

South Australia

South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

under the *South Australian Health Commission Act 1976*

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Legislative history

Part 1—Preliminary

1—Short title

These regulations may be cited as the *South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995*.

2—Commencement

These regulations come into operation on the day on which they are made.

3—Revocation

The *South Australian Health Commission (Recognised Hospitals and Incorporated Health Centres—Compensable and Non-Medicare Patients Fees) Regulations 1993* (see *Gazette 30.9.1993 p1458*) are revoked.

4—Interpretation

- (1) In these regulations, unless the contrary intention appears—

admission means the formal administrative process of a recognised hospital or incorporated health centre by which a patient commences a period of treatment, care and accommodation in that hospital or health centre;

admitted patient means a patient who has undergone the formal admission process of a recognised hospital or incorporated health centre;

AN-DRG means *Australian National Diagnosis Related Group* as referred to in the Manual (see also subregulation (2));

compensable patient means a person receiving services from a recognised hospital or incorporated health centre who is, or may be, entitled to payment, or has received payment, by way of compensation in respect of the injury, illness or disease for which the patient is receiving services;

country hospital means a recognised hospital specified in Schedule 4 as a country regional, country sub-regional or other country hospital;

country regional hospital means a recognised hospital specified in Schedule 4 as a country regional hospital;

country sub-regional hospital means a recognised hospital specified in Schedule 4 as a country sub-regional hospital;

discharge means the formal administrative process of a recognised hospital or incorporated health centre by which a patient ceases a period of treatment, care and accommodation in that hospital or health centre;

inpatient means a person who is admitted as a patient of a recognised hospital or incorporated health centre and is not discharged until a day subsequent to the day of admission;

the Manual means the *Australian National Diagnosis Related Groups Definitions Manual Version 2.0* published in 1993 by the Commonwealth Department of Health, Housing, Local Government and Community Services;

Medicare patient means a patient who is an eligible person for the purpose of receiving medical benefits under the *Health Insurance Act 1973* of the Commonwealth;

metropolitan hospital means a recognised hospital specified in Schedule 4 as a metropolitan teaching hospital or other metropolitan hospital;

metropolitan teaching hospital means a recognised hospital specified in Schedule 4 as a metropolitan teaching hospital;

non-admitted patient means a patient who is not an admitted patient;

prescription item means—

- (a) a pharmaceutical or other item supplied on the prescription of a medical practitioner, dentist or other person authorised to prescribe the item; or
- (b) an ancillary item required for the administration of such pharmaceutical or other item;

private, in relation to a patient of a recognised hospital or incorporated health centre, connotes that the patient receives medical or diagnostic services from a medical practitioner selected by the patient;

public, in relation to a patient of a recognised hospital or incorporated health centre, connotes that the patient receives medical or diagnostic services from a medical practitioner nominated by the hospital or health centre.

- (2) For the purposes of these regulations—
 - (a) AN-DRG reference numbers or descriptions are as set out in Appendix A of the Manual, but excluding any codes in that Appendix used for compiling statistical information; and
 - (b) terms and abbreviations used in AN-DRG descriptions have the meanings given by the definitions contained in Appendix G of the Manual.

5—Determination of applicable AN-DRG

For the purposes of these regulations, the AN-DRG applicable to a patient must be determined in accordance with the guidelines contained in *Coding and DRGS, A Handbook for Clinical Staff*, published by the South Australian Health Commission in 1993.

Part 2—Determination of fees

6—Fees

- (1) Subject to subregulation (3), the fee to be charged by a recognised hospital for services of a kind set out in Schedule 1 provided to an admitted patient—
 - (a) who is a compensable patient; or
 - (b) who is not a Medicare patient,is the fee determined in accordance with that Schedule.

- (2) Subject to subregulation (3), the fee (or, where specified, the maximum fee) to be charged by a recognised hospital for services of a kind set out in Schedule 2 provided to a non-admitted patient—
- (a) who is a compensable patient; or
 - (b) who is not a Medicare patient,
- is as set out in that Schedule.
- (3) The fee (or, where specified, the maximum fee) to be charged by a recognised hospital or incorporated health centre for services of a kind set out in Schedule 3 provided to a patient—
- (a) who is a compensable patient; or
 - (b) who is not a Medicare patient,
- is as set out in that Schedule.

7—Waiver or remission of fees

A recognised hospital or incorporated health centre may waive payment of, or remit, the whole or any part of a fee payable to it under these regulations.

Schedule 1—Recognised hospitals: determination of fees for admitted patients

1—Interpretation

In this Schedule, unless the contrary intention appears—

day means calendar day;

inlier patient means an admitted patient whose length of stay in a recognised hospital lies between the upper and lower trim points (or equals the upper or lower trim point) shown in the third and fourth columns of the table in this Schedule corresponding to the AN-DRG applicable to the patient (except where the upper trim point is zero, in which case an inlier patient is one whose length of stay is greater than the upper trim point);

leave day means a day on which an admitted patient is on leave from a hospital without being discharged from that hospital—

- (a) counting the day on which the patient goes on leave as one day; and
- (b) excluding the day on which the patient returns (unless it is also the day on which the patient goes on leave);

length of stay, in relation to an admitted patient in a recognised hospital, means the number of days between the day of admission of the patient into the hospital and the day of discharge of the patient from the hospital—

- (a) counting the day of admission as one day; and
- (b) excluding the day of discharge (unless it is also the day of admission); and
- (c) excluding any leave days;

long stay outlier patient means an admitted patient whose length of stay in a recognised hospital is, where the upper trim point shown in the third column of the table in this Schedule corresponding to the AN-DRG applicable to the patient is more than zero, greater than that upper trim point;

short stay outlier patient means an admitted patient whose length of stay in a recognised hospital is less than the lower trim point shown in the fourth column of the table in this Schedule corresponding to the AN-DRG applicable to the patient.

2—Inlier patients

Subject to this Schedule, the fee to be charged by a recognised hospital for a period of treatment, care and accommodation of an admitted patient to whom an AN-DRG specified in the first and second columns of the table in this Schedule is applicable must, where the patient is an inlier patient, be calculated as follows:

$$\text{Fee} = \text{Benchmark Price} \times \text{Inlier Cost Weight} \times \text{Severity Index}$$

where—

- (a) the **Benchmark Price** is—
 - (i) in the case of a public patient: \$2 776;
 - (ii) in the case of a private patient: \$2 096;
- (b) the **Inlier Cost Weight** is the inlier cost weight for that recognised hospital shown in the fifth or sixth columns of the table in this Schedule corresponding to the AN-DRG applicable to the patient;
- (c) the **Severity Index** is—
 - (i) 1.1 in the case of a metropolitan teaching hospital;
 - (ii) 1.05 in the case of—
 - (A) a metropolitan hospital other than a metropolitan teaching hospital; or
 - (B) a country regional hospital;
 - (iii) 1.0 in the case of any other hospital.

3—Short stay outlier patients

Subject to this Schedule, the fee to be charged by a recognised hospital for a period of treatment, care and accommodation of an admitted patient to whom an AN-DRG specified in the first and second columns of the table in this Schedule is applicable must, where the patient is a short stay outlier patient, be calculated as follows:

$$\text{Fee} = (\text{Benchmark Price} \times \text{LOS} \times \text{OBD Cost Weight}) + (\text{Benchmark Theatre Price} \times \text{Theatre Cost Weight})$$

where—

- (a) the **Benchmark Price** is—
 - (i) in the case of a short stay outlier patient who is a public patient—\$532;

- (ii) in the case of a short stay outlier patient who is a private patient—
\$426;
- (b) **LOS** is the length of stay of the patient in the recognised hospital;
- (c) the **OBD Cost Weight** is the OBD (occupied bed day) cost weight shown in the seventh column of the table in this Schedule corresponding to the AN-DRG applicable to the patient;
- (d) the **Benchmark Theatre Price** is—
 - (i) in the case of a short stay outlier patient who is a public patient—
\$1 038;
 - (ii) in the case of a short stay outlier patient who is a private patient—
\$692;
- (e) the **Theatre Cost Weight** is the theatre cost weight shown in the eighth column of the table in this Schedule corresponding to the AN-DRG applicable to the patient.

4—Long stay outlier patients

- (1) Subject to this Schedule, the fee to be charged by a recognised hospital for a period of treatment, care and accommodation of an admitted patient to whom an AN-DRG specified in the first and second columns of the table in this Schedule is applicable must, where the patient is a long stay outlier patient, be calculated as follows:
 - (a) if the length of stay of the patient in the recognised hospital is less than or equal to 90 days—
$$\text{Fee} = (\text{Inlier Price}) + (\text{Benchmark Price A} \times (\text{LOS} - \text{Upper Trim Point}) \times \text{OBD Cost Weight})$$
 - (b) if—
 - (i) the length of stay of the patient in the recognised hospital is greater than 90 days; and
 - (ii) the upper trim point for the AN-DRG applicable to the patient is less than 90 days—
$$\text{Fee} = (\text{Inlier Price}) + (\text{Benchmark Price A} \times (90 - \text{Upper Trim Point}) \times \text{OBD Cost Weight}) + (\text{Benchmark Price B} \times (\text{LOS} - 90))$$
 - (c) if—
 - (i) the length of stay of the patient is greater than 90 days; and
 - (ii) the upper trim point for the AN-DRG applicable to the patient is greater than 90 days—
$$\text{Fee} = (\text{Inlier Price}) + (\text{Benchmark Price B} \times (\text{LOS} - \text{Upper Trim Point}))$$
- (2) For the purposes of subclause (1):
 - (a) **Inlier Price** is the fee that would have been chargeable by the recognised hospital under this Schedule in respect of that patient for the relevant period of treatment, care and accommodation had the patient been an inlier patient;

- (b) **Benchmark Price A** is—
- (i) in the case of a metropolitan hospital (other than Noarlunga Health Services Incorporated or Gawler Health Services Incorporated) or a country regional hospital—\$325;
 - (ii) in the case of all other recognised hospitals (including Noarlunga Health Services Incorporated and Gawler Health Services Incorporated)—\$234;
- (c) **LOS** is the length of stay of the patient in the recognised hospital;
- (d) **OBD Cost Weight** is the OBD (occupied bed day) cost weight shown in the seventh column of the table in this Schedule corresponding to the AN-DRG applicable to the patient;
- (e) **Benchmark Price B** is \$149;
- (f) **Upper Trim Point** is the upper trim point shown in the third column of the table in this Schedule corresponding to the AN-DRG applicable to the patient.

5—Rehabilitation fee, Hampstead Centre

- (1) Despite clauses 2, 3 and 4, the fee to be charged by the Hampstead Centre of the Royal Adelaide Hospital for a period of treatment, care and accommodation of an admitted patient for whom the applicable AN-DRG is AN-DRG 931 rehabilitation services is as follows:
- (a) in the case of a public patient \$ 623 per day;
 - (b) in the case of a private patient \$ 561 per day.
- (2) For the purposes of this clause—
- day** includes the day of admission, but does not include—
- (a) a leave day; or
 - (b) the day of discharge (unless it is also the day of admission).

6—Medical or diagnostic services for private patients

In the case of a private patient, a fee determined in accordance with this Schedule does not include a fee for the cost of medical or diagnostic services provided by a medical practitioner selected by the patient.

7—Transportation fee

Where, in addition to providing a service referred to in this Schedule, a recognised hospital transports, or arranges for the transportation of, a patient to or from (or between different campuses of) the hospital, the hospital may charge an additional fee equal to the cost to the hospital of providing, or arranging for the provision of, that transportation.

