

SOUTH AUSTRALIA

**SOUTH AUSTRALIAN HEALTH COMMISSION (RECOGNISED HOSPITALS
AND INCORPORATED HEALTH CENTRES—COMPENSABLE AND NON-MEDICARE
PATIENTS FEES) REGULATIONS 1993**

SUMMARY OF PROVISIONS

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2. Commencement
3. Revocation
4. Interpretation
5. AN-DRGs
6. Fees
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SCHEDULE

Fees

**REGULATIONS UNDER THE SOUTH AUSTRALIAN HEALTH COMMISSION ACT
1976**

*South Australian Health Commission (Recognised Hospitals
and Incorporated Health Centres—Compensable and Non-Medicare
Patients Fees) Regulations 1993*

being

No. 221 of 1993: *Gaz.* 30 September 1993, p. 1458¹

¹ Came into operation 1 October 1993: reg. 2.

Citation

1. These regulations may be cited as the *South Australian Health Commission (Recognised Hospitals and Incorporated Health Centres—Compensable and Non-Medicare Patients Fees) Regulations 1993*.

Commencement

2. These regulations will come into operation on 1 October 1993.

Revocation

3. The *Recognized Hospitals and Incorporated Health Centres (Compensable and Non-Medicare Patients) Fees Regulations 1989* (see *Gazette* 26 January 1989 p. 197), as varied, are revoked.

Interpretation

4. In these regulations, unless the contrary intention appears—

"**AN-DRG**" means *Australian National Diagnosis Related Group* as referred to in the Manual (*see also regulation 5*);

"**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;

"**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 1.0* published 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;

"**outpatient**" means a patient who is not an inpatient or same day 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;

3.

"**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;

"**same day patient**" means a person who is admitted as a patient of a recognised hospital or incorporated health centre and is discharged on the same day.

AN-DRGs

5. (1) For the purposes of these regulations—

- (a) clause 1 of the schedule includes the AN-DRG reference number and a brief description of the relevant AN-DRG as listed in Appendix A of the Manual but does not include any of the codes used for compiling statistical information;
- (b) terms and abbreviations used in the descriptions of AN-DRGs in clause 1 of the schedule have the meanings given by the definitions contained in Appendix G of the Manual.

(2) A recognised hospital must, when assigning an AN-DRG to a patient, take into account the guidelines contained in *Coding and DRGS A Handbook for Clinical Staff* published by the South Australian Health Commission in September 1992.

Fees

6. (1) The fee to be charged by a recognised hospital for services to a private inpatient or private same day patient—

- (a) who is a compensable patient; or
- (b) who is not a Medicare patient,

is the fee set out in the third column of clause 1 of the schedule corresponding to the AN-DRG assigned to the patient by the recognised hospital.

(2) The fee to be charged by a recognised hospital for services to a public inpatient or public same day patient—

- (a) who is a compensable patient; or
- (b) who is not a Medicare patient,

is the fee set out in the third column of clause 1 of the schedule corresponding to the AN-DRG assigned to the patient by the recognised hospital plus an additional 14 percent.

(3) The fee to be charged by a recognised hospital or incorporated health centre for a service of a kind set out in the schedule (other than in clause 1 or 7) provided to a compensable patient or to a patient who is not a Medicare patient is the fee fixed by the schedule.

(4) The maximum fee that a recognised hospital or incorporated health centre may charge for a service of a kind referred to in clause 7 of the schedule provided to a compensable patient or to a patient who is not a Medicare patient is as fixed by that clause.

4.

Remission of fees

7. A recognised hospital or incorporated health centre may remit the whole or part of a fee payable to it under these regulations in order to alleviate financial hardship.

SCHEDULE
Fees

SERVICE		FEE \$
1.	RECOGNISED HOSPITALS—Fees for inpatients and same day patients	
AN-DRG ReferenceNo.	<i>AN-DRG Description</i>	
001	MOUTH, LARYNX OR PHARYNX DISORDER WITH TRACHEOSTOMY AGE>15	23,324
002	MOUTH, LARYNX OR PHARYNX DISORDER WITH TRACHEOSTOMY AGE<16	85,384
003	TRACHEOSTOMY OTHER THAN FOR MOUTH, LARYNX OR PHARYNX DISORDER AGE>15	61,728
004	TRACHEOSTOMY OTHER THAN FOR MOUTH, LARYNX OR PHARYNX DISORDER AGE<16	41,393
006	BONE MARROW TRANSPLANT	46,438
020	CRANIOTOMY EXCEPT FOR TRAUMA AGE>9	9,637
021	CRANIOTOMY FOR TRAUMA AGE>9	11,912
022	VENTRICULAR SHUNT REVISION AGE<10	5,320
023	CRANIOTOMY AGE<10 WITH CC	15,490
024	CRANIOTOMY AGE<10 WITHOUT CC	6,782
025	SPINAL PROCEDURES	5,646
026	EXTRACRANIAL VASCULAR PROCEDURES	4,866
027	CARPAL TUNNEL RELEASE	1,342
028	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC	3,153
029	SPINAL DISORDERS & INJURIES	7,617
030	NERVOUS SYSTEM NEOPLASMS	3,595
031	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITH CC	5,488
032	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITHOUT CC	4,941
033	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	2,165
034	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	6,705
035	TRANSIENT ISCHAEMIC ATTACK & PRECEREBRAL OCCLUSIONS WITH CC	1,780
036	TRANSIENT ISCHAEMIC ATTACK & PRECEREBRAL OCCLUSIONS WITHOUT CC	1,305
037	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH CC	6,565
038	NONSPECIFIC CEREBROVASCULAR DISORDERS WITHOUT CC	6,743
039	CRANIAL & PERIPHERAL NERVE DISORDERS WITH CC	4,267

