

SOUTH AUSTRALIA

**WORKERS REHABILITATION AND COMPENSATION (SCALES  
OF MEDICAL AND OTHER CHARGES) REGULATIONS 1995**

*These regulations are reprinted pursuant to the Subordinate Legislation Act 1978 and incorporate all amendments in force as at **28 November 1996**.*

*It should be noted that the regulations were not revised (for obsolete references, etc.) prior to the publication of this reprint.*

**Workers Rehabilitation and Compensation (Scales of Medical  
and Other Charges) Regulations 1995**

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**LEGISLATIVE HISTORY**

# REGULATIONS UNDER THE WORKERS REHABILITATION AND COMPENSATION ACT 1986

## WORKERS REHABILITATION AND COMPENSATION (SCALES OF MEDICAL AND OTHER CHARGES) REGULATIONS 1995

being

No. 206 of 1995: *Gaz.* 16 November 1995, p. 1370<sup>1</sup>

as varied by

No. 226 of 1995: *Gaz.* 14 December 1995, p. 1687<sup>2</sup>

No. 247 of 1996: *Gaz.* 28 November 1996, p. 1777<sup>3</sup>

<sup>1</sup> Came into operation 16 November 1995: reg. 2.

<sup>2</sup> Came into operation 14 December 1995: reg. 2.

<sup>3</sup> Came into operation 28 November 1996: reg. 2.

**NOTE:**

- *Asterisks indicate repeal or deletion of text.*
- *For the legislative history of the regulations see Appendix. Entries appearing in the Appendix in bold type indicate the amendments incorporated since the last reprint.*

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**Citation**

1. This regulation may be cited as the *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995*.

**Commencement**

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

**Interpretation**

3. In these regulations—

"Act" means the *Workers Rehabilitation and Compensation Act 1986*;

"Claims Agent" means a private sector body that is a party to a contract with the Corporation under the *WorkCover Corporation (Claims Management—Contractual Arrangements) Regulations 1995*;

"Self-Managed Employer" means a registered employer who is managing claims brought by the employer's own workers under a contract or arrangement with the Corporation under section 14 of the *WorkCover Corporation Act 1994*;

"WorkCover" is the Corporation.

**Scales of charges—Private hospitals**

4. (1) Pursuant to subsection (11) of section 32 of the Act, the scales of charges set out in schedule 1 are prescribed as scales of charges for the purposes of that section for the provision of services (other than psychiatric services) in private hospitals.

(2) Pursuant to subsection (11) of section 32 of the Act, the scales of charges set out in schedule 1A are prescribed as scales of charges for the purposes of that section for the provision of psychiatric services in private hospitals.

**Scales of charges—Physiotherapy services**

5. Pursuant to subsection (11) of section 32 of the Act, the scales of charges set out in schedule 2 are prescribed as scales of charges for the purposes of that section for the provision of physiotherapy services.

**Scale of charges—Public hospitals**

6. Pursuant to subsection (11) of section 32 of the Act, the fees set out in schedule 3 are prescribed as scales of charges for the purposes of that section for the provision of services in or by—

(a) the hospitals and health services listed in Part E of that schedule; and

(b) health centres within the ambit of Part D of that schedule.

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SCHEDULE 1

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**SCHEDULE 1**

*(Scales of charges—Private hospitals)  
(Services other than psychiatric services)*

| Item No.  | SERVICE<br>Description                                 |           | CHARGE<br>\$ |
|---|--|-----------|--------------|
| <b>ACCOMMODATION - GROUP A</b>                      |  |           |              |
| <b>Advanced Surgical - Shared Room - Group A</b>    |  |           |              |
| PR100   | 1 or more days but not more than 7 days                | - per day | 403.00       |
| PR105   | 8 or more days but not more than 14 days               | - per day | 364.00       |
| PR110   | 15 or more days  | - per day | 250.00       |
| <b>Surgical - Shared Room - Group A</b>             |  |           |              |
| PR120   | 1 or more days but not more than 7 days                | - per day | 340.00       |
| PR125   | 8 or more days but not more than 14 days               | - per day | 310.00       |
| PR130   | 15 or more days  | - per day | 205.00       |
| <b>Medical - Shared Room - Group A</b>              |  |           |              |
| PR180   | 1 or more days but not more than 7 days                | - per day | 335.00       |
| PR185   | 8 or more days but not more than 14 days               | - per day | 315.00       |
| PR190   | 15 or more days  | - per day | 205.00       |
| <b>ACCOMMODATION - GROUP B</b>                      |  |           |              |
| <b>Advanced Surgical - Shared Room - Group B</b>    |  |           |              |
| PR200   | 1 or more days but not more than 7 days                | - per day | 350.00       |
| PR205   | 8 or more days but not more than 14 days               | - per day | 330.00       |
| PR210   | 15 or more days  | - per day | 250.00       |
| <b>Surgical - Shared Room - Group B</b>             |  |           |              |
| PR220   | 1 or more days but not more than 7 days                | - per day | 310.00       |
| PR225   | 8 or more days but not more than 14 days               | - per day | 295.00       |
| PR230   | 15 or more days  | - per day | 200.00       |
| <b>Medical - Shared Room - Group B</b>              |  |           |              |
| PR280   | 1 or more days but not more than 7 days                | - per day | 300.00       |
| PR285   | 8 or more days but not more than 14 days               | - per day | 283.00       |
| PR290   | 15 or more days  | - per day | 205.00       |
| <b>OTHER ACCOMMODATION CHARGES - GROUPS A AND B</b> |  |           |              |
| PR300   | High Dependency Unit                                   |           | 560.00       |
| PR310   | Advanced Dependency                                    |           | 770.00       |
| PR320   | Intensive Care   |           | 1700.00      |
| PR400   | Private room allocated on the basis<br>of medical need | - per day | 10.00        |

Note: A private room can be allocated on the basis of a medical need determined by the treating/admitting medical practitioner. In such a case, the \$10 per day will be paid for occupancy of the private room. In all other cases, the charge for a private room will be the same as the charge prescribed for a shared room.

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### Inpatient Pain Assessment/Management

|       |  |           |        |
|-------|--|-----------|--------|
| PR700 | 1 or more days but not more than 7 days  | - per day | 335.00 |
| PR705 | 8 or more days but not more than 14 days | - per day | 315.00 |
| PR710 | 15 or more days                          | - per day | 205.00 |

### SAME DAY SERVICES AND CHARGES - GROUPS A AND B

|       |   |  |        |
|-------|---|--|--------|
| PR410 | Band 1, including gastrointestinal endoscopy, some minor surgical and non surgical procedures not normally requiring anaesthetic                      |  | 145.00 |
| PR420 | Band 2, including procedures other than Band 1 performed under local anaesthetic with no sedation. Theatre time less than 1 hour                      |  | 245.00 |
| PR430 | Band 3, including procedures other than Band 1 performed under general or regional anaesthesia or intravenous sedation. Theatre time less than 1 hour |  | 279.00 |
| PR440 | Band 4, including procedures other than Band 1 performed under general or regional anaesthesia or intravenous sedation. Theatre time 1 hour or more   |  | 298.00 |

Note: These descriptions relate to relevant HBF/PH circulars published from time to time by the Commonwealth Department of Human Services and Health.

### THEATRE FEES - BAND

|       |              |  |         |
|-------|--------------|--|---------|
| PRT1A | 1A           |  | 70.00   |
| PRT01 | 1            |  | 244.00  |
| PRT02 | 2            |  | 307.00  |
| PRT03 | 3            |  | 438.00  |
| PRT04 | 4            |  | 639.00  |
| PRT05 | 5            |  | 798.00  |
| PRT06 | 6            |  | 1081.00 |
| PRT07 | 7            |  | 1528.00 |
| PRT08 | 8            |  | 1630.00 |
| PRT9A | 9A           |  | 1715.00 |
| PRT09 | 9            |  | 2250.00 |
| PRT10 | 10           |  | 2805.00 |
| PRT11 | 11           |  | 4040.00 |
| PRT12 | 12           |  | 4400.00 |
| PRT13 | 13           |  | 3759.00 |
| PRT50 | Dental Minor |  | 239.00  |
| PRT55 | Dental Major |  | 433.00  |

Note 1: Services in this section will be determined in accordance with the National Procedure Banding Schedule.

Note 2: Only one theatre fee is payable per session.

### EMERGENCY SERVICES

|       |   |  |       |
|-------|---|--|-------|
| PR015 | Facility fee payable for private hospital emergency service treatment |  | 30.00 |
|-------|---|--|-------|

Note 1: The facility fee is not payable in any of the following circumstances:

- the patient arrives by ambulance; or
- the patient is referred by a medical practitioner; or

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- the patient is subsequently admitted to the hospital which provides the emergency service.

Note 2: The facility fee is only payable where charges for medical services do not exceed the Commonwealth Medicare Benefits Schedule charge for that service.

**GENERAL NOTES**

The following hospitals are designated as Group A hospitals for the purposes of this schedule

Abergeldie Hospital  
Ashford Community Hospital Inc.  
Blackwood and District Community Hospital Inc.  
Burnside War Memorial Hospital Inc.  
Calvary Hospital Adelaide Inc.  
Central Districts Private Hospital  
Glenelg Community Hospital Inc.  
Hindmarsh Specialist Hospital Pty Ltd  
Hutt Street Private Hospital  
The Memorial Hospital  
Northern Community Hospital Inc.  
North Eastern Community Hospital Inc.  
Parkwynd Private Hospital  
St Andrews Hospital  
The Vales Private Hospital  
Wakefield Hospital  
Western Community Hospital

All other private hospitals will be taken to be Group B hospitals for the purposes of this schedule.

**ACCOUNT PREPARATION STANDARDS**

1. Accounts for services rendered in accordance with this schedule must conform to WorkCover standards and display the information set out below:
  - worker's family name and given name(s);
  - worker's address;
  - claim number, if known;
  - employer name, if known;
  - name of the practitioner who provided the service (if applicable);
  - provider number and practice details.
2. Each service for which payment is sought must be itemised separately with the following information, or comply with the following requirements:
  - date of consultation, attendance or service;
  - item number, in accordance with this schedule;
  - service descriptions for facility and accommodation charges must state the facility or accommodation type;
  - service description for theatre charges must state the theatre band number and the Commonwealth Medicare Benefits Schedule (CMBS) numbers applicable to the service;
  - all non-theatre services must be fully described.
3. WorkCover and Claims Agents will not pay "account rendered" statements. Payment will only be made on an original account or a duplicate of the original.
4. WorkCover and Claims Agents are unable to pay accounts until a claim for compensation has been accepted, unless the service was requested by WorkCover or a Claims Agent prior to claim determination.
5. Accounts which do not meet these standards may be returned to the provider for amendment.

**SCHEDULE 1A**

*(Scales of charges—Psychiatric services—Private hospitals)*

| Item No.                   | SERVICE<br>Description                    | CHARGE           |
|----------------------------|---|------------------|
| <b>Inpatient Services</b>  |   |                  |
| PR 800                     | 1 or more days but not more than 7 days   | - per day 343.00 |
| PR 805                     | 8 or more days but not more than 14 days  | - per day 320.00 |
| PR 810                     | 15 or more days but not more than 42 days | - per day 290.00 |
| PR 815                     | 43 or more days but not more than 65 days | - per day 195.00 |
| PR 820                     | 66 days or more                           | - per day 170.00 |
| <b>Outpatient Services</b> |   |                  |
| PR 081                     | Counselling/Group session                 | 45.00            |
| PR 082                     | Electro-convulsive therapy                | 100.00           |
| PR 083                     | Half-day                                  | 125.00           |
| PR 084                     | Same day                                  | 160.00           |
| PR 085                     | 6 or more visits                          | 155.00           |
| PR 086                     | Same day and procedure                    | 245.00           |

**ACCOUNT PREPARATION STANDARDS**

1. Accounts for services rendered in accordance with this schedule must conform to WorkCover standards and display the information set out below:
  - worker's family name and given name(s);
  - worker's address;
  - claim number, if known;
  - employer name, if known;
  - name of the practitioner who provided the service (if applicable);
  - provider number and practice details.
2. Each service for which payment is sought must be itemised separately with the following information, or comply with the following requirements:
  - date of consultation, attendance or service;
  - item number, in accordance with this schedule;
  - service descriptions for facility and accommodation charges must state the facility or accommodation type;
  - service description for theatre charges must state the theatre band number and the Commonwealth Medicare Benefits Schedule (CMBS) numbers applicable to the service;
  - all non-theatre services must be fully described.
3. WorkCover and Claims Agents will not pay "account rendered" statements. Payment will only be made on an original account or a duplicate of the original.
4. WorkCover and Claims Agents are unable to pay accounts until a claim for compensation has been accepted, unless the service was requested by WorkCover or a Claims Agent prior to claim determination.
5. Accounts which do not meet these standards may be returned to the provider for amendment.