8—Table

South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
Regulations 1995—1.7.2003 to 30.6.2004

Schedule 1—Recognised hospitals: determination of fees for admitted patients

Schedule 1 table: Cost weights and trim points for AN-DRG charges for admitted patients

1. AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
001	MOUTH, LARYNX OR PHARYNX DISORDER W TRACHEOSTOMY AGE >15	93.91	13.78	7.7835	7.8301	1.3792	2.3584
002	MOUTH, LARYNX OR PHARYNX DISORDER W TRACHEOSTOMY AGE <16	48.25	4.64	7.2684	9.0429	2.2321	0.3135
003	TRACHEOSTOMY OTH THAN FOR MOUTH, LARYNX OR PHARYNX DISORDER AGE >15	98.34	11.70	17.0910	14.7303	2.0982	1.9449
004	TRACHEOSTOMY OTH THAN FOR MOUTH, LARYNX OR PHARYNX DISORDER AGE <16	67.64	6.10	9.6563	9.1457	2.2147	0.6538
005	LIVER TRANSPLANT	101.62	14.75	28.8463	28.8702	4.2913	12.6019
006	BONE MARROW TRANSPLANT	53.64	9.96	15.2238	18.4075	2.2787	1.4279
020	CRANIOTOMY EXCEPT FOR TRAUMA AGE >9	39.96	5.16	4.4254	6.4610	1.2273	2.2093
021	CRANIOTOMY FOR TRAUMA AGE >9	37.54	4.50	4.8300	7.9074	1.3686	1.4144
022	VENTRICULAR SHUNT REVISION AGE <10	19.77	2.06	1.8485	1.8501	1.2825	0.7249
023	CRANIOTOMY AGE <10 W CC	26.17	4.67	3.6559	3.6589	1.3973	0.7697
024	CRANIOTOMY AGE <10 W/O CC	17.19	2.81	1.9952	2.0053	1.3051	0.7426
025	SPINAL PROCEDURES	32.72	3.79	5.1186	3.3118	1.2053	1.2083
026	EXTRACRANIAL VASCULAR PROCEDURES	21.63	2.48	2.3690	2.2732	1.3225	1.6239
027	CARPAL TUNNEL RELEASE	7.69	-	0.5255	0.5368	1.1481	0.7628
028	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC	14.91	1.37	1.7661	1.8661	1.1636	0.9158

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals: determination of fees for admitted patients—Schedule 1

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
029	SPINAL DISORDERS & INJURIES	24.24	2.74	2.8431	2.2124	0.9697	0.0000
030	NERVOUS SYSTEM NEOPLASMS	29.02	3.06	2.0999	5.5505	0.9547	0.0000
031	DEGENERATIVE NERVOUS SYSTEM DISORDERS W CC	47.03	5.22	3.1203	2.6460	0.6664	0.0000
032	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O CC	77.52	5.33	1.8985	1.8431	0.6057	0.0000
033	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	40.78	3.04	1.4568	1.5636	0.8600	0.0000
034	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	50.26	4.77	2.8939	1.9904	0.7761	0.0000
035	TRANSIENT ISCHAEMIC ATTACK & PRECEREBRAL OCCLUSIONS W CC	20.94	2.13	1.2655	1.0172	0.7442	0.0000
036	TRANSIENT ISCHAEMIC ATTACK & PRECEREBRAL OCCLUSIONS W/O CC	13.09	1.38	0.6126	0.5634	0.7208	0.0000
037	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	65.80	6.31	4.0288	2.2791	1.0427	0.0000
038	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	44.42	3.82	1.8140	0.8904	0.6263	0.0000
039	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	53.96	4.89	3.0347	5.9162	1.0757	0.0000
040	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	22.59	2.04	1.8181	1.2704	1.4616	0.0000
041	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	22.51	2.56	1.9557	2.5840	1.2352	0.0000
042	VIRAL MENINGITIS	9.33	-	0.6236	0.6231	1.0337	0.0000
043	HYPERTENSIVE ENCEPHALOPATHY	12.17	1.77	0.9713	0.9774	0.8782	0.0000
044	NONTRAUMATIC STUPOR & COMA	14.35	-	0.7019	1.1100	1.0461	0.0000
045	SEIZURE AGE >9 W CC	14.34	1.57	0.8635	1.4698	0.8506	0.0000
046	SEIZURE AGE >9 W/O CC	11.90	-	0.5197	0.6502	0.9464	0.0000

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
Regulations 1995—1.7.2003 to 30.6.2004**

Schedule 1—Recognised hospitals: determination of fees for admitted patients

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
047	SEIZURE AGE <10	13.91	-	0.4104	0.4010	1.1506	0.0000
048	HEADACHE	9.06	-	0.4708	0.4357	1.0386	0.0000
050	TRAUMATIC STUPOR & COMA, COMA > 1 HOUR	10.60	-	0.9275	0.9344	1.3753	0.0000
051	TRAUMATIC STUPOR & COMA, COMA < 1 HOUR	13.40	-	0.4664	0.4748	1.2764	0.0000
052	CONCUSSION	4.75	-	0.3086	0.3207	1.1843	0.0000
053	OTHER DISORDERS OF NERVOUS SYSTEM W CC	21.17	2.29	2.2046	3.7480	0.9897	0.0000
054	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	17.72	1.67	1.1927	1.9318	1.0226	0.0000
070	RETINAL PROCEDURES	11.84	1.58	1.3090	1.2071	1.0404	1.2618
071	ORBITAL PROCEDURES	20.04	2.24	1.4511	2.0878	0.9352	0.9049
072	PRIMARY IRIS PROCEDURES EXCEPT GLAUCOMA	2.00	-	0.8567	0.8678	0.9454	0.9696
073	LENS PROCEDURES W CC	12.65	-	0.9102	1.2681	1.2272	1.0379
074	LENS PROCEDURES W/O CC	9.10	-	0.6791	1.1731	1.3949	1.0013
076	EXTRAOCULAR PROCEDURES EXCEPT BOTH ORBIT & LACRIMAL	9.11	-	0.6056	0.6037	1.2448	0.8130
077	EXTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS, LENS & GLAUCOMA	14.93	-	1.3107	1.5360	1.0471	1.2398
078	MAJOR CORNEAL, SCLERAL & CONJUNCTIVAL PROCEDURES	13.95	1.55	1.4075	1.4915	1.1686	1.1314
079	OTHER CORNEAL, SCLERAL & CONJUNCTIVAL PROCEDURES	22.47	2.29	1.0715	1.1793	1.0085	0.7898
080	GLAUCOMA PROCEDURES	15.27	1.96	1.0321	0.9792	0.9795	1.0404
081	LACRIMAL PROCEDURES	5.00	-	0.6771	0.6003	1.6355	0.8456
082	HYPHEMA	7.16	-	0.5307	0.7788	0.8696	0.0000

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals: determination of fees for admitted patients—Schedule 1

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
083	ACUTE MAJOR EYE INFECTIONS	16.97	1.94	0.7869	0.7661	0.8958	0.0000
084	NEUROLOGICAL EYE DISORDERS	8.83	-	0.6859	0.7692	0.9242	0.0000
085	OTHER DISORDERS OF THE EYE AGE >9 W CC	25.68	2.16	1.2715	0.9764	1.0115	0.0000
086	OTHER DISORDERS OF THE EYE AGE >9 W/O CC	11.50	-	0.4733	0.5556	0.9510	0.0000
087	OTHER DISORDERS OF THE EYE AGE<10	9.00	-	0.4399	0.4475	1.0851	0.0000
110	MAJOR HEAD & NECK PROCEDURES	43.62	6.18	5.7339	4.7246	1.2496	2.8790
111	SIALOADENECTOMY	8.64	-	0.9674	2.3338	0.9774	1.1555
112	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	5.94	-	0.6939	0.9663	0.9290	0.8024
113	CLEFT LIP & PALATE REPAIR	11.14	2.26	1.7033	1.8863	1.0090	1.1048
114	MOUTH PROCEDURES	9.60	-	0.8290	0.7958	1.1937	0.8084
115	SINUS & MASTOID PROCEDURES	7.38	-	0.8238	1.0391	1.0621	1.0188
117	MISCELLANEOUS EAR, NOSE MOUTH & THROAT PROCEDURES	6.66	-	0.5918	0.6606	1.1187	0.7697
118	RHINOPLASTY	13.97	-	0.5374	0.7570	0.9895	0.8333
119	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECT ONLY AGE >9	10.67	-	0.6512	0.6192	1.1662	0.7476
120	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECT ONLY AGE <10	2.85	-	0.5410	0.5399	1.5744	0.5603
121	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY AGE >9	4.37	-	0.5188	0.5184	0.9609	0.5366
122	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY AGE <10	3.83	-	0.5083	0.5073	1.1765	0.5122
123	MYRINGOTOMY W TUBE INSERTION AGE >9	4.87	-	0.4875	0.4404	1.3944	0.5808

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
Regulations 1995—1.7.2003 to 30.6.2004**

Schedule 1—Recognised hospitals: determination of fees for admitted patients

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
124	MYRINGOTOMY W TUBE INSERTION AGE<10	10.56	-	0.4238	0.4266	1.3767	0.5625
125	OTHER EAR, NOSE MOUTH & THROAT O.R. PROCEDURES	12.61	1.62	1.2715	2.4499	1.1615	1.1293
126	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS AGE >9	10.19	-	0.4451	0.4701	1.1273	0.0000
127	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS AGE <10	6.85	-	0.3407	0.3243	1.1758	0.0000
128	DENTAL EXTRACTIONS & RESTORATIONS	5.49	-	0.2814	0.2951	1.3242	0.0000
129	EAR, NOSE MOUTH AND THROAT MALIGNANCY	21.39	2.20	1.6836	0.9392	0.9531	0.0000
130	DYSEQUILIBRIUM	12.81	-	0.4534	0.3681	0.7250	0.0000
131	EPISTAXIS	8.67	-	0.4186	0.3619	0.9628	0.0000
132	EPIGLOTITIS	10.52	1.48	1.2441	1.2597	1.9315	0.0000
133	OTITIS MEDIA & URI AGE >9 W CC	13.40	1.61	0.9724	0.9495	0.8717	0.0000
134	OTITIS MEDIA & URI AGE >9 W/O CC	37.27	-	0.4187	0.4689	0.9306	0.0000
135	OTITIS MEDIA & URI AGE <10	9.25	-	0.4098	0.4018	1.0704	0.0000
136	LARYNGOTRACHEITIS	3.68	-	0.2939	0.2921	1.0814	0.0000
137	NASAL TRAUMA & DEFORMITY	8.08	-	0.3046	0.3474	1.2675	0.0000
138	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES AGE >9	9.29	-	0.4430	0.5998	1.0986	0.0000
139	OTHER EAR, NOSE, MOUTH AND THROAT DAIGNOSES AGE < 10	4.73	-	0.4168	0.4106	1.4021	0.0000
160	MAJOR CHEST PROCEDURES W MAJOR CC	38.31	6.29	6.1531	5.4093	1.4040	3.2767
161	MAJOR CHEST PROCEDURES W NON-MAJOR CC	24.54	3.88	4.3100	6.5209	1.1843	4.4948

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals: determination of fees for admitted patients—Schedule 1