040	CRANIAL & PERIPHERAL NERVE DISORDERS WITHOUT CC	1,418
041	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	4,824
042	VIRAL MENINGITIS	1,063
043	HYPERTENSIVE ENCEPHALOPATHY	3,876
044	NONTRAUMATIC STUPOR & COMA	2,630
045	SEIZURE AGE>9 WITH CC	2,900
046	SEIZURE AGE>9 WITHOUT CC	2,277
047	SEIZURE AGE<10	1,467
048	HEADACHE AGE>9	932
049	HEADACHE AGE<10	751
050	TRAUMATIC STUPOR & COMA, COMA>1 HR	2,147
051	TRAUMATIC STUPOR & COMA, COMA<1 HR	1,181
052	CONCUSSION	622
053	OTHER DISORDERS OF NERVOUS SYSTEM WITH CC	3,960
054	OTHER DISORDERS OF NERVOUS SYSTEM WITHOUT CC	1,640
070	RETINAL PROCEDURES	3,318
071	ORBITAL PROCEDURES	3,250
072	PRIMARY IRIS PROCEDURES EXCEPT GLAUCOMA	1,273
073	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY AGE>9 WITH CC	2,781
074	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY AGE>9 WITHOUT CC	2,188
075	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY AGE<10	3,211
076	EXTRAOCULAR PROCEDURES EXCEPT ORBITAL & LACRIMAL	1,606
077	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS, LENS & GLAUCOMA	3,480
078	MAJOR CORNEAL, SCLERAL & CONJUNCTIVAL PROCEDURES	4,249
079	OTHER CORNEAL, SCLERAL & CONJUNCTIVAL PROCEDURES	2,214
080	GLAUCOMA PROCEDURES	2,335
081	LACRIMAL PROCEDURES	1,625
082	HYPHEMA	1,528
083	ACUTE MAJOR EYE INFECTIONS	2,652
084	NEUROLOGICAL EYE DISORDERS	1,055
085	OTHER DISORDERS OF THE EYE AGE>9 WITH CC	2,004
086	OTHER DISORDERS OF THE EYE AGE>9 WITHOUT CC	1,409
087	OTHER DISORDERS OF THE EYE AGE<10	1,400

110	MAJOR HEAD & NECK PROCEDURES	20,424
111	SIALOADENECTOMY	2,186
112	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	1,852
113	CLEFT LIP & PALATE REPAIR	3,774
114	MOUTH PROCEDURES	2,305
115	SINUS & MASTOID PROCEDURES AGE>9	2,027
116	SINUS & MASTOID PROCEDURES AGE<10	3,125
117	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	1,676
118	RHINOPLASTY	1,665
119	T&A PROC, EXCEPT TONSILLECTOMY & OR ADENOIDECTOMY ONLY AGE>9	2,156
120	T&A PROC, EXCEPT TONSILLECTOMY & OR ADENOIDECTOMY ONLY AGE<10	1,840
121	TONSILLECTOMY & OR ADENOIDECTOMY ONLY AGE>9	1,222
122	TONSILLECTOMY & OR ADENOIDECTOMY ONLY AGE<10	1,543
123	MYRINGOTOMY WITH TUBE INSERTION AGE>9	1,375
124	MYRINGOTOMY WITH TUBE INSERTION AGE<10	1,137
125	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	2,653
126	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS AGE>9	1,375
127	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS AGE<10	895
128	DENTAL EXTRACTIONS & RESTORATIONS	461
129	EAR, NOSE, MOUTH & THROAT MALIGNANCY	3,403
130	DYSEQUILIBRIUM	1,248
131	EPISTAXIS	836
132	EPIGLOTTITIS	2,885
133	OTITIS MEDIA & URI AGE>9 WITH CC	1,877
134	OTITIS MEDIA & URI AGE>9 WITHOUT CC	956
135	OTITIS MEDIA & URI AGE<10	1,174
136	LARYNGOTRACHEITIS	820
137	NASAL TRAUMA & DEFORMITY	438
138	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE>9	1,252
139	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE<10	1,451
160	MAJOR CHEST PROCEDURES WITH MAJOR CC	11,794
161	MAJOR CHEST PROCEDURES WITH NON-MAJOR CC	6,660
162	MAJOR CHEST PROCEDURES WITHOUT CC	5,772

163	OTHER RESP SYSTEM O.R. PROCEDURES WITH MAJOR CC	8,062
164	OTHER RESP SYSTEM O.R. PROCEDURES WITH NON-MAJOR CC	3,503
165	OTHER RESP SYSTEM O.R. PROCEDURES WITHOUT CC	3,188
166	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	17,493
167	PULMONARY EMBOLISM	3,727
168	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE>9	5,540
169	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE<10	4,411
170	RESPIRATORY NEOPLASMS	3,073
171	MAJOR CHEST TRAUMA WITH CC	5,119
172	MAJOR CHEST TRAUMA WITHOUT CC	1,773
173	CYSTIC FIBROSIS	6,431
174	SLEEP APNOEA	847
175	PLEURAL EFFUSION	2,229
176	PULMONARY OEDEMA & RESPIRATORY FAILURE	5,066
177	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	3,024
178	SIMPLE PNEUMONIA & PLEURISY AGE>9 WITH CC	3,591
179	SIMPLE PNEUMONIA & PLEURISY AGE>9 WITHOUT CC	1,720
180	SIMPLE PNEUMONIA & PLEURISY AGE<10	2,276
181	INTERSTITIAL LUNG DISEASE WITH CC	9,170
182	INTERSTITIAL LUNG DISEASE WITHOUT CC	2,374
183	PNEUMOTHORAX WITH CC	3,757
184	PNEUMOTHORAX WITHOUT CC	1,532
185	BRONCHITIS & ASTHMA AGE>9	1,581
186	BRONCHITIS & ASTHMA AGE<10	1,586
187	RESPIRATORY SIGNS & SYMPTOMS WITH CC	1,680
188	RESPIRATORY SIGNS & SYMPTOMS WITHOUT CC	1,069
189	OTHER RESPIRATORY SYSTEM DIAGNOSES WITH CC	2,678
190	OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT CC	1,605
191	BPD & OTH CHRONIC RESP DISEASES ARISING IN PERINATAL PERIOD	5,730
192	OTHER RESPIRATORY PROBLEMS AFTER BIRTH	1,647
221	CARDIAC VALVE PROC WITH PUMP & WITH INVASIVE CARDIAC INVES PROC WITH CC	39,522
222	CARDIAC VALVE PROC WITH PUMP & WITH INVASIVE CARDIAC INVES PROC WITHOUT CC	11,206