**SCHEDULE 2**

*(Scales of charges—Physiotherapy services)*

| Item No.                    | SERVICE<br>Description  | CHARGE<br>\$ |
|-----------------------------|---|--------------|
| <b>CONSULTATIONS</b>        |   |              |
| <b>INITIAL CONSULTATION</b> |   |              |
|                             | Initial assessment and treatment of condition. This consultation involves some or all of the following elements, the components of which are at the discretion of the treating physiotherapist:   |              |
|                             | (i) Subjective Reporting<br>Major symptoms and lifestyle dysfunction;<br>Current history and treatment; Past history and treatment; Pain, 24 hour behaviour, aggravating and relieving factors; General health, medication, risk factors. |              |
|                             | (ii) Objective Assessment<br>Movement - active, passive, resisted, repeated;<br>Muscle tone, spasm, weakness; Accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.                       |              |
|                             | (iii) Assessment Results<br>Provisional diagnosis; Goals of Treatment;<br>Treatment plan.   |              |
|                             | (iv) Treatment<br>Discussion with the patient regarding working hypothesis and treatment goals and expected outcomes; Initial treatment and response;<br>Advice regarding home care including any exercise programs to be followed.       |              |
|                             | (v) Documentation<br>Recording all of the above in the clinical record of the patient, as well as:<br><br>X-ray and results of other tests;<br>Skin tests; and<br>Warnings.   |              |
|                             | (vi) Notification of Commencement of Treatment<br>Forward commencement of treatment form to the Self-Managed Employer, Exempt Employer or Claims Agent.   |              |
| PT105                       | Initial Consultation,<br>Assessment and Treatment   | 39.80        |

### SUBSEQUENT CONSULTATION

Reassessment and treatment of condition. This consultation must involve some or all of the following elements, the components of which are at the discretion of the treating physiotherapist:

(i) History Taking/Assessment

The history and assessment relates to the condition previously treated and its behaviour following the previous treatment.

(ii) Examination

Examination by the physiotherapist of the condition previously treated.

(iii) Treatment

An appropriate treatment is performed.

(iv) Reassessment

Reassessment by both the patient and physiotherapist.

(v) Discussion of the Management Program with Patient/Carer.

The goals of treatment and management program are discussed with the patient and counselling given regarding care and/or action to be taken before the next consultation or, if no further treatment is required, regarding care and preventative measures.

(vi) Referral

A report may be made to the referring practitioner or the patient may be referred to another allied health practitioner. This will include verbal or written communication. Reports to compensable bodies, employers and rehabilitation co-ordinators by request are to be charged at regulated rates on provision of patient's consent forms.

(vii) Clinical Records

Comprehensive clinical notes shall be kept recording all of the above.

|       |                                     |  |       |
|-------|-------------------------------------|--|-------|
| PT205 | Subsequent consultation-<br>Level A | Short consultation.<br>This consultation involves some but not usually all the elements of a Subsequent Consultation and requires minimal practitioner contact time. | 18.00 |
| PT210 | Subsequent consultation-<br>Level B | Standard consultation.<br>This consultation involves some or all of the elements of a Subsequent Consultation.   | 31.20 |

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|       |                                     |   |       |
|-------|-------------------------------------|---|-------|
| PT215 | Subsequent consultation-<br>Level C | Long consultation.<br>This consultation must include all elements of a Subsequent Consultation, but because of the nature of the condition, will require extra time for history taking, examination, treatment, documentation and liaison (eg injuries following major trauma, major surgery requiring intensive post-operative treatment). | 43.50 |
|-------|-------------------------------------|---|-------|

|       |                                     |   |       |
|-------|-------------------------------------|---|-------|
| PT220 | Subsequent consultation-<br>Level D | Extended consultation.<br>This consultation must include all of the elements of a Subsequent Consultation but requires greater time and should only be required in a limited number of cases where the case and treatment are extremely complex (eg injuries following extensive burns, multi-trauma, major surgery requiring intensive post-operative treatment such as complicated hand injuries or joint reconstruction and some neurological conditions). | 57.90 |
|-------|-------------------------------------|---|-------|

**HYDROTHERAPY**

|       |   |  |       |
|-------|---|--|-------|
| PT415 | Individual Hydrotherapy<br>Consultation | Individual reassessment and hydrotherapy treatment of condition.<br>This consultation involves some or all of the elements of a Subsequent Consultation. | 31.20 |
|-------|---|--|-------|

|       |                                    |   |       |
|-------|------------------------------------|---|-------|
| PT420 | Group Hydrotherapy<br>Consultation | Group hydrotherapy session planned and supervised by a physiotherapist.<br>This consultation involves some or all of the elements of a Subsequent Consultation, with hydrotherapy treatment undertaken in a group. Each group is to be a maximum of six patients per session. | 12.60 |
|-------|------------------------------------|---|-------|

**EXERCISE**

|       |                                     |   |       |
|-------|-------------------------------------|---|-------|
| PT455 | Individual Exercise<br>Consultation | Individual reassessment and exercise treatment of condition. This consultation involves some or all of the elements of a Subsequent Consultation. | 31.20 |
|-------|-------------------------------------|---|-------|

|       |                                |   |       |
|-------|--------------------------------|---|-------|
| PT460 | Group Exercise<br>Consultation | Group exercise session planned and supervised by a physiotherapist.<br>This consultation involves some or all of the elements of a Subsequent Consultation, with exercise treatment undertaken in a group. Each group is to be a maximum of eight patients per session. | 10.20 |
|-------|--------------------------------|---|-------|

**TRAVEL (Prior approval required from Self-Managed Employer, Exempt Employer or Claims Agent)**

Approved travel to and from the workplace or patient's home.

All travel items refer to a return trip, eg

- from rooms to worksite and return

- from rooms to case conference and return.

|       |        |  |       |
|-------|--------|--|-------|
| PT910 | Travel | Travel time of not more than 15 minutes. | 23.00 |
|-------|--------|--|-------|

|       |        |  |       |
|-------|--------|--|-------|
| PT920 | Travel | Travel time of more than 15 minutes duration, but not more than 30 minutes duration. | 34.50 |
|-------|--------|--|-------|

|       |        |  |       |
|-------|--------|--|-------|
| PT930 | Travel | Travel time of more than 30 minutes duration, but not more than 45 minutes duration. | 57.50 |
|-------|--------|--|-------|

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|       |        |  |       |
|-------|--------|--|-------|
| PT935 | Travel | Travel time of more than 45 minutes duration, but not more than 60 minutes duration. | 80.50 |
|-------|--------|--|-------|

**BACK CARE**

- (i) Approval  
Approval and payment for Back Care Programs conducted by individual physiotherapists will only follow evaluation of the relevance and effectiveness of individual programs on a case by case basis. Physiotherapists are encouraged to submit full details of a proposed program for approval prior to commencement.
- (ii) Criteria  
The following are considered criteria for entry to a Back Care Program:
  - accumulated time off work greater than 30 days;
  - non durable return to work;
  - sixteen weeks post surgery.
- (iii) Referral  
Referral to Back Care Programs may be made by one of the following:
  - Self- Managed Employer, Exempt Employer or Claims Agent;
  - Medical Expert.

Referral to recognised providers may be made verbally but must be confirmed in writing.
- (iv) Class Size  
Class size must not exceed 12 participants.
- (v) Charge  
The charge per patient includes not more than four two hour sessions, hand out material, hire of venue if applicable and patient follow up questionnaire.

|       |                   |  |   |
|-------|-------------------|--|---|
| PT611 | Back Care Program | Is approved individually by WorkCover and must include the following features: <ul style="list-style-type: none"><li>- standardised presentation material;</li><li>- home exercise programs;</li><li>- participant follow up program to monitor changes in analgesic use;</li><li>- further treatment options.</li></ul> | Fee to be negotiated on a case by case basis. |
|-------|-------------------|--|---|

**TREATMENT REVIEW**

|  |                       |  |        |
|--|-----------------------|--|--------|
|  | Approval              | These services are provided on request by the Self-Managed, Exempt Employer or Claims Agent.   |        |
|  | Liability Review Form | Includes completion of a Liability Review Form by the treating physiotherapist using information from clinical records, or as part of a subsequent consultation. | No fee |

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|       |                                 |  |                   |
|-------|---------------------------------|--|-------------------|
| PT780 | Independent Clinical Assessment | Includes a review of medical history, activity and a clinical examination to provide a differential diagnosis and/or make recommendations regarding ongoing treatment goals or return to work. | 92.00<br>per hour |
|-------|---------------------------------|--|-------------------|

This service will NOT be performed by the treating physiotherapist.

**CAPACITY REVIEW**

Approval  
These services are provided on request by the Self-Managed, Exempt Employer or Claims Agent.

|       |                      |  |       |
|-------|----------------------|--|-------|
| PT785 | Capacity Review Form | Includes completion of a Capacity Review Form by the treating physiotherapist using information from clinical records. | 15.00 |
|-------|----------------------|--|-------|

**HYDROTHERAPY/  
EXERCISE**

|       |  |  |      |
|-------|--|--|------|
| PT429 | Entry Fee, Hydrotherapy or Exercise, a Public or Privately Operated Facility |  | 4.00 |
|-------|--|--|------|

**REHABILITATION AND RETURN TO WORK SERVICES**

- (i) Guidelines  
Refer to "Rehabilitation and Return To Work Services Manual" for:
  - a detailed definition of return to work services;
  - indicators for use;
  - information required prior to use;
  - major components;
  - service standards;
  - service providers.
  
- (ii) Approved Providers  
Where the worker has an approved rehabilitation and return to work plan, return to work services will only be arranged with providers who have been approved and placed on a register by the Corporation pursuant to Part 3 of the *Workers Rehabilitation and Compensation Act 1986*.  
  
Where return to work services are provided by a registered physiotherapist outside an approved rehabilitation and return to work plan, liability will be assessed under section 32 of the *Workers Rehabilitation and Compensation Act 1986*.
  
- (iii) Charge  
The charges for rehabilitation and return to work services include the preparation and dispatch of a report (when required) to the Self-Managed or Exempt Employer Case Manager, or Claims Agent.

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## (iv) Report

Refer to the above manual for return to work services report content requirements and time frames.

Format Standards under item no. PT810 & PT820 in this schedule provides page set up standards and other relevant information.

Functional capacity assessment (FCA) or functional capacity evaluation (FCE) (Standardised)

|       |                            |   |                   |
|-------|----------------------------|---|-------------------|
| PT700 | FCA (FCE)                  | Includes the use of standardised, instrumented, objective measurements of the worker's ability to perform the physical demands of specified work tasks.   | 92.00<br>per hour |
|       |                            | Maximum time - 7 hours including report preparation.  |                   |
| PT730 | Worksite Assessment        | Involves attending the worksite in order to ascertain the availability of suitable duties including an overview of the following:<br><br>- physical environment;<br>- mental work demands;<br>- human behaviour;<br>- working conditions;<br>- educational requirements;<br>- other conditions. | 92.00<br>per hour |
| PT740 | Job Analysis               | Includes analysis and recording of work tasks and their effects on the human body. The analysis consists of four main categories:<br>- workstation design;<br>- work demands—intellectual/physical/sensory/perceptual;<br>- equipment;<br>- work environment.                                   | 92.00<br>per hour |
| PT750 | Work Hardening On Site     | Is a graduated program of work tasks incorporating productive duties at the worksite.   | 92.00<br>per hour |
| PT760 | Activities of Daily Living | Is an assessment of a worker's level of function in respect of personal care, recreational and social activities. The service is normally conducted in the worker's home.   | 92.00<br>per hour |

**CASE CONFERENCE**

- (i) **Initiation of Service**  
A Case Conference may be requested by:
  - a treating medical expert;
  - an employer;
  - a worker advocate;
  - a Self-Managed Employer, Exempt Employer, Claims Agent or appointed Rehabilitation Coordinator.
  
- (ii) **Approval**  
A Case Conference must be authorised by the Self-Managed or Exempt Employer Case Manager or Claims Agent.

The composition of the conference will be determined by the Self-Managed or Exempt Employer Case Manager or Claims Agent in consultation with medical experts and other professionals associated with the case.

- (iii) **Charge**  
Charges applicable to the provision of this service will be calculated at an hourly rate. Travelling time from rooms or other appropriate departure point to the venue and return must be charged separately in accordance with the Travel items in the Core Schedule.

|       |                 |   |                   |
|-------|-----------------|---|-------------------|
| PT870 | Case Conference | Is used for the purpose of determining: <ul style="list-style-type: none"><li>- details of limitations/recommendations facilitating a recommended return to work;</li><li>- options for management of a worker's recovery;</li><li>- other related information.</li></ul> | 92.00<br>per hour |
|-------|-----------------|---|-------------------|

**REPORTS**

**COMPREHENSIVE & STANDARD REPORT NOTES**

(i) Charge

Pages will be paid in accordance with the following rules:

- 25% of page - 25% of fee;
- 50% of page - 50% of fee;
- 75% of page - 75% of fee.