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
162	MAJOR CHEST PROCEDURES W/O CC	19.52	3.28	3.3174	2.1813	1.0667	3.9968
163	OTHER RESP SYSTEM O.R. PROCEDURES W MAJOR CC	30.83	4.91	3.3981	3.9235	1.2008	1.1652
164	OTHER RESP SYSTEM O.R. PROCEDURES W NON-MAJOR CC	37.63	3.43	2.5540	1.7900	0.9365	0.9319
165	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	14.38	1.96	1.3952	1.3234	1.0685	1.1962
166	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT	27.49	3.34	2.9115	2.3578	1.6872	0.0000
167	PULMONARY EMBOLISM	24.69	3.11	1.6315	1.5649	0.8894	0.0000
168	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >9	33.95	3.84	2.5628	2.6949	1.0482	0.0000
169	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE <10	206.51	10.54	1.5479	3.4106	1.0739	0.0000
170	RESPIRATORY NEOPLASMS	28.87	2.96	1.6759	2.2748	0.9269	0.0000
171	MAJOR CHEST TRAUMA W CC	23.43	3.03	1.6292	1.5527	1.0300	0.0000
172	MAJOR CHEST TRAUMA W/O CC	10.84	1.43	0.6745	0.6537	0.8441	0.0000
173	CYSTIC FIBROSIS	35.07	5.15	2.8974	3.6167	1.2740	0.0000
174	SLEEP APNOEA	14.35	-	0.4414	0.4051	1.3905	0.0000
175	PLEURAL EFFUSION	17.04	2.00	1.3191	1.0927	0.8569	0.0000
176	PULMONARY OEDEMA & RESPIRATORY FAILURE	18.14	2.08	1.5642	1.2530	0.9585	0.0000
177	CHRONIC OBSTRUCTIVE AIRWAYS DISEASE	40.79	3.08	1.1955	2.3506	0.6804	0.0000
178	SIMPLE PNEUMONIA & PLEURISY AGE >9 W CC	30.21	3.00	1.6672	1.6585	0.8941	0.0000
179	SIMPLE PNEUMONIA & PLEURISY AGE >9 W/O CC	15.66	1.92	0.8226	0.6887	0.7356	0.0000
180	SIMPLE PNEUMONIA & PLEURISY AGE <10	9.68	-	0.7298	0.7218	1.0212	0.0000

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
Regulations 1995—1.7.2003 to 30.6.2004**

Schedule 1—Recognised hospitals: determination of fees for admitted patients

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
181	INTERSTITIAL LUNG DISEASE W CC	27.57	3.61	2.1149	1.8583	1.0528	0.0000
182	INTERSTITIAL LUNG DISEASE W/O CC	23.62	2.53	1.5459	2.4824	0.8066	0.0000
183	PNEUMOTHORAX W CC	21.41	2.72	1.3794	0.8909	0.9356	0.0000
184	PNEUMOTHORAX W/O CC	8.74	1.36	0.7226	0.8960	0.8024	0.0000
185	BRONCHITIS & ASTHMA AGE >9 W CC	19.04	2.30	1.1182	1.1555	0.8048	0.0000
186	BRONCHITIS & ASTHMA AGE <10	8.13	-	0.4868	0.4740	1.1188	0.0000
187	RESPIRATORY SIGNS & SYMPTOMS W CC	12.47	1.52	0.9933	1.4980	0.9092	0.0000
188	RESPIRATORY SIGNS & SYMPTOMS W/O CC	8.95	-	0.4108	0.5119	1.0242	0.0000
189	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	23.57	2.56	1.3905	0.7048	0.9407	0.0000
190	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	11.83	1.33	0.5585	0.7757	0.8028	0.0000
191	BPD & OTH CHRONIC RESP DISEASES ARISING IN PERINATAL PERIOD	16.31	1.39	1.1022	1.6374	1.2686	0.0000
192	OTHER RESPIRATORY PROBLEMS AFTER BIRTH	13.62	2.38	0.8669	0.8849	0.9066	0.0000
193	BRONCHITIS & ASTHMA AGE >9 W/O CC	11.49	-	0.5061	0.5616	0.8456	0.0000
220	HEART TRANSPLANT	-	-	9.1567	9.7738	1.9585	5.8642
221	CARDIAC VALVE PROC W PUMP & W INVASIVE CARDIAC INVES PROC W CC	44.91	7.42	11.5386	11.2542	2.3454	5.1289
222	CARDIAC VALVE PROC W PUMP & W INVASIVE CARDIAC INVES PROC W/O CC	-	-	4.8478	4.8524	1.1787	3.6888
223	CARDIAC VALVE PROC W PUMP & W/O INVASIVE CARDIAC INVES PROC	25.97	4.68	6.6973	6.5478	2.0793	5.0731

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals: determination of fees for admitted patients—Schedule 1

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
224	CORONARY BYPASS W INVASIVE CARDIAC INVESTIGATION PROCEDURE	32.35	5.83	6.6718	6.7727	1.8652	2.7312
225	CORONARY BYPASS W/O INVASIVE CARDIAC INVESTIGATION PROCEDURE	19.75	3.59	3.9805	3.6390	1.6893	2.9249
226	OTHER CARDIOTHORCIC OR VASCULAR PROCEDURES, W PUMP	26.07	3.88	7.0712	5.9608	2.3563	3.0406
227	OTHER CARDIOTHORCIC PROCEDURES W/O PUMP	19.66	2.19	5.0581	4.0890	2.4525	1.5246
228	MAJOR RECONSTRUCT VASCULAR PROC W/O PUMP W MAJOR CC	59.13	6.88	6.6260	6.0976	1.1901	2.4605
229	MAJOR RECONSTRUCT VASCULAR PROC W/O PUMP W NON-MAJOR CC	29.24	4.84	4.3169	4.3419	1.1516	2.2334
230	MAJOR RECONSTRUCT VASCULAR PROC W/O PUMP W/O CC	31.35	4.10	2.7061	3.1471	1.0334	2.0166
231	VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION W/O PUMP W CC	33.29	3.63	4.0942	3.0195	1.4836	0.9323
232	VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION W/O PUMP W/O CC	11.80	1.38	2.0724	1.8377	2.0157	0.8416
233	AMPUTATION FOR CIC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE	46.89	6.67	7.9437	7.4312	0.8909	1.3119
234	UPPER LIMB & TOE AMPUTATION FOR CIC SYSTEM DISORDERS	52.21	6.25	3.5397	3.3187	0.7631	0.8716
235	PERM CARDIAC PACEMAKER IMP W AMI, HEART FAILURE OR SHOCK	39.61	5.39	5.7248	5.1324	1.9416	2.2559
236	PERM CARDIAC PACEMAKER IMP W/O AMI, HEART FAILURE OR SHOCK	16.93	2.08	3.7543	3.5947	3.2286	2.3778
237	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	11.98	1.50	2.1130	1.7376	1.8327	1.1155

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
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Schedule 1—Recognised hospitals: determination of fees for admitted patients

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
238	CARDIAC PACEMAKER DEVICE REPLACEMENT	18.74	2.15	4.1351	4.1278	2.1841	2.9263
239	VEIN LIGATION & STRIPPING	13.52	-	0.7781	0.8001	0.9175	1.0691
240	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	51.87	3.60	4.9357	4.3816	0.9738	1.3202
241	IMPLANTATION OR REPLACEMENT OF AICD, TOTAL SYSTEM	-	-	9.3562	9.2842	2.4425	5.4116
242	AICD COMPONENT IMPLANTATION/REPLACEMENT	3.91	-	3.9322	3.9249	3.7645	1.9450
245	CIRC DISORD W AMI W INVASIVE CARDIAC INVESTIGATION PROC W CC	26.62	4.47	3.3064	3.2097	1.4431	0.0000
246	CIRC DISORD W AMI W INVASIVE CARDIAC INVESTIGATION PROC W/O CC	18.57	3.04	2.2625	2.1807	1.4659	0.0000
247	CIRC DISORD W AMI W/O INVASIVE CARDIAC INVESTIGATION PROC, DIED	18.33	1.82	1.5611	1.2476	1.4677	0.0000
248	CIRC DISORD W AMI W/O INVASIVE CARDIAC INVESTIGATION PROC W CC	24.54	3.60	2.4819	2.3885	1.0542	0.0000
249	CIRC DISORD W AMI W/O INVASIVE CARDIAC INVESTIGATION PROC W/O CC	16.60	2.78	1.5315	1.4578	1.0357	0.0000
250	CIRC DISORDER EXCEPT AMI, W INVASIVE CARDIAC INVESTIGATION PROC	11.49	-	0.9057	1.3397	1.7379	0.0000
251	INFECTIVE ENDOCARDITIS	37.33	5.09	5.6789	3.1746	0.9287	0.0000
252	HEART FAILURE & SHOCK	29.82	2.87	1.3338	1.3944	0.7984	0.0000
253	DEEP VEIN THROMBOSIS	21.91	2.77	1.1066	1.1213	0.7282	0.0000
254	PERIPHERAL VASCULAR DISORDERS	45.09	2.41	1.5504	0.8816	0.9007	0.0000
255	ATHEROSCLEROSIS W CC	21.15	2.19	1.4640	1.2624	0.9175	0.0000

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals: determination of fees for admitted patients—Schedule 1

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
256	ATHEROSCLEROSIS W/O CC	12.52	1.50	0.8788	0.7640	0.9129	0.0000
257	HYPERTENSION W CC	17.70	2.34	0.8479	0.8479	0.7144	0.0000
258	HYPERTENSION W/O CC	29.60	1.84	0.4840	0.7487	0.6653	0.0000
259	SYNCOPE & COLLAPSE W CC	18.67	1.89	0.8058	0.7798	0.7773	0.0000
260	SYNCOPE & COLLAPSE W/O CC	10.46	-	0.4160	0.4495	0.8285	0.0000
261	CHEST PAIN	31.10	-	0.3769	0.4494	1.0725	0.0000
262	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	19.66	2.13	1.8291	2.6575	1.0758	0.0000
263	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	86.32	3.06	1.0623	3.9600	1.0823	0.0000
264	CONGENITAL HEART DISEASE AGE >9	12.42	1.44	1.2007	0.8398	1.0316	0.0000
265	CONGENITAL HEART DISEASE AGE <10	10.14	1.33	1.5478	1.6087	1.4888	0.0000
266	MAJOR ARRHYTHMIA & CARDIAC ARREST W CC	21.02	2.01	1.5718	1.4128	1.2777	0.0000
267	MAJOR ARRHYTHMIA & CARDIAC ARREST W/O CC	16.51	1.61	0.6988	0.9969	1.1829	0.0000
268	NON-MAJOR ARRHYTHMIA & CONDUCTION DISORDERS W CC	21.14	1.95	1.0660	1.0743	0.9276	0.0000
269	NON-MAJOR ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	7.76	-	0.5224	0.4599	1.0436	0.0000
270	UNSTABLE ANGINA	11.42	1.35	0.8970	0.8183	0.9856	0.0000
271	VALVULAR DISORDERS W CC	17.05	1.99	1.1742	0.9681	0.9231	0.0000
272	VALVULAR DISORDERS W/O CC	6.90	-	0.4694	0.4640	0.9198	0.0000
300	RECTAL RESECTION W CC	42.09	6.10	4.2287	4.1773	1.0270	1.9038
301	RECTAL RESECTION W/O CC	23.79	4.08	2.6656	3.0713	0.9382	1.8403

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
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Schedule 1—Recognised hospitals: determination of fees for admitted patients