223	CARDIAC VALVE PROC WITH PUMP & WITHOUT INVASIVE CARDIAC INVES PROC	18,365
224	CORONARY BYPASS WITH INVASIVE CARDIAC INVESTIGATION PROCEDURE	16,304
225	CORONARY BYPASS WITHOUT INVASIVE CARDIAC INVESTIGATION PROCEDURE	11,111
226	OTHER CARDIOTHORACIC OR VASCULAR PROCEDURES, WITH PUMP	12,817
227	OTHER CARDIOTHORACIC PROCEDURES WITHOUT PUMP	8,026
228	MAJOR RECONSTRUCT VASCULAR PROC WITHOUT PUMP WITH MAJOR CC	15,884
229	MAJOR RECONSTRUCT VASCULAR PROC WITHOUT PUMP WITH NON-MAJOR CC	10,129
230	MAJOR RECONSTRUCT VASCULAR PROC WITHOUT PUMP WITHOUT CC	5,833
231	VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION WITHOUT PUMP WITH CC	6,713
232	VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION WITHOUT PUMP WITHOUT CC	3,656
233	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE	13,237
234	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	5,062
235	PERM CARDIAC PACEMAKER IMPL WITH AMI,HEART FAILURE OR SHOCK	26,726
236	PERM CARDIAC PACEMAKER IMPL WITHOUT AMI,HEART FAILURE OR SHOCK	8,822
237	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	2,402
238	CARDIAC PACEMAKER DEVICE REPLACEMENT	3,523
239	VEIN LIGATION & STRIPPING	1,795
240	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	6,508
241	IMPLANTATION OR REPLACEMENT OF AICD, TOTAL SYSTEM	11,178
243	IMPLANTATION OR REPLACEMENT OF AICD, TOTAL GENERATOR	11,695
244	CIRC DISORDERS WITH AMI WITH INVASIVE CARDIAC INVES PROC,DIED	7,381
245	CIRC DISORD WITH AMI WITH INVASIVE CARDIAC INVESTIGATIVE PROC WITH CC	7,339
246	CIRC DISORD WITH AMI WITH INVASIVE CARDIAC INVESTIGATIVE PROC WITHOUT CC	5,154
247	CIRC DISORD WITH AMI WITHOUT INVASIVE CARDIAC INVESTIGATIVE PROC, DIED	3,931
248	CIRC DISORD WITH AMI WITHOUT INVASIVE CARDIAC INVESTIGATIVE PROC WITH CC	6,718
249	CIRC DISORD WITH AMI WITHOUT INVASIVE CARDIAC INVESTIGATIVE PROC WITHOUT CC	3,996

250	CIRC DISORDER EXCEPT AMI, WITH INVASIVE CARDIAC INVESTIGATIVE PROC	1,999
251	INFECTIVE ENDOCARDITIS	11,492
252	HEART FAILURE & SHOCK	2,989
253	DEEP VEIN THROMBOSIS	2,705
254	PERIPHERAL VASCULAR DISORDERS	2,160
255	ATHEROSCLEROSIS WITH CC	3,724
256	ATHEROSCLEROSIS WITHOUT CC	2,258
257	HYPERTENSION WITH CC	2,270
258	HYPERTENSION WITHOUT CC	1,468
259	SYNCOPE & COLLAPSE WITH CC	1,760
260	SYNCOPE & COLLAPSE WITHOUT CC	1,091
261	CHEST PAIN	1,063
262	OTHER CIRCULATORY SYSTEM DIAGNOSES WITH CC	6,600
263	OTHER CIRCULATORY SYSTEM DIAGNOSES WITHOUT CC	2,279
264	CONGENITAL HEART DISEASE AGE>9	2,132
265	CONGENITAL HEART DISEASE AGE<10	3,198
266	MAJOR ARRHYTHMIA & CARDIAC ARREST WITH CC	4,303
267	MAJOR ARRHYTHMIA & CARDIAC ARREST WITHOUT CC	2,092
268	NON-MAJOR ARRHYTHMIA & CONDUCTION DISORDERS WITH CC	2,126
269	NON-MAJOR ARRHYTHMIA & CONDUCTION DISORDERS WITHOUT CC	1,085
270	UNSTABLE ANGINA	1,765
271	VALVULAR DISORDERS WITH CC	2,785
272	VALVULAR DISORDERS WITHOUT CC	1,058
300	RECTAL RESECTION WITH CC	9,813
301	RECTAL RESECTION WITHOUT CC	7,589
302	MAJOR SMALL & LARGE BOWEL PROCEDURES WITH CC	13,461
303	MAJOR SMALL & LARGE BOWEL PROCEDURES WITHOUT CC	6,633
304	PERITONEAL ADHESIOLYSIS WITH CC	7,151
305	PERITONEAL ADHESIOLYSIS WITHOUT CC	4,042
306	MINOR SMALL & LARGE BOWEL PROCEDURES WITH CC	5,568
307	MINOR SMALL & LARGE BOWEL PROCEDURES WITHOUT CC	3,087
308	STOMACH, OESOPHAGEAL & DUODENAL PROCEDURES AGE>9 WITH MAJOR CC	17,698