Reports will not be paid for in advance.

The charge for reports prepared after delivery of the following services is included in the total charge for the service:

- Independent Clinical Assessment Refer Item PT780
- Functional Capacity Assessment Refer Item PT700
- Work Hardening Program On Site Refer Item PT750
- Activities of Daily Living Assessment Refer Item PT760
- Worksite Assessment Refer Item PT730
- Job Analysis Refer Item PT740.

(ii) Format Standards

Page set up standards must conform to the following convention:

1. A4 paper.
2. Top margin no more than 2.5 cms.
3. Bottom margin no more than 2.5 cms.
4. Side margins, left and right no more than 2.5 cms.
5. Line spacing no more than 1.5 cms.
6. Preferred font style - Dutch or equivalent.
7. Font size - no more than 12.

No other set up standards are acceptable.

Reports which do not meet this standard will be returned for reformatting.

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|       |                      |   |       |
|-------|----------------------|---|-------|
| PT810 | Comprehensive Report | A Self-Managed or Exempt Employer Case Manager or Claims Agent may request a Comprehensive Report not associated with any of the services referred to in (i) Charge, but seeking a response to a number of case specific questions.             |       |
|       |                      | A report is deemed to be Comprehensive when requested by a Self-Managed Employer, Exempt Employer or Claims Agent and re-examination of the patient is a pre-requisite for the preparation of a report in the judgement of the physiotherapist. |       |
|       |                      | A consultation which is a pre-requisite for the preparation of a report should be charged in accordance with:<br>-PT105 Initial Consultation Item for own patients.   |       |
|       |                      | Reports which comprise part of a service listed in Item No. PT810 & PT820 (i) Charge are not chargeable under this item number.   |       |
|       |                      | All reports referred to under this item are chargeable on a page basis as follows:  |       |
|       |                      | - first page;   | 73.60 |
|       |                      | - second and subsequent pages.  | 36.80 |
| PT820 | Standard Report      | A Self-Managed or Exempt Employer Case Manager or Claims Agent may request a Standard Report in response to a series of questions.  |       |
|       |                      | A report is deemed to be standard when re-examination of the patient is not a pre-requisite for the preparation of the report and the report is based on a transcription of existing records.   |       |
|       |                      | All reports referred to under this item are chargeable on a page basis as follows:  |       |
|       |                      | - first page;   | 55.20 |
|       |                      | - second and subsequent pages.  | 27.60 |

**EQUIPMENT OR THERAPEUTIC APPLIANCE**

- (i) **Derived Fee**  
DF means derived fee. Each account will be considered on its merits.
- (ii) **Approval**  
Equipment or therapeutic appliances may be recommended by a medical expert up to a value of \$100.00 per invoice and obtained without the prior approval of the Self-Managed Employer, Exempt Employer or Claims Agent.

Where the value of the recommend equipment or therapeutic appliance exceeds \$100.00, it will only be provided on the recommendation of a legally qualified medical practitioner and with the prior approval of the Self-Managed or Exempt Employer Case Manager or Claims Agent.

TENS units are an exception. The provision of TENS units requires the prior approval of the Self-Managed or Exempt Employer Case Manager or Claims Agent. TENS units may only be provided by WorkCover Corporation approved suppliers. Refer to Self-Managed Employer, Exempt Employer or Claims Agent for further detail.

|       |                       |   |    |
|-------|-----------------------|---|----|
| CURAP | Therapeutic Appliance | Includes, an appliance or aid for reducing the extent of a disability or enabling a patient to overcome in whole or in part the effects of a disability eg bandage. | DF |
|-------|-----------------------|---|----|

**NON SCHEDULED SERVICES**

- (i) **Approval**  
Services which are inappropriate or unnecessary will be challenged.
- (ii) **Charge**  
Charges for non scheduled services must be reasonable.
- (iii) **Invoicing Non Scheduled Services**  
Non scheduled services must be invoiced using the item no. PT999, and include a detailed service description and the time taken (in minutes) for the service.

For example invoice:  
PT999 INITIAL CONSULTATION/home modifications (25 minutes).

|       |                        |  |                   |
|-------|------------------------|--|-------------------|
| PT999 | Non Scheduled Services | Used when services not listed on the Core or Supplementary Fee Schedule are required to be provided. | 92.00<br>per hour |
|-------|------------------------|--|-------------------|

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**GENERAL NOTES**

**ACCOUNT PREPARATION STANDARDS**

- (i) General Account Preparation Standards  
Accounts for services rendered in accordance with this schedule must conform to the standards and display the information set out below:
- worker's family name and given name(s);
  - worker's address;
  - claim number, if known;
  - employer name, if known;
  - name of the practitioner who provided the service;
  - provider number and clinic details.
- (ii) Itemised Account  
Accounts for services rendered in accordance with this schedule should also display the information set out below:
- each service for which payment is sought must be itemised separately;
  - date of consultation/attendance/service;
  - item number in accordance with this schedule;
  - service description - eg Initial Consultation, Group Hydrotherapy;
  - duration of service in minutes where required by the service described in this schedule;
  - charge for the service in accordance with this schedule;
  - total charge for invoiced items;
  - brief description of the injury to which the services relate (preferred).
- (iii) Original Accounts  
Payment will be made where appropriate on an original account or a duplicate/copy of the original, not an "account rendered" or statement.
- (iv) Financial Liability  
Accounts for services rendered cannot be paid until a claim is determined unless the service was ordered by the Self-Managed Employer, Exempt Employer, Case Manager or Claims Agent.
- (v) Amendment  
Accounts which do not meet these standards may be returned to the provider for amendment.

**PRODUCT APPROVAL**

- (i) Product Approval DF  
Approval and payment for products supplied by individual physiotherapists will only occur after the evaluation of the relevance and effectiveness of each item on a case by case basis.
- (ii) Derived Fee  
DF means derived fee. Each account will be considered on its merits.
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**SCHEDULE 3**

*(Scales of charges—Public hospitals)*

**PART A**

*Preliminary*

**Interpretation**

1. (1) In this schedule, unless the contrary intention appears—

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

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

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

"**country hospital**" means a recognised hospital specified in Part E as a country regional, country sub-regional or other country hospital;

"**country regional hospital**" means a recognised hospital specified in Part E as a country regional hospital;

"**country sub-regional hospital**" means a recognised hospital specified in Part E as a country sub-regional hospital;

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

"**incorporated health centre**" means an incorporated health centre under the *South Australian Health Commission Act 1976*;

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

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

"**metropolitan hospital**" means a recognised hospital specified in Part E as a metropolitan teaching hospital or other metropolitan hospital;

"**metropolitan teaching hospital**" means a recognised hospital specified in Part E as a metropolitan teaching hospital;

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

"**prescription item**" means—

(a) a pharmaceutical or other item supplied on the prescription of a medical practitioner, dentist or other person authorised to prescribe the item; or

(b) an ancillary item required for the administration of such pharmaceutical or other item;

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

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

"**recognised hospital**" or "**hospital**" means a hospital or health service specified in Part E.

(2) For the purposes of this schedule—

(a) AN-DRG reference numbers or descriptions are as set out in Appendix A of the Manual, but excluding any codes in that Appendix used for compiling statistical information; and

(b) terms and abbreviations used in AN-DRG descriptions have the meanings given by the definitions contained in Appendix G of the Manual.

**Determination of applicable AN-DRG**

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

**PART B**

*Recognised hospitals: determination of fees for admitted patients*

**Interpretation**

1. In this Part, unless the contrary intention appears—

"**day**" means calendar day;

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

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

(a) counting the day on which the patient goes on leave as one day; and

(b) excluding the day on which the patient returns (unless it is also the day on which the patient goes on leave);

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

(a) counting the day of admission as one day; and

(b) excluding the day of discharge (unless it is also the day of admission); and

(c) excluding any leave days;

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

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

**Inlier patients**

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

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

where—

(a) the "**Benchmark Price**" is—

(i) in the case of a public patient: \$2 776;

(ii) in the case of a private patient: \$2 096;

(b) the "**Inlier Cost Weight**" is the inlier cost weight for that recognised hospital shown in the fifth or sixth columns of the table in this Part corresponding to the AN-DRG applicable to the patient;

(c) the "**Severity Index**" is—

(i) **1.1** in the case of a metropolitan teaching hospital;

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995**

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- (ii) **1.05** in the case of—
  - (A) a metropolitan hospital other than a metropolitan teaching hospital; or
  - (B) a country regional hospital;
- (iii) **1.0** in the case of any other hospital.

**Short stay outlier patients**

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

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

where—

- (a) the "**Benchmark Price**" is—
  - (i) in the case of a short stay outlier patient who is a public patient—\$532;
  - (ii) in the case of a short stay outlier patient who is a private patient—\$426;
- (b) "**LOS**" is the length of stay of the patient in the recognised hospital;
- (c) the "**OBD Cost Weight**" is the OBD (occupied bed day) cost weight shown in the seventh column of the table in this Part corresponding to the AN-DRG applicable to the patient;
- (d) the "**Benchmark Theatre Price**" is—
  - (i) in the case of a short stay outlier patient who is a public patient—\$1 038;
  - (ii) in the case of a short stay outlier patient who is a private patient—\$692;
- (e) the "**Theatre Cost Weight**" is the theatre cost weight shown in the eighth column of the table in this Part corresponding to the AN-DRG applicable to the patient.

**Long stay outlier patients**

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

- (a) if the length of stay of the patient in the recognised hospital is less than or equal to 90 days—

$$\text{Fee} = (\text{Inlier Price}) + (\text{Benchmark Price A} \times (\text{LOS} - \text{Upper Trim Point}) \times \text{OBD Cost Weight});$$

- (b) if—
  - (i) the length of stay of the patient in the recognised hospital is greater than 90 days; and
  - (ii) the upper trim point for the AN-DRG applicable to the patient is less than 90 days—

$$\text{Fee} = (\text{Inlier Price}) + (\text{Benchmark Price A} \times (90 - \text{Upper Trim Point}) \times \text{OBD Cost Weight}) + (\text{Benchmark Price B} \times (\text{LOS} - 90));$$

- (c) if—
  - (i) the length of stay of the patient is greater than 90 days; and
  - (ii) the upper trim point for the AN-DRG applicable to the patient is greater than 90 days—

$$\text{Fee} = (\text{Inlier Price}) + (\text{Benchmark Price B} \times (\text{LOS} - \text{Upper Trim Point})).$$

(2) For the purposes of subclause (1):

- (a) "**Inlier Price**" is the fee that would have been chargeable by the recognised hospital under this Part in respect of that patient for the relevant period of treatment, care and accommodation had the patient been an inlier patient;
- (b) "**Benchmark Price A**" is—
  - (i) in the case of a metropolitan hospital (other than Noarlunga Health Services Incorporated or Gawler Health Services Incorporated) or a country regional hospital—\$325;
  - (ii) in the case of all other recognised hospitals (including Noarlunga Health Services Incorporated and Gawler Health Services Incorporated)—\$234;
- (c) "**LOS**" is the length of stay of the patient in the recognised hospital;
- (d) "**OBD Cost Weight**" is the OBD (occupied bed day) cost weight shown in the seventh column of the table in this Part corresponding to the AN-DRG applicable to the patient;
- (e) "**Benchmark Price B**" is \$149;
- (f) "**Upper Trim Point**" is the upper trim point shown in the third column of the table in this Part corresponding to the AN-DRG applicable to the patient.

**Rehabilitation fee, Hampstead Centre**

5. (1) Despite clauses 2, 3 and 4, the fee to be charged by the Hampstead Centre of the Royal Adelaide Hospital for a period of treatment, care and accommodation of an admitted patient for whom the applicable AN-DRG is AN-DRG 931 rehabilitation services is as follows:

- (a) in the case of a public patient . . . . . \$ 623 per day;
- (b) in the case of a private patient . . . . . \$ 561 per day.

(2) For the purposes of this clause—

"**day**" includes the day of admission, but does not include—

- (a) a leave day; or
- (b) the day of discharge (unless it is also the day of admission).