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
302	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	52.59	6.01	4.2312	4.7749	1.1104	1.6685
303	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	20.46	3.52	2.4669	3.1840	0.8875	1.4780
304	PERITONEAL ADHESIOLYSIS W CC	42.94	5.33	3.2964	3.1375	1.0109	1.1910
305	PERITONEAL ADHESIOLYSIS W/O CC	17.87	2.05	1.7016	3.2895	0.8617	1.1434
306	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	18.49	3.55	2.4726	2.2097	0.9100	1.2387
307	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	11.02	2.39	1.4130	1.6972	0.8149	1.0746
308	STOMACH, OESOPHAGEAL & DUODENAL PROCEDURES AGE >9 W MAJOR CC	47.42	6.02	5.8985	5.2414	1.3403	2.0032
309	STOMACH, OESOPHAGEAL & DUODENAL PROCEDURES AGE >9 W NON-MAJOR CC	36.08	5.24	4.2279	3.6151	1.1557	1.6533
310	STOMACH, OESOPHAGEAL & DUODENAL PROCEDURES AGE >9 W/O CC	18.59	2.71	1.8282	1.9824	0.9462	1.1507
311	STOMACH, OESOPHAGEAL & DUODENAL PROCEDURES AGE < 10	28.49	2.86	1.8350	1.8250	1.3194	0.9209
312	ANAL & STOMAL PROCEDURES	10.68	-	0.6723	0.7219	0.8784	0.5835
313	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >9	17.81	1.76	0.9690	0.7512	0.8788	0.8128
314	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >9	9.75	-	0.7850	0.7017	0.8692	0.8333
315	HERNIA PROCEDURES AGE <10	3.29	-	0.5170	0.5146	1.3644	0.7201
316	APPENDICECTOMY W COMPLICATED PRINCIPAL DIAG	13.00	2.09	1.2899	1.7132	0.9379	0.8264
317	APPENDICECTOMY W/O COMPLICATED PRINCIPAL DIAG	8.08	-	0.8323	0.9907	0.9406	0.7643
318	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	42.71	4.74	3.5133	4.5107	1.0446	1.1140
319	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	31.23	1.82	1.2361	1.2429	1.1108	1.0435

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Recognised hospitals: determination of fees for admitted patients—Schedule 1

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
320	DIGESTIVE MALIGNANCY	28.76	3.03	1.3634	1.0804	0.8438	0.0000
321	G.I. HAEMORRHAGE W CC	29.40	2.25	1.3329	1.5917	0.9307	0.0000
322	G.I. HAEMORRHAGE W/O CC	17.36	1.43	0.5261	1.2550	0.8974	0.0000
323	COMPLICATED PEPTIC ULCER W CC	16.49	2.19	1.5625	1.0835	0.9879	0.0000
324	COMPLICATED PEPTIC ULCER W/O CC	122.53	4.98	0.3595	1.3818	1.1912	0.0000
325	UNCOMPLICATED PEPTIC ULCER	57.07	2.52	0.5818	0.4271	0.9441	0.0000
326	INFLAMMATORY BOWEL DISEASE W CC	28.84	3.02	1.6126	1.7080	0.8502	0.0000
327	INFLAMMATORY BOWEL DISEASE W/O CC	17.99	2.05	0.6936	1.8030	0.9346	0.0000
328	G.I. OBSTRUCTION	15.30	1.68	0.8432	1.0253	0.8183	0.0000
329	OESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >9 W CC	17.05	1.78	0.9609	1.4248	0.8640	0.0000
330	OESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >9 W/O CC	9.56	-	0.3409	0.4035	0.9629	0.0000
331	OESOPHAGITIS, & MISC DIGEST DISORDERS AGE <10	8.08	-	0.4748	0.4680	1.1939	0.0000
332	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >9 W CC	18.54	1.95	1.2949	1.3775	1.0467	0.0000
333	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >9 W/O CC	8.23	-	0.2917	0.3834	0.9874	0.0000
334	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <10	7.63	-	0.3416	0.3287	1.0643	0.0000
335	GASTROENTERITIS AGE <10	6.05	-	0.4986	0.4970	1.0510	0.0000
360	PANCREAS, LIVER & SHUNT PROCEDURES W CC	61.54	7.15	6.4130	6.0684	1.2051	1.6646
361	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	33.95	3.83	2.7047	2.4121	0.9910	1.4664

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
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Schedule 1—Recognised hospitals: determination of fees for admitted patients

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362	BILIARY TRACT PROC EXC ONLY CHOLECYST W OR W/O C.D.E. W MAJOR CC	49.41	7.58	5.3339	4.9355	1.1318	1.7126
363	BILIARY TRACT PROC EXC ONLY CHOLECYST W OR W/O C.D.E. W NON-MAJOR CC	23.35	3.57	3.7825	11.6461	1.0227	1.7478
364	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC	19.00	3.42	2.5160	2.3013	0.8986	1.4113
365	CHOLECYSTECTOMY W C.D.E. W CC	76.49	11.33	4.1969	3.8760	1.0165	1.5377
366	CHOLECYSTECTOMY W C.D.E. W/O CC	13.45	2.46	2.3352	2.1910	0.8366	1.2140
367	CHOLECYSTECTOMY W/O C.D.E.	13.48	1.58	1.2362	1.4946	0.9952	1.0779
368	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	32.50	5.19	2.7674	2.8636	1.0764	1.1437
369	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	42.24	4.27	2.7066	2.2598	1.2444	0.9085
370	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	38.62	4.97	8.0406	2.2056	1.3318	1.1389
371	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	29.38	3.26	2.0701	1.3024	0.8851	0.0000
372	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC	14.42	1.83	1.1205	0.6094	0.7560	0.0000
373	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS	28.86	3.16	1.8303	1.1052	0.9972	0.0000
374	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	23.46	2.44	1.5113	1.5835	0.8424	0.0000
375	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC	13.92	1.71	0.7775	1.3725	0.7470	0.0000
376	DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	25.53	2.77	1.5398	3.5302	0.9265	0.0000
377	DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC	13.51	1.42	0.7091	0.8283	1.3414	0.0000
378	DISORDERS OF THE BILIARY TRACT W CC	15.97	1.90	1.2305	0.7802	0.8761	0.0000

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

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379	DISORDERS OF THE BILIARY TRACT W/O CC	43.60	1.40	0.5790	1.1232	0.8409	0.0000
400	BILATERAL OF MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY	57.34	10.24	7.7607	7.7660	0.8107	4.7275
401	OTHER MAJOR JOINT & LIMB REATTACHMENT PROCEDURES W CC	23.14	4.01	4.3357	4.2938	1.1861	2.2449
402	OTHER MAJOR JOINT & LIMB REATTACHMENT PROCEDURES W/O CC	22.69	3.78	3.4733	3.5157	1.1196	2.2522
403	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >9 W CC	25.96	3.70	3.8033	4.0241	0.8596	1.2058
404	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >9 W/O CC	18.44	2.62	2.3373	2.4567	0.8347	1.1414
405	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE <10	32.75	3.23	2.4659	2.4871	1.1278	1.0992
406	AMPUTATION FOR MUSCULOSKELET SYSTEM & CONN TISSUE DISORDERS	55.00	7.04	4.3866	2.7928	0.8565	0.9208
407	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	32.03	2.83	2.3541	1.9468	0.9947	0.7025
408	WND DEBRID & SKIN GRAFT EXC HAND, MS & CONN TISS DIS W CC	64.62	7.34	7.4915	4.1582	0.9024	1.9938
409	WND DEBRID & SKIN GRAFT EXC HAND, MS & CONN TISS DIS W/O CC	23.63	2.47	2.3689	3.9799	0.8120	1.0962
411	LOWER EXTREM & HUMER PROC EXC HIP, FOOT, FEMUR AGE >9 W CC	32.94	3.71	3.0958	3.5489	0.8338	1.2175
412	LOWER EXTREM & HUMER PROC EXC HIP, FOOT, FEMUR AGE < 10	5.75	-	0.9138	0.9216	1.2025	0.8881
413	KNEE PROCEDURES	10.18	-	0.7980	1.0777	1.2242	0.7989
414	MAJOR SHOULDER/ELBOW PROC	8.67	-	0.9271	1.1626	0.8834	0.9711

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
Regulations 1995—1.7.2003 to 30.6.2004**

Schedule 1—Recognised hospitals: determination of fees for admitted patients

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
415	SHOULDER, ELBOW OR FOREARM PROCEDURE, EXC MAJOR JOINT PROCEDURE	7.71	-	0.8896	0.8999	0.9946	1.0169
416	FOOT PROCEDURES	47.96	1.81	1.0833	1.3458	0.9311	0.9988
417	SOFT TISSUE PROCEDURES	10.25	-	0.7992	0.9529	0.9569	0.8208
418	MAJOR THUMB OR JOINT PROC	8.37	-	0.9310	1.0976	0.9914	0.8420
419	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROCEDURE	6.43	-	0.5703	0.7332	1.1438	0.7736
420	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	9.07	-	0.9668	0.9992	0.9330	0.8260
421	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXC HIP & FEMUR	14.07	-	0.7133	0.9874	1.2839	0.8312
422	ARTHROSCOPY	17.28	-	0.5880	0.7199	1.2117	0.8211
423	OTHER MUSCULOSKELETAL SYSTEM & CONN TISS O.R. PROC W CC	12.48	1.97	4.0419	4.9883	0.9019	0.9469
424	OTHER MUSCULOSKELETAL SYSTEM & CONN TISS O.R. PROC W/O CC	10.85	1.40	1.3091	1.9045	0.9821	0.9828
425	FRACTURES OF FEMUR	34.34	3.72	3.6428	3.5124	0.6891	0.0000
426	FRACTURES OF HIP & PELVIS	28.81	3.04	1.8719	4.7317	0.6932	0.0000
427	SPRAINS, STRAINS & DISLOCATIONS OF HIP, PELVIS AND THIGH	9.60	-	0.8067	0.6946	0.6215	0.0000
428	OSTEOMYELITIS	17.12	2.27	2.6765	1.8280	0.9101	0.0000
429	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISSUE MALIG	39.92	3.79	2.2069	3.2000	0.8477	0.0000
430	CONNECTIVE TISSUE DISORDERS	31.59	2.90	1.8254	2.6695	0.8267	0.0000

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals: determination of fees for admitted patients—Schedule 1

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
431	SEPTIC ARTHRITIS	15.87	2.11	1.5452	1.9764	0.8851	0.0000
432	MEDICAL BACK PROBLEMS	20.91	2.02	1.0405	1.3232	0.7789	0.0000
433	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	24.05	3.02	1.3290	1.2468	0.6721	0.0000
434	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	20.51	2.07	0.8780	1.1754	0.6284	0.0000
435	NON-SPECIFIC ARTHROPATHIES	13.54	1.68	0.7893	0.9995	0.6603	0.0000
436	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE	13.37	-	0.6237	0.5960	0.9012	0.0000
437	TENDONITIS, MYOSITIS & BURSITIS	19.63	1.67	0.6957	1.9802	0.8620	0.0000
438	AFTERCARE, MUSCOSKELETAL SYSTEM & CONNECTIVE TISSUE	46.64	2.61	1.1995	2.2883	0.7292	0.0000
439	FX, SPRAIN, STRAIN & DISL OF FOREARM, HAND, FOOT AGE > 9 W CC	17.51	1.86	1.2582	0.8455	0.9148	0.0000
440	FX, SPRAIN, STRAIN & DISL OF FOREARM, HAND, FOOT AGE < 10	2.75	-	0.2871	0.2816	1.4122	0.0000
441	FX, SPRAIN, STRAIN & DISL OF UPPERARM, LOWER LEG EXC FOOT AGE > 9 W CC	29.45	2.88	1.9676	1.2050	0.6895	0.0000
442	FX, SPRAIN, STRAIN & DISL OF UPPERARM, LOWER LEG EXC FOOT AGE > 9 W/O CC	19.93	1.41	0.6224	1.5358	0.7418	0.0000
443	FX, SPRAIN, STRAIN & DISL OF UPPERARM, LOWER LEG EXC FOOT AGE < 10	3.68	-	0.4056	0.4042	1.1695	0.0000
444	MAJOR CRANIO-MAXILLO FACIAL SURGERY	23.38	3.56	2.8731	3.3428	1.1253	2.1652
445	MINOR CRANIO-MAXILLO FACIAL SURGERY	11.92	2.00	1.6018	1.6144	1.3993	1.2234
446	OTHER MUSCULOSKELETAL SYSTEM & CONN TISS DIAG AGE >9	18.93	1.79	0.6573	0.5064	0.8301	0.0000