309	STOMACH, OESOPHAGEAL & DUODENAL PROCEDURES AGE>9 WITH NON-MAJOR CC	10,909
310	STOMACH, OESOPHAGEAL & DUODENAL PROCEDURES AGE>9 WITHOUT CC	4,523
311	STOMACH, OESOPHAGEAL & DUODENAL PROCEDURES AGE<10	6,489
312	ANAL & STOMAL PROCEDURES	1,764
313	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE>9	2,480
314	INGUINAL & FEMORAL HERNIA PROCEDURES AGE>9	2,009
315	HERNIA PROCEDURES AGE<10	1,854
316	APPENDICECTOMY WITH COMPLICATED PRINCIPAL DIAG	3,479
317	APPENDICECTOMY WITHOUT COMPLICATED PRINCIPAL DIAG	1,964
318	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH CC	8,373
319	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITHOUT CC	3,020
320	DIGESTIVE MALIGNANCY	2,578
321	G.I. HAEMORRHAGE WITH CC	2,555
322	G.I. HAEMORRHAGE WITHOUT CC	1,380
323	COMPLICATED PEPTIC ULCER WITH CC	2,443
324	COMPLICATED PEPTIC ULCER WITHOUT CC	984
325	UNCOMPLICATED PEPTIC ULCER	1,173
326	INFLAMMATORY BOWEL DISEASE WITH CC	2,862
327	INFLAMMATORY BOWEL DISEASE WITHOUT CC	2,401
328	G.I. OBSTRUCTION	1,870
329	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD AGE>9 WITH CC	2,294
330	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD AGE>9 WITHOUT CC	938
331	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD AGE<10	1,666
332	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE>9 WITH CC	2,587
333	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE>9 WITHOUT CC	754
334	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE<10	1,405
360	PANCREAS, LIVER & SHUNT PROCEDURES WITH CC	18,405
361	PANCREAS. LIVER & SHUNT PROCEDURES WITHOUT CC	5,352
362	BILIARY TRACT PROC EXC ONLY CHOLECYST WITH OR WITHOUT C.D.E. WITH MAJOR CC	9,833
363	BILIARY TRACT PROC EXC ONLY CHOLECYST WITH OR WITHOUT C.D.E. WITH NON-MAJOR CC	9,536
364	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST WITH OR WITHOUT C.D.E. WITHOUT CC	7,205

365	CHOLECYSTECTOMY WITH C.D.E. WITH CC	10,738
366	CHOLECYSTECTOMY WITH C.D.E. WITHOUT CC	5,077
367	CHOLECYSTECTOMY WITHOUT C.D.E.	3,258
368	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	7,998
369	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	7,912
370	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	10,050
371	CIRRHOSIS & ALCOHOLIC HEPATITIS WITH CC	3,769
372	CIRRHOSIS & ALCOHOLIC HEPATITIS WITHOUT CC	959
373	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS	3,646
374	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH CC	3,127
375	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITHOUT CC	1,684
376	DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA WITH CC	3,208
377	DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA WITHOUT CC	1,188
378	DISORDERS OF THE BILIARY TRACT WITH CC	2,780
379	DISORDERS OF THE BILIARY TRACT WITHOUT CC	936
400	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY	21,344
401	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES WITH CC	10,077
402	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES WITHOUT CC	8,069
403	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE>9 WITH CC	7,091
404	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE>9 WITHOUT CC	5,124
405	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE<10	4,999
406	AMPUTATION FOR MUSCULOSKELET SYSTEM & CONN TISSUE DISORDERS	7,459
407	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	5,342
408	WND DEBRID & SKN GRFT EXC HAND, MS & CONN TISS DIS AGE>9 WITH CC	14,437
409	WND DEBRID & SKN GRFT EXC HAND, MS & CONN TISS DIS AGE>9 WITHOUT CC	3,916
410	WND DEBRID & SKN GRFT EXC HAND, MS & CONN TISS DIS AGE<10	10,150
411	LOWER EXTREM & HUMER PROC EXC HIP, FOOT, FEMUR AGE>9	3,665
412	LOWER EXTREM & HUMER PROC EXC HIP, FOOT, FEMUR AGE<10	2,256
413	KNEE PROCEDURES	2,150
414	MAJOR SHOULDER/ELBOW PROC	2,536
415	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC	2,453
416	FOOT PROCEDURES	2,283
417	SOFT TISSUE PROCEDURES	2,291

