994
Reference: Circular No.4/1994

Service Provided	Fee
Registered Medical Practioners	Registered Medical Practioners providing services to compensable patients (excluding WorkCover) in the Emergency/Casualty or Outpatient Departments may invoice the relevant third party payer (e.g. TAC Insurance) directly or through their respective hospitals.
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 1994
Reference: Circular 4/1994

TRANSPORT ACCIDENT COMMISSION

Requirements From Rehabilitation Providers Regarding Rehabilitation Plans

1 (a) Before any costs are incurred by TAC Insurance, Providers must establish that TAC Insurance has a liability to meet such costs. This can be done by contacting the Rehabilitation Branch on (03) 664 6015.

(b) Verbal, then written approval to proceed with an initial assessment will be given by TAC Insurance as soon as liability has been established.

2 The approval of each plan will depend on a detailed assessment and written report which must include the following:-

(a) Date of assessment by the referring practitioner
(b) Assessment by the hospital's medical and other treating staff including input from the providers treating teams planning meetings

(c) Initial referring contact. (How was the contact made).

(d) Details of the disciplines intended to perform the plan including names and qualifications of providers.

(e) Estimated term of the plan and modalities within the plan.

(f) Aims, goals and objectives.

3 The assessment and proposed plan will have the patients full name, address, date of birth, date of accident and claim number. The proposed plan must be signed by both the patient (if able) and the agent of the hospital.

4 Any alteration to the original plan will require an amended plan to be submitted ***immediately*** for approval.

5 At the completion of the plan, TAC Insurance requires a copy of the patient's discharge summary. (To be submitted with the last account).

REHABILITATION PLAN – PUBLIC HOSPITAL

Private and Confidential – Medical Information

NAME OF PATIENT

ADDRESS

CLAIM NO.:__/______

DATE OF ACCIDENT:__/__/19__

INJURIES AND DISABILITIES BEING TREATED BY THE HOSPITAL:

____

____

____

DATE OF ADMISSION:__/__/19__

Total estimated period of Rehabilitation (Weeks) 4 6 8 10 12 20 30 40 50

Initial/Ongoing Rehabilitation Plan (Weeks) 4 6 8 10 12 Starting Date__/__/__

Completion Date__/__/__

Therapy	Tot. Hrs	½ Hr Sess /Day	No. Days /Wk	No. of Wks	Tot. Sess.	Total per Therapy $	Comments
Sports Medicine /Physical Education							
Group rts Medicine /Physical Education							
Special Education /Accredited teacher							
Group Special Education /Accredited teacher							
Rehabilitation Counselling							
Group Rehab Counselling							
Vocational Counselling							
Group Vocational Counselling							
Physiotherapy							
Group Physiotherapy							
Hydrotherapy (by a Physiotherapist)							
Group Hydrotherapy (by a I iotherapist)							
Occupational Therapy							
Group Occupational Therapy							
Speech Therapy							
ıp Speech Therapy							
Psychology							
Group Psychology							
Social Work							
Group Social Work							
Chiropody/Podiatry							
Dietician							
Orthotics/Prosthetist							
TOTAL COST	$						

Interim Goal:

1.

Long Term Goals:

1.

Signature of Patient .... Date ....

Signature of Case Manager .... Date ....

This plan must be submitted to The Manager, Rehabilitation, GPO Box 2424V Melbourne 3001.

Please submit your ongoing Rehabilitation Plan before the expiration of this program.

PUBLIC HOSPITAL ACCOUNT FORMAT — INPATIENTS

HOSPITAL NAME — TAC PROVIDER NUMBER

PATIENT DETAILS

PATIENT/UR NO: ___________

INVOICE NO: ___________

NAME: ____

SURNAME (USE BLOCK LETTERS) GIVEN NAMES

ADDRESS: ____

____

DATE OF BIRTH: __/__/___ DATE OF ACCIDENT: __/__/___

CLAIM NUMBER: _______/__________________

DATE OF ADMISSION __/__/___ DATE OF DISCHARGE __/__/___ TOTAL CHARGED $__________

ICD-9-CM CODE	INJURY : DESCRIPTION

INPATIENT FROM TO	NO OF DAYS CHARGED	PATIENT TYPE*	CMBS ITEM (SURGICAL PATIENTS)	ACCOUNT TYPE**	RATE PER DAY	TOTAL
/ / - / /						
/ / - / /						
/ / - / /						
/ / - / /						
/ / - / /						
/ / - / /						
/ / - / /						
					(TOTAL)	

TREATING DOCTOR: ____

* PATIENT TYPE

SUR	SURGICAL	MED	MEDICAL	AVSUR	ADVANCED SURGICAL
PSY	PSYCHIATRIC	DAY	SAME DAY PATIENT	REH	REHABILITATION
NUR	NURSING HOME PATIENT			DEN	DENTAL

** ACCOUNT TYPE

I = INITIAL, ID = INITIAL/DISCHARGE, S = SUBSEQUENT, D = DISCHARGE

PUBLIC HOSPITAL ACCOUNT FORMAT — OUTPATIENTS

HOSPITAL NAME — TAC PROVIDER NUMBER

PATIENT DETAILS

PATIENT/UR NO: ____________

INVOICE NO: ____________

NAME: ____
SURNAME (USE BLOCK LETTERS) GIVEN NAMES

ADDRESS: ____

____

DATE OF BIRTH: __/__/___ DATE OF ACCIDENT: __/__/___

CLAIM NUMBER: _______/___________________

DATE OF SERVICE __/__/___

TOTAL CHARGED $__________

ICD–9–CM CODE :__________ INJURY : DESCRIPTION ____________________

OUTPATIENT SERVICES

Date of Service	** Service Type	Time of Service From	To	Amount Charged
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
		(Total)		

Pharmacy

Date	Description of Item	Amount Charged
/ /		
/ /		
/ /		
	(Total)	

Miscellaneous Items

Date	Description of Item	Amount Charged
/ /		
/ /		
/ /		
	(Total)	

** Service Type

Physiotherapy	Hydrotherapy	Social Work	Speech Therapy
Vocational Counselling	Podiatry	Dietitian	Sports Medicine
Rehabilitation Counselling	Occupational Therapy	Physical Education	Psychology
Taxi Services	Dental Services	Doctors Services	R.D.N.S.