

South Australia

Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation Regulations 2008

under the *Workers Rehabilitation and Compensation Act 1986*

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Part 1—Preliminary

1—Short title

These regulations may be cited as the *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation Regulations 2008*.

2—Commencement

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

3—Variation provisions

In these regulations, a provision under a heading referring to the variation of specified regulations varies the regulations so specified.

Part 2—Variation of *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995*

4—Variation of regulation 3—Interpretation

- (1) Regulation 3(1)—after the definition of *claims agent* insert:

day surgery facility means a facility (other than a private hospital or facility of a private hospital) designed for the provision of medical, surgical or related treatment or care on a same day basis that is declared by WorkCover by notice in the *Gazette* to be a day surgery facility for the purposes of these regulations;

- (2) Regulation 3(1)—after the definition of *physiotherapist* insert:

private hospital means a private hospital within the meaning of the *South Australian Health Commission Act 1976*;

- (3) Regulation 3(1)—after the definition of *psychologist* insert:

same day, in relation to a service, means a service that is provided on a single calendar day;

5—Variation of regulation 4—Scales of charges—private hospitals and day surgery facilities

Regulation 4—after "private hospitals" insert:

and day surgery facilities

6—Substitution of Schedule 1

Schedule 1—delete the Schedule and substitute:

Schedule 1—Scales of charges—private hospitals and day surgery facilities

Part 1—Preliminary

1—Interpretation

- (1) In this Schedule, unless the contrary intention appears—

admission means the formal administrative process of a private hospital or day surgery facility by which the hospital or facility commences the provision of treatment, care, accommodation and other services to a patient;

admitted, in relation to a patient in a private hospital or day surgery facility, means that the patient has undergone the formal admission process of the hospital or facility and has not been discharged;

AR-DRG means Australian Refined Diagnosis Related Group;

criteria for admission—see subclause (5);

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day means a calendar day;

Day Only Procedures Manual means the *Day Only Procedures Manual* published in 1999 by the Commonwealth Department of Health and Aged Care, as in force on 1 January 2008;

discharge means the formal administrative process of a private hospital or day surgery facility by which the hospital or facility ceases the provision of treatment, care, accommodation and other services to a patient;

discharged, in relation to a person who has been a patient in a private hospital or day surgery facility, means that the person has undergone the formal discharge process of the hospital or facility;

inlier patient means an admitted patient whose length of stay in a private hospital for a service identified in columns 1 and 2 of Table 2—

- (a) is equal to or greater than the Lower Trim Point specified in column 5 of the table corresponding to that service (or, where the Lower Trim Point is zero, is greater than the Lower Trim Point); and
- (b) is equal to or less than the Upper Trim Point specified in column 4 of the table corresponding to that service;

inpatient, in relation to a private hospital, means an admitted patient who, following a clinical decision, requires or is expected to require overnight treatment for a minimum of 1 night;

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

- (a) counting the day of admission as 1 day; and
- (b) excluding the day of discharge (unless it is also the day of admission);

long stay outlier patient means an admitted patient whose length of stay in a private hospital for a service identified in columns 1 and 2 of Table 2 is greater than the Upper Trim Point specified in column 4 of the table corresponding to that service;

Manual means the *Australian Refined Diagnosis Related Groups, Version 4.2, Addendum to Definitions Manual, Volume 4*, produced in 2000 by the Commonwealth Department of Health and Aged Care (read with the *Australian Refined Diagnosis Related Groups, Version 4.1, Definitions Manual, Volumes 1—3*, produced in 1998 by the Commonwealth Department of Health and Aged Care);

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short stay outlier patient means an admitted patient whose length of stay in a private hospital for a service identified in columns 1 and 2 of Table 2 for which the Lower Trim Point specified in column 5 of the table corresponding to that service is 2 or more, is less than that Lower Trim Point but greater than zero.

- (2) A reference in this Schedule to a Table of a specified number is a reference to the Table of that number in Part 4 .
- (3) For the purposes of this Schedule—
 - (a) AR-DRG reference numbers or descriptions are as set out in the Manual; and
 - (b) terms and abbreviations used in AR-DRG descriptions have the meanings given by the Manual.
- (4) For the purposes of this Schedule—
 - (a) a charge determined in accordance with Part 2 or 3 for a service includes (where applicable) the cost of the following:
 - (i) accommodation;
 - (ii) intensive care unit;
 - (iii) theatre;
 - (iv) common use theatre items;
 - (v) pharmaceutical items directly related to the condition being treated;
 - (vi) television;
 - (vii) newspapers;
 - (viii) local telephone calls;
 - (ix) all hotel services (eg meals etc);
 - (x) consumable items;
 - (b) a charge determined in accordance with Part 2 or 3 for a service does not include the following costs:
 - (i) the cost of prostheses;
 - (ii) a 5% handling charge for prostheses (to a maximum of \$200);
 - (iii) the cost of substituted high cost single use items not commonly used in Australian clinical practice for delivery of the service where the substitution for the usual item can be demonstrated to have been necessary for the treatment of the patient;
 - (iv) the cost of allied health treatment (such as physiotherapy, dietetics, podiatry, psychology, social work, speech pathology etc);

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- (v) the cost of pharmaceutical items provided on discharge of a patient;
 - (vi) the cost of pharmaceutical items required for a patient for maintenance of an unrelated condition;
 - (vii) the cost of splints and braces required for the discharge of a patient;
 - (viii) transfer costs;
 - (ix) boarder fees.
- (5) For the purposes of this Schedule, a patient qualifies for admission to a private hospital or day surgery facility if he or she satisfies 1 of the following criteria:
- (a) the patient is to receive day only Band 1, 2, 3, or 4 services (excluding uncertified Type C professional attention procedures) as specified in the Day Only Procedures Manual;
 - (b) the patient is to receive a Type C professional attention procedure as specified in the Day Only Procedures Manual and there is an accompanying certification by a medical practitioner that an admission is necessary on the grounds of the medical condition of the patient or other special circumstances relating to the patient;
 - (c) the patient, following a clinical decision, is expected to require overnight treatment for a minimum of 1 night;
 - (d) the patient is to receive a Type B professional attention procedure as specified in the Day Only Procedures Manual and there is an accompanying certification by a medical practitioner that an overnight admission is necessary on the grounds of the medical condition of the patient or other special circumstances relating to the patient.

Part 2—Private hospital services

2—Rehabilitation, psychiatric and pain assessment or management services by a private hospital

The charges for the provision to a patient by a private hospital of the rehabilitation, psychiatric and pain assessment or management services specified in Table 1 are as specified in that table.

3—Other private hospital services

- (1) Subject to clause 2, the charges for the provision to an admitted patient by a private hospital of the services specified in columns 1 and 2 of Table 2 are as determined in accordance with this clause.

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- (2) Subject to subclause (5), the maximum charge for a service identified in columns 1 and 2 of Table 2 for an inlier patient is the Schedule Charge specified in column 3 of the table corresponding to that service.
- (3) Subject to subclause (5), the maximum charge for a service identified in columns 1 and 2 of Table 2 for a short stay outlier patient is the charge calculated as follows:
- $$\text{Maximum Charge} = \text{Rate per Day} \times \text{LOS}$$
- where—
- (a) the *Rate per Day* is the rate per day specified in column 6 of the table corresponding to the service; and
- (b) *LOS* is the length of stay of the patient in the hospital.
- (4) Subject to subclause (5), the maximum charge for a service identified in columns 1 and 2 of Table 2 for a long stay outlier patient is the charge calculated as follows:
- $$\text{Maximum Charge} = \text{Schedule Charge} + (\text{Rate per Day} \times (\text{LOS} - \text{Upper Trim Point}))$$
- where—
- (a) the *Schedule Charge* is the charge specified in column 3 of the table corresponding to the service; and
- (b) the *Rate per Day* is the rate per day specified in column 6 of the table corresponding to the service; and
- (c) *LOS* is the length of stay of the patient in the hospital; and
- (d) the *Upper Trim Point* is the Upper Trim Point specified in column 4 of the table corresponding to the service.
- (5) Where the patient is transferred from the private hospital to another hospital, the maximum charge for the service provided by the transferring hospital is 80% of the charge determined in accordance with subclause (2), (3) or (4).

Part 3—Day surgery facility services

4—Day surgery facility services

The charges for the provision to an admitted patient by a day surgery facility of same day services included in Table 3 are the accommodation and theatre charges determined in accordance with the table.

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Part 4—Tables

Table 1

Item No	Service description	Maximum charge (excl GST)
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A charge applicable to an admitted patient is not payable unless the patient is admitted in accordance with the criteria for admission (see clause 1(5)).

Private rooms are allocated on the basis of clinical need and the cost of such rooms is, unless otherwise stated, included in the per day charges specified. Where a patient requests a private room, WorkCover will not be responsible for or accept any surcharge.

In this table—

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

- (a) counting the day of admission as 1 day (unless it is also the day of discharge); and
- (b) excluding the day of discharge.

HOSPITAL REHABILITATION SERVICES

Rehabilitation orthopaedic program for inpatients

An orthopaedic program involves referral and assessment by the rehabilitation coordinator of the program. It is a defined program with intense service provision. Rapid improvement is expected and there are specific outcome goals. The program includes physiotherapy, aquatic therapy, occupational therapy, case conferences and discharge planning.