418	MAJOR THUMB OR JOINT PROC	1,969
419	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC	1,578
420	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	2,332
421	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXC HIP & FEMUR	1,795
422	ARTHROSCOPY	1,647
423	OTHER MUSCULOSKELET SYSTEM & CONN TISSUE O.R. PROC AGE>9	3,432
424	OTHER MUSCULOSKELET SYSTEM & CONN TISSUE O.R. PROC AGE<10	7,745
425	FRACTURES OF FEMUR	7,474
426	FRACTURES OF HIP & PELVIS	3,257
427	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	1,759
428	OSTEOMYELITIS	2,851
429	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISSUE MALIG	4,338
430	CONNECTIVE TISSUE DISORDERS	3,241
431	SEPTIC ARTHRITIS	3,582
432	MEDICAL BACK PROBLEMS	1,341
433	BONE DISEASES & SPECIFIC ARTHROPATHIES WITH CC	3,087
434	BONE DISEASES & SPECIFIC ARTHROPATHIES WITHOUT CC	1,668
435	NON-SPECIFIC ARTHROPATHIES	1,566
436	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE	955
437	TENDONITIS, MYOSITIS & BURSITIS	1,293
438	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	2,352
439	FX, SPRAIN, STRAIN & DISL OF FOREARM, HAND, FOOT AGE>9	809
440	FX, SPRAIN, STRAIN & DISL OF FOREARM, HAND, FOOT AGE<10	774
441	FX, SPRAIN, STRAIN & DISL OF UPARM, LOWLEG EX FOOT AGE>9 WITH CC	3,016
442	FX, SPRAIN, STRAIN & DISL OF UPARM, LOWLEG EX FOOT AGE>9 WITHOUT CC	1,135
443	FX, SPRAIN, STRAIN & DISL OF UPARM, LOWLEG EX FOOT AGE<10	1,055
444	MAJOR CRANIO-MAXILLO FACIAL SURGERY	8,396
445	MINOR CRANIO-MAXILLO FACIAL SURGERY	9,243
446	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	1,312
447	BACK & NECK PROCEDURES WITH SPINAL FUSION	7,164
448	BACK & NECK PROCEDURES WITHOUT SPINAL FUSION	3,230
480	SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS	11,691
481	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER, CELLULITIS	3,333

482	PERIANAL & PILONIDAL PROCEDURES	1,298
483	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	1,997
484	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES	1,496
485	SKIN ULCERS	4,913
486	MAJOR SKIN DISORDERS	3,376
487	MALIGNANT BREAST DISORDERS	2,346
488	NON-MALIGNANT BREAST DISORDERS	835
489	CELLULITIS AGE>9 WITH CC	2,660
490	CELLULITIS AGE>9 WITHOUT CC	1,420
491	CELLULITIS AGE<10	1,426
492	TRAUMA TO THE SKIN, SUBCUT TISSUE & BREAST AGE>9 WITH CC	2,073
493	TRAUMA TO THE SKIN, SUBCUT TISSUE & BREAST AGE>9 WITHOUT CC	991
494	TRAUMA TO THE SKIN, SUBCUT TISSUE & BREAST AGE<10	1,019
495	MAJOR PROCEDURES FOR MALIGNANT BREAST CONDITIONS	4,591
496	MINOR PROCEDURES FOR MALIGNANT BREAST CONDITIONS	2,262
497	MAJOR PROCEDURES FOR NON-MALIGNANT BREAST CONDITIONS	3,036
498	MINOR PROCEDURES FOR NON-MALIGNANT BREAST CONDITIONS	1,465
499	MINOR SKIN DISORDERS	1,007
520	AMPUTAT OF LOW LIMB FOR ENDOCRINE, NUTRIT,& METABOL DISORDERS	11,038
521	ADRENAL PROCEDURES	7,883
522	PITUITARY PROCEDURES	5,561
523	SKIN GRAFT & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS	16,097
524	O.R. PROCEDURES FOR OBESITY	4,884
525	PARATHYROID PROCEDURES	6,677
526	THYROID PROCEDURES	3,046
527	THYROGLOSSAL PROCEDURES	1,827
528	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC	7,517
529	DIABETES AGE>35	3,096
530	DIABETES AGE<36	1,622
531	NUTRITIONAL & MISC METABOLIC DISORDERS AGE>9 WITH CC	3,557
532	NUTRITIONAL & MISC METABOLIC DISORDERS AGE>9 WITHOUT CC	1,301
533	NUTRITIONAL & MISC METABOLIC DISORDERS AGE<10	2,002
534	INBORN ERRORS OF METABOLISM	736

535	ENDOCRINE DISORDERS	2,777
536	COMPULSIVE NUTRITION DISORDER REHABILITATION	11,697
550	KIDNEY TRANSPLANT	16,246
551	KIDNEY, URETER & MAJ BLADDER PROC FOR NEOPLASM WITH CC	8,977
552	KIDNEY, URETER & MAJ BLADDER PROC FOR NEOPLASM WITHOUT CC	6,066
553	KIDNEY, URETER & MAJ BLADDER PROC FOR NON-NEOPLASM	5,037
554	PROSTATECTOMY WITH CC	5,032
555	PROSTATECTOMY WITHOUT CC	2,545
556	MINOR BLADDER PROCEDURES	3,253
557	TRANSURETHRAL PROCEDURES WITH CC	2,638
558	TRANSURETHRAL PROCEDURES WITHOUT CC	1,396
559	URETHRAL PROCEDURES AGE>9 WITH CC	3,885
560	URETHRAL PROCEDURES AGE>9 WITHOUT CC	1,726
561	URETHRAL PROCEDURES AGE<10	1,941
562	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	7,571
563	RENAL FAILURE WITH CC	5,135
564	RENAL FAILURE WITHOUT CC	2,418
565	ADMIT FOR RENAL DIALYSIS	475
566	KIDNEY & URINARY TRACT NEOPLASMS WITH CC	2,590
567	KIDNEY & URINARY TRACT NEOPLASMS WITHOUT CC	766
568	KIDNEY & URINARY TRACT INFECTIONS AGE>9 WITH CC	2,903
569	KIDNEY & URINARY TRACT INFECTIONS AGE>9 WITHOUT CC	1,548
570	KIDNEY & URINARY TRACT INFECTIONS AGE<10	1,570
571	URINARY STONES WITH ESW LITHOTRIPSY	871
572	URINARY STONES WITHOUT ESW LITHOTRIPSY	816
573	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE>9	1,038
574	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE<10	1,324
575	URETHRAL STRICTURE AGE>9 WITH CC	1,030
576	URETHRAL STRICTURE AGE>9 WITHOUT CC	530
577	URETHRAL STRICTURE AGE<10	505
578	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE>9	1,802
579	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE<10	3,781
600	MAJOR MALE PELVIC PROCEDURES	5,790