**Medical or diagnostic services for private patients**

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

**Transportation fee**

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

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
|-----------------------------|-------------------|--|--|--|---|-----------------------------|---------------------------------|
|-----------------------------|-------------------|--|--|--|---|-----------------------------|---------------------------------|

|     |   |        |       |         |         |        |         |
|-----|---|--------|-------|---------|---------|--------|---------|
| 001 | MOUTH, LARYNX OR PHARYNX DISORDER W TRACHEOSTOMY AGE >15            | 93.91  | 13.78 | 7.7835  | 7.8301  | 1.3792 | 2.3584  |
| 002 | MOUTH, LARYNX OR PHARYNX DISORDER W TRACHEOSTOMY AGE <16            | 48.25  | 4.64  | 7.2684  | 9.0429  | 2.2321 | 0.3135  |
| 003 | TRACHEOSTOMY OTH THAN FOR MOUTH, LARYNX OR PHARYNX DISORDER AGE >15 | 98.34  | 11.70 | 17.0910 | 14.7303 | 2.0982 | 1.9449  |
| 004 | TRACHEOSTOMY OTH THAN FOR MOUTH, LARYNX OR PHARYNX DISORDER AGE <16 | 67.64  | 6.10  | 9.6563  | 9.1457  | 2.2147 | 0.6538  |
| 005 | LIVER TRANSPLANT  | 101.62 | 14.75 | 28.8463 | 28.8702 | 4.2913 | 12.6019 |
| 006 | BONE MARROW TRANSPLANT  | 53.64  | 9.96  | 15.2238 | 18.4075 | 2.2787 | 1.4279  |
| 020 | CRANIOTOMY EXCEPT FOR TRAUMA AGE >9                                 | 39.96  | 5.16  | 4.4254  | 6.4610  | 1.2273 | 2.2093  |
| 021 | CRANIOTOMY FOR TRAUMA AGE >9  | 37.54  | 4.50  | 4.8300  | 7.9074  | 1.3686 | 1.4144  |
| 022 | VENTRICULAR SHUNT REVISION AGE <10                                  | 19.77  | 2.06  | 1.8485  | 1.8501  | 1.2825 | 0.7249  |
| 023 | CRANIOTOMY AGE <10 W CC   | 26.17  | 4.67  | 3.6559  | 3.6589  | 1.3973 | 0.7697  |
| 024 | CRANIOTOMY AGE <10 W/O CC   | 17.19  | 2.81  | 1.9952  | 2.0053  | 1.3051 | 0.7426  |
| 025 | SPINAL PROCEDURES   | 32.72  | 3.79  | 5.1186  | 3.3118  | 1.2053 | 1.2083  |
| 026 | EXTRACRANIAL VASCULAR PROCEDURES                                    | 21.63  | 2.48  | 2.3690  | 2.2732  | 1.3225 | 1.6239  |
| 027 | CARPAL TUNNEL RELEASE   | 7.69   | -     | 0.5255  | 0.5368  | 1.1481 | 0.7628  |
| 028 | PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC                       | 14.91  | 1.37  | 1.7661  | 1.8661  | 1.1636 | 0.9158  |
| 029 | SPINAL DISORDERS & INJURIES   | 24.24  | 2.74  | 2.8431  | 2.2124  | 0.9697 | 0.0000  |
| 030 | NERVOUS SYSTEM NEOPLASMS  | 29.02  | 3.06  | 2.0999  | 5.5505  | 0.9547 | 0.0000  |
| 031 | DEGENERATIVE NERVOUS SYSTEM DISORDERS W CC                          | 47.03  | 5.22  | 3.1203  | 2.6460  | 0.6664 | 0.0000  |
| 032 | DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O CC                        | 77.52  | 5.33  | 1.8985  | 1.8431  | 0.6057 | 0.0000  |
| 033 | MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA                              | 40.78  | 3.04  | 1.4568  | 1.5636  | 0.8600 | 0.0000  |
| 034 | SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA                       | 50.26  | 4.77  | 2.8939  | 1.9904  | 0.7761 | 0.0000  |
| 035 | TRANSIENT ISCHAEMIC ATTACK & PRECEREBRAL OCCLUSIONS W CC            | 20.94  | 2.13  | 1.2655  | 1.0172  | 0.7442 | 0.0000  |
| 036 | TRANSIENT ISCHAEMIC ATTACK & PRECEREBRAL OCCLUSIONS W/O CC          | 13.09  | 1.38  | 0.6126  | 0.5634  | 0.7208 | 0.0000  |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
|-----------------------------|-------------------|--|--|--|---|-----------------------------|---------------------------------|
|-----------------------------|-------------------|--|--|--|---|-----------------------------|---------------------------------|

|     |   |       |      |        |        |        |        |
|-----|---|-------|------|--------|--------|--------|--------|
| 037 | NONSPECIFIC CEREBROVASCULAR DISORDERS W CC          | 65.80 | 6.31 | 4.0288 | 2.2791 | 1.0427 | 0.0000 |
| 038 | NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC        | 44.42 | 3.82 | 1.8140 | 0.8904 | 0.6263 | 0.0000 |
| 039 | CRANIAL & PERIPHERAL NERVE DISORDERS W CC           | 53.96 | 4.89 | 3.0347 | 5.9162 | 1.0757 | 0.0000 |
| 040 | CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC         | 22.59 | 2.04 | 1.8181 | 1.2704 | 1.4616 | 0.0000 |
| 041 | NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS    | 22.51 | 2.56 | 1.9557 | 2.5840 | 1.2352 | 0.0000 |
| 042 | VIRAL MENINGITIS                                    | 9.33  | -    | 0.6236 | 0.6231 | 1.0337 | 0.0000 |
| 043 | HYPERTENSIVE ENCEPHALOPATHY                         | 12.17 | 1.77 | 0.9713 | 0.9774 | 0.8782 | 0.0000 |
| 044 | NONTRAUMATIC STUPOR & COMA                          | 14.35 | -    | 0.7019 | 1.1100 | 1.0461 | 0.0000 |
| 045 | SEIZURE AGE >9 W CC                                 | 14.34 | 1.57 | 0.8635 | 1.4698 | 0.8506 | 0.0000 |
| 046 | SEIZURE AGE >9 W/O CC                               | 11.90 | -    | 0.5197 | 0.6502 | 0.9464 | 0.0000 |
| 047 | SEIZURE AGE <10                                     | 13.91 | -    | 0.4104 | 0.4010 | 1.1506 | 0.0000 |
| 048 | HEADACHE  | 9.06  | -    | 0.4708 | 0.4357 | 1.0386 | 0.0000 |
| 050 | TRAUMATIC STUPOR & COMA, COMA > 1 HOUR              | 10.60 | -    | 0.9275 | 0.9344 | 1.3753 | 0.0000 |
| 051 | TRAUMATIC STUPOR & COMA, COMA < 1 HOUR              | 13.40 | -    | 0.4664 | 0.4748 | 1.2764 | 0.0000 |
| 052 | CONCUSSION  | 4.75  | -    | 0.3086 | 0.3207 | 1.1843 | 0.0000 |
| 053 | OTHER DISORDERS OF NERVOUS SYSTEM W CC              | 21.17 | 2.29 | 2.2046 | 3.7480 | 0.9897 | 0.0000 |
| 054 | OTHER DISORDERS OF NERVOUS SYSTEM W/O CC            | 17.72 | 1.67 | 1.1927 | 1.9318 | 1.0226 | 0.0000 |
| 070 | RETINAL PROCEDURES                                  | 11.84 | 1.58 | 1.3090 | 1.2071 | 1.0404 | 1.2618 |
| 071 | ORBITAL PROCEDURES                                  | 20.04 | 2.24 | 1.4511 | 2.0878 | 0.9352 | 0.9049 |
| 072 | PRIMARY IRIS PROCEDURES EXCEPT GLAUCOMA             | 2.00  | -    | 0.8567 | 0.8678 | 0.9454 | 0.9696 |
| 073 | LENS PROCEDURES W CC                                | 12.65 | -    | 0.9102 | 1.2681 | 1.2272 | 1.0379 |
| 074 | LENS PROCEDURES W/O CC                              | 9.10  | -    | 0.6791 | 1.1731 | 1.3949 | 1.0013 |
| 076 | EXTRAOCULAR PROCEDURES EXCEPT BOTH ORBIT & LACRIMAL | 9.11  | -    | 0.6056 | 0.6037 | 1.2448 | 0.8130 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
|-----------------------------|-------------------|--|--|--|---|-----------------------------|---------------------------------|
|-----------------------------|-------------------|--|--|--|---|-----------------------------|---------------------------------|