PR600	Length of stay 1 or more days but not more than 21 days	\$485.30 per day
PR605	22 or more days	\$406.80 per day

Rehabilitation trauma program for inpatients

A trauma program involves referral and assessment by the rehabilitation coordinator of the program. It is a defined program with intense service provision. Rapid improvement is expected and there are specific outcome goals. The program includes physiotherapy, aquatic therapy, occupational therapy, speech therapy, case conferences and discharge planning.

PR610	Length of stay 1 or more days but not more than 50 days	\$578.70 per day
PR615	51 or more days	\$522.30 per day

PSYCHIATRIC SERVICES

Inpatient services

PR800	Length of stay 1 or more days but not more than 14 days	\$495.30 per day
PR803	15 or more days	\$381.10 per day
PR822	Electro-convulsive therapy (ECT)	\$212.00 per day

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Table 1

Item No	Service description	Maximum charge (excl GST)
PR850	Private room allocated on basis of clinical need	\$12.45 per day (additional charge)
Drug and alcohol program for inpatients		
This program provides specialised treatment and care for patients with alcohol or drug dependencies (including analgesics/narcotics/opiates and Benzodiazepine). The program is managed by a multi-disciplinary team including a Medical Director and consultant psychiatrists. Where required, the program involves a medically controlled, safe withdrawal of drugs or alcohol.		
PR990	Length of stay 1 or more days but not more than 14 days	\$527.80 per day
PR991	15 or more days	\$386.20 per day
Same day psychiatric services		
A day program is usually available to provide ongoing support and care to patients after discharge from treatment as inpatients. It is managed by a multi-disciplinary team of health care professionals, and is tailored to the individual needs of the patient. It can include specialised therapy modules including cognitive behavioural therapy, relaxation, assertiveness skills and anxiety management.		
Outreach is treatment or care provided by the hospital to a non-admitted patient at a location outside the hospital premises (being treatment or care provided as a direct substitute for treatment or care that would normally be provided on the hospital premises).		
For billing purposes, the 'O' in item numbers for same day services is an alphabetical letter not the number zero.		
PRO81	Group session	\$63.50
PRO82	Electro-convulsive therapy day program	\$331.00
PRO83	Half-day program	\$169.40
PRO84	Day program	\$268.20
PRO95	Outreach	\$153.00
OTHER SERVICES		
Inpatient pain assessment/management		
PR700	Length of stay 1 or more days but not more than 7 days	\$425.80 per day
PR705	8 or more days but not more than 14 days	\$400.00 per day
PR710	15 or more days	\$260.00 per day

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Table 2

A charge applicable to an admitted patient is not payable unless the patient is admitted in accordance with the criteria for admission (see clause 1(5)).

Private rooms are allocated on the basis of clinical need and the cost of such rooms is included in the charges specified. Where a patient requests a private room WorkCover will not be responsible for or accept any surcharge.

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
A06Z	Tracheostomy Any Age Any Cond	\$43,085.60	63	11	\$1,226.70
B01Z	Ventricular Shunt Revision	\$4,780.60	13	2	\$572.00
B02A	Craniotomy + Ccc	\$18,764.30	38	6	\$774.50
B02B	Craniotomy + Smcc	\$11,219.70	21	4	\$705.80
B02C	Craniotomy - Cc	\$8,990.70	15	3	\$733.70
B03A	Spinal Procedures + Csc	\$9,906.60	26	4	\$596.30
B03B	Spinal Procedures - Csc	\$4,432.70	9	2	\$559.80
B04A	Extracranial Vascular Pr +Csc	\$7,793.00	15	2	\$788.00
B04B	Extracranial Vascular Pr -Csc	\$4,601.00	8	0	\$776.50
B05Z	Carpal Tunnel Release	\$1,012.20	4	0	\$386.00
B06A	Cbl Psy,Mus Dysy,Npthy Pr+Csc	\$8,733.00	30	5	\$483.00
B06B	Cbl Psy,Mus Dysy,Npthy Pr-Csc	\$1,385.60	4	0	\$654.00
B07A	Prphl & Cranl Nerv & Oth Pr+Cc	\$9,054.00	29	5	\$527.90
B07B	Prphl & Cranl Nerv & Oth Pr-Cc	\$1,658.00	4	0	\$645.00
B40Z	Plasmapheresis + Neurologcl Dis	\$3,414.90	14	2	\$486.50
B41Z	PrIngd Mntng For Cmplx Eplpsy	\$2,402.60	8	0	\$573.50
B60A	N-Acute Para/Quad+/-Or Pr+Ccc	\$12,935.90	46	8	\$529.60
B60B	N-Acute Para/Quad+/-Or Pr-Ccc	\$3,819.40	13	2	\$536.20
B61A	Spinal Cord Cond+/-Or Pr +Csc	\$10,123.70	32	5	\$556.70
B61B	Spinal Cord Cond+/-Or Pr -Csc	\$4,452.30	11	2	\$581.80
B62Z	Admit For Apheresis	\$289.00	4	0	\$287.00
B63Z	Dmnia&Chrc Disturb Crbrl Fn	\$4,243.80	20	3	\$427.10
B64Z	Delirium	\$4,877.20	20	3	\$484.30
B65Z	Cerebral Palsy	\$1,850.90	11	2	\$342.90
B66A	Nervous System Neoplasm A>64	\$5,819.00	26	4	\$440.20
B66B	Nervous System Neoplasm A<65	\$4,046.00	17	3	\$463.30
B67A	Degrntv Nervous Sys Dsrd +Csc	\$7,653.40	34	6	\$453.90
B67B	Degrntv Nervous Sys Dsrd -Csc	\$3,302.70	14	2	\$478.10
B68A	Mlt Sclerosis&Cerebel Ataxia+Cc	\$5,393.80	22	4	\$496.10
B68B	Mlt Sclerosis&Cerebel Ataxia-Cc	\$1,204.50	4	0	\$573.90
B69A	Tia & Precerebral Occlusn+Ccc	\$6,493.90	27	4	\$476.60
B69B	Tia & Precerebral Occlusn+Sec	\$3,539.90	15	2	\$471.10
B69C	Tia & Precerebral Occlusn-Csc	\$2,006.40	7	0	\$532.60
B70A	Stroke +Severe/Compl Dx/Proc	\$8,761.40	35	6	\$493.80
B70B	Stroke + Other Cc	\$5,321.00	20	3	\$522.50
B70C	Stroke - Other Cc	\$3,372.00	13	2	\$523.40
B70D	Stroke Died/Transferred<5 Days	\$1,360.20	4	0	\$703.60

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Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
B71A	Cranial & Periph Nerv Dsr+Cc	\$4,412.10	18	3	\$488.20
B71B	Cranial & Periph Nerv Dsr-Cc	\$1,224.50	4	0	\$557.10
B72Z	Nrvs Sys Inf Ex Vri Meningitis	\$4,704.40	18	3	\$505.60
B73Z	Viral Meningitis	\$2,072.10	7	0	\$565.30
B74Z	Nontraumatic Stupor & Coma	\$2,435.70	10	2	\$503.90
B75Z	Febrile Convulsions	\$660.20	4	0	\$554.60
B76A	Seizure A<3 + Csec	\$4,326.40	18	3	\$480.20
B76B	Seizure A>2 - Csec	\$2,060.00	8	0	\$514.90
B77Z	Headache	\$1,677.50	6	0	\$534.70
B78Z	Intracranial Injury	\$4,504.40	16	3	\$551.50
B79Z	Skull Fractures	\$2,381.40	9	0	\$528.10
B80Z	Other Head Injury	\$1,372.00	6	0	\$477.10
B81A	Other Dsr Of Nervous Sys+Csec	\$6,695.50	28	5	\$475.00
B81B	Other Dsr Of Nervous Sys-Csec	\$2,546.40	11	2	\$459.70
C01Z	Proc For Penetrating Eye Injury	\$2,081.80	4	0	\$509.10
C02Z	Enucleations & Orbital Procs	\$2,199.30	4	0	\$598.10
C03Z	Retinal Procedures	\$2,111.70	4	0	\$518.00
C04Z	Major Corn, Scleral&Conjnet Pr	\$1,570.90	4	0	\$588.00
C05Z	Dacryocystorhinostomy	\$1,576.80	4	0	\$494.00
C06Z	Complex Glaucoma Procedures	\$1,191.00	4	0	\$506.00
C07Z	Other Glaucoma Procedures	\$1,441.00	4	0	\$455.00
C08Z	Major Lens Procedures	\$1,214.40	4	0	\$346.00
C09Z	Other Lens Procedures	\$1,329.40	4	0	\$340.00
C10Z	Strabismus Procedures	\$992.90	4	0	\$372.00
C11Z	Eyelid Procedures	\$1,253.60	4	0	\$416.00
C12Z	Other Corn, Scleral&Conjnet Pr	\$901.10	4	0	\$334.00
C13Z	Lacrimal Procedures	\$702.70	4	0	\$313.00
C14Z	Other Eye Procedures	\$891.30	4	0	\$327.00
C60A	Acute & Mjr Eye Infectns A>54	\$4,194.40	17	3	\$484.50
C60B	Acute & Mjr Eye Infectns A<55	\$1,856.70	7	0	\$520.20
C61Z	Neurological & Vasclr Eye Dsr	\$1,303.90	4	0	\$550.50
C62Z	HypHEMA &Med Managd Eye Trauma	\$1,592.10	6	0	\$496.40
C63A	Other Disorders Of The Eye +Cc	\$2,395.10	9	2	\$511.00
C63B	Other Disorders Of The Eye -Cc	\$812.10	4	0	\$597.00
D01Z	Cochlear Implant	\$3,371.20	4	0	\$624.10
D02A	Head & Neck Procedures + Cc	\$7,345.20	14	2	\$765.20
D02B	Head & Neck Procedures - Cc	\$2,300.40	4	0	\$737.70
D03Z	Surgel Rpr Cleft Lip/Palate Dx	\$2,781.50	4	0	\$657.00
D04A	Maxillo Surgery + Cc	\$3,594.10	6	0	\$704.30
D04B	Maxillo Surgery - Cc	\$2,487.20	4	0	\$700.70
D05Z	Sialoadenectomy	\$2,713.20	4	0	\$700.50
D06Z	Sinus, Mastd&Cmplx Mddl Ear Pr	\$1,949.60	4	0	\$629.60