601	TRANSURETHRAL PROSTATECTOMY WITH MAJOR CC	7,114
602	TRANSURETHRAL PROSTATECTOMY WITH NON-MAJOR CC	3,565
603	TRANSURETHRAL PROSTATECTOMY WITHOUT CC	2,490
604	TESTES PROCEDURES, FOR MALIGNANCY WITH MAJOR CC	6,758
605	TESTES PROCEDURES, FOR MALIGNANCY WITH NON-MAJOR CC	2,452
606	TESTES PROCEDURES, FOR MALIGNANCY WITHOUT CC	1,850
607	TESTES PROCEDURES, NON-MALIGNANCY AGE>9	1,435
608	TESTES PROCEDURES, NON-MALIGNANCY AGE<10	1,664
609	PENIS PROCEDURES	3,678
610	CIRCUMCISION AGE>9	1,213
611	CIRCUMCISION AGE<10	975
612	OTHER MALE REPRODUCTIVE SYST O.R. PROC FOR MALIGNANCY	2,957
613	OTHER MALE REPRODUCTIVE SYST O.R. PROC EXCEPT FOR MALIGNANCY	1,730
614	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	2,261
615	BENIGN PROSTATIC HYPERTROPHY WITH MAJOR CC	2,324
616	BENIGN PROSTATIC HYPERTROPHY WITH NON-MAJOR CC	1,407
617	BENIGN PROSTATIC HYPERTROPHY WITHOUT CC	751
618	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	1,641
619	STERILISATION, MALE	296
620	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	834
640	PELVIC EVISCERATION & RADICAL VULVECTOMY	13,298
641	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIGNANCY WITH CC	10,495
642	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIGNANCY WITHOUT CC	4,553
643	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	3,670
644	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	10,132
645	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY	2,941
646	D & C, CONISATION, VAGINA, CERVIX & VULVA PROCEDURES	1,351
647	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	1,448
648	ENDOSCOPIC TUBAL INTERRUPTION	1,124
649	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	4,831
650	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM	2,474
651	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	1,315

652	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	729
670	CAESAREAN DELIVERY WITHOUT COMPLICATING DIAGNOSIS WITH CC	5,578
671	CAESAREAN DELIVERY WITHOUT COMPLICATING DIAGNOSIS WITHOUT CC	4,330
672	CAESAREAN DELIVERY WITH COMPLICATING DIAGNOSIS WITH CC	7,258
673	CAESAREAN DELIVERY WITH COMPLICATING DIAGNOSIS WITHOUT CC	5,347
674	VAGINAL DELIVERY WITH COMPLICATING DIAGNOSIS	2,939
675	VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSES	2,289
676	VAGINAL DELIVERY WITH O.R. PROCEDURE WITH COMPLICATING DIAGNOSIS	6,103
677	VAGINAL DELIVERY WITH O.R. PROCEDURE WITHOUT COMPLICATING DIAGNOSIS	2,892
678	POSTPARTUM & POST ABORTION DIAGNOSES WITHOUT O.R. PROCEDURE	1,869
679	POSTPARTUM & POST ABORTION DIAGNOSES WITH O.R. PROCEDURE	1,400
680	ECTOPIC PREGNANCY	2,152
681	THREATENED ABORTION	1,447
682	ABORTION WITHOUT D & C	1,618
683	ABORTION WITH D & C, ASPIRATION CURETTAGE OR HYSTEROTOMY	934
684	PRETERM LABOUR	2,553
685	OTHER ANTEPARTUM DIAGNOSES WITH COMPLICATING PRINCIPAL DIAGNOSIS	1,307
686	OTHER ANTEPARTUM DIAGNOSES WITHOUT COMPLICATING PRINCIPAL DIAGNOSIS	1,625
700	NEONATE, DIED TRANS <5 DAYS OF BIRTH, BORN HERE, WITH SIG O.R.PROC	2,707
701	NEONATE, DIED TRANS <5 DAYS OF BIRTH, BORN HERE, WITHOUT SIG O.R.PROC	1,417
702	NEONATE, DIED TRANS <5 DAYS OF BIRTH, NOT BORN HERE WITH SIG O.R.PROC	3,526
703	NEONATE, DIED/TRANS <5 DAYS OF BIRTH, NOT BORN HERE, WITHOUT SIG O.R.PROC	1,423
704	NEONATE, DIED >4 DAYS OF BIRTH	22,909
705	NEONATE, ADMISSION WT <750G	66,346
706	NEONATE, ADMISSION WT 750-999G	56,565
707	NEONATE, ADMISSION WT 1000-1499G, WITH SIGNIF O.R. PROC	37,054
708	NEONATE, ADMISSION WT 1000-1499G, WITHOUT SIGNIF O.R. PROC	28,029
709	NEONATE, ADM WT 1500-1999G, WITH SIGNIF O.R. PROC, WITH MULT MAJOR PROB	30,813