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
Regulations 1995—1.7.2003 to 30.6.2004**

Schedule 1—Recognised hospitals: determination of fees for admitted patients

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
447	BACK & NECK PROCEDURES W SPINAL FUSION	36.39	3.75	3.1681	3.5156	1.0504	1.4508
448	BACK & NECK PROCEDURES W/O SPINAL FUSION	22.87	3.08	1.8000	1.9179	0.8141	1.1296
449	HIP REPLACEMENT W CC	37.89	4.59	5.0113	4.8699	1.1043	3.1763
450	HIP REPLACEMENT W/O CC	24.45	3.52	3.5515	3.5051	1.0486	2.9683
451	LOWER EXTREM & HUMER PROC EXC HIP, FOOT, FEMUR AGE > 9 W/O CC	15.47	1.84	1.4612	2.0157	0.9201	1.0745
452	INFECT/INFLAM OF BONE & JOINT W MISC MS & CONN TISS PROC AGE <10	136.91	8.52	2.2282	2.6566	1.1039	0.6425
453	FX, SPRAIN, STRAIN & DISL OF FOREARM, HAND, FOOT AGE > 9 W/O CC	6.61	-	0.3469	0.3673	1.1447	0.0000
454	OTHER MUSCULOSKELETAL SYSTEM & CONN TISS DIAG AGE <10	43.39	2.02	3.4728	2.2122	0.9282	0.0000
480	SKIN GRAFT &/OR DEBRID FOR SKIN ULCER, CELLULITIS	81.44	8.77	5.0728	5.6380	0.8257	1.1058
481	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER, CELLULITIS	22.34	2.20	1.3314	3.6473	0.8593	0.8229
482	PERIANAL & PILONIDAL PROCEDURES	6.54	-	0.6058	0.5374	0.8521	0.5558
483	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	12.53	-	0.6128	1.7413	0.9035	0.6645
484	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES	13.61	-	0.5352	0.5640	1.2314	0.5185
485	SKIN ULCERS	62.33	6.19	1.7689	1.9826	0.7330	0.0000
486	MAJOR SKIN DISORDERS	25.11	3.21	1.5208	1.5987	0.8380	0.0000
487	MALIGNANT BREAST DISORDERS	43.23	4.16	1.3582	1.2520	1.2154	0.0000
488	NON-MALIGNANT BREAST DISORDERS	5.92	-	0.3803	0.3885	0.9673	0.0000
489	CELLULITIS AGE >9 W CC	27.36	2.77	1.4803	3.8128	0.8246	0.0000

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals: determination of fees for admitted patients—Schedule 1

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
490	CELLULITIS AGE >9 W/O CC	12.39	1.50	0.6980	0.6227	0.7627	0.0000
491	CELLULITIS AGE <10	7.78	-	0.6602	0.6649	1.0255	0.0000
492	TRAUMA TO THE SKIN, SUBCUT TISSUE & BREAST AGE >9 W CC	19.35	1.96	0.9731	0.9945	0.8422	0.0000
493	TRAUMA TO THE SKIN, SUBCUT TISSUE & BREAST AGE >9 W/O CC	12.73	-	0.3374	0.3439	0.8785	0.0000
494	TRAUMA TO THE SKIN, SUBCUT TISSUE & BREAST AGE <10	3.53	-	0.2935	0.2937	1.1609	0.0000
495	MAJOR PROCEDURES FOR MALIGNANT BREAST CONDITIONS	26.09	2.81	1.4339	1.4765	0.7605	1.0144
496	MINOR PROCEDURES FOR MALIGNANT BREAST CONDITIONS	8.22	-	0.7472	0.7512	0.9485	0.8117
497	MAJOR PROCEDURES FOR NON-MALIGNANT BREAST CONDITIONS	12.84	1.63	1.0489	1.0781	0.8635	0.9887
498	MINOR PROCEDURES FOR NON-MALIGNANT BREAST CONDITIONS	5.96	-	0.5695	0.5400	1.2324	0.7934
499	MINOR SKIN DISORDERS	11.51	1.37	0.7327	0.8704	0.9121	0.0000
520	AMPUTAT OF LOW LIMB FOR ENDOCRINE, NUTRIT, & METABOL DISORDERS	79.76	9.00	6.2723	5.3825	0.8451	1.0138
521	ADRENAL PROCEDURES	23.15	3.83	3.2981	3.3160	1.1238	1.5940
522	PITUITARY PROCEDURES	37.01	4.36	2.9049	2.7644	1.0959	1.8268
523	SKIN GRAFT & WOUND DEBRID FOR ENDOC, NUTRIT AND METABOL DISORDERS	62.53	8.48	3.3710	3.1623	0.7517	0.7613
524	O.R. PROCEDURES FOR OBESITY	19.92	2.64	1.0190	1.0631	0.9376	0.8523
525	PARATHYROID PROCEDURES	39.07	3.39	1.5877	1.6343	0.9423	1.1802
526	THYROID PROCEDURES	12.79	1.98	1.1196	1.2910	0.9176	1.1063
527	THYROGLOSSAL PROCEDURES	11.21	1.38	0.6610	1.3051	1.1318	0.7635

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
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Schedule 1—Recognised hospitals: determination of fees for admitted patients

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
528	OTHER ENDOCRINE NUTRIT & METAB O.R. PROC	24.16	2.48	3.4694	2.1882	1.2903	0.9015
529	DIABETES AGE >35	48.52	2.99	1.1794	1.1529	0.8144	0.0000
530	DIABETES AGE <36	14.78	1.66	0.9302	1.0086	0.9889	0.0000
531	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >9 W CC	19.72	2.27	1.5275	0.9466	0.8602	0.0000
532	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >9 W/O CC	11.99	1.35	0.6519	1.2924	0.7402	0.0000
533	NUTRITIONAL & MISC METABOLIC DISORDERS AGE <10	10.71	-	0.8283	0.8177	0.9371	0.0000
534	INBORN ERRORS OF METABOLISM	15.45	1.44	0.4336	0.7251	1.3070	0.0000
535	ENDOCRINE DISORDERS	21.54	2.30	1.4628	2.8974	1.0829	0.0000
536	COMPULSIVE NUTRITION DISORDER REHABILITATION	87.22	9.24	4.1926	10.9787	0.7901	0.0000
550	KIDNEY TRANSPLANT	46.34	5.98	7.3212	7.4306	2.2333	3.0467
551	KIDNEY, URETER & MAJOR BLADDER PROC FOR NEOPLASM W CC	58.95	7.35	3.9763	4.3029	1.0651	1.9650
552	KIDNEY, URETER & MAJOR BLADDER PROC FOR NEOPLASM W/O CC	21.49	3.61	2.4685	3.3055	0.9556	1.7972
553	KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPLASM	22.65	2.92	2.6313	2.7371	1.0886	1.3291
554	PROSTATECTOMY W CC	21.18	3.24	2.5167	2.1165	0.6897	0.9570
555	PROSTATECTOMY W/O CC	30.67	2.95	1.0190	1.0996	0.7676	0.7964
556	MINOR BLADDER PROCEDURES	16.15	1.88	1.6649	3.5016	0.9652	1.0662
557	TRANSURETHRAL PROCEDURES W MAJOR CC	17.75	2.25	2.1187	1.8235	0.8774	0.9267
558	TRANSURETHRAL PROCEDURES W/O CC	8.29	-	0.6720	0.7024	1.0661	0.8185
559	URETHRAL PROCEDURES AGE >9 W CC	22.25	2.69	1.8223	1.5734	0.8214	0.9426

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals: determination of fees for admitted patients—Schedule 1

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560	URETHRAL PROCEDURES AGE >9 W/O CC	8.10	-	0.7253	0.5950	0.8148	0.8198
561	URETHRAL PROCEDURES AGE <10	7.38	-	0.8656	0.8632	1.1805	0.8982
562	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	33.02	3.50	3.8739	2.8727	1.2483	1.1075
563	RENAL FAILURE W CC	26.52	2.73	2.1822	1.1066	1.1015	0.0000
564	RENAL FAILURE W/O CC	30.72	2.85	0.8488	3.8479	0.7108	0.0000
565	ADMIT FOR RENAL DIALYSIS	4.78	-	0.2218	0.2687	1.1616	0.0000
566	KIDNEY & URINARY TRACT NEOPLASMS W CC	29.93	3.14	1.5950	1.1617	0.8438	0.0000
567	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	11.59	-	0.3974	0.5132	0.9755	0.0000
568	KIDNEY & URINARY TRACT INFECTIONS AGE >9 W CC	20.54	2.37	1.3629	0.6301	0.8466	0.0000
569	KIDNEY & URINARY TRACT INFECTIONS AGE >9 W/O CC	11.88	1.39	0.6902	1.1302	0.8011	0.0000
570	KIDNEY & URINARY TRACT INFECTIONS AGE <10	7.04	-	0.6063	0.6053	1.0639	0.0000
571	URINARY STONES W ESW LITHOTRIPSY	2.17	-	0.4910	0.4915	1.5959	0.0000
572	URINARY STONES W/O ESW LITHOTRIPSY	12.28	-	0.3903	0.4827	0.8883	0.0000
573	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >9 W CC	18.30	1.79	0.7957	0.7665	0.8000	0.0000
574	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE <10	2.37	-	0.4053	0.4057	1.0575	0.0000
575	URETHRAL STRICTURE W CC	18.39	1.65	0.7872	0.5135	0.9292	0.0000
576	URETHRAL STRICTURE W/O CC	6.88	-	0.2597	0.2538	0.9398	0.0000
578	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MAJOR CC	57.84	4.30	2.6255	2.0132	1.1407	0.0000
579	OTHER KIDNEY & URINARY TRACT DIAGNOSES W NON-MAJOR CC	15.41	1.44	1.2216	1.8202	0.9388	0.0000

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
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Schedule 1—Recognised hospitals: determination of fees for admitted patients