|     |   |       |      |        |        |        |        |
|-----|---|-------|------|--------|--------|--------|--------|
| 077 | EXTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS, LENS & GLAUCOMA | 14.93 | -    | 1.3107 | 1.5360 | 1.0471 | 1.2398 |
| 078 | MAJOR CORNEAL,SCLERAL & CONJUNCTIVAL PROCEDURES             | 13.95 | 1.55 | 1.4075 | 1.4915 | 1.1686 | 1.1314 |
| 079 | OTHER CORNEAL, SCLERAL & CONJUNCTIVAL PROCEDURES            | 22.47 | 2.29 | 1.0715 | 1.1793 | 1.0085 | 0.7898 |
| 080 | GLAUCOMA PROCEDURES   | 15.27 | 1.96 | 1.0321 | 0.9792 | 0.9795 | 1.0404 |
| 081 | LACRIMAL PROCEDURES   | 5.00  | -    | 0.6771 | 0.6003 | 1.6355 | 0.8456 |
| 082 | HYPHEMA   | 7.16  | -    | 0.5307 | 0.7788 | 0.8696 | 0.0000 |
| 083 | ACUTE MAJOR EYE INFECTIONS                                  | 16.97 | 1.94 | 0.7869 | 0.7661 | 0.8958 | 0.0000 |
| 084 | NEUROLOGICAL EYE DISORDERS                                  | 8.83  | -    | 0.6859 | 0.7692 | 0.9242 | 0.0000 |
| 085 | OTHER DISORDERS OF THE EYE AGE >9 W CC                      | 25.68 | 2.16 | 1.2715 | 0.9764 | 1.0115 | 0.0000 |
| 086 | OTHER DISORDERS OF THE EYE AGE >9 W/O CC                    | 11.50 | -    | 0.4733 | 0.5556 | 0.9510 | 0.0000 |
| 087 | OTHER DISORDERS OF THE EYE AGE<10                           | 9.00  | -    | 0.4399 | 0.4475 | 1.0851 | 0.0000 |
| 110 | MAJOR HEAD & NECK PROCEDURES                                | 43.62 | 6.18 | 5.7339 | 4.7246 | 1.2496 | 2.8790 |
| 111 | SIALOADENECTOMY   | 8.64  | -    | 0.9674 | 2.3338 | 0.9774 | 1.1555 |
| 112 | SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY            | 5.94  | -    | 0.6939 | 0.9663 | 0.9290 | 0.8024 |
| 113 | CLEFT LIP & PALATE REPAIR                                   | 11.14 | 2.26 | 1.7033 | 1.8863 | 1.0090 | 1.1048 |
| 114 | MOUTH PROCEDURES  | 9.60  | -    | 0.8290 | 0.7958 | 1.1937 | 0.8084 |
| 115 | SINUS & MASTOID PROCEDURES                                  | 7.38  | -    | 0.8238 | 1.0391 | 1.0621 | 1.0188 |
| 117 | MISCELLANEOUS EAR, NOSE MOUTH & THROAT PROCEDURES           | 6.66  | -    | 0.5918 | 0.6606 | 1.1187 | 0.7697 |
| 118 | RHINOPLASTY   | 13.97 | -    | 0.5374 | 0.7570 | 0.9895 | 0.8333 |
| 119 | T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECT ONLY AGE >9  | 10.67 | -    | 0.6512 | 0.6192 | 1.1662 | 0.7476 |
| 120 | T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECT ONLY AGE <10 | 2.85  | -    | 0.5410 | 0.5399 | 1.5744 | 0.5603 |
| 121 | TONSILLECTOMY &/OR ADENOIDECTOMY ONLY AGE >9                | 4.37  | -    | 0.5188 | 0.5184 | 0.9609 | 0.5366 |
| 122 | TONSILLECTOMY &/OR ADENOIDECTOMY ONLY AGE <10               | 3.83  | -    | 0.5083 | 0.5073 | 1.1765 | 0.5122 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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|     |   |       |      |        |        |        |        |
|-----|---|-------|------|--------|--------|--------|--------|
| 123 | MYRINGOTOMY W TUBE INSERTION AGE >9                         | 4.87  | -    | 0.4875 | 0.4404 | 1.3944 | 0.5808 |
| 124 | MYRINGOTOMY W TUBE INSERTION AGE<10                         | 10.56 | -    | 0.4238 | 0.4266 | 1.3767 | 0.5625 |
| 125 | OTHER EAR, NOSE MOUTH & THROAT O.R. PROCEDURES              | 12.61 | 1.62 | 1.2715 | 2.4499 | 1.1615 | 1.1293 |
| 126 | DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS AGE >9  | 10.19 | -    | 0.4451 | 0.4701 | 1.1273 | 0.0000 |
| 127 | DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS AGE <10 | 6.85  | -    | 0.3407 | 0.3243 | 1.1758 | 0.0000 |
| 128 | DENTAL EXTRACTIONS & RESTORATIONS                           | 5.49  | -    | 0.2814 | 0.2951 | 1.3242 | 0.0000 |
| 129 | EAR, NOSE MOUTH AND THROAT MALIGNANCY                       | 21.39 | 2.20 | 1.6836 | 0.9392 | 0.9531 | 0.0000 |
| 130 | DYSEQUILIBRIUM  | 12.81 | -    | 0.4534 | 0.3681 | 0.7250 | 0.0000 |
| 131 | EPISTAXIS   | 8.67  | -    | 0.4186 | 0.3619 | 0.9628 | 0.0000 |
| 132 | EPIGLOTITIS   | 10.52 | 1.48 | 1.2441 | 1.2597 | 1.9315 | 0.0000 |
| 133 | OTITIS MEDIA & URI AGE >9 W CC                              | 13.40 | 1.61 | 0.9724 | 0.9495 | 0.8717 | 0.0000 |
| 134 | OTITIS MEDIA & URI AGE >9 W/O CC                            | 37.27 | -    | 0.4187 | 0.4689 | 0.9306 | 0.0000 |
| 135 | OTITIS MEDIA & URI AGE <10                                  | 9.25  | -    | 0.4098 | 0.4018 | 1.0704 | 0.0000 |
| 136 | LARYNGOTRACHEITIS   | 3.68  | -    | 0.2939 | 0.2921 | 1.0814 | 0.0000 |
| 137 | NASAL TRAUMA & DEFORMITY                                    | 8.08  | -    | 0.3046 | 0.3474 | 1.2675 | 0.0000 |
| 138 | OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES AGE >9          | 9.29  | -    | 0.4430 | 0.5998 | 1.0986 | 0.0000 |
| 139 | OTHER EAR, NOSE, MOUTH AND THROAT DAIGNOSES AGE < 10        | 4.73  | -    | 0.4168 | 0.4106 | 1.4021 | 0.0000 |
| 160 | MAJOR CHEST PROCEDURES W MAJOR CC                           | 38.31 | 6.29 | 6.1531 | 5.4093 | 1.4040 | 3.2767 |
| 161 | MAJOR CHEST PROCEDURES W NON-MAJOR CC                       | 24.54 | 3.88 | 4.3100 | 6.5209 | 1.1843 | 4.4948 |
| 162 | MAJOR CHEST PROCEDURES W/O CC                               | 19.52 | 3.28 | 3.3174 | 2.1813 | 1.0667 | 3.9968 |
| 163 | OTHER RESP SYSTEM O.R. PROCEDURES W MAJOR CC                | 30.83 | 4.91 | 3.3981 | 3.9235 | 1.2008 | 1.1652 |
| 164 | OTHER RESP SYSTEM O.R. PROCEDURES W NON-MAJOR CC            | 37.63 | 3.43 | 2.5540 | 1.7900 | 0.9365 | 0.9319 |
| 165 | OTHER RESP SYSTEM O.R. PROCEDURES W/O CC                    | 14.38 | 1.96 | 1.3952 | 1.3234 | 1.0685 | 1.1962 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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|-----|---|--------|-------|--------|--------|--------|--------|
| 166 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT | 27.49  | 3.34  | 2.9115 | 2.3578 | 1.6872 | 0.0000 |
| 167 | PULMONARY EMBOLISM                                | 24.69  | 3.11  | 1.6315 | 1.5649 | 0.8894 | 0.0000 |
| 168 | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >9     | 33.95  | 3.84  | 2.5628 | 2.6949 | 1.0482 | 0.0000 |
| 169 | RESPIRATORY INFECTIONS & INFLAMMATIONS AGE <10    | 206.51 | 10.54 | 1.5479 | 3.4106 | 1.0739 | 0.0000 |
| 170 | RESPIRATORY NEOPLASMS                             | 28.87  | 2.96  | 1.6759 | 2.2748 | 0.9269 | 0.0000 |
| 171 | MAJOR CHEST TRAUMA W CC                           | 23.43  | 3.03  | 1.6292 | 1.5527 | 1.0300 | 0.0000 |
| 172 | MAJOR CHEST TRAUMA W/O CC                         | 10.84  | 1.43  | 0.6745 | 0.6537 | 0.8441 | 0.0000 |
| 173 | CYSTIC FIBROSIS                                   | 35.07  | 5.15  | 2.8974 | 3.6167 | 1.2740 | 0.0000 |
| 174 | SLEEP APNOEA                                      | 14.35  | -     | 0.4414 | 0.4051 | 1.3905 | 0.0000 |
| 175 | PLEURAL EFFUSION                                  | 17.04  | 2.00  | 1.3191 | 1.0927 | 0.8569 | 0.0000 |
| 176 | PULMONARY OEDEMA & RESPIRATORY FAILURE            | 18.14  | 2.08  | 1.5642 | 1.2530 | 0.9585 | 0.0000 |
| 177 | CHRONIC OBSTRUCTIVE AIRWAYS DISEASE               | 40.79  | 3.08  | 1.1955 | 2.3506 | 0.6804 | 0.0000 |
| 178 | SIMPLE PNEUMONIA & PLEURISY AGE >9 W CC           | 30.21  | 3.00  | 1.6672 | 1.6585 | 0.8941 | 0.0000 |
| 179 | SIMPLE PNEUMONIA & PLEURISY AGE >9 W/O CC         | 15.66  | 1.92  | 0.8226 | 0.6887 | 0.7356 | 0.0000 |
| 180 | SIMPLE PNEUMONIA & PLEURISY AGE <10               | 9.68   | -     | 0.7298 | 0.7218 | 1.0212 | 0.0000 |
| 181 | INTERSTITIAL LUNG DISEASE W CC                    | 27.57  | 3.61  | 2.1149 | 1.8583 | 1.0528 | 0.0000 |
| 182 | INTERSTITIAL LUNG DISEASE W/O CC                  | 23.62  | 2.53  | 1.5459 | 2.4824 | 0.8066 | 0.0000 |
| 183 | PNEUMOTHORAX W CC                                 | 21.41  | 2.72  | 1.3794 | 0.8909 | 0.9356 | 0.0000 |
| 184 | PNEUMOTHORAX W/O CC                               | 8.74   | 1.36  | 0.7226 | 0.8960 | 0.8024 | 0.0000 |
| 185 | BRONCHITIS & ASTHMA AGE >9 W CC                   | 19.04  | 2.30  | 1.1182 | 1.1555 | 0.8048 | 0.0000 |
| 186 | BRONCHITIS & ASTHMA AGE <10                       | 8.13   | -     | 0.4868 | 0.4740 | 1.1188 | 0.0000 |
| 187 | RESPIRATORY SIGNS & SYMPTOMS W CC                 | 12.47  | 1.52  | 0.9933 | 1.4980 | 0.9092 | 0.0000 |
| 188 | RESPIRATORY SIGNS & SYMPTOMS W/O CC               | 8.95   | -     | 0.4108 | 0.5119 | 1.0242 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 189 | OTHER RESPIRATORY SYSTEM DIAGNOSES W CC                          | 23.57 | 2.56 | 1.3905  | 0.7048  | 0.9407 | 0.0000 |
| 190 | OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC                        | 11.83 | 1.33 | 0.5585  | 0.7757  | 0.8028 | 0.0000 |
| 191 | BPD & OTH CHRONIC RESP DISEASES ARISING IN PERINATAL PERIOD      | 16.31 | 1.39 | 1.1022  | 1.6374  | 1.2686 | 0.0000 |
| 192 | OTHER RESPIRATORY PROBLEMS AFTER BIRTH                           | 13.62 | 2.38 | 0.8669  | 0.8849  | 0.9066 | 0.0000 |
| 193 | BRONCHITIS & ASTHMA AGE >9 W/O CC                                | 11.49 | -    | 0.5061  | 0.5616  | 0.8456 | 0.0000 |
| 220 | HEART TRANSPLANT   | -     | -    | 9.1567  | 9.7738  | 1.9585 | 5.8642 |
| 221 | CARDIAC VALVE PROC W PUMP & W INVASIVE CARDIAC INVES PROC W CC   | 44.91 | 7.42 | 11.5386 | 11.2542 | 2.3454 | 5.1289 |
| 222 | CARDIAC VALVE PROC W PUMP & W INVASIVE CARDIAC INVES PROC W/O CC | -     | -    | 4.8478  | 4.8524  | 1.1787 | 3.6888 |
| 223 | CARDIAC VALVE PROC W PUMP & W/O INVASIVE CARDIAC INVES PROC      | 25.97 | 4.68 | 6.6973  | 6.5478  | 2.0793 | 5.0731 |
| 224 | CORONARY BYPASS W INVASIVE CARDIAC INVESTIGATION PROCEDURE       | 32.35 | 5.83 | 6.6718  | 6.7727  | 1.8652 | 2.7312 |
| 225 | CORONARY BYPASS W/O INVASIVE CARDIAC INVESTIGATION PROCEDURE     | 19.75 | 3.59 | 3.9805  | 3.6390  | 1.6893 | 2.9249 |
| 226 | OTHER CARDIOTHORCIC OR VASCULAR PROCEDURES, W PUMP               | 26.07 | 3.88 | 7.0712  | 5.9608  | 2.3563 | 3.0406 |
| 227 | OTHER CARDIOTHORCIC PROCEDURES W/O PUMP                          | 19.66 | 2.19 | 5.0581  | 4.0890  | 2.4525 | 1.5246 |