710	NEONATE, ADM WT 1500-1999G, WITH SIGNIF O.R. PROC, WITHOUT MULT MAJOR PROB	24,552
711	NEONATE, ADM WT 1500-1999G, WITHOUT SIGNIF O.R. PROC, WITH MULT MAJOR PROB	25,352
712	NEONATE, ADM WT 1500-1999G, WITHOUT SIGNIF O.R. PROC, WITH MAJOR PROB	17,600
713	NEONATE, ADM WT 1500-1999G, WITHOUT SIGNIF O.R. PROC, WITH OTHER PROB	12,090
714	NEONATE, ADM WT 1500-1999G, WITHOUT SIGNIF O.R. PROC, WITHOUT PROBLEM	9,050
715	NEONATE, ADM WT 2000-2499G, WITH SIGNIF O.R. PROC, WITH MULT MAJOR PROB	59,507
716	NEONATE, ADM WT 2000-2499G, WITH SIGNIF O.R. PROC, WITHOUT MULT MAJOR PROB	6,310
717	NEONATE, ADM WT 2000-2499G, WITHOUT SIGNIF O.R. PROC, WITH MULT MAJOR PROB	13,924
718	NEONATE, ADM WT 2000-2499G, WITHOUT SIGNIF O.R. PROC, WITH MAJOR PROB	7,484
719	NEONATE, ADM WT 2000-2499G, WITHOUT SIGNIF O.R. PROC, WITH OTHER PROB	5,327
720	NEONATE, ADM WT 2000-2499G, WITHOUT SIGNIF O.R. PROC, WITHOUT PROBLEM	3,103
721	NEONATE, ADM WT >2499G, WITH SIGNIF O.R. PROC, WITH MULT MAJOR PROB	32,653
722	NEONATE, ADM WT ,2499G, WITH SIGNIF O.R. PROC, WITHOUT MULT MAJOR PROB	16,105
723	NEONATE, ADM WT >2499G, WITH MINOR ABDOMINAL PROCEDURE	8,757
724	NEONATE, ADM WT >2499G, WITHOUT SIGNIF O.R. PROC, WITH MULT MAJOR PROB	4,005
725	NEONATE, ADM WT >2499G, WITHOUT SIGNIF O.R. PROC, WITH MAJOR PROB	1,812
726	NEONATE, ADM WT >2499G, WITHOUT SIGNIF O.R. PROC, WITH OTHER PROB	1,520
727	NEONATE, ADM WT >2499G, WITHOUT SIGNIF O.R. PROC, WITHOUT PROBLEM	880
750	SPLENECTOMY AGE>9	5,408
752	OTHER O.R. PROCEDURES OF BLOOD & BLOOD FORMING ORGANS	2,616
753	RED BLOOD CELL DISORDERS AGE>9	1,415
754	RED BLOOD CELL DISORDERS AGE<10	2,373
755	COAGULATION DISORDERS	2,267
756	RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITH MAJOR CC	5,174
757	RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITH NON-MAJOR CC	1,845

758	RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITHOUT CC	673
770	LYMPHOMA & LEUKAEMIA WITH MAJOR O.R. PROCEDURE	9,720
771	LYMPHOMA & NON-ACUTE LEUKAEMIA WITH OTHER O.R. PROC AGE>9 WITH CC	8,136
772	LYMPHOMA & NON-ACUTE LEUKAEMIA WITH OTHER O.R. PROC AGE>9 WITHOUT CC	3,096
774	LYMPHOMA & NON-ACUTE LEUKAEMIA	2,459
775	ACUTE LEUKAEMIA WITHOUT MAJOR O.R. PROCEDURE	8,414
776	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH MAJ O.R.PROC WITH CC	12,746
777	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH MAJ O.R.PROC WITHOUT CC	5,873
778	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH OTHER O.R.PROC	3,779
779	RADIOTHERAPY	4,882
780	CHEMOTHERAPY	882
781	HISTORY OF MALIGNANCY WITHOUT ENDOSCOPY	505
782	HISTORY OF MALIGNANCY WITH ENDOSCOPY	873
783	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG WITH CC	4,298
784	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG WITHOUT CC	1,903
800	HIV WITH SPECIFIED RELATED CONDITION. AGE<10	3,320
801	HIV RELATED CNS DISEASE, AGE>9	8,101
802	HIV RELATED MALIGNANCY, AGE>9	4,009
803	HIV RELATED INFECTION, AGE>9	6,098
804	HIV WITH OTHER RELATED CONDITION, AGE>9	2,510
806	HIV WITHOUT SPECIFIED RELATED CONDITION, AGE>9	1,200
807	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	7,537
808	SEPTICAEMIA AGE>9	4,951
809	SEPTICAEMIA AGE<10	2,739
810	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	2,247
811	FEVER OF UNKNOWN ORIGIN AGE>9 WITH CC	2,389
812	FEVER OF UNKNOWN ORIGIN AGE>9 WITHOUT CC	1,901
813	FEVER OF UNKNOWN ORIGIN AGE<10	1,266
814	VIRAL ILLNESS AGE>9	1,483
815	VIRAL ILLNESS AGE<10	1,324
816	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES WITH CC	4,494

817	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES WITHOUT CC	2,149
830	O.R. PROCEDURE WITH PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	35,003
831	ACUTE ADJUST REACT & DISTURBANCE OF PSYCHOSOCIAL DYSFUNCTION	2,624
832	DEPRESSIVE NEUROSES	3,537
833	NEUROSES EXCEPT DEPRESSIVE	2,656
834	DISORDERS OF PERSONALITY & IMPULSE CONTROL	1,445
835	ORGANIC DISTURBANCES & MENTAL RETARDATION	5,016
836	PSYCHOSES	2,417
837	CHILDHOOD MENTAL DISORDERS	3,840
838	OTHER MENTAL DISORDER DIAGNOSES	1,004
850	OPIOID ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	1,056
851	OPIOID ABUSE OR DEPENDENCE	1,646
852	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE, LEFT AMA	799
853	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE	2,089
854	ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	1,519
855	ALCOHOL ABUSE OR DEPENDENCE	1,472
870	TRACHEOSTOMY FOR MULTIPLE SIGNIFICANT TRAUMA AGE>15	59,996
872	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	12,470
873	HIP,FEMUR & LIMB REATTACHMENT PROC FOR MULTIPLE SIGNIFICANT TRAUMA	17,468
874	OTHER O.R. PROCEDURE FOR MULTIPLE SIGNIFICANT TRAUMA	15,559
875	HEAD, CHEST & LOWER LIMB DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA	15,634
876	OTHER DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA	9,951
877	SKIN GRAFTS FOR INJURIES	5,070
878	WOUND DEBRIDEMENTS FOR INJURIES	4,438
879	HAND PROCEDURES FOR INJURIES	2,259
880	OTHER PROCEDURES FOR INJURIES WITH CC	9,696
881	OTHER PROCEDURES FOR INJURIES WITHOUT CC	2,959
882	INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE>9 WITH MAJOR CC	11,232
883	INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE>9 WITH NON-MAJOR CC	1,656
884	INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE>9 WITHOUT CC	961
885	INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE<10	1,220
886	ALLERGIC REACTIONS AGE>9	1,208