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Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
D07Z	Salivary Gland Pr-Sialoadenctmy	\$1,273.10	4	0	\$506.00
D08Z	Mouth Procedures	\$1,011.80	4	0	\$426.00
D09Z	Misc Ear,Nose,Mouth&Throat Pr	\$1,451.50	4	0	\$545.00
D10Z	Rhinoplasty (+/-Turbinectomy)	\$1,828.10	4	0	\$607.10
D11Z	Tonsillectomy, Adenoidectomy	\$1,144.80	4	0	\$545.00
D12Z	Oth Ear,Nose,Mouth & Throat Pr	\$1,637.60	4	0	\$668.10
D13Z	Myringotomy +Tube Insertion	\$765.40	4	0	\$321.00
D40Z	Dental Extract & Restorations	\$757.00	4	0	\$325.00
D60A	Ear Nose Mouth&Throat Mal+Csc	\$5,892.10	28	5	\$413.60
D60B	Ear Nose Mouth&Throat Mal-Csc	\$2,349.10	9	2	\$446.80
D61Z	Dysequilibrium	\$2,070.30	8	0	\$508.70
D62Z	Epistaxis	\$1,115.70	4	0	\$591.20
D63A	Otitis Media & Uri + Cc	\$2,537.90	10	2	\$485.20
D63B	Otitis Media & Uri - Cc	\$1,246.80	4	0	\$551.30
D64Z	Laryngotracheitis&Epiglottitis	\$765.50	4	0	\$580.00
D65Z	Nasal Trauma & Deformity	\$839.50	4	0	\$431.00
D66A	Oth Ear,Nose,Mouth&Thrt Dx +Cc	\$2,052.00	7	0	\$518.60
D66B	Oth Ear,Nose,Mouth&Thrt Dx -Cc	\$802.40	4	0	\$473.00
D67Z	Dntal&Oral Dis-Extrct&Restrtms	\$904.80	4	0	\$583.00
E01A	Major Chest Procedure + Ccc	\$12,395.40	29	5	\$726.70
E01B	Major Chest Procedure - Ccc	\$6,926.30	15	3	\$696.40
E02A	Other Respiratry Sys Or Pr+Ccc	\$8,910.60	29	5	\$565.40
E02B	Other Respiratry Sys Or Pr+Scc	\$3,491.80	10	2	\$552.40
E02C	Other Respiratry Sys Or Pr-Csc	\$1,638.40	4	0	\$723.40
E40Z	Resp Sys Dx + Ventilator Suppt	\$12,545.30	21	4	\$1,142.90
E60A	Cystic Fibrosis +Csc	\$6,846.70	30	5	\$455.70
E60B	Cystic Fibrosis -Csc	\$4,180.60	18	3	\$458.90
E61A	Pulmonary Embolism + Csc	\$5,562.40	21	4	\$517.50
E61B	Pulmonary Embolism - Csc	\$3,385.90	13	2	\$523.50
E62A	Respiratry Infectn/Inflam+Ccc	\$6,747.40	26	4	\$516.70
E62B	Respiratry Infectn/Inflam+Sccc	\$4,410.10	17	3	\$521.40
E62C	Respiratry Infectn/Inflam-Cc	\$2,779.80	11	2	\$525.60
E63Z	Sleep Apnoea	\$507.80	4	0	\$502.00
E64Z	Pulmonry Oedema & Resp Failure	\$5,077.80	18	3	\$570.10
E65A	Chmic Obstret Airway Dis+Csc	\$5,711.50	22	4	\$509.10
E65B	Chmic Obstret Airway Dis-Csc	\$3,880.90	15	3	\$507.80
E66A	Major Chest Trauma A >69 + Cc	\$6,269.50	25	4	\$500.80
E66B	Mjr Chest Trma A<70+Cc/A>69-Cc	\$4,070.00	16	3	\$509.70
E66C	Major Chest Trauma A<70 - Cc	\$2,026.10	7	0	\$559.50
E67A	Respiratry Signs & Symptm+Csc	\$3,328.10	13	2	\$482.80
E67B	Respiratry Signs & Sym A<3-Csc	\$563.80	4	0	\$504.00
E67C	Respiratry Signs & Sym A>2-Csc	\$1,789.00	4	0	\$559.60
E68Z	Pneumothorax	\$2,468.70	9	2	\$515.40
E69A	Bronchitis & Asthma A>49 + Cc	\$4,160.30	17	3	\$493.50

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Part 2—Variation of *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995*

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
E69B	Bnchits&Asthma A<50+Cc/A>49-Cc	\$2,753.40	11	2	\$515.80
E69C	Bronchitis & Asthma A<50 - Cc	\$1,219.60	4	0	\$565.30
E70A	Whooping Cgh &Acte Brnchio+Csc	\$2,855.50	12	2	\$489.30
E70B	Whooping Cgh &Acte Brnchio-Csc	\$1,626.70	6	0	\$544.30
E71A	Respiratory Neoplasms + Cc	\$3,713.20	16	3	\$461.20
E71B	Respiratory Neoplasms - Cc	\$2,314.90	9	2	\$476.70
E72Z	Resp Probs From Neonatl Period	\$4,473.10	31	5	\$292.10
E73A	Pleural Effusion + Ccc	\$5,308.50	21	4	\$493.70
E73B	Pleural Effusn + Sec	\$3,231.90	13	2	\$476.50
E73C	Pleural Effusion - Csc	\$2,177.70	8	0	\$553.60
E74A	Interstitial Lung Dis A>64 +Csc	\$5,698.60	22	4	\$500.50
E74B	Intrsl Lung A<65+Csc/A>64-Csc	\$4,248.30	16	3	\$504.10
E74C	Interstitial Lung Dis A<65 -Csc	\$2,275.50	8	0	\$525.10
E75A	Other Resp Sys Dx A>64+Cc	\$4,772.30	19	3	\$500.70
E75B	Ot Resp Sys Dx A<65+Cc/A>65-Cc	\$3,204.60	13	2	\$489.60
E75C	Other Resp Sys Dx A<65 - Cc	\$1,503.50	5	0	\$567.60
F01Z	Implntn/Replcmnt Aicd, Ttl Sys	\$5,862.40	9	0	\$682.40
F02Z	Aicd Cmpnt Implntn/Replcmnt	\$5,644.90	10	2	\$631.30
F03Z	Crde Valv Pr+Pump+Inva Inve Pr	\$22,272.20	33	6	\$858.10
F04A	Crde Valv Pr+Pmp-In Inve Pr+Csc	\$17,276.30	24	4	\$918.60
F04B	Crde Valv Pr+Pmp-In Inve Pr-Csc	\$13,790.60	18	3	\$880.80
F05A	Corony Bypass+Inva Inve Pr+Ccc	\$22,867.60	31	5	\$977.40
F05B	Corony Bypass+Inva Inve Pr-Ccc	\$18,671.20	24	4	\$961.20
F06A	Corony Bypas-Inva Inve Pr+Csc	\$16,969.40	22	4	\$1,054.90
F06B	Corony Bypas-Inva Inve Pr-Csc	\$14,265.10	17	3	\$1,073.40
F07Z	Other Cardiothorac/Vasc Pr+Pump	\$17,145.20	22	4	\$927.20
F08A	Mjr Reconstre Vasc Pr-Pump+Ccc	\$15,464.30	36	6	\$692.70
F08B	Mjr Reconstre Vasc Pr-Pump-Ccc	\$7,577.40	16	3	\$676.80
F09Z	Other Cardiothoracic Pr-Pump	\$9,425.90	14	2	\$838.70
F10Z	Percutan Corny Angioplasty+Ami	\$9,949.20	10	2	\$799.80
F11A	Ampatn Circ Sys-Up Lmb&Toe+Ccc	\$20,584.50	68	11	\$540.70
F11B	Ampatn Circ Sys-Up Lmb&Toe-Ccc	\$11,399.40	36	6	\$569.80
F12Z	Cardiac Pacemaker Implantation	\$4,207.80	8	0	\$623.20
F13Z	Up Limb&Toe Ampnt Circ Sys Dird	\$6,916.40	22	4	\$529.60
F14A	Vasc Pr-Mjr Reconstre-Pump+Ccc	\$10,647.20	27	4	\$584.80
F14B	Vasc Pr-Mjr Reconstre-Pump+Sec	\$4,858.40	9	0	\$592.30
F14C	Vasc Pr-Mjr Reconstre-Pump-Csc	\$3,119.60	4	0	\$629.70
F15Z	Perc Crny Angioplasty-Ami+Stent	\$7,728.50	5	0	\$808.10
F16Z	Perc Crny Angioplasty-Ami-Stent	\$7,967.10	5	0	\$924.20
F17Z	Cardiac Pacemaker Replacement	\$2,319.60	4	0	\$582.10
F18Z	Crde Pemkr Revsn -Dvc Rplcmnt	\$3,896.80	7	0	\$653.00
F19Z	Oth Trms-Vsclr Perc Crde Intrv	\$6,892.90	4	0	\$634.40

Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation Regulations 2008

Variation of Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—Part 2

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
F20Z	Vein Ligation & Stripping	\$2,063.20	4	0	\$628.10
F21A	Ot Circ Sys Or Pr+Ccc/A>64-Ccc	\$8,351.90	27	4	\$540.00
F21B	Oth Circul Sys Or Pr A<65-Ccc	\$2,409.90	5	0	\$540.00
F40Z	Circ Sys Dx+Ventilator Support	\$12,450.60	19	3	\$1,172.90
F41A	Crc Dsrld+Ami+Inva Inve Pr+Csc	\$7,634.30	14	2	\$807.60
F41B	Crc Dsrld+Ami+Inva Inve Pr-Csc	\$4,444.30	6	0	\$866.20
F42A	Crc Dsrld+Ami+lc In Pr+Cmpdx/Pr	\$4,463.40	7	0	\$733.90
F42B	Crc Dsrld+Ami+lc In Pr-Cmpdx/Pr	\$2,894.20	4	0	\$734.80
F60A	Crc Dsrld+Ami-Inva Inve Pr+Csc	\$6,141.10	19	3	\$636.00
F60B	Crc Dsrld+Ami-Inva Inve Pr-Csc	\$2,978.80	9	0	\$690.40
F60C	Crc Dsrld+Ami-Inva Inve Pr Died	\$3,601.80	12	2	\$607.50
F61Z	Infective Endocarditis	\$9,208.70	37	6	\$475.40
F62A	Heart Failure & Shock + Ccc	\$7,962.20	30	5	\$535.10
F62B	Heart Failure & Shock - Ccc	\$4,309.90	16	3	\$532.20
F63A	Venous Thrombosis + Csc	\$4,801.80	19	3	\$496.40
F63B	Venous Thrombosis - Csc	\$2,972.00	11	2	\$519.50
F64Z	Skin Ulcers Circulatory Disord	\$6,302.40	25	4	\$505.30
F65A	Peripheral Vascular Dsrld +Csc	\$5,443.80	22	4	\$478.40
F65B	Peripheral Vascular Dsrld -Csc	\$1,225.80	4	0	\$549.70
F66A	Coronary Atherosclerosis + Cc	\$3,228.50	12	2	\$541.90
F66B	Coronary Atherosclerosis - Cc	\$1,570.60	5	0	\$615.40
F67A	Hypertension + Cc	\$3,253.90	13	2	\$497.50
F67B	Hypertension - Cc	\$2,012.80	8	0	\$521.50
F68Z	Congenital Heart Disease	\$764.80	4	0	\$531.00
F69A	Valvular Disorders + Csc	\$4,516.60	16	3	\$527.10
F69B	Valvular Disorders - Csc	\$1,209.20	4	0	\$630.60
F70A	Mjr Arrhythmia&Crde Arrst+Csc	\$5,777.40	16	3	\$670.60
F70B	Mjr Arrhythmia&Crde Arrst-Csc	\$2,752.50	5	0	\$737.30
F71A	N-Mjr Arythm&Conductn Dsrld+Csc	\$4,389.90	14	2	\$592.90
F71B	N-Mjr Arythm&Conductn Dsrld-Csc	\$1,876.00	4	0	\$672.70
F72A	Unstable Angina + Csc	\$4,427.60	15	2	\$602.10
F72B	Unstable Angina - Csc	\$2,326.30	6	0	\$749.70
F73A	Syncope & Collapse + Csc	\$4,247.90	16	3	\$517.30
F73B	Syncope & Collapse - Csc	\$2,002.60	7	0	\$556.90
F74Z	Chest Pain	\$1,265.70	4	0	\$709.20
F75A	Other Circulatory System Dx+Ccc	\$7,050.50	25	4	\$541.20
F75B	Other Circulatory System Dx+Sec	\$3,505.20	13	2	\$527.80
F75C	Other Circulatory System Dx-Csc	\$1,910.30	6	0	\$582.00
G01A	Rectal Resection + Ccc	\$13,292.40	34	6	\$654.80
G01B	Rectal Resection - Ccc	\$8,150.90	20	3	\$627.60
G02A	Mjr Small & Large Bowel Pr+Ccc	\$12,763.00	33	6	\$654.40
G02B	Mjr Small & Large Bowel Pr-Ccc	\$6,405.90	16	3	\$613.50
G03A	Stomch,Oeshpgl & Duodnl Pr+Mal	\$13,076.00	29	5	\$726.70
G03B	Stmch,Oeshpgl&Ddnl Pr-Mal+Csc	\$8,457.90	19	3	\$713.30

Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation Regulations 2008

Part 2—Variation of *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995*

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
G03C	Stmch,Oeshpgl&Ddnl Pr-Mal-Csc	\$3,615.10	6	0	\$666.80
G04A	Peritoneal Adhesolysis A>49+Cc	\$8,616.20	22	4	\$655.90
G04B	Prtnl Adhly(A<50+Cc)/(A>49-Cc)	\$4,388.90	10	2	\$619.30
G04C	Peritoneal Adhesolysis A<50-Cc	\$3,055.30	6	0	\$593.00
G05A	Mnr Small & Large Bowel Pr+Cc	\$4,630.80	13	2	\$586.10
G05B	Mnr Small & Large Bowel Pr-Cc	\$1,856.40	4	0	\$691.70
G06Z	Pyloromyotomy Procedure	\$2,201.70	5	0	\$583.50
G07A	Appendicectomy + Csc	\$5,247.30	14	2	\$561.40
G07B	Appendicectomy - Csc	\$2,598.90	5	0	\$548.60
G08Z	Abdom, Umb & Oth Hernia Pr A>0	\$2,210.10	4	0	\$605.00
G09Z	Inguinal&Femoral Hernia Pr A>0	\$1,738.80	4	0	\$532.40
G10Z	Hernia Procedures A<1	\$1,393.10	4	0	\$513.00
G11A	Anal & Stomal Procedures +Csc	\$2,957.70	8	0	\$561.80
G11B	Anal & Stomal Procedures -Csc	\$1,083.60	4	0	\$592.00
G12A	Oth Digest Sys Or Pr+Csc/Mal	\$5,441.20	15	2	\$595.40
G12B	Oth Digest Sys Or Pr-Csc-Mal	\$2,365.40	6	0	\$575.80
G40A	Cx Thpc Gstry+Mjr Dig Dis+Csc	\$5,062.50	16	3	\$558.50
G40B	Cx Thpc Gstry+Mjr Dig Dis-Csc	\$1,784.30	5	0	\$563.50
G41A	Cx Thpc Gstry+N-Mjr Dig Dis	\$3,118.00	11	2	\$500.70
G41B	Cx Thpc Gstry N-M Dig Dis,SD	\$534.40	4	0	\$200.00
G42A	Oth Gastroscopy+Mjr Digest Dis	\$3,301.00	11	2	\$524.90
G42B	Oth Gastroscopy+Mjr Dig Dis,SD	\$528.30	4	0	\$210.00
G43Z	Complex Therapeutic Colonoscopy	\$1,007.00	4	0	\$615.00
G44A	Other Colonoscopy+Csc/Cx Pr	\$3,016.70	11	2	\$503.20
G44B	Other Colonoscopy-Csc/Cx Pr	\$1,742.80	5	0	\$532.00
G44C	Other Colonoscopy, Sameday	\$582.30	4	0	\$233.00
G45A	Other Gastrpy+N-Mjr Digest Dis	\$2,533.30	9	2	\$501.80
G45B	Other Gastrpy+N-Mjr Dig Dis,SD	\$434.60	4	0	\$212.00
G60A	Digestive Malignancy + Csc	\$3,461.80	14	2	\$474.90
G60B	Digestive Malignancy - Csc	\$1,838.80	7	0	\$505.20
G61A	Gi Haemorrhage A<65+Csc/A>64	\$2,414.00	9	2	\$514.50
G61B	Gi Haemorrhage A<65 - Csc	\$1,112.50	4	0	\$518.70
G62Z	Complicated Peptic Ulcer	\$3,306.50	12	2	\$543.70
G63Z	Uncomplicated Peptic Ulcer	\$2,068.70	9	0	\$456.90
G64Z	Inflammatory Bowel Disease	\$1,487.30	6	0	\$494.90
G65A	Gi Obstruction + Cc	\$3,883.80	16	3	\$493.30
G65B	Gi Obstruction - Cc	\$1,883.30	7	0	\$507.90
G66A	Abdmnl Pain/Mesentre Adents+Cc	\$2,471.60	10	2	\$497.70
G66B	Abdmnl Pain/Mesentre Adents-Cc	\$1,187.80	4	0	\$527.40
G67A	Oesphs, Gastr&Mis Dig A>9+Csc	\$3,765.20	15	3	\$496.80
G67B	Oesphs, Gastr&Mis Dig A>9-Csc	\$1,670.20	6	0	\$512.70
G68A	Gastroenteritis A<10 + Cc	\$1,086.60	4	0	\$498.60
G68B	Gastroenteritis A<10 - Cc	\$920.50	4	0	\$561.00
G69Z	Oesphs & Misc Dig Sys Dis A<10	\$1,262.10	5	0	\$522.20

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation
Regulations 2008**

*Variation of Workers Rehabilitation and Compensation (Scales of Medical and Other Charges)
Regulations 1995—Part 2*