| 228 | MAJOR RECONSTRUCT VASCULAR PROC W/O PUMP W MAJOR CC              | 59.13 | 6.88 | 6.6260  | 6.0976  | 1.1901 | 2.4605 |
| 229 | MAJOR RECONSTRUCT VASCULAR PROC W/O PUMP W NON-MAJOR CC          | 29.24 | 4.84 | 4.3169  | 4.3419  | 1.1516 | 2.2334 |
| 230 | MAJOR RECONSTRUCT VASCULAR PROC W/O PUMP W/O CC                  | 31.35 | 4.10 | 2.7061  | 3.1471  | 1.0334 | 2.0166 |
| 231 | VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION W/O PUMP W CC    | 33.29 | 3.63 | 4.0942  | 3.0195  | 1.4836 | 0.9323 |
| 232 | VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION W/O PUMP W/O CC  | 11.80 | 1.38 | 2.0724  | 1.8377  | 2.0157 | 0.8416 |
| 233 | AMPUTATION FOR CIC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE      | 46.89 | 6.67 | 7.9437  | 7.4312  | 0.8909 | 1.3119 |
| 234 | UPPER LIMB & TOE AMPUTATION FOR CIC SYSTEM DISORDERS             | 52.21 | 6.25 | 3.5397  | 3.3187  | 0.7631 | 0.8716 |
| 235 | PERM CARDIAC PACEMAKER IMP W AMI, HEART FAILURE OR SHOCK         | 39.61 | 5.39 | 5.7248  | 5.1324  | 1.9416 | 2.2559 |
| 236 | PERM CARDIAC PACEMAKER IMP W/O AMI, HEART FAILURE OR SHOCK       | 16.93 | 2.08 | 3.7543  | 3.5947  | 3.2286 | 2.3778 |
| 237 | CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT             | 11.98 | 1.50 | 2.1130  | 1.7376  | 1.8327 | 1.1155 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 238 | CARDIAC PACEMAKER DEVICE REPLACEMENT                             | 18.74 | 2.15 | 4.1351 | 4.1278 | 2.1841 | 2.9263 |
| 239 | VEIN LIGATION & STRIPPING  | 13.52 | -    | 0.7781 | 0.8001 | 0.9175 | 1.0691 |
| 240 | OTHER CIRCULATORY SYSTEM O.R. PROCEDURES                         | 51.87 | 3.60 | 4.9357 | 4.3816 | 0.9738 | 1.3202 |
| 241 | IMPLANTATION OR REPLACEMENT OF AICD, TOTAL SYSTEM                | -     | -    | 9.3562 | 9.2842 | 2.4425 | 5.4116 |
| 242 | AICD COMPONENT IMPLANTATION/REPLACEMENT                          | 3.91  | -    | 3.9322 | 3.9249 | 3.7645 | 1.9450 |
| 245 | CIRC DISORD W AMI W INVASIVE CARDIAC INVESTIGATION PROC W CC     | 26.62 | 4.47 | 3.3064 | 3.2097 | 1.4431 | 0.0000 |
| 246 | CIRC DISORD W AMI W INVASIVE CARDIAC INVESTIGATION PROC W/O CC   | 18.57 | 3.04 | 2.2625 | 2.1807 | 1.4659 | 0.0000 |
| 247 | CIRC DISORD W AMI W/O INVASIVE CARDIAC INVESTIGATION PROC, DIED  | 18.33 | 1.82 | 1.5611 | 1.2476 | 1.4677 | 0.0000 |
| 248 | CIRC DISORD W AMI W/O INVASIVE CARDIAC INVESTIGATION PROC W CC   | 24.54 | 3.60 | 2.4819 | 2.3885 | 1.0542 | 0.0000 |
| 249 | CIRC DISORD W AMI W/O INVASIVE CARDIAC INVESTIGATION PROC W/O CC | 16.60 | 2.78 | 1.5315 | 1.4578 | 1.0357 | 0.0000 |
| 250 | CIRC DISORDER EXCEPT AMI, W INVASIVE CARDIAC INVESTIGATION PROC  | 11.49 | -    | 0.9057 | 1.3397 | 1.7379 | 0.0000 |
| 251 | INFECTIVE ENDOCARDITIS   | 37.33 | 5.09 | 5.6789 | 3.1746 | 0.9287 | 0.0000 |
| 252 | HEART FAILURE & SHOCK  | 29.82 | 2.87 | 1.3338 | 1.3944 | 0.7984 | 0.0000 |
| 253 | DEEP VEIN THROMBOSIS   | 21.91 | 2.77 | 1.1066 | 1.1213 | 0.7282 | 0.0000 |
| 254 | PERIPHERAL VASCULAR DISORDERS                                    | 45.09 | 2.41 | 1.5504 | 0.8816 | 0.9007 | 0.0000 |
| 255 | ATHEROSCLEROSIS W CC   | 21.15 | 2.19 | 1.4640 | 1.2624 | 0.9175 | 0.0000 |
| 256 | ATHEROSCLEROSIS W/O CC   | 12.52 | 1.50 | 0.8788 | 0.7640 | 0.9129 | 0.0000 |
| 257 | HYPERTENSION W CC  | 17.70 | 2.34 | 0.8479 | 0.8479 | 0.7144 | 0.0000 |
| 258 | HYPERTENSION W/O CC  | 29.60 | 1.84 | 0.4840 | 0.7487 | 0.6653 | 0.0000 |
| 259 | SYNCOPE & COLLAPSE W CC  | 18.67 | 1.89 | 0.8058 | 0.7798 | 0.7773 | 0.0000 |
| 260 | SYNCOPE & COLLAPSE W/O CC  | 10.46 | -    | 0.4160 | 0.4495 | 0.8285 | 0.0000 |
| 261 | CHEST PAIN   | 31.10 | -    | 0.3769 | 0.4494 | 1.0725 | 0.0000 |
| 262 | OTHER CIRCULATORY SYSTEM DIAGNOSES W CC                          | 19.66 | 2.13 | 1.8291 | 2.6575 | 1.0758 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 263 | OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC                        | 86.32 | 3.06 | 1.0623 | 3.9600 | 1.0823 | 0.0000 |
| 264 | CONGENITAL HEART DISEASE AGE >9                                  | 12.42 | 1.44 | 1.2007 | 0.8398 | 1.0316 | 0.0000 |
| 265 | CONGENITAL HEART DISEASE AGE <10                                 | 10.14 | 1.33 | 1.5478 | 1.6087 | 1.4888 | 0.0000 |
| 266 | MAJOR ARRHYTHMIA & CARDIAC ARREST W CC                           | 21.02 | 2.01 | 1.5718 | 1.4128 | 1.2777 | 0.0000 |
| 267 | MAJOR ARRHYTHMIA & CARDIAC ARREST W/O CC                         | 16.51 | 1.61 | 0.6988 | 0.9969 | 1.1829 | 0.0000 |
| 268 | NON-MAJOR ARRHYTHMIA & CONDUCTION DISORDERS W CC                 | 21.14 | 1.95 | 1.0660 | 1.0743 | 0.9276 | 0.0000 |
| 269 | NON-MAJOR ARRHYTHMIA & CONDUCTION DISORDERS W/O CC               | 7.76  | -    | 0.5224 | 0.4599 | 1.0436 | 0.0000 |
| 270 | UNSTABLE ANGINA  | 11.42 | 1.35 | 0.8970 | 0.8183 | 0.9856 | 0.0000 |
| 271 | VALVULAR DISORDERS W CC  | 17.05 | 1.99 | 1.1742 | 0.9681 | 0.9231 | 0.0000 |
| 272 | VALVULAR DISORDERS W/O CC  | 6.90  | -    | 0.4694 | 0.4640 | 0.9198 | 0.0000 |
| 300 | RECTAL RESECTION W CC  | 42.09 | 6.10 | 4.2287 | 4.1773 | 1.0270 | 1.9038 |
| 301 | RECTAL RESECTION W/O CC  | 23.79 | 4.08 | 2.6656 | 3.0713 | 0.9382 | 1.8403 |
| 302 | MAJOR SMALL & LARGE BOWEL PROCEDURES W CC                        | 52.59 | 6.01 | 4.2312 | 4.7749 | 1.1104 | 1.6685 |
| 303 | MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC                      | 20.46 | 3.52 | 2.4669 | 3.1840 | 0.8875 | 1.4780 |
| 304 | PERITONEAL ADHESIOLYSIS W CC                                     | 42.94 | 5.33 | 3.2964 | 3.1375 | 1.0109 | 1.1910 |
| 305 | PERITONEAL ADHESIOLYSIS W/O CC                                   | 17.87 | 2.05 | 1.7016 | 3.2895 | 0.8617 | 1.1434 |
| 306 | MINOR SMALL & LARGE BOWEL PROCEDURES W CC                        | 18.49 | 3.55 | 2.4726 | 2.2097 | 0.9100 | 1.2387 |
| 307 | MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC                      | 11.02 | 2.39 | 1.4130 | 1.6972 | 0.8149 | 1.0746 |
| 308 | STOMACH, OESOPHAGEAL & DUODENAL PROCEDURES AGE >9 W MAJOR CC     | 47.42 | 6.02 | 5.8985 | 5.2414 | 1.3403 | 2.0032 |
| 309 | STOMACH, OESOPHAGEAL & DUODENAL PROCEDURES AGE >9 W NON-MAJOR CC | 36.08 | 5.24 | 4.2279 | 3.6151 | 1.1557 | 1.6533 |
| 310 | STOMACH, OESOPHAGEAL & DUODENAL PROCEDURES AGE >9 W/O CC         | 18.59 | 2.71 | 1.8282 | 1.9824 | 0.9462 | 1.1507 |
| 311 | STOMACH, OESOPHAGEAL & DUODENAL PROCEDURES AGE < 10              | 28.49 | 2.86 | 1.8350 | 1.8250 | 1.3194 | 0.9209 |
| 312 | ANAL & STOMAL PROCEDURES   | 10.68 | -    | 0.6723 | 0.7219 | 0.8784 | 0.5835 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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|-----|---|--------|------|--------|--------|--------|--------|
| 313 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >9            | 17.81  | 1.76 | 0.9690 | 0.7512 | 0.8788 | 0.8128 |
| 314 | INGUINAL & FEMORAL HERNIA PROCEDURES AGE >9                   | 9.75   | -    | 0.7850 | 0.7017 | 0.8692 | 0.8333 |
| 315 | HERNIA PROCEDURES AGE <10                                     | 3.29   | -    | 0.5170 | 0.5146 | 1.3644 | 0.7201 |
| 316 | APPENDICECTOMY W COMPLICATED PRINCIPAL DIAG                   | 13.00  | 2.09 | 1.2899 | 1.7132 | 0.9379 | 0.8264 |
| 317 | APPENDICECTOMY W/O COMPLICATED PRINCIPAL DIAG                 | 8.08   | -    | 0.8323 | 0.9907 | 0.9406 | 0.7643 |
| 318 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC                   | 42.71  | 4.74 | 3.5133 | 4.5107 | 1.0446 | 1.1140 |
| 319 | OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC                 | 31.23  | 1.82 | 1.2361 | 1.2429 | 1.1108 | 1.0435 |
| 320 | DIGESTIVE MALIGNANCY  | 28.76  | 3.03 | 1.3634 | 1.0804 | 0.8438 | 0.0000 |
| 321 | G.I. HAEMORRHAGE W CC   | 29.40  | 2.25 | 1.3329 | 1.5917 | 0.9307 | 0.0000 |
| 322 | G.I. HAEMORRHAGE W/O CC                                       | 17.36  | 1.43 | 0.5261 | 1.2550 | 0.8974 | 0.0000 |
| 323 | COMPLICATED PEPTIC ULCER W CC                                 | 16.49  | 2.19 | 1.5625 | 1.0835 | 0.9879 | 0.0000 |
| 324 | COMPLICATED PEPTIC ULCER W/O CC                               | 122.53 | 4.98 | 0.3595 | 1.3818 | 1.1912 | 0.0000 |
| 325 | UNCOMPLICATED PEPTIC ULCER                                    | 57.07  | 2.52 | 0.5818 | 0.4271 | 0.9441 | 0.0000 |
| 326 | INFLAMMATORY BOWEL DISEASE W CC                               | 28.84  | 3.02 | 1.6126 | 1.7080 | 0.8502 | 0.0000 |
| 327 | INFLAMMATORY BOWEL DISEASE W/O CC                             | 17.99  | 2.05 | 0.6936 | 1.8030 | 0.9346 | 0.0000 |
| 328 | G.I. OBSTRUCTION  | 15.30  | 1.68 | 0.8432 | 1.0253 | 0.8183 | 0.0000 |
| 329 | OESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >9 W CC   | 17.05  | 1.78 | 0.9609 | 1.4248 | 0.8640 | 0.0000 |
| 330 | OESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >9 W/O CC | 9.56   | -    | 0.3409 | 0.4035 | 0.9629 | 0.0000 |
| 331 | OESOPHAGITIS, & MISC DIGEST DISORDERS AGE <10                 | 8.08   | -    | 0.4748 | 0.4680 | 1.1939 | 0.0000 |
| 332 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >9 W CC                  | 18.54  | 1.95 | 1.2949 | 1.3775 | 1.0467 | 0.0000 |
| 333 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >9 W/O CC                | 8.23   | -    | 0.2917 | 0.3834 | 0.9874 | 0.0000 |
| 334 | OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <10                      | 7.63   | -    | 0.3416 | 0.3287 | 1.0643 | 0.0000 |
| 335 | GASTROENTERITIS AGE <10                                       | 6.05   | -    | 0.4986 | 0.4970 | 1.0510 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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|-----|--|-------|-------|--------|---------|--------|--------|
| 360 | PANCREAS, LIVER & SHUNT PROCEDURES W CC                              | 61.54 | 7.15  | 6.4130 | 6.0684  | 1.2051 | 1.6646 |
| 361 | PANCREAS, LIVER & SHUNT PROCEDURES W/O CC                            | 33.95 | 3.83  | 2.7047 | 2.4121  | 0.9910 | 1.4664 |
| 362 | BILIARY TRACT PROC EXC ONLY CHOLECYST W OR W/O C.D.E. W MAJOR CC     | 49.41 | 7.58  | 5.3339 | 4.9355  | 1.1318 | 1.7126 |