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580	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC	9.82	-	0.4748	0.8364	1.0676	0.0000
581	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >9 W/O CC	22.14	1.35	0.3724	0.3924	0.9490	0.0000
582	TRANSURETHRAL PROCEDURES W NON-MAJOR CC	16.09	1.51	1.0755	0.5315	0.8626	0.8777
600	MAJOR MALE PELVIC PROCEDURES	24.38	4.20	2.4970	2.5610	0.8904	1.5821
601	TRANSURETHRAL PROSTATECTOMY W MAJOR CC	28.22	4.13	2.4736	2.5042	0.7685	1.2100
602	TRANSURETHRAL PROSTATECTOMY W NON-MAJOR CC	19.16	2.74	1.6172	1.6500	0.7468	1.0152
603	TRANSURETHRAL PROSTATECTOMY W/O CC	10.97	1.75	1.0401	1.0492	0.7593	0.8901
604	TESTES PROCEDURES, FOR MALIGNANCY W MAJOR CC	25.13	3.33	2.2025	2.2067	1.0184	0.8952
605	TESTES PROCEDURES, FOR MALIGNANCY W NON-MAJOR CC	24.31	2.46	1.5302	1.3242	0.8047	0.8746
606	TESTES PROCEDURES, FOR MALIGNANCY W/O CC	7.51	-	0.7482	0.7589	0.8654	0.7593
607	TESTES PROCEDURES, NON-MALIGNANCY AGE > 9 W CC	23.86	2.45	1.3195	0.8995	0.9572	0.8101
608	TESTES PROCEDURES, NON-MALIGNANCY AGE < 10	2.86	-	0.4733	0.4749	1.3367	0.7461
609	PENIS PROCEDURES	18.95	1.95	1.4554	2.2853	1.3446	1.1975
610	CIRCUMCISION AGE >9	10.43	-	0.5959	0.6848	1.2955	0.5818
611	CIRCUMCISION AGE <10	2.15	-	0.3632	0.3637	1.1207	0.4894
612	OTHER MALE REPRODUCTIVE SYST O.R. PROC FOR MALIGNANCY	28.10	2.92	1.3860	1.2639	1.1152	0.8522
613	OTHER MALE REPRODUCTIVE SYST O.R. PROC EXCEPT FOR MALIGNANCY	14.21	2.00	0.8598	2.1151	0.9369	0.7930
614	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	47.49	4.50	1.5091	0.9504	0.7588	0.0000
615	BENIGN PROSTATIC HYPERTROPHY W MAJOR CC	25.10	3.33	2.0393	1.5863	0.8942	0.0000

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals: determination of fees for admitted patients—Schedule 1

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616	BENIGN PROSTATIC HYPERTROPHY W NON-MAJOR CC	8.19	-	0.8370	0.8394	0.8459	0.0000
617	BENIGN PROSTATIC HYPERTROPHY W/O CC	7.55	-	0.3507	0.3627	0.9325	0.0000
618	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	14.92	1.50	0.6178	2.7157	0.9047	0.0000
619	STERILISATION, MALE	2.20	-	0.3795	0.3800	2.0687	0.0000
620	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	9.45	-	0.4426	0.4603	1.1816	0.0000
621	TESTES PROCEDURES, NON-MALIGNANCY AGE >9 W/O CC	18.79	-	0.5453	0.5765	1.0948	0.7481
640	PELVIC EVISCERATION & RADICAL VULVECTOMY	38.02	5.61	3.2174	3.2231	0.8855	1.6332
641	UTERINE ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIGNANCY W CC	35.38	5.27	2.2876	2.3094	0.8078	1.2611
642	UTERINE ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIGNANCY W/O CC	15.02	2.89	1.3865	1.4201	0.6813	1.2767
643	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	14.02	2.38	1.2185	1.0743	0.7418	0.9881
644	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	31.04	4.49	2.3013	2.3621	0.9499	1.1683
645	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY	27.32	2.14	1.1617	1.2218	0.8524	0.9717
646	CONISATION, VAGINA, CERVIX & VULVA PROCEDURES	11.38	-	0.5326	0.7525	1.2852	0.7811
647	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	6.90	-	0.5313	0.5401	1.3253	0.7512
648	ENDOSCOPIC TUBAL INTERRUPTION	3.70	-	0.4619	0.4652	1.3849	0.6835
649	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	15.00	2.32	1.3008	1.1525	1.0328	0.6931
650	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM	40.56	3.48	1.2010	0.9849	0.8907	0.0000

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
Regulations 1995—1.7.2003 to 30.6.2004**

Schedule 1—Recognised hospitals: determination of fees for admitted patients

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
651	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	12.33	-	0.4820	0.5871	0.8211	0.0000
652	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	8.71	-	0.3140	0.3884	0.9252	0.0000
653	D & C WITHUT OTHER O.R. PROCEDURES	7.14	-	0.3757	0.3832	1.1196	0.4878
670	CAESAREAN DELIVERY W/O COMPLICATION DIAGNOSIS	10.89	2.18	1.4898	1.4870	1.0211	1.0951
671	CAESAREAN DELIVERY WITH MODERATE COMPLICATING DIAGNOSIS	16.72	2.61	1.7122	1.7110	1.0509	1.0370
672	CAESAREAN DELIVERY WITH SEVERE COMPLICATING DIAGNOSIS	27.34	3.46	2.1585	2.1833	0.9656	1.1137
674	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSIS	8.54	1.43	0.7876	0.7532	1.0352	0.0000
675	VAGINAL DELIVERY WITH COMPLICATING DIAGNOSIS	9.21	1.54	0.9934	0.9241	1.0222	0.0000
676	VAGINAL DELIVERY WITH SEVERE COMPLICATING DIAGNOSIS	17.07	2.04	1.1907	1.1019	0.9965	0.0000
677	VAGINAL DELIVERY WITH O.R. PROCEDURE	24.27	2.42	1.3494	1.4082	1.1886	0.7026
678	POSTPARUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	34.56	1.60	0.6851	0.7231	0.9021	0.0000
679	POSTPARUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	6.28	-	0.5654	0.5823	1.4020	0.5211
680	ECTOPIC PREGNANCY	8.09	-	0.6783	0.6853	1.0600	0.0000
681	THREATENED ABORTION	11.49	-	0.4233	0.4503	1.0332	0.0000
682	ABORTION W/O D & C	5.69	-	0.3712	0.3815	1.2837	0.0000
683	ABORTION W D&C ASPIRATION CURETTAGE OR HYSTEROTOMY	3.90	-	0.4262	0.4288	1.4398	0.4544
684	PRETERM LABOUR	3.68	-	0.4065	0.4123	1.7345	0.0000
685	OTHER ANTEPARTUM DIAGNOSES W COMPLICATING PRINCIPAL DIAGNOSIS	8.66	-	0.4859	0.4997	0.9839	0.0000

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals: determination of fees for admitted patients—Schedule 1

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
686	OTHER ANTEPARTUM DIAGNOSES W/O COMPLICATING PRINCIPAL DIAGNOSIS	12.24	-	0.4531	0.4747	0.9872	0.0000
701	NEONATE, DIED/TRANS <5 DAYS OF ADM W/O SIG O.R. PROC, BORN HERE	3.51	-	0.3230	0.3238	0.8686	0.0000
702	NEONATE, DIED/TRANS <5 DAYS OF ADMISSION W SIG O.R. PROC	3.30	-	1.2289	1.2242	2.7474	0.4565
703	NEONATE, DIED/TRANS <5 DAYS OF ADM W/O SIG O.R. PROC, NOT BORN HERE	3.99	-	0.6694	0.6699	1.8600	0.0000
704	DIED >4 DAYS OF ADMISSION	44.84	8.56	7.7563	7.7627	1.7878	0.0000
705	NEONATE ADMISSION WT <750G	95.90	7.51	62.2563	27.6457	1.5714	0.0000
706	NEONATE, ADMISSION WT 750–999G	144.04	27.89	20.1678	19.3164	1.4555	0.0000
707	NEONATE, ADMISSION WT 1000–1499G, W SIGNIF O.R. PROCEDURE	104.90	24.06	14.9463	14.9618	1.3731	0.6749
708	NEONATE, ADMISSION WT 1000–1499G, W/O SIGNIF O.R. PROCEDURE	79.09	13.40	9.3539	8.6940	1.2014	0.0000
709	NEONATE ADM WT 1500–1999G, W SIGNIF O.R. PROC, MULT MAJOR PROB	73.37	14.42	12.2401	10.9045	1.5641	0.8948
710	NEONATE ADM WT 1500–1999G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	55.81	8.89	5.3309	5.3353	0.8999	0.5274
711	NEONATE ADM WT 1500–1999G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	66.93	12.24	7.1867	6.8882	1.1765	0.0000
712	NEONATE ADM WT 1500–1999G, W/O SIGNIF O.R. PROC W MAJOR PROB	47.22	8.16	5.1359	4.7305	1.0743	0.0000
713	NEONATE ADM WT 1500–1999G, W/O SIGNIF O.R. PROC W OTHER MAJOR PROB	52.37	8.05	4.5565	3.9227	0.9458	0.0000

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
Regulations 1995—1.7.2003 to 30.6.2004**

Schedule 1—Recognised hospitals: determination of fees for admitted patients

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714	NEONATE ADM WT 1500–1999G, W/O SIGNIF O.R. PROC, W/O PROBLEM	38.45	5.50	3.6608	3.2311	1.0455	0.0000
715	NEONATE ADM WT 2000–2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	44.46	13.67	9.5701	9.5781	1.4331	1.4053
716	NEONATE ADM WT 2000–2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	24.49	5.33	4.6179	4.6217	1.3253	0.4545
717	NEONATE ADM WT 2000–2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	46.96	6.73	4.4149	4.0546	1.2452	0.0000
718	NEONATE ADM WT 2000–2499G, W/O SIGNIF O.R. PROC, W MAJOR PROBLEM	42.74	5.65	3.0684	2.7757	1.0861	0.0000
719	NEONATE ADM WT 2000–2499G, W/O SIGNIF O.R. PROC, W OTHER PROBLEM	33.35	4.24	2.6739	0.9746	0.9238	0.0000
720	NEONATE ADM WT 2000–2499G, W/O SIGNIF O.R. PROC, W/O PROBLEM	18.99	2.13	1.8877	1.2530	0.8015	0.0000
721	NEONATE ADM WT >2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROBLEM	67.84	7.83	9.4349	8.9857	1.7467	1.2000
722	NEONATE ADM WT >2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROBLEM	20.20	2.49	4.1787	3.7115	1.4973	0.6226
723	NEONATE ADM WT >2499G, W MINOR ABDOMINAL PROCEDURE	4.81	-	1.0436	1.0445	1.1419	0.8307
724	NEONATE ADM WT >2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROBLEM	21.91	2.83	2.6992	2.4487	1.4297	0.0000
725	NEONATE ADM WT >2499G, W/O SIGNIF O.R. PROC, W MAJOR PROBLEM	18.04	1.87	1.4897	1.9979	1.1310	0.0000

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals: determination of fees for admitted patients—Schedule 1

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
726	NEONATE ADM WT >2499G, W/O SIGNIF O.R. PROC, W OTHER PROBLEM	46.83	1.74	0.9685	0.8394	0.9573	0.0000
727	NEONATE ADM WT >2499G, W/O SIGNIF O.R. PROC, W/O PROBLEM	8.76	-	0.5009	0.4888	0.7303	0.0000
750	SPLENECTOMY	26.30	3.79	2.3668	2.7496	1.0754	1.1765
752	OTHER O.R. PROCEDURES OF BLOOD & BLOOD FORMING ORGANS	17.30	1.66	0.9805	4.1185	1.1197	0.8251
753	RED BLOOD CELL DISORDERS AGE >9	17.00	1.56	1.0231	2.2650	0.9076	0.0000
754	RED BLOOD CELL DISORDERS AGE <10	13.48	1.81	1.2442	3.3187	1.2091	0.0000
755	COAGULATION DISORDERS	16.30	1.54	1.9185	1.4362	1.1844	0.0000
756	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MAJOR CC	29.16	3.49	2.2500	3.8814	1.4102	0.0000
757	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W NON-MAJOR CC	20.60	2.39	1.4229	1.1560	1.1573	0.0000
758	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	12.63	1.42	0.9865	1.5535	0.9628	0.0000
770	LYMPHOMA & LEUKAEMIA W MAJOR O.R. PROCEDURE W CC	56.95	7.04	6.8320	6.3300	1.3864	1.8412
771	LYMPHOMA & NON-ACUTE LEUKAEMIA W OTHER O.R. PROC AGE >9 W CC	54.79	5.08	3.9821	3.0175	1.0726	0.9351
772	LYMPHOMA & NON-ACUTE LEUKAEMIA W OTHER O.R. PROC AGE >9 W/O CC	16.59	1.78	1.2268	1.0362	0.9927	0.8605
773	LYMPHOMA & NON-ACUTE LEUKAEMIA W OTHER O.R. PROC AGE <10	-	-	5.1153	5.1195	1.2774	0.4990
774	LYMPHOMA & NON-ACUTE LEUKAEMIA	28.84	2.71	2.2176	5.6759	1.1880	0.0000
775	ACUTE LEUKAEMIA W/O MAJOR O.R. PROCEDURE	39.88	3.90	7.0785	7.4158	2.5409	0.0000