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
G70A	Other Digestive System Diag+Cc	\$3,179.50	13	2	\$483.50
G70B	Other Digestive System Diag-Cc	\$1,118.00	4	0	\$542.00
H01A	Pancreas, Liver & Shunt Pr+Ccc	\$15,224.10	35	6	\$704.10
H01B	Pancreas, Liver & Shunt Pr+Smcc	\$9,101.50	19	3	\$716.60
H01C	Pancreas, Liver & Shunt Pr -Cc	\$6,209.30	13	2	\$641.60
H02A	Major Biliary Tract Proc+Malig	\$12,015.80	29	5	\$681.50
H02B	Mjr Biliary Tract Pr-Mal+Csc	\$9,189.70	23	4	\$593.40
H02C	Mjr Biliary Tract Pr-Mal-Csc	\$4,532.50	10	2	\$565.00
H03A	Cholecystectomy+Closed Cde+Csc	\$9,527.50	22	4	\$616.00
H03B	Cholecystectomy+Closed Cde-Csc	\$4,543.90	8	0	\$556.40
H04A	Cholecystectomy-Closed Cde+Csc	\$5,693.70	13	2	\$593.10
H04B	Cholecystectomy-Closed Cde-Csc	\$2,983.00	4	0	\$563.70
H05A	Hepatobiliary Diagnost Pr+Csc	\$5,747.50	16	3	\$570.20
H05B	Hepatobiliary Diagnost Pr-Csc	\$2,886.20	6	0	\$579.30
H06Z	Oth Hepatobily & Pancrs Or Pr	\$5,289.20	13	2	\$596.00
H40Z	Endospic Pr Bleed Oes Varicos	\$2,913.00	8	0	\$658.50
H41A	Erec Cx Therapeutic Pr + Csc	\$8,342.20	20	3	\$662.40
H41B	Erec Cx Therapeutic Pr - Csc	\$3,050.30	7	0	\$509.90
H42A	Erec Oth Therapeutic Pr + Csc	\$6,771.20	22	4	\$527.40
H42B	Erec Oth Therapeutic Pr - Csc	\$2,201.10	4	0	\$547.50
H60A	Cirrhosis & Alc Hepatitis +Ccc	\$6,869.60	30	5	\$449.60
H60B	Cirrhosis & Alc Hepatitis+Csc	\$3,360.30	16	3	\$410.80
H60C	Cirrhosis & Alc Hepatitis-Csc	\$1,730.40	7	0	\$470.40
H61A	Mal Hepbilr S,Pncrs A>69+Csc	\$5,020.10	22	4	\$459.60
H61B	Mal Hepbil A<70+Csc/A>69-Csc	\$2,943.40	12	2	\$459.10
H61C	Mal Hepbilr S,Pncrs A<70-Csc	\$1,661.50	6	0	\$541.50
H62A	Disorders Pancreas-Malig+Csc	\$5,001.00	20	3	\$498.50
H62B	Disorders Pancreas-Malig-Csc	\$2,192.70	9	0	\$491.10
H63A	Dsrd Lvr-Mal,Cirr,Alc Hep+Csc	\$4,462.00	17	3	\$527.80
H63B	Dsrd Lvr-Mal,Cirr,Alc Hep-Csc	\$1,314.10	4	0	\$543.20
H64A	Disorders Of Biliary Tract +Cc	\$3,233.90	13	2	\$484.00
H64B	Disorders Of Biliary Tract -Cc	\$1,368.40	5	0	\$526.40
I01Z	Bil/Mlti Mjr Jt Pr Lwr Extrimty	\$9,778.60	25	4	\$548.30
I02A	Mcrvas Tt/Skin Graft+Csc-Hand	\$13,929.80	42	7	\$533.60
I02B	Skin Graft -Csc -Hand	\$3,849.30	8	0	\$616.90
I03A	Hip Revision + Csc	\$12,330.10	35	6	\$541.70
I03B	Hip Replac+Csc/Hip Revisn-Csc	\$8,225.60	23	4	\$535.20
I03C	Hip Replacement - Csc	\$5,759.70	16	3	\$493.70
I04A	Knee Replacemnt & Reattach+Ccc	\$9,488.00	26	4	\$561.10
I04B	Knee Replacemnt & Reattach-Ccc	\$5,838.60	16	3	\$514.00
I05Z	Oth Mjr Jnt Replace&Limb Reatt	\$4,392.20	11	2	\$566.70
I06Z	Spinal Fusion + Deformity	\$11,388.30	21	4	\$724.10
I07Z	Amputation	\$10,674.60	34	6	\$540.40
I08A	Other Hip & Femur Proc + Csc	\$11,096.00	35	6	\$553.30

Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation Regulations 2008

Part 2—Variation of *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995*

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
I08B	Other Hip & Femur Pr A>54-Csc	\$7,033.90	20	3	\$592.80
I08C	Other Hip & Femur Pr A<55-Csc	\$3,089.20	6	0	\$687.50
I09A	Spinal Fusion + Csc	\$10,730.90	27	4	\$586.20
I09B	Spinal Fusion - Csc	\$6,428.90	14	2	\$567.00
I10A	Other Back & Neck Procs + Csc	\$9,165.20	22	4	\$615.50
I10B	Other Back & Neck Procs - Csc	\$5,036.50	10	2	\$594.40
I11Z	Limb Lengthening Procedures	\$3,731.70	9	0	\$508.70
I12A	Inf/Infm Bone/Jnt+Misc Pr+Csc	\$12,231.60	43	7	\$497.70
I12B	Inf/Infm Bone/Jnt+Misc Pr+Sec	\$6,270.40	22	4	\$485.40
I12C	Inf/Infm Bone/Jnt+Misc Pr-Csc	\$2,675.00	6	0	\$566.00
I13A	Humer,Tibia,Fibul,Ankl Pr+Csc	\$6,371.00	21	3	\$505.70
I13B	Humer,Tib,Fib,Ank Pr A>59-Csc	\$3,332.80	9	0	\$541.40
I13C	Humer,Tib,Fib,Ank Pr A<60-Csc	\$2,136.30	4	0	\$558.80
I14Z	Stamp Revision	\$2,210.30	6	0	\$499.70
I15Z	Cranio-Facial Surgery	\$6,856.60	12	2	\$817.10
I16Z	Other Shoulder Procedures	\$2,322.30	4	0	\$654.50
I17Z	Maxillo-Facial Surgery	\$2,408.60	4	0	\$610.70
I18Z	Knee Procedures	\$1,569.90	4	0	\$603.00
I19Z	Other Elbow, Forearm Procs	\$1,922.80	4	0	\$672.40
I20Z	Foot Procedures	\$1,885.30	4	0	\$582.80
I21Z	Loc Ex, Rem Int Fix Dev Hp&Fmr	\$1,597.90	4	0	\$557.90
I22Z	Major Wrist, Hand, Thumb Procs	\$1,570.80	4	0	\$635.80
I23Z	Loc Ex, Rem Int Fix Dev-Hp&Fmr	\$1,153.70	4	0	\$532.00
I24Z	Arthroscopy	\$1,243.20	4	0	\$470.00
I25Z	Bone,Joint Dxtic Pr Inc Biopsy	\$3,561.90	13	2	\$500.60
I26Z	Other Wrist, Hand Procedures	\$1,131.20	4	0	\$462.00
I27Z	Soft Tissue Procedures	\$1,657.40	4	0	\$627.40
I28A	Other Connect Tissue Procs +Cc	\$8,048.30	18	3	\$722.10
I28B	Other Connect Tissue Procs -Cc	\$1,634.30	4	0	\$576.80
I60Z	Femoral Shaft Fractures	\$4,765.50	23	4	\$402.20
I61Z	Other Femoral Fractures	\$6,751.20	33	5	\$409.10
I62A	Fract Pelvis&Femoral Neck +Csc	\$8,788.80	37	6	\$469.00
I62B	Fract Pelvis&Femoral Neck +Sec	\$6,792.60	30	5	\$458.30
I62C	Fract Pelvis&Femoral Neck-Csc	\$5,270.10	22	4	\$474.20
I63Z	Spr,Str&Dsloc Hip,Pelvis&Thigh	\$2,229.90	8	0	\$495.40
I64A	Osteomyelitis A<65+Csc/A>64	\$5,213.60	22	4	\$466.10
I64B	Osteomyelitis A<65 -Csc	\$2,865.30	10	2	\$549.60
I65A	Con Tis Mal,Inc Path Frac A>64	\$4,612.50	19	3	\$472.30
I65B	Con Tis Mal,Inc Path Frac A<65	\$2,950.40	12	2	\$493.20
I66A	Inflm Muscl Dsr A>64/A<65+Csc	\$2,867.90	11	2	\$490.20
I66B	Inflm Musculskil Dsr A<65-Csc	\$897.40	4	0	\$625.20
I67A	Septic Arthritis + Csc	\$6,259.10	27	4	\$453.40
I67B	Septic Arthritis - Csc	\$2,978.30	11	2	\$508.70
I68A	N-S Nck,Bck-Pn Pr A<75+Cc/A>74	\$4,034.90	16	3	\$482.10

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation
Regulations 2008**

*Variation of Workers Rehabilitation and Compensation (Scales of Medical and Other Charges)
Regulations 1995—Part 2*