| 363 | BILIARY TRACT PROC EXC ONLY CHOLECYST W OR W/O C.D.E. W NON-MAJOR CC | 23.35 | 3.57  | 3.7825 | 11.6461 | 1.0227 | 1.7478 |
| 364 | BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC      | 19.00 | 3.42  | 2.5160 | 2.3013  | 0.8986 | 1.4113 |
| 365 | CHOLECYSTECTOMY W C.D.E. W CC  | 76.49 | 11.33 | 4.1969 | 3.8760  | 1.0165 | 1.5377 |
| 366 | CHOLECYSTECTOMY W C.D.E. W/O CC                                      | 13.45 | 2.46  | 2.3352 | 2.1910  | 0.8366 | 1.2140 |
| 367 | CHOLECYSTECTOMY W/O C.D.E.   | 13.48 | 1.58  | 1.2362 | 1.4946  | 0.9952 | 1.0779 |
| 368 | HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY                   | 32.50 | 5.19  | 2.7674 | 2.8636  | 1.0764 | 1.1437 |
| 369 | HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY               | 42.24 | 4.27  | 2.7066 | 2.2598  | 1.2444 | 0.9085 |
| 370 | OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES                     | 38.62 | 4.97  | 8.0406 | 2.2056  | 1.3318 | 1.1389 |
| 371 | CIRRHOSIS & ALCOHOLIC HEPATITIS W CC                                 | 29.38 | 3.26  | 2.0701 | 1.3024  | 0.8851 | 0.0000 |
| 372 | CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC                               | 14.42 | 1.83  | 1.1205 | 0.6094  | 0.7560 | 0.0000 |
| 373 | MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS                      | 28.86 | 3.16  | 1.8303 | 1.1052  | 0.9972 | 0.0000 |
| 374 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC                         | 23.46 | 2.44  | 1.5113 | 1.5835  | 0.8424 | 0.0000 |
| 375 | DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC                       | 13.92 | 1.71  | 0.7775 | 1.3725  | 0.7470 | 0.0000 |
| 376 | DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC                 | 25.53 | 2.77  | 1.5398 | 3.5302  | 0.9265 | 0.0000 |
| 377 | DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC               | 13.51 | 1.42  | 0.7091 | 0.8283  | 1.3414 | 0.0000 |
| 378 | DISORDERS OF THE BILIARY TRACT W CC                                  | 15.97 | 1.90  | 1.2305 | 0.7802  | 0.8761 | 0.0000 |
| 379 | DISORDERS OF THE BILIARY TRACT W/O CC                                | 43.60 | 1.40  | 0.5790 | 1.1232  | 0.8409 | 0.0000 |
| 400 | BILATERAL OF MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY           | 57.34 | 10.24 | 7.7607 | 7.7660  | 0.8107 | 4.7275 |
| 401 | OTHER MAJOR JOINT & LIMB REATTACHMENT PROCEDURES W CC                | 23.14 | 4.01  | 4.3357 | 4.2938  | 1.1861 | 2.2449 |
| 402 | OTHER MAJOR JOINT & LIMB REATTACHMENT PROCEDURES W/O CC              | 22.69 | 3.78  | 3.4733 | 3.5157  | 1.1196 | 2.2522 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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|-----|---|-------|------|--------|--------|--------|--------|
| 403 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >9 W CC           | 25.96 | 3.70 | 3.8033 | 4.0241 | 0.8596 | 1.2058 |
| 404 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >9 W/O CC         | 18.44 | 2.62 | 2.3373 | 2.4567 | 0.8347 | 1.1414 |
| 405 | HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE <10               | 32.75 | 3.23 | 2.4659 | 2.4871 | 1.1278 | 1.0992 |
| 406 | AMPUTATION FOR MUSCULOSKELET SYSTEM & CONN TISSUE DISORDERS     | 55.00 | 7.04 | 4.3866 | 2.7928 | 0.8565 | 0.9208 |
| 407 | BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE          | 32.03 | 2.83 | 2.3541 | 1.9468 | 0.9947 | 0.7025 |
| 408 | WND DEBRID & SKIN GRAFT EXC HAND, MS & CONN TISS DIS W CC       | 64.62 | 7.34 | 7.4915 | 4.1582 | 0.9024 | 1.9938 |
| 409 | WND DEBRID & SKIN GRAFT EXC HAND, MS & CONN TISS DIS W/O CC     | 23.63 | 2.47 | 2.3689 | 3.9799 | 0.8120 | 1.0962 |
| 411 | LOWER EXTREM & HUMER PROC EXC HIP, FOOT, FEMUR AGE >9 W CC      | 32.94 | 3.71 | 3.0958 | 3.5489 | 0.8338 | 1.2175 |
| 412 | LOWER EXTREM & HUMER PROC EXC HIP, FOOT, FEMUR AGE < 10         | 5.75  | -    | 0.9138 | 0.9216 | 1.2025 | 0.8881 |
| 413 | KNEE PROCEDURES   | 10.18 | -    | 0.7980 | 1.0777 | 1.2242 | 0.7989 |
| 414 | MAJOR SHOULDER/ELBOW PROC                                       | 8.67  | -    | 0.9271 | 1.1626 | 0.8834 | 0.9711 |
| 415 | SHOULDER, ELBOW OR FOREARM PROCEDURE, EXC MAJOR JOINT PROCEDURE | 7.71  | -    | 0.8896 | 0.8999 | 0.9946 | 1.0169 |
| 416 | FOOT PROCEDURES   | 47.96 | 1.81 | 1.0833 | 1.3458 | 0.9311 | 0.9988 |
| 417 | SOFT TISSUE PROCEDURES  | 10.25 | -    | 0.7992 | 0.9529 | 0.9569 | 0.8208 |
| 418 | MAJOR THUMB OR JOINT PROC                                       | 8.37  | -    | 0.9310 | 1.0976 | 0.9914 | 0.8420 |
| 419 | HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROCEDURE                | 6.43  | -    | 0.5703 | 0.7332 | 1.1438 | 0.7736 |
| 420 | LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR      | 9.07  | -    | 0.9668 | 0.9992 | 0.9330 | 0.8260 |
| 421 | LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXC HIP & FEMUR     | 14.07 | -    | 0.7133 | 0.9874 | 1.2839 | 0.8312 |
| 422 | ARTHROSCOPY   | 17.28 | -    | 0.5880 | 0.7199 | 1.2117 | 0.8211 |
| 423 | OTHER MUSCULOSKELETAL SYSTEM & CONN TISS O.R. PROC W CC         | 12.48 | 1.97 | 4.0419 | 4.9883 | 0.9019 | 0.9469 |
| 424 | OTHER MUSCULOSKELETAL SYSTEM & CONN TISS O.R. PROC W/O CC       | 10.85 | 1.40 | 1.3091 | 1.9045 | 0.9821 | 0.9828 |
| 425 | FRACTURES OF FEMUR  | 34.34 | 3.72 | 3.6428 | 3.5124 | 0.6891 | 0.0000 |
| 426 | FRACTURES OF HIP & PELVIS                                       | 28.81 | 3.04 | 1.8719 | 4.7317 | 0.6932 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 427 | SPRAINS, STRAINS & DISLOCATIONS OF HIP, PELVIS AND THIGH                 | 9.60  | -    | 0.8067 | 0.6946 | 0.6215 | 0.0000 |
| 428 | OSTEOMYELITIS  | 17.12 | 2.27 | 2.6765 | 1.8280 | 0.9101 | 0.0000 |
| 429 | PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISSUE MALIG             | 39.92 | 3.79 | 2.2069 | 3.2000 | 0.8477 | 0.0000 |
| 430 | CONNECTIVE TISSUE DISORDERS  | 31.59 | 2.90 | 1.8254 | 2.6695 | 0.8267 | 0.0000 |
| 431 | SEPTIC ARTHRITIS   | 15.87 | 2.11 | 1.5452 | 1.9764 | 0.8851 | 0.0000 |
| 432 | MEDICAL BACK PROBLEMS  | 20.91 | 2.02 | 1.0405 | 1.3232 | 0.7789 | 0.0000 |
| 433 | BONE DISEASES & SPECIFIC ARTHROPATHIES W CC                              | 24.05 | 3.02 | 1.3290 | 1.2468 | 0.6721 | 0.0000 |
| 434 | BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC                            | 20.51 | 2.07 | 0.8780 | 1.1754 | 0.6284 | 0.0000 |
| 435 | NON-SPECIFIC ARTHROPATHIES   | 13.54 | 1.68 | 0.7893 | 0.9995 | 0.6603 | 0.0000 |
| 436 | SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE                 | 13.37 | -    | 0.6237 | 0.5960 | 0.9012 | 0.0000 |
| 437 | TENDONITIS, MYOSITIS & BURSITIS  | 19.63 | 1.67 | 0.6957 | 1.9802 | 0.8620 | 0.0000 |
| 438 | AFTERCARE, MUSCOSKELETAL SYSTEM & CONNECTIVE TISSUE                      | 46.64 | 2.61 | 1.1995 | 2.2883 | 0.7292 | 0.0000 |
| 439 | FX, SPRAIN, STRAIN & DISL OF FOREARM, HAND, FOOT AGE > 9 W CC            | 17.51 | 1.86 | 1.2582 | 0.8455 | 0.9148 | 0.0000 |
| 440 | FX, SPRAIN, STRAIN & DISL OF FOREARM, HAND, FOOT AGE < 10                | 2.75  | -    | 0.2871 | 0.2816 | 1.4122 | 0.0000 |
| 441 | FX, SPRAIN, STRAIN & DISL OF UPPERARM, LOWER LEG EXC FOOT AGE > 9 W CC   | 29.45 | 2.88 | 1.9676 | 1.2050 | 0.6895 | 0.0000 |
| 442 | FX, SPRAIN, STRAIN & DISL OF UPPERARM, LOWER LEG EXC FOOT AGE > 9 W/O CC | 19.93 | 1.41 | 0.6224 | 1.5358 | 0.7418 | 0.0000 |
| 443 | FX, SPRAIN, STRAIN & DISL OF UPPERARM, LOWER LEG EXC FOOT AGE < 10       | 3.68  | -    | 0.4056 | 0.4042 | 1.1695 | 0.0000 |
| 444 | MAJOR CRANIO-MAXILLO FACIAL SURGERY                                      | 23.38 | 3.56 | 2.8731 | 3.3428 | 1.1253 | 2.1652 |
| 445 | MINOR CRANIO-MAXILLO FACIAL SURGERY                                      | 11.92 | 2.00 | 1.6018 | 1.6144 | 1.3993 | 1.2234 |
| 446 | OTHER MUSCULOSKELETAL SYSTEM & CONN TISS DIAG AGE >9                     | 18.93 | 1.79 | 0.6573 | 0.5064 | 0.8301 | 0.0000 |
| 447 | BACK & NECK PROCEDURES W SPINAL FUSION                                   | 36.39 | 3.75 | 3.1681 | 3.5156 | 1.0504 | 1.4508 |
| 448 | BACK & NECK PROCEDURES W/O SPINAL FUSION                                 | 22.87 | 3.08 | 1.8000 | 1.9179 | 0.8141 | 1.1296 |
| 449 | HIP REPLACEMENT W CC   | 37.89 | 4.59 | 5.0113 | 4.8699 | 1.1043 | 3.1763 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 450 | HIP REPLACEMENT W/O CC   | 24.45  | 3.52 | 3.5515 | 3.5051 | 1.0486 | 2.9683 |
| 451 | LOWER EXTREM & HUMER PROC EXC HIP, FOOT, FEMUR AGE > 9 W/O CC    | 15.47  | 1.84 | 1.4612 | 2.0157 | 0.9201 | 1.0745 |
| 452 | INFECT/INFLAM OF BONE & JOINT W MISC MS & CONN TISS PROC AGE <10 | 136.91 | 8.52 | 2.2282 | 2.6566 | 1.1039 | 0.6425 |
| 453 | FX, SPRAIN, STRAIN & DISL OF FOREARM, HAND, FOOT AGE > 9 W/O CC  | 6.61   | -    | 0.3469 | 0.3673 | 1.1447 | 0.0000 |
| 454 | OTHER MUSCULOSKELETAL SYSTEM & CONN TISS DIAG AGE <10            | 43.39  | 2.02 | 3.4728 | 2.2122 | 0.9282 | 0.0000 |
| 480 | SKIN GRAFT &/OR DEBRID FOR SKIN ULCER, CELLULITIS                | 81.44  | 8.77 | 5.0728 | 5.6380 | 0.8257 | 1.1058 |
| 481 | SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER, CELLULITIS            | 22.34  | 2.20 | 1.3314 | 3.6473 | 0.8593 | 0.8229 |
| 482 | PERIANAL & PILONIDAL PROCEDURES                                  | 6.54   | -    | 0.6058 | 0.5374 | 0.8521 | 0.5558 |
| 483 | SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES            | 12.53  | -    | 0.6128 | 1.7413 | 0.9035 | 0.6645 |
| 484 | OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES              | 13.61  | -    | 0.5352 | 0.5640 | 1.2314 | 0.5185 |
| 485 | SKIN ULCERS  | 62.33  | 6.19 | 1.7689 | 1.9826 | 0.7330 | 0.0000 |
| 486 | MAJOR SKIN DISORDERS   | 25.11  | 3.21 | 1.5208 | 1.5987 | 0.8380 | 0.0000 |
| 487 | MALIGNANT BREAST DISORDERS                                       | 43.23  | 4.16 | 1.3582 | 1.2520 | 1.2154 | 0.0000 |
| 488 | NON-MALIGNANT BREAST DISORDERS                                   | 5.92   | -    | 0.3803 | 0.3885 | 0.9673 | 0.0000 |