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
Regulations 1995—1.7.2003 to 30.6.2004**

Schedule 1—Recognised hospitals: determination of fees for admitted patients

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
776	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	51.05	7.67	4.2391	3.6486	1.1302	1.3067
777	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC	14.47	2.43	2.1803	2.2366	1.0369	1.1338
778	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC	28.68	2.45	1.9150	1.3316	1.1879	1.0248
779	RADIOTHERAPY	30.52	3.25	2.3314	1.5677	1.3368	0.0000
780	CHEMOTHERAPY	36.17	1.35	0.8255	0.7229	1.6935	0.0000
783	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	31.10	3.02	2.6121	1.4719	0.7542	0.0000
784	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	133.94	5.11	0.9558	0.5969	0.9078	0.0000
785	LYMPHOMA & LEUKAEMIA W MAJOR O.R. PROCEDURE W/O CC	42.57	4.57	2.2813	2.1038	0.9833	1.3043
800	HIV W SPECIFIED RELATED CONDITION, AGE <10	-	-	1.1263	1.1272	3.2431	0.0000
801	HIV RELATED CNS DISEASE, AGE > 9	40.71	5.26	6.8272	4.9129	1.3840	0.0000
802	HIV RELATED MALIGNANCY, AGE > 9	14.21	2.14	2.5491	2.2242	2.1554	0.0000
803	HIV RELATED INFECTION, AGE > 9	22.98	2.91	2.7848	1.7758	2.8012	0.0000
804	HIV W OTHER RELATED CONDITION, AGE > 9	11.67	1.76	1.5007	1.1070	1.9451	0.0000
805	HIV W/O SPECIFIED RELATED CONDITION, AGE < 10	-	-	0.6800	0.6806	1.8894	0.0000
806	HIV W/O SPECIFIED RELATED CONDITION, AGE > 9	1.00	-	0.6918	0.6865	1.2257	0.0000
807	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	42.64	4.39	4.5071	5.0382	1.0458	0.9977
808	SEPTICAEMIA AGE >9	28.57	3.30	2.0872	1.7756	0.9992	0.0000
809	SEPTICAEMIA AGE <10	24.13	2.33	1.0003	0.8172	1.2035	0.0000

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals: determination of fees for admitted patients—Schedule 1

1.AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
810	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	22.30	2.11	1.1734	2.2736	0.8347	0.0000
811	FEVER OF UNKNOWN ORIGIN AGE >9 W CC	18.07	2.17	1.4799	1.1603	0.8367	0.0000
812	FEVER OF UNKNOWN ORIGIN AGE >9 W/O CC	8.92	-	0.6988	0.5290	0.8580	0.0000
813	FEVER OF UNKNOWN ORIGIN AGE <10	5.09	-	0.3371	0.3374	0.9579	0.0000
814	VIRAL ILLNESS AGE >9	8.49	-	0.5918	0.5866	0.9489	0.0000
815	VIRAL ILLNESS AGE <10	5.99	-	0.4049	0.4020	1.1057	0.0000
816	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	22.21	2.92	2.2901	1.8098	1.2678	0.0000
817	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC	10.76	1.40	1.0981	1.3012	1.1315	0.0000
830	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	123.40	8.60	6.4393	5.6672	0.7329	1.0514
831	ACUTE ADJUST REACT & DISTURBANCE OF PSYCHOSOCIAL DYSFUNCTION	16.99	1.70	0.8020	1.3467	0.7796	0.0000
832	DEPRESSIVE NEUROSES	30.72	2.66	0.7595	1.4677	0.6134	0.0000
833	NEUROSES EXCEPT DEPRESSIVE	22.28	2.26	0.9651	2.3189	0.6783	0.0000
834	DISORDERS OF PERSONALITY & IMPULSE CONTROL	112.79	5.02	1.6125	0.5122	0.7136	0.0000
835	ORGANIC DISTURBANCES & MENTAL RETARDATION	65.34	5.32	2.8970	4.1525	0.5033	0.0000
836	PSYCHOSES	52.82	4.90	3.6802	2.5694	0.6492	0.0000
837	CHILDHOOD MENTAL DISORDERS	17.68	2.04	1.4576	1.4264	0.6801	0.0000
838	OTHER MENTAL DISORDER DIAGNOSES	9.89	-	0.8248	0.9344	0.9586	0.0000
850	OPIOID ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	8.42	-	0.4777	0.4859	0.8353	0.0000

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
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Schedule 1—Recognised hospitals: determination of fees for admitted patients

1. AN-DRG (Version 2)	2. DESCRIPTION	3. Upper Trim Point (Days)	4. Lower Trim Point (Days)	5. Inlier Cost Weight (except W&CH, ACH)	6. Inlier Cost Weight— W&CH, ACH	7. OBD Cost Weight	8. Theatre Cost Weight
851	OPIOID ABUSE OR DEPENDENCE	16.31	1.59	0.5776	0.4858	0.5847	0.0000
852	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE, LEFT AMA	12.29	-	0.4122	0.4177	1.0542	0.0000
853	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE	25.53	2.12	1.1087	0.9881	0.8279	0.0000
854	ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	6.05	-	0.4309	0.4429	0.9682	0.0000
855	ALCOHOL ABUSE OR DEPENDENCE	13.28	1.38	0.7862	1.2445	0.7488	0.0000
870	TRACHEOSTOMY FOR MULTIPLE SIGNIFICANT TRAUMA AGE >15	88.37	13.92	21.4604	18.9133	2.3385	5.4400
871	TRACHEOSTOMY FOR MULTIPLE SIGNIFICANT TRAUMA AGE <16	20.54	2.58	21.4193	21.5234	2.7151	1.9158
872	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	49.00	16.33	10.7034	10.7303	1.9110	3.0931
873	HIP, FEMUR & LIMB REATTACHMENT PROC FOR MULTIPLE SIGNIFICANT TRAUMA	52.88	7.02	5.8964	6.4815	1.1713	3.0274
874	OTHER O.R. PROCEDURE FOR MULTIPLE SIGNIFICANT TRAUMA	51.77	6.02	6.3654	5.5272	1.3038	1.9269
875	HEAD, CHEST & LOWER LIMB DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA	36.74	4.44	2.2354	2.7664	1.2093	0.0000
876	OTHER DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA	9.73	-	2.1003	1.3352	1.1205	0.0000
877	SKIN GRAFTS FOR INJURIES	55.22	4.41	2.6721	2.8656	0.7536	1.1355
878	WOUND DEBRIDEMENTS FOR INJURIES	30.51	2.15	2.0530	1.5496	1.0986	1.0190
879	HAND PROCEDURES FOR INJURIES	8.30	-	0.7925	1.2541	1.0871	1.0049
880	OTHER O.R. PROCEDURES FOR INJURIES W CC	41.62	4.14	5.4284	4.4225	1.0829	1.2509
881	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	10.85	-	1.1311	1.0875	1.0117	0.7992

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

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882	INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >9 W MAJOR CC	37.04	3.53	1.3418	1.1109	0.7695	0.0000
883	INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >9 W NON-MAJOR CC	18.89	1.77	0.8762	0.8417	0.7234	0.0000
884	INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >9 W/O CC	14.24	-	0.3627	0.3718	0.8430	0.0000
885	INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE <10	4.43	-	0.3741	0.3719	1.0478	0.0000
886	ALLERGIC REACTIONS AGE >9	6.33	-	0.3740	0.3545	0.9755	0.0000
887	ALLERGIC REACTIONS AGE <10	3.95	-	0.3353	0.3356	1.4009	0.0000
888	POISONING & TOXIC EFFECTS OF DRUGS AGE >9 W CC	17.66	-	0.8868	0.9423	1.0674	0.0000
889	POISONING & TOXIC EFFECTS OF DRUGS AGE >9 W/O CC	34.76	-	0.4330	0.7187	1.1263	0.0000
890	POISONING & TOXIC EFFECTS OF DRUGS AGE <10	2.71	-	0.2306	0.2244	1.1339	0.0000
891	COMPLICATIONS OF TREATMENT	16.11	1.42	0.8172	1.5157	0.8966	0.0000
892	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W CC	33.56	3.24	1.6954	1.1016	0.9048	0.0000
893	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W/O CC	9.78	-	0.4509	0.3715	1.2844	0.0000
894	LEAD POISONING	5.00	1.67	0.6953	0.8548	0.8848	0.0000
910	BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	38.81	2.33	3.2527	2.8629	1.7130	0.0000
911	EXTENSIVE BURNS W O.R. PROCEDURE	113.30	10.25	36.7432	19.7895	2.5160	6.0308
912	EXTENSIVE BURNS W/O O.R. PROCEDURE	14.66	3.00	1.7660	1.7714	2.0238	0.0000
913	NON-EXTENSIVE BURNS W SKIN GRAFT	31.19	4.07	5.6443	8.6476	1.2346	1.4171
914	NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. PROC	14.24	1.67	5.5235	6.5365	0.9750	0.8093

**South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees)
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Schedule 1—Recognised hospitals: determination of fees for admitted patients

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915	NON-EXTENSIVE BURNS W/O O.R. PROCEDURE	12.11	-	0.8189	0.9158	0.9193	0.0000
930	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	37.51	1.96	2.8025	2.8692	1.2124	0.8009
931	REHABILITATION	97.72	10.19	2.8463	4.5614	0.9412	0.0000
932	SIGNS & SYMPTOMS	22.27	2.26	0.9471	0.8575	0.8469	0.0000
933	AFTERCARE WITHOUT SDX OF HISTORY OF MALIGNANCY	22.88	2.21	0.6199	2.4217	0.9812	0.0000
934	OTHER FACTORS INFLUENCING HEALTH STATUS	40.53	3.65	0.7551	2.4373	0.6333	0.0000
935	MULTIPLE, OTHER & UNSPECIFIED CONGENITAL ANOMALIES	1.00	-	0.6618	0.4837	1.1266	0.0000
936	AFTERCARE WITH SDX OF HISTORY OF MALIGNANCY WITH ENDOSCOPY	24.63	-	0.2089	0.2388	1.2166	0.0000
937	AFTERCARE WITH SDX OF HISTORY OF MALIGNANCY W/O ENDOSCOPY	18.82	2.07	0.7570	0.4367	1.0242	0.0000
950	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	37.43	3.37	3.1122	6.3501	1.1149	1.4283
951	UNACCEPTABLE AS OBSTETRIC PRINCIPAL DIAGNOSIS	9.28	-	0.7497	0.7503	1.2819	0.0000
952	UNGROUPABLE	23.11	2.02	0.0000	0.0000	0.0000	0.0000
953	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	47.77	7.38	3.9440	3.8646	0.7867	0.7741
954	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	52.51	3.49	1.5640	2.3067	0.9172	0.6486
955	NEONATAL DIAGNOSIS NOT CONSISTENT WITH AGE (>28 DAYS)	26.29	3.77	2.3452	2.1898	0.7370	0.0000
956	UNACCEPTABLE PRINCIPAL DIAGNOSIS	1.00	-	0.5123	0.6233	1.2550	0.0000

9—Interpretation of table

In the table:

W & CH, ACH means the Adelaide Children's Hospital campus of the Women's and Children's Hospital;

-, in relation to an upper or lower trim point, means 0 (zero).