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
I68B	N-Surg Neck,Back-Pn Pr A<75-Cc	\$1,768.90	6	0	\$513.00
I68C	N-Surg Neck& Back+Pain Pr/Myel	\$887.70	4	0	\$622.00
I69A	Bne Dis&Spfc Arthro A>74+Csc	\$7,293.60	32	5	\$455.30
I69B	Bne Dis&Spfc Arthro A>74-Csc	\$2,940.70	12	2	\$493.50
I69C	Bone Dis & Specfc Arthrop A<75	\$2,530.90	8	0	\$518.10
I70Z	Non-Specific Arthropathies	\$2,313.30	9	2	\$494.70
I71A	Musculotendinous Dsr A>69 +Cc	\$4,742.60	20	3	\$473.30
I71B	Musc tendns Dsr A<70+Cc/A>69-Cc	\$2,121.10	8	0	\$533.10
I71C	Musculotendinous Dsr A<70 -Cc	\$1,035.40	4	0	\$561.50
I72A	Tendn,Myot&Burs A<80+Csc/A>79	\$3,870.90	16	3	\$476.10
I72B	Tendntis,Myots& Burs A<80-Csc	\$1,153.70	4	0	\$547.90
I73A	Afticare Con Tis Dsr A>59+Csc	\$7,242.30	33	6	\$432.40
I73B	Afticare Ct A<60+Csc/A>59-Csc	\$2,291.70	9	0	\$483.50
I73C	Afticare Con Tis Dsr A<60-Csc	\$1,331.10	4	0	\$552.10
I74A	Inj Frarm,Wr,Hand,Foot A>74+Cc	\$5,847.30	25	4	\$454.80
I74B	Inj Hand, Foot A>74-Cc/A<75+Cc	\$2,401.60	9	2	\$481.20
I74C	Inj Frarm,Wr,Hand,Foot A<75-Cc	\$836.80	4	0	\$557.00
I75A	Inj Sh, Arm,Elb,Kn,Leg A>64+Cc	\$6,562.90	29	5	\$447.20
I75B	Inj Arm, Leg A>64-Cc/A<65+Cc	\$3,617.20	15	3	\$469.60
I75C	Inj Sh, Arm,Elb,Kn,Leg A<65-Cc	\$1,096.30	4	0	\$569.10
I76A	Oth Musculoskeletl Dsr A>69+Cc	\$5,203.80	21	4	\$477.00
I76B	Oth Musclet Dsr A<70+Cc/A>69-Cc	\$2,045.10	7	0	\$518.50
I76C	Oth Musculoskeletl Dsr A<70-Cc	\$935.50	4	0	\$612.00
J01Z	Microvasc Tiss Transf Skn/Brst	\$9,563.10	17	3	\$691.00
J02A	L Lmb+Skin Graft+Ulnr/Cels+Ccc	\$16,904.90	61	10	\$510.90
J02B	L Lmb+Skin Graft+Ulnr/Cels-Ccc	\$8,276.50	28	5	\$529.10
J03A	L Lmb+Skn Graft-Ulnr/Cels+Csc	\$7,275.00	25	4	\$506.20
J03B	L Lmb+Skn Graft-Ulnr/Cels-Csc	\$2,880.00	8	0	\$519.60
J04A	L Lmb-Skn Graft+Ulnr/Cels+Csc	\$9,334.40	31	5	\$544.90
J04B	L Lmb-Skn Graft+Ulnr/Cels-Csc	\$3,543.10	10	2	\$544.60
J05Z	L Lmb-Skin Graft-Ulcer/Cells	\$2,060.10	4	0	\$592.80
J06A	Major Pr Malig Breast Condns	\$3,824.50	8	0	\$614.90
J06B	Major Pr Non-Malig Breast Cnds	\$2,409.30	4	0	\$588.60
J07A	Minor Pr Malig Breast Condns	\$3,267.80	7	0	\$562.10
J07B	Minor Pr Non-Malig Breast Cnds	\$1,402.10	4	0	\$514.00
J08A	Oth Skn Grf&/Dbdrmt Pr+Csc	\$5,076.50	15	3	\$513.30
J08B	Oth Skn Grf&/Dbdrmt Pr-Csc	\$1,507.80	4	0	\$648.00
J09Z	Perianal & Pilonidal Pr	\$1,379.60	4	0	\$588.70
J10Z	Skn,Subc Tis & Brst Plastic Pr	\$1,684.80	4	0	\$602.00
J11Z	Other Skin, Subc Tis & Brst Pr	\$903.40	4	0	\$390.00
J60A	Skin Ulcers A>64	\$3,197.70	13	2	\$484.80
J60B	Skin Ulcers A<65	\$1,432.30	5	0	\$532.80
J61Z	Severe Skin Disorders	\$4,002.20	15	3	\$512.90
J62A	Malig Breast Disorder A>69 +Cc	\$3,612.70	14	2	\$478.80

Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation Regulations 2008

Part 2—Variation of *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995*

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
J62B	Mal Brst Disrd A>69-Cc/A<70+Cc	\$1,971.60	6	0	\$517.00
J62C	Malig Breast Disorder A<70 -Cc	\$1,554.90	4	0	\$626.80
J63Z	Non-Malignant Breast Disorders	\$1,264.00	4	0	\$478.00
J64A	Cellulitis A>59 + Csc	\$6,046.10	25	4	\$484.80
J64B	Cellulitis A>59 -Csc / A<60	\$2,627.70	10	2	\$501.20
J65A	Trauma To Skn,Sub Tis&Bst A>69	\$4,090.80	18	3	\$458.60
J65B	Trauma To Skn,Sub Tis&Bst A<70	\$1,159.70	4	0	\$552.50
J66A	Moderate Skin Disorders + Csc	\$4,941.20	22	4	\$450.20
J66B	Moderate Skin Disorders - Csc	\$2,510.10	10	2	\$481.00
J67A	Minor Skin Disorders + Cc	\$3,191.90	12	2	\$481.60
J67B	Minor Skin Disorders - Cc	\$937.20	4	0	\$514.00
K01Z	Diabetic Foot	\$12,985.10	42	7	\$550.80
K02Z	Pituitary Procedures	\$9,059.80	16	3	\$807.30
K03Z	Adrenal Procedures	\$5,902.60	11	2	\$722.30
K04Z	Major Procedures For Obesity	\$3,586.70	6	0	\$546.60
K05Z	Parathyroid Procedures	\$3,112.80	5	0	\$717.80
K06Z	Thyroid Procedures	\$3,013.40	5	0	\$657.60
K07Z	Obesity Procedures	\$3,638.40	6	0	\$599.40
K08Z	Thyroglossal Procedures	\$1,791.40	4	0	\$633.30
K09Z	Other Endern, Nutr& Meta Or Pr	\$5,479.70	14	2	\$570.60
K40Z	Endosc/Invest Pr Metab Dsdr-Cc	\$929.10	4	0	\$569.00
K60A	Diabetes + Csc	\$5,276.70	21	3	\$496.70
K60B	Diabetes - Csc	\$2,145.90	8	0	\$492.40
K61Z	Severe Nutritional Disturbance	\$7,427.60	29	5	\$508.70
K62A	Misc Metabolic Disorders + Ccc	\$6,001.60	23	4	\$505.80
K62B	Misc Metble Dsrds+Sc/A>74-Sc	\$3,096.60	12	2	\$508.80
K62C	Misc Metabolic Dsrds-Csc A<75	\$2,291.60	4	0	\$488.80
K63Z	Inborn Errors Of Metabolism	\$1,540.20	5	0	\$555.40
K64A	Endocrine Disorders + Csc	\$4,734.50	32	5	\$292.80
K64B	Endocrine Disorders - Csc	\$1,787.50	7	0	\$523.40
L01A	Kidney Transplant + Csc	\$9,340.80	20	3	\$750.70
L01B	Kidney Transplant - Csc	\$0.00	4	0	\$0.00
L02Z	Oper Insert Peri Cath Dialysis	\$3,083.40	8	0	\$584.40
L03A	Kdny,Urt&Mjr Bldr Pr Npsm+Csc	\$11,294.80	25	4	\$712.90
L03B	Kdny,Urt&Mjr Bldr Pr Npsm-Csc	\$6,199.50	13	2	\$679.70
L04A	Kdy,Urt&Mjr Bldr Pr N-Npm+Csc	\$9,041.00	18	3	\$747.50
L04B	Kdy,Urt&Mjr Bldr Pr N-Npm-Csc	\$2,870.60	5	0	\$640.80
L05A	Tranureth Prostatectomy +Csc	\$7,938.20	24	4	\$570.30
L05B	Tranureth Prostatectomy -Csc	\$3,698.40	8	0	\$624.90
L06A	Minor Bladder Procedures+Csc	\$5,388.90	17	3	\$541.20
L06B	Minor Bladder Procedures -Csc	\$1,769.30	4	0	\$567.70
L07A	Transurethral Proc + Csc	\$3,426.00	10	2	\$541.70
L07B	Transurethral Proc - Csc	\$1,204.00	4	0	\$656.00
L08A	Urethral Procedures + Cc	\$2,057.60	6	0	\$513.30

Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation Regulations 2008

Variation of Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—Part 2

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
L08B	Urethral Procedures - Cc	\$1,268.70	4	0	\$622.20
L09A	Oth Kidny & Urnry Tract Pr+Ccc	\$12,665.00	40	7	\$551.70
L09B	Oth Kidny & Urnry Tract Pr+Scce	\$4,815.40	11	2	\$618.20
L09C	Oth Kidny & Urnry Trct Pr-Cscce	\$2,151.90	4	0	\$617.40
L40Z	Ureteroscopy	\$1,467.50	4	0	\$649.60
L41Z	Cystourethroscopy -Cc	\$895.70	4	0	\$433.00
L42Z	Esw Lithotripsy+Urinary Stones	\$2,328.90	4	0	\$657.00
L60A	Renal Failure + Ccc	\$8,261.80	31	5	\$516.50
L60B	Renal Failure + Scce/A>69-Scce	\$4,338.10	16	3	\$525.80
L60C	Renal Failure A<70 - Cscce	\$2,183.90	8	0	\$526.20
L61Z	Admit For Renal Dialysis	\$290.20	4	0	\$288.00
L62A	Kdny&Urnry Trct Neoplasms +Cscce	\$4,267.40	19	3	\$444.80
L62B	Kdny&Urnry Trct Neoplasms -Cscce	\$1,442.40	5	0	\$493.00
L63A	Kdny & Urnry Trct Infcs A>69+Ccc	\$6,408.60	26	4	\$485.10
L63B	Kdny & Urnry Trct Infcs A>69-Ccc	\$3,274.70	12	2	\$516.20
L63C	Kidny & Urnry Tract Infcs A<70	\$1,695.60	6	0	\$524.10
L64Z	Urinary Stones & Obstruction	\$1,180.90	4	0	\$545.50
L65A	Kdny & Urnry Tr Sgns&Symps+Cscce	\$3,583.10	14	2	\$503.00
L65B	Kdny & Urnry Tr Sgns&Symps-Cscce	\$1,231.60	4	0	\$541.70
L66Z	Urethral Stricture	\$905.40	4	0	\$624.00
L67A	Oth Kidny & Urnry Tract Dx+Ccc	\$6,422.60	25	4	\$494.80
L67B	Oth Kidny & Urnry Tract Dx+Scce	\$2,664.60	10	2	\$503.40
L67C	Oth Kidny & Urnry Trct Dx-Cscce	\$858.00	4	0	\$586.40
M01Z	Major Male Pelvic Procedures	\$6,884.40	13	2	\$720.50
M02A	Transurethral Prostatectomy+Cscce	\$5,628.90	15	3	\$592.00
M02B	Transurethral Prostatectomy-Cscce	\$3,259.90	7	0	\$637.70
M03A	Penis Procedures + Cc	\$2,837.50	7	0	\$537.20
M03B	Penis Procedures - Cc	\$1,261.90	4	0	\$620.00
M04A	Testes Procedures + Cc	\$2,439.80	6	0	\$526.60
M04B	Testes Procedures - Cc	\$1,319.80	4	0	\$533.00
M05Z	Circumcision	\$820.60	4	0	\$370.00
M06A	Oth Male Reprd Sys Or Pr +Mal	\$1,669.00	4	0	\$649.40
M06B	Oth Male Reprd Sys Or Pr -Mal	\$1,207.90	4	0	\$710.00
M40Z	Cystourethroscopy - Cc	\$670.60	4	0	\$340.00
M60A	Malignancy, Male Repr Sys+Cscce	\$3,895.50	18	3	\$428.10
M60B	Malignancy, Male Repr Sys-Cscce	\$892.00	4	0	\$620.00
M61A	Benign Prostatic Hypertry+Cscce	\$3,336.60	11	2	\$568.10
M61B	Benign Prostatic Hypertry-Cscce	\$737.60	4	0	\$428.00
M62A	Inflammation Male Reprd Sys+Cc	\$2,339.10	8	0	\$550.10
M62B	Inflammation Male Reprd Sys-Cc	\$1,103.60	4	0	\$576.30
M63Z	Sterilisation, Male	\$758.30	4	0	\$318.00
M64Z	Other Male Reproductive Sys Dx	\$808.80	4	0	\$474.00
N01Z	Pelvic Evscrtn & Radcl Vlctmty	\$7,008.60	16	3	\$614.00
N02A	Utrn,Adnx Pr+Ovrm/Adnxl Mal+Cc	\$9,098.50	21	3	\$675.30

Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation Regulations 2008

Part 2—Variation of *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995*

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
N02B	Utrn,Adnx Pr+Ovrm/Adnxl Mal-Cc	\$4,580.50	10	2	\$602.50
N03A	Utrn,Adnx Pr-Ovrm/Adnxl Mal+Cc	\$6,960.80	16	3	\$665.20
N03B	Utrn,Adnx Pr-Ovrm/Adnxl Mal-Cc	\$4,166.80	9	2	\$625.40
N04Z	Hysterectomy For Non-Malignanc	\$4,081.80	9	0	\$580.10
N05A	Ooph&Com Fal Tube Pr Nmal+Csc	\$5,125.00	12	2	\$610.50
N05B	Ooph&Com Fal Tube Pr Nmal-Csc	\$2,875.00	5	0	\$620.00
N06Z	Fem Repr Sys Reconstructive Pr	\$2,841.30	6	0	\$558.80
N07Z	Oth Utern & Adnexa Pr For Nmal	\$1,311.40	4	0	\$472.00
N08Z	Endoscopic Procs, Fem Repr Sys	\$1,075.40	4	0	\$390.00
N09Z	Conistn,Vagina,Cervix&Vulva Pr	\$959.90	4	0	\$412.00
N10Z	Dxc Curetge, Dxc Hysteroscopy	\$858.50	4	0	\$338.00
N11A	Oth Fem Rep S Pr A>64/+Mal/+Cc	\$4,314.90	11	2	\$569.50
N11B	Oth Fem Rep Sys Pr A<65-Mal-Cc	\$633.10	4	0	\$306.00
N60A	Malignancy Fem Reprod Sys+Csc	\$3,319.30	15	3	\$433.50
N60B	Malignancy Fem Reprod Sys-Csc	\$1,610.10	7	0	\$473.60
N61Z	Infections, Female Reprod Syst	\$1,774.30	6	0	\$540.50
N62A	Mnstrl&Oth Fem Repr Sys Dis+Cc	\$1,599.50	5	0	\$512.00
N62B	Mnstrl&Oth Fem Repr Sys Dis-Cc	\$647.70	4	0	\$440.00
Q01Z	Splenectomy	\$6,347.90	14	2	\$644.20
Q02A	Oth Or Pr Bid&Bld Frm Org+Csc	\$7,931.40	24	4	\$547.20
Q02B	Oth Or Pr Bid&Bld Frm Org-Csc	\$1,569.30	4	0	\$665.20
Q60A	Reticlendothil&Imnty Dsrld+Csc	\$4,167.80	15	2	\$559.90
Q60B	Reticlendothil&Imnty Dsrld-Csc	\$612.90	4	0	\$570.00
Q61A	Red Blood Cell Disders + Ccc	\$5,245.10	21	4	\$476.20
Q61B	Red Blood Cell Disders + Sec	\$2,734.00	10	2	\$512.70
Q61C	Red Blood Cell Disders - Csc	\$866.80	4	0	\$665.70
Q62A	Coagulation Disorders A>69	\$2,279.40	8	0	\$573.50
Q62B	Coagulation Disorders A<70	\$1,186.70	4	0	\$598.40
R01A	Lymphma&Leukma+Mjr Or Pr +Csc	\$11,458.80	33	6	\$582.30
R01B	Lymphma&Leukma+Mjr Or Pr - Csc	\$4,204.00	10	2	\$624.50
R02A	Oth Nplstc Dsrld+Mjr Or Pr+Csc	\$9,061.80	24	4	\$616.00
R02B	Oth Nplstc Dsrld+Mjr Or Pr-Csc	\$4,350.90	9	2	\$664.50
R03A	Lymphma Leukma+Oth Or Pr +Csc	\$12,157.00	41	7	\$533.70
R03B	Lymphma Leukma+Oth Or Pr -Csc	\$1,930.20	4	0	\$606.40
R04A	Oth Nplstc Dsrld+Oth Or Pr+Csc	\$4,700.80	15	2	\$512.50
R04B	Oth Nplstc Dsrld+Oth Or Pr-Csc	\$2,024.70	4	0	\$570.80
R60A	Acute Leukaemia + Ccc	\$12,105.50	45	8	\$513.80
R60B	Acute Leukaemia + Sec	\$2,244.30	8	0	\$542.20
R60C	Acute Leukaemia - Csc	\$1,201.80	4	0	\$564.90
R61A	Lymphma &N-Acute Leukaemia+Ccc	\$8,190.70	33	5	\$488.90

Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation Regulations 2008

Variation of Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—Part 2

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
R61B	Lymphoma &N-Acute Leukaemia-Ccc	\$2,357.00	9	0	\$525.50
R61C	Lymphoma/N-A Leukaemia,Sameday	\$322.60	4	0	\$269.00
R62A	Other Neoplastic Disorders +Cc	\$3,558.70	15	3	\$457.90
R62B	Other Neoplastic Disorders -Cc	\$1,680.60	6	0	\$483.30
R63Z	Chemotherapy	\$309.10	4	0	\$267.00
R64Z	Radiotherapy	\$0.00	4	0	\$0.00
S60Z	HIV, Sameday	\$297.20	4	0	\$254.00
S61Z	Hiv-Related Cns Disease	\$0.00	4	0	\$0.00
S62Z	Hiv-Related Malignancy	\$0.00	4	0	\$0.00
S63A	Hiv-Related Infection + Ccc	\$0.00	4	0	\$0.00
S63B	Hiv-Related Infection - Ccc	\$1,766.60	29	5	\$119.30
S64A	Other Hiv + Ccc	\$0.00	4	0	\$0.00
S64B	Other Hiv - Ccc	\$0.00	4	0	\$0.00
T01A	Or Proc Infect& Paras Dis+Ccc	\$14,304.10	43	7	\$589.60
T01B	Or Proc Infect& Paras Dis+Smcc	\$6,052.90	19	3	\$523.20
T01C	Or Proc Infect & Paras Dis-Cc	\$3,360.50	9	2	\$536.70
T60A	Septicaemia + Csc	\$6,447.90	22	4	\$574.00
T60B	Septicaemia - Csc	\$3,533.40	13	2	\$541.20
T61A	Pstop&Pstr Inf+Csc/A>54-Csc	\$3,469.30	14	2	\$501.60
T61B	Postop&Posttr Infect A<55-Csc	\$1,729.70	6	0	\$522.60
T62A	Fever Of Unknown Origin + Cc	\$3,267.90	12	2	\$526.60
T62B	Fever Of Unknown Origin - Cc	\$1,753.70	6	0	\$536.10
T63A	Viral Illness A>59	\$2,935.90	12	2	\$506.10
T63B	Viral Illness A<60	\$1,378.80	5	0	\$538.00
T64A	Oth Infectous&Parstic Dis+Csc	\$5,919.30	23	4	\$506.40
T64B	Oth Infectous&Parstic Dis-Csc	\$1,844.90	7	0	\$512.30
U40Z	Mental Health Treat,Samedy+ECT	\$199.80	4	0	\$199.00
U60Z	Mental Health Treat,Samedy-ECT	\$199.80	4	0	\$199.00
U61A	Schizophrenia Disorders+Mhls	\$5,614.10	29	5	\$388.20
U61B	Schizophrenia Disorders-Mhls	\$7,207.60	37	6	\$386.70
U62A	Par&Acute Psych Dsr&+Csc/Mhls	\$7,069.80	42	7	\$327.90
U62B	Par&Acute Psych Dsr&-Csc-Mhls	\$7,150.70	34	6	\$414.10
U63A	Mjr Affect Dsr&+Csc/A>69-Csc	\$8,337.60	42	7	\$392.30
U63B	Major Affective Dsr& A<70-Csc	\$7,747.60	36	6	\$427.70
U64Z	Oth Affect & Somatoform Dsr&	\$6,991.70	32	5	\$435.00
U65Z	Anxiety Disorders	\$3,590.10	16	3	\$448.00
U67Z	Personlty Dsr&&Acute Reactions	\$6,085.40	29	5	\$415.90
V60Z	Alcohol Intoxicatn & Withdrwl	\$1,764.20	7	0	\$477.50
V61A	Drug Intoxicatn & Withdrawal+Cc	\$6,756.70	37	6	\$364.50
V61B	Drug Intoxicatn & Withdrawal-Cc	\$2,705.30	11	2	\$472.70
V62A	Alcohol Use Dsr& & Dependence	\$6,581.10	29	5	\$457.90
V62B	Alcohol Use Dsr& & Dependnc+Sd	\$233.20	4	0	\$233.00
V63Z	Opioid Use Dsr& & Dependence	\$2,646.10	11	2	\$499.20

Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation Regulations 2008

Part 2—Variation of *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995*

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
V64Z	Other Drug Use Disord & Depend	\$2,759.60	12	2	\$443.40
W01Z	Ventiln/Cranio Mult Sig Trauma	\$0.00	4	0	\$0.00
W02Z	Hip,Femr&Limb Pr Mult Sig Trma	\$16,234.40	38	6	\$747.40
W03Z	Abdominal Pr Mult Sig Trauma	\$6,957.00	15	3	\$745.90
W04Z	Othr Or Pr For Mult Sig Trauma	\$9,726.10	27	5	\$630.70
W60Z	Multiple Trauma, Died/Transf<5	\$3,001.20	4	0	\$1,289.40
W61Z	Multiple Trauma - Signif Procs	\$6,322.00	25	4	\$511.80
X01Z	Mic Tt/Skin Grafts Inj Lwr Lmb	\$7,268.60	22	4	\$539.00
X02Z	Mic Tt/Skin Grafts Inj To Hand	\$1,893.70	4	0	\$655.00
X03Z	Mic Tt/Skin Grafts Other Inj	\$4,317.20	12	2	\$508.70
X04A	Other Pr Inj Lwr Lmb A>59/+Cc	\$5,334.40	15	2	\$549.50
X04B	Other Pr Inj Lowr Limb A<60-Cc	\$1,796.60	4	0	\$596.40
X05Z	Other Pr For Injuries To Hand	\$1,462.40	4	0	\$588.00
X06A	Other Pr Other Injuries + Csec	\$6,115.80	18	3	\$567.80
X06B	Other Pr Other Injuries - Csec	\$2,000.00	4	0	\$574.70
X60A	Injuries A>64 + Cc	\$5,301.70	22	4	\$483.50
X60B	Injuries A>64 - Cc	\$3,045.30	12	2	\$496.70
X60C	Injuries A<65	\$1,259.30	4	0	\$539.70
X61Z	Allergic Reactions	\$1,117.80	4	0	\$628.10
X62A	Poising/Toxc Eff Drugs A>59/+Cc	\$2,870.00	10	2	\$545.90
X62B	Poising/Toxc Eff Drugs A<60 -Cc	\$868.10	4	0	\$630.70
X63A	Sequelae Of Treatmnt+Csec	\$4,038.10	15	2	\$524.60
X63B	Sequelae Of Treatmnt-Csec	\$1,465.20	5	0	\$538.50
X64A	Ot Inj,Pois&Tox Ef Dx A>59/+Cc	\$3,137.10	12	2	\$535.20
X64B	Ot Inj,Pois&Tox Eff Dx A<60-Cc	\$637.10	4	0	\$637.00
Y01Z	Severe Full Thick Burns	\$0.00	4	0	\$0.00
Y02A	Oth Burn+Skn G A>64/+Csec/Comp	\$7,547.60	25	4	\$523.10
Y02B	Oth Burn+Skn Gr A<65-Csec-Comp	\$2,845.10	7	0	\$538.40
Y03Z	Other Or Procs For Other Burns	\$2,650.30	8	0	\$448.80
Y60Z	Burns,Trans Oth Acut Care <5 D	\$1,057.70	4	0	\$524.00
Y61Z	Severe Burns	\$2,475.70	10	2	\$502.20
Y62A	Other Burns A>64/+Csec/Comp	\$4,432.80	20	3	\$440.90
Y62B	Other Burns A<65 -Csec -Comp	\$1,382.40	5	0	\$544.80
Z01A	Or Pr+Dx Oth Cnt Hlth Srv+Csec	\$4,418.30	16	3	\$483.40
Z01B	Or Pr+Dx Oth Cnt Hlth Srv-Csec	\$1,363.20	4	0	\$604.10
Z40Z	Follow Up Afr Treat+Endoscopy	\$581.50	4	0	\$266.00
Z61Z	Signs & Symptoms	\$1,554.70	5	0	\$540.30
Z62Z	Follow up Aft Treat-Endoscopy	\$494.50	4	0	\$321.00

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation
Regulations 2008**

Variation of *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges)*
Regulations 1995—Part 2

Table 3

Item No	Service description	Maximum charge (excl GST)
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A charge applicable to an admitted patient is not payable unless the patient is admitted in accordance with the criteria for admission (see clause 1(5)).

SAME DAY SERVICES FOR DAY SURGERY FACILITIES

Accommodation

The band into which services fall will be determined in accordance with the Day Only Procedures Manual.

PR410	Band 1: including gastrointestinal endoscopy, some minor surgical and non-surgical procedures not normally requiring anaesthetic.	\$270.50
PR420	Band 2: procedures other than Band 1 performed under local anaesthetic with no sedation. Theatre time less than 1 hour.	\$322.05
PR430	Band 3: procedures other than Band 1 performed under general or regional anaesthesia or intravenous sedation. Theatre time less than 1 hour.	\$376.30
PR440	Band 4: procedures other than Band 1 performed under general or regional anaesthesia or intravenous sedation. Theatre time 1 hour or more.	\$398.90

Theatre

The band into which services fall will be determined in accordance with the *Group Accommodation and Theatre Banding Schedule* produced by the Commonwealth Department of Veterans' Affairs, November 2007.

Where more than 1 service is provided in a single theatre session, the theatre charge is—

- (a) the theatre charge for the service with the highest theatre charge; plus
- (b) 50% of the theatre charge for the service with the next highest theatre charge; plus
- (c) 30% of the theatre charge for each of the other services so provided.

PRT1A	Band 1A	\$155.40
PRT01	Band 1	\$310.75
PRT02	Band 2	\$396.65
PRT03	Band 3	\$551.45
PRT04	Band 4	\$797.80
PRT05	Band 5	\$1 023.80
PRT06	Band 6	\$1 348.10

Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Variation Regulations 2008

Part 2—Variation of *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995*

Table 3

Item No	Service description	Maximum charge (excl GST)
PRT07	Band 7	\$1 844.15
PRT08	Band 8	\$1 968.45
PRT9A	Band 9A	\$2 289.40
PRT09	Band 9	\$2 626.10
PRT10	Band 10	\$3 437.45
PRT11	Band 11	\$4 878.20
PRT12	Band 12	\$5 237.55
PRT13	Band 13	\$4 952.80
PRT50	Dental minor	\$293.80
PRT55	Dental major	\$529.95

Note—

As required by section 10AA(2) of the *Subordinate Legislation Act 1978*, the Minister has certified that, in the Minister's opinion, it is necessary or appropriate that these regulations come into operation as set out in these regulations.

Made by the Governor's Deputy

following consultation as required under section 32(13) of the *Workers Rehabilitation and Compensation Act 1986* and with the advice and consent of the Executive Council on 7 February 2008

No 13 of 2008

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