887	ALLERGIC REACTIONS AGE<10	1,069
888	POISONING & TOXIC EFFECTS OF DRUGS AGE>9 WITH CC	2,504
889	POISONING & TOXIC EFFECTS OF DRUGS AGE>9 WITHOUT CC	1,334
890	POISONING & TOXIC EFFECTS OF DRUGS AGE<10	973
891	COMPLICATIONS OF TREATMENT	1,875
892	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS WITH CC	4,489
893	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS WITHOUT CC	1,957
894	LEAD POISONING	15,711
910	BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	4,293
911	EXTENSIVE BURNS WITH O.R. PROCEDURE	2,300 per day
912	EXTENSIVE BURNS WITHOUT O.R. PROCEDURE	9,464
913	NON-EXTENSIVE BURNS WITH SKIN GRAFT	13,799
914	NON-EXTENSIVE BURNS WITH WOUND DEBRIDEMENT OR OTHER O.R. PROC	8,672
915	NON-EXTENSIVE BURNS WITHOUT O.R. PROCEDURE	1,865
930	O.R. PROC WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES	1,764
931	REHABILITATION	596 per day
932	SIGNS & SYMPTOMS	1,571
933	AFTERCARE	803
934	OTHER FACTORS INFLUENCING HEALTH STATUS	964
935	MULTIPLE, OTHER & UNSPECIFIED CONGENITAL ANOMALIES	8,224
950	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	7,090
951	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	5,118
952	UNGROUPABLE	4,081
953	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9,722
954	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	3,030
2.	RECOGNISED HOSPITALS—Fees for outpatients	
(a)	attendance involving a service provided by a Casualty department (other than a service specifically provided for in this clause)	175
(b)	attendance involving a service provided by a person who is not a medical practitioner (other than a radiology service)	105
(c)	attendance involving a service provided by a medical practitioner (other than a service specifically provided for in this clause)	155
(d)	attendance involving a service provided by an obstetrician or gynaecologist	115
(e)	attendance involving a service provided by a paediatrician	125

(f)	attendance involving a service provided by a psychiatrist	130
(g)	attendance involving a service provided by a radiologist or radiographer (other than Magnetic Resonance Imaging)	190
(h)	attendance involving a service provided by a surgeon	110
(i)	supply of prescription item	13 per item
3.	SOUTH AUSTRALIAN MENTAL HEALTH SERVICE—Fee for inpatient accommodation	270 per day
4.	HAMPSTEAD CENTRE NURSING HOME—Fee for inpatient accommodation	234 per day
5.	INTELLECTUALLY DISABLED SERVICES COUNCIL INC.—	
(a)	STRATHMONT CENTRE—Fee for inpatient accommodation	163 per day
(b)	OTHER—Fee for inpatient or resident accommodation	234 per day
6.	JULIA FARR CENTRE—	
(a)	Head Injury Service— (i) Inpatient: (A) Rotary Ward A accommodation fee (B) Rotary Ward B accommodation fee (C) professional service fee (not payable by a private patient) (ii) Rehabilitation Service: (A) up to 4 hours in any one day (B) more than 4 hours in any one day	234 per day 296 per day 76 per day 56 117
(b)	Other Service—Inpatient accommodation fee	234
7.	THE REHABILITATION SERVICE PROVIDED BY QUEEN ELIZABETH HOSPITAL (ALFREDA REHABILITATION) THE REHABILITATION SERVICE PROVIDED BY LYELL McEWIN HEALTH SERVICE INDEPENDENT LIVING CENTRE OF SOUTH AUSTRALIA INC. THE REHABILITATION SERVICE PROVIDED BY THE HAMPSTEAD CENTRE THE REHABILITATION SERVICE PROVIDED BY THE WHYALLA HOSPITAL AND HEALTH SERVICES INC.—	
(a)	assessment for the development of a rehabilitation program where the assessment is conducted by— (i) a medical practitioner—per attendance by the patient (maximum fee) (ii) a person who is not a medical practitioner—per hour of attendance by the patient (maximum fee)	110 85

(b)	assessment for the purposes of monitoring a rehabilitation program where the assessment is conducted by— <ul style="list-style-type: none"> (i) a medical practitioner—per hour of attendance by the patient (maximum fee) (ii) a person who is not a medical practitioner—per hour of attendance by the patient (maximum fee) 	110 85
(c)	treatment forming part of a rehabilitation program where the treatment is provided by— <ul style="list-style-type: none"> (i) a medical practitioner—per hour of attendance by the patient (maximum fee) (ii) a person who is not a medical practitioner—per hour of attendance by the patient— <ul style="list-style-type: none"> (A) for individual treatment (maximum fee) (B) for treatment as one of a group of patients (maximum fee) (C) at a Health Education Course (maximum fee) (D) for the purposes of a rehabilitation service of any other kind (maximum fee) 	110 85 35 35 35
(d)	services provided in connection with a rehabilitation program relating to the patient's employment or potential employment, including discussions on behalf of the patient with the patient's employer or potential employer and educational programs—per service (maximum fee)	85
8.	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	56
(b)	any other attendance—per visit	25