Schedule 2—Recognised hospitals: fees for non-admitted patients

1—Interpretation

In this Schedule, unless the contrary intention appears—

occasion of service, in relation to a service specified in this Schedule provided by a recognised hospital, means—

- (a) each occasion on which that service is provided to a patient in a functional unit of the recognised hospital; or
- (b) in the case of diagnostic tests, each diagnostic test, or simultaneous set of diagnostic tests, for a given patient.

2—Fees for non-admitted public patients in metropolitan hospitals

Fee to be charged by a metropolitan hospital (other than Noarlunga Health Services Incorporated and Gawler Health Services Incorporated) for services to a non-admitted public patient, for each occasion of service:

(a) accident and emergency service	\$169
(b) service provided by a medical practitioner	\$100
(c) service provided by a surgeon	\$ 52
(d) service provided by an obstetrician or gynaecologist	\$ 64
(e) service provided by a dentist	\$ 79
(f) service provided by a paediatrician	\$ 71
(g) service provided by a psychiatrist	\$ 93
(h) service provided by a radiologist/radiographer other than Magnetic Resonance Imaging	\$ 91
(i) Magnetic Resonance Imaging (maximum fee, per scan)	\$454
(j) service provided by a radiotherapist	\$134
(k) service provided by a person who is not a medical practitioner other than a radiologist/radiotherapist	\$ 62
(l) supply of a prescription item (per item)	\$ 13.

3—Fees for non-admitted patients in country (etc) hospitals

Fee to be charged by a country hospital, the Noarlunga Health Services Incorporated and the Gawler Health Services Incorporated for services to a non-admitted patient, for each occasion of service:

- | | |
|---|--------|
| (a) service provided to a non-admitted public patient by a person other than a medical practitioner— | |
| (i) country regional hospital, country sub-regional hospital, Noarlunga Health Services Incorporated, Gawler Health Services Incorporated | \$ 45 |
| (ii) country hospital other than country regional or country sub-regional hospital | \$ 26; |
| (b) nursing service provided to a non-admitted private patient during attendance by medical practitioner— | |
| (i) country regional hospital, country sub-regional hospital, Noarlunga Health Services Incorporated, Gawler Health Services Incorporated | \$ 45 |
| (ii) country hospital other than country regional or country sub-regional hospital | \$ 26 |

4—Transportation fee

Where, in addition to providing a service referred to in this Schedule, a recognised hospital transports, or arranges for the transportation of, a non-admitted patient to or from (or between different campuses of) the hospital, the hospital may charge an additional fee equal to the cost to the hospital of providing, or arranging for the provision of, that transportation.

Schedule 3—Recognised hospitals and incorporated health centres: accommodation, rehabilitation, domiciliary care and related fees

1—Glenside Hospital, Hillcrest Hospital (Howard House)

Fee for inpatient accommodation—per day	\$369.00
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2—Hampstead Centre

Head Injury Service—

- | | |
|---|----------|
| (a) Inpatient— | |
| (i) inpatient accommodation fee—per day | \$390.00 |
| (ii) professional service fee (not payable by private patient)—per day | \$101.00 |
| (b) Rehabilitation service for non-admitted patients— | |
| (i) assessment or treatment provided by a medical practitioner, per hour of attendance by the patient (maximum fee) | \$146.00 |
| (ii) individual assessment or treatment provided by a person who is not a medical practitioner, per hour of attendance by the patient (maximum fee) | \$111.00 |
| (iii) treatment as one of a group of patients provided by a person who is not a medical practitioner, per hour of attendance by the patient (maximum fee) | \$46.25 |

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995

Recognised hospitals and incorporated health centres: accommodation, rehabilitation, domiciliary care and related fees—Schedule 3

3—Intellectual Disability Services Council Incorporated

(a)	Strathmont Centre—fee for inpatient accommodation—per day	\$222.00
(b)	Other—fee for inpatient or resident accommodation—per day	\$319.00
(c)	Fee for arrangement or co-ordination of access of patient to disability services—per hour or part hour	\$26.00
(d)	Fee for preparation of report on access of patient to disability services (for purpose of compensation or legal proceedings)—per report	\$258.00

4—Julia Farr Services

	Fee for inpatient accommodation—per day	\$319.00
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5—All Recognised Hospitals and Incorporated Health Centres

Domiciliary maintenance and care visit—

(a)	attendance involving a service provided by a medical practitioner, registered nurse or other health professional (other than a paramedical aide)—per visit	\$69.50
(b)	any other attendance—per visit	\$30.75

Schedule 4—Classification of recognised hospitals

1—Metropolitan Hospitals

(a) **Metropolitan Teaching Hospitals**

Flinders Medical Centre
Repatriation General Hospital Incorporated
Royal Adelaide Hospital
The Queen Elizabeth Hospital
Women's and Children's Hospital

(b) **Other Metropolitan Hospitals**

Modbury Hospital
Lyell McEwin Health Service
Gawler Health Service Incorporated
Noarlunga Health Services Incorporated
St Margaret's Hospital Inc.

2—Country Hospitals

(a) **Country Regional Hospitals**

Mount Gambier Regional Health Service Incorporated
Port Pirie Regional Health Service Incorporated
Port Augusta Hospital Incorporated
The Whyalla Hospital and Regional Health Services Incorporated

(b) **Country Sub-Regional Hospitals**

Angaston and District Hospital Incorporated
Clare District Hospital Incorporated
Millicent and District Hospital and Health Services Incorporated
Mount Barker District Soldiers' Memorial Hospital Incorporated
The Murray Bridge Soldiers' Memorial Hospital Incorporated
Naracoorte Health Service Incorporated
Northern Yorke Peninsula Regional Health Service Incorporated
Port Lincoln Health and Hospital Services Incorporated
Riverland Regional Health Service Incorporated
South Coast District Hospital Incorporated

(c) **Other Country Hospitals**

Andamooka Outpost Hospital
Australian Inland Mission Hospital (Oodnadatta)
The Balaklava Soldiers' Memorial District Hospital Incorporated
Barmera District Health Services Incorporated
Bishop Kirkby Memorial Hospital
Booleroo Centre District Hospital Inc.
Bordertown Memorial Hospital Incorporated
Burra Burra Hospital Incorporated
Ceduna Hospital Incorporated
Central Eyre Peninsula Hospital Incorporated
Cleve District Hospital Incorporated
Coober Pedy Hospital Incorporated
Cowell District Hospital Inc.
Cummins and District Memorial Hospital Incorporated
Crystal Brook District Hospital Incorporated
Elliston Hospital Incorporated
Eudunda Hospital Incorporated
Great Northern War Memorial Hospital Incorporated
Gumeracha District Soldiers' Memorial Hospital Incorporated
The Jamestown Hospital and Health Service Incorporated
Kangaroo Island General Hospital Incorporated
Kapunda Hospital Incorporated
Karoonda and District Soldiers' Memorial Hospital Incorporated

Kimba District Hospital Incorporated
Kingston Soldiers' Memorial Hospital Incorporated
Lameroo District Hospital Incorporated
Laura and Districts Hospital Incorporated
Leigh Creek Hospital Incorporated
Lower Murray District Hospital Incorporated
Loxton Hospital Complex Incorporated
Maitland Hospital Incorporated
Mannum District Hospital Incorporated
Meningie and Districts Memorial Hospital Incorporated
Mount Pleasant District Hospital Incorporated
Orroroo and District Health Service Incorporated
Penola War Memorial Hospital Incorporated
Peterborough Soldiers' Memorial Hospital Inc.
Pinnaroo Soldiers' Memorial Hospital Incorporated
Port Broughton District Hospital and Health Services Incorporated
Quorn and District Memorial Hospital Incorporated
Renmark and Paringa District Hospital Incorporated
Riverton District Soldiers' Memorial Hospital Incorporated
Royal District Nursing Society Hospital (Marree)
Snowtown Memorial Hospital Inc.
Southern Yorke Peninsula Health Service Incorporated
Strathalbyn and District Soldiers' Memorial Hospital and Health Services
Streaky Bay Hospital Incorporated
Tanunda War Memorial Hospital Inc.
Tarcoola Hospital
Tumby Bay Hospital Inc.
Waikerie Hospital and Health Services Incorporated

Legislative history

Notes

- Variations of this version that are uncommenced are not incorporated into the text.
- For further information relating to the Act and subordinate legislation made under the Act see the Index of South Australian Statutes.

Principal regulations and variations

New entries appear in bold.

Year	No	Reference	Commencement
1995	34	<i>Gazette 13.4.1995 p1442</i>	13.4.1995: r 2
1995	46	<i>Gazette 4.5.1995 p1723</i>	4.5.1995 except r 4—1.7.1995: r 2
1996	116	<i>Gazette 30.5.1996 p2725</i>	1.7.1996: r 2
1997	98	<i>Gazette 13.5.1997 p1903</i>	1.7.1997: r 2
1998	88	<i>Gazette 28.5.1998 p2360</i>	1.7.1998: r 2
1999	89	<i>Gazette 27.5.1999 p2868</i>	1.7.1999: r 2
1999	145	<i>Gazette 1.7.1999 p65</i>	1.7.1999: r 2
2000	96	<i>Gazette 25.5.2000 p2783</i>	1.7.2000: r 2
2001	61	<i>Gazette 31.5.2001 p1970</i>	1.7.2001: r 2
2002	48	<i>Gazette 20.6.2002 p2507</i>	1.7.2002: r 2
2003	102	<i>Gazette 29.5.2003 p2266</i>	1.7.2003: r 2
2003	147	<i>Gazette 12.6.2003 p2500</i>	12.6.2003: r 2
2004	81	<i>Gazette 27.5.2004 p1531</i>	1.7.2004: r 2

Provisions varied

New entries appear in bold.

Provision	How varied	Commencement
Sch 1		
cl 1		
inlier patient	substituted by 46/1995 r 3(a)	4.5.1995
long stay outlier patient	substituted by 46/1995 r 3(b)	4.5.1995
cl 8	Table redesignated as cl 8 by 147/2003 Sch 1	12.6.2003
cl 9	Contents after table varied and redesignated as cl 9 by 147/2003 Sch 1	12.6.2003
Sch 3		
	substituted by 46/1995 r 4	1.7.1995
	substituted by 116/1996 r 3	1.7.1996
	substituted by 98/1997 r 3	1.7.1997
	substituted by 88/1998 r 3	1.7.1998
	substituted by 89/1999 r 3	1.7.1999
	varied by 145/1999 r 3	1.7.1999

1.7.2003 to 30.6.2004—South Australian Health Commission (Recognised Hospital and Incorporated Health Centre—Compensable and Non-Medicare Patients Fees) Regulations 1995
Legislative history

varied by 96/2000 r 3	1.7.2000
varied by 61/2001 r 3	1.7.2001
substituted by 48/2002 r 3	1.7.2002
substituted by 102/2003 r 4	1.7.2003