| 489 | CELLULITIS AGE >9 W CC   | 27.36  | 2.77 | 1.4803 | 3.8128 | 0.8246 | 0.0000 |
| 490 | CELLULITIS AGE >9 W/O CC   | 12.39  | 1.50 | 0.6980 | 0.6227 | 0.7627 | 0.0000 |
| 491 | CELLULITIS AGE <10   | 7.78   | -    | 0.6602 | 0.6649 | 1.0255 | 0.0000 |
| 492 | TRAUMA TO THE SKIN, SUBCUT TISSUE & BREAST AGE >9 W CC           | 19.35  | 1.96 | 0.9731 | 0.9945 | 0.8422 | 0.0000 |
| 493 | TRAUMA TO THE SKIN, SUBCUT TISSUE & BREAST AGE >9 W/O CC         | 12.73  | -    | 0.3374 | 0.3439 | 0.8785 | 0.0000 |
| 494 | TRAUMA TO THE SKIN, SUBCUT TISSUE & BREAST AGE <10               | 3.53   | -    | 0.2935 | 0.2937 | 1.1609 | 0.0000 |
| 495 | MAJOR PROCEDURES FOR MALIGNANT BREAST CONDITIONS                 | 26.09  | 2.81 | 1.4339 | 1.4765 | 0.7605 | 1.0144 |
| 496 | MINOR PROCEDURES FOR MALIGNANT BREAST CONDITIONS                 | 8.22   | -    | 0.7472 | 0.7512 | 0.9485 | 0.8117 |
| 497 | MAJOR PROCEDURES FOR NON-MALIGNANT BREAST CONDITIONS             | 12.84  | 1.63 | 1.0489 | 1.0781 | 0.8635 | 0.9887 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 498 | MINOR PROCEDURES FOR NON-MALIGNANT BREAST CONDITIONS              | 5.96  | -    | 0.5695 | 0.5400  | 1.2324 | 0.7934 |
| 499 | MINOR SKIN DISORDERS  | 11.51 | 1.37 | 0.7327 | 0.8704  | 0.9121 | 0.0000 |
| 520 | AMPUTAT OF LOW LIMB FOR ENDOCRINE, NUTRIT, & METABOL DISORDERS    | 79.76 | 9.00 | 6.2723 | 5.3825  | 0.8451 | 1.0138 |
| 521 | ADRENAL PROCEDURES  | 23.15 | 3.83 | 3.2981 | 3.3160  | 1.1238 | 1.5940 |
| 522 | PITUITARY PROCEDURES  | 37.01 | 4.36 | 2.9049 | 2.7644  | 1.0959 | 1.8268 |
| 523 | SKIN GRAFT & WOUND DEBRID FOR ENDOC, NUTRIT AND METABOL DISORDERS | 62.53 | 8.48 | 3.3710 | 3.1623  | 0.7517 | 0.7613 |
| 524 | O.R. PROCEDURES FOR OBESITY                                       | 19.92 | 2.64 | 1.0190 | 1.0631  | 0.9376 | 0.8523 |
| 525 | PARATHYROID PROCEDURES  | 39.07 | 3.39 | 1.5877 | 1.6343  | 0.9423 | 1.1802 |
| 526 | THYROID PROCEDURES  | 12.79 | 1.98 | 1.1196 | 1.2910  | 0.9176 | 1.1063 |
| 527 | THYROGLOSSAL PROCEDURES   | 11.21 | 1.38 | 0.6610 | 1.3051  | 1.1318 | 0.7635 |
| 528 | OTHER ENDOCRINE NUTRIT & METAB O.R. PROC                          | 24.16 | 2.48 | 3.4694 | 2.1882  | 1.2903 | 0.9015 |
| 529 | DIABETES AGE >35  | 48.52 | 2.99 | 1.1794 | 1.1529  | 0.8144 | 0.0000 |
| 530 | DIABETES AGE <36  | 14.78 | 1.66 | 0.9302 | 1.0086  | 0.9889 | 0.0000 |
| 531 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE >9 W CC                | 19.72 | 2.27 | 1.5275 | 0.9466  | 0.8602 | 0.0000 |
| 532 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE >9 W/O CC              | 11.99 | 1.35 | 0.6519 | 1.2924  | 0.7402 | 0.0000 |
| 533 | NUTRITIONAL & MISC METABOLIC DISORDERS AGE <10                    | 10.71 | -    | 0.8283 | 0.8177  | 0.9371 | 0.0000 |
| 534 | INBORN ERRORS OF METABOLISM                                       | 15.45 | 1.44 | 0.4336 | 0.7251  | 1.3070 | 0.0000 |
| 535 | ENDOCRINE DISORDERS   | 21.54 | 2.30 | 1.4628 | 2.8974  | 1.0829 | 0.0000 |
| 536 | COMPULSIVE NUTRITION DISORDER REHABILITATION                      | 87.22 | 9.24 | 4.1926 | 10.9787 | 0.7901 | 0.0000 |
| 550 | KIDNEY TRANSPLANT   | 46.34 | 5.98 | 7.3212 | 7.4306  | 2.2333 | 3.0467 |
| 551 | KIDNEY, URETER & MAJOR BLADDER PROC FOR NEOPLASM W CC             | 58.95 | 7.35 | 3.9763 | 4.3029  | 1.0651 | 1.9650 |
| 552 | KIDNEY, URETER & MAJOR BLADDER PROC FOR NEOPLASM W/O CC           | 21.49 | 3.61 | 2.4685 | 3.3055  | 0.9556 | 1.7972 |
| 553 | KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPLASM              | 22.65 | 2.92 | 2.6313 | 2.7371  | 1.0886 | 1.3291 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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|-----|---|-------|------|--------|--------|--------|--------|
| 554 | PROSTATECTOMY W CC                                  | 21.18 | 3.24 | 2.5167 | 2.1165 | 0.6897 | 0.9570 |
| 555 | PROSTATECTOMY W/O CC                                | 30.67 | 2.95 | 1.0190 | 1.0996 | 0.7676 | 0.7964 |
| 556 | MINOR BLADDER PROCEDURES                            | 16.15 | 1.88 | 1.6649 | 3.5016 | 0.9652 | 1.0662 |
| 557 | TRANSURETHRAL PROCEDURES W MAJOR CC                 | 17.75 | 2.25 | 2.1187 | 1.8235 | 0.8774 | 0.9267 |
| 558 | TRANSURETHRAL PROCEDURES W/O CC                     | 8.29  | -    | 0.6720 | 0.7024 | 1.0661 | 0.8185 |
| 559 | URETHRAL PROCEDURES AGE >9 W CC                     | 22.25 | 2.69 | 1.8223 | 1.5734 | 0.8214 | 0.9426 |
| 560 | URETHRAL PROCEDURES AGE >9 W/O CC                   | 8.10  | -    | 0.7253 | 0.5950 | 0.8148 | 0.8198 |
| 561 | URETHRAL PROCEDURES AGE <10                         | 7.38  | -    | 0.8656 | 0.8632 | 1.1805 | 0.8982 |
| 562 | OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES        | 33.02 | 3.50 | 3.8739 | 2.8727 | 1.2483 | 1.1075 |
| 563 | RENAL FAILURE W CC                                  | 26.52 | 2.73 | 2.1822 | 1.1066 | 1.1015 | 0.0000 |
| 564 | RENAL FAILURE W/O CC                                | 30.72 | 2.85 | 0.8488 | 3.8479 | 0.7108 | 0.0000 |
| 565 | ADMIT FOR RENAL DIALYSIS                            | 4.78  | -    | 0.2218 | 0.2687 | 1.1616 | 0.0000 |
| 566 | KIDNEY & URINARY TRACT NEOPLASMS W CC               | 29.93 | 3.14 | 1.5950 | 1.1617 | 0.8438 | 0.0000 |
| 567 | KIDNEY & URINARY TRACT NEOPLASMS W/O CC             | 11.59 | -    | 0.3974 | 0.5132 | 0.9755 | 0.0000 |
| 568 | KIDNEY & URINARY TRACT INFECTIONS AGE >9 W CC       | 20.54 | 2.37 | 1.3629 | 0.6301 | 0.8466 | 0.0000 |
| 569 | KIDNEY & URINARY TRACT INFECTIONS AGE >9 W/O CC     | 11.88 | 1.39 | 0.6902 | 1.1302 | 0.8011 | 0.0000 |
| 570 | KIDNEY & URINARY TRACT INFECTIONS AGE <10           | 7.04  | -    | 0.6063 | 0.6053 | 1.0639 | 0.0000 |
| 571 | URINARY STONES W ESW LITHOTRIPSY                    | 2.17  | -    | 0.4910 | 0.4915 | 1.5959 | 0.0000 |
| 572 | URINARY STONES W/O ESW LITHOTRIPSY                  | 12.28 | -    | 0.3903 | 0.4827 | 0.8883 | 0.0000 |
| 573 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >9 W CC | 18.30 | 1.79 | 0.7957 | 0.7665 | 0.8000 | 0.0000 |
| 574 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE <10     | 2.37  | -    | 0.4053 | 0.4057 | 1.0575 | 0.0000 |
| 575 | URETHRAL STRICTURE W CC                             | 18.39 | 1.65 | 0.7872 | 0.5135 | 0.9292 | 0.0000 |
| 576 | URETHRAL STRICTURE W/O CC                           | 6.88  | -    | 0.2597 | 0.2538 | 0.9398 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 578 | OTHER KIDNEY & URINARY TRACT DIAGNOSES W MAJOR CC            | 57.84 | 4.30 | 2.6255 | 2.0132 | 1.1407 | 0.0000 |
| 579 | OTHER KIDNEY & URINARY TRACT DIAGNOSES W NON-MAJOR CC        | 15.41 | 1.44 | 1.2216 | 1.8202 | 0.9388 | 0.0000 |
| 580 | OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC                | 9.82  | -    | 0.4748 | 0.8364 | 1.0676 | 0.0000 |
| 581 | KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >9 W/O CC        | 22.14 | 1.35 | 0.3724 | 0.3924 | 0.9490 | 0.0000 |
| 582 | TRANSURETHRAL PROCEDURES W NON-MAJOR CC                      | 16.09 | 1.51 | 1.0755 | 0.5315 | 0.8626 | 0.8777 |
| 600 | MAJOR MALE PELVIC PROCEDURES                                 | 24.38 | 4.20 | 2.4970 | 2.5610 | 0.8904 | 1.5821 |
| 601 | TRANSURETHRAL PROSTATECTOMY W MAJOR CC                       | 28.22 | 4.13 | 2.4736 | 2.5042 | 0.7685 | 1.2100 |
| 602 | TRANSURETHRAL PROSTATECTOMY W NON-MAJOR CC                   | 19.16 | 2.74 | 1.6172 | 1.6500 | 0.7468 | 1.0152 |
| 603 | TRANSURETHRAL PROSTATECTOMY W/O CC                           | 10.97 | 1.75 | 1.0401 | 1.0492 | 0.7593 | 0.8901 |
| 604 | TESTES PROCEDURES, FOR MALIGNANCY W MAJOR CC                 | 25.13 | 3.33 | 2.2025 | 2.2067 | 1.0184 | 0.8952 |
| 605 | TESTES PROCEDURES, FOR MALIGNANCY W NON-MAJOR CC             | 24.31 | 2.46 | 1.5302 | 1.3242 | 0.8047 | 0.8746 |
| 606 | TESTES PROCEDURES, FOR MALIGNANCY W/O CC                     | 7.51  | -    | 0.7482 | 0.7589 | 0.8654 | 0.7593 |
| 607 | TESTES PROCEDURES, NON-MALIGNANCY AGE > 9 W CC               | 23.86 | 2.45 | 1.3195 | 0.8995 | 0.9572 | 0.8101 |
| 608 | TESTES PROCEDURES, NON-MALIGNANCY AGE < 10                   | 2.86  | -    | 0.4733 | 0.4749 | 1.3367 | 0.7461 |
| 609 | PENIS PROCEDURES   | 18.95 | 1.95 | 1.4554 | 2.2853 | 1.3446 | 1.1975 |
| 610 | CIRCUMCISION AGE >9  | 10.43 | -    | 0.5959 | 0.6848 | 1.2955 | 0.5818 |
| 611 | CIRCUMCISION AGE <10   | 2.15  | -    | 0.3632 | 0.3637 | 1.1207 | 0.4894 |
| 612 | OTHER MALE REPRODUCTIVE SYST O.R. PROC FOR MALIGNANCY        | 28.10 | 2.92 | 1.3860 | 1.2639 | 1.1152 | 0.8522 |
| 613 | OTHER MALE REPRODUCTIVE SYST O.R. PROC EXCEPT FOR MALIGNANCY | 14.21 | 2.00 | 0.8598 | 2.1151 | 0.9369 | 0.7930 |
| 614 | MALIGNANCY, MALE REPRODUCTIVE SYSTEM                         | 47.49 | 4.50 | 1.5091 | 0.9504 | 0.7588 | 0.0000 |
| 615 | BENIGN PROSTATIC HYPERTROPHY W MAJOR CC                      | 25.10 | 3.33 | 2.0393 | 1.5863 | 0.8942 | 0.0000 |
| 616 | BENIGN PROSTATIC HYPERTROPHY W NON-MAJOR CC                  | 8.19  | -    | 0.8370 | 0.8394 | 0.8459 | 0.0000 |
| 617 | BENIGN PROSTATIC HYPERTROPHY W/O CC                          | 7.55  | -    | 0.3507 | 0.3627 | 0.9325 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 618 | INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM                  | 14.92 | 1.50 | 0.6178 | 2.7157 | 0.9047 | 0.0000 |
| 619 | STERILISATION, MALE   | 2.20  | -    | 0.3795 | 0.3800 | 2.0687 | 0.0000 |
| 620 | OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES                      | 9.45  | -    | 0.4426 | 0.4603 | 1.1816 | 0.0000 |
| 621 | TESTES PROCEDURES, NON-MALIGNANCY AGE >9 W/O CC               | 18.79 | -    | 0.5453 | 0.5765 | 1.0948 | 0.7481 |
| 640 | PELVIC EVISCERATION & RADICAL VULVECTOMY                      | 38.02 | 5.61 | 3.2174 | 3.2231 | 0.8855 | 1.6332 |
| 641 | UTERINE ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIGNANCY W CC   | 35.38 | 5.27 | 2.2876 | 2.3094 | 0.8078 | 1.2611 |
| 642 | UTERINE ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIGNANCY W/O CC | 15.02 | 2.89 | 1.3865 | 1.4201 | 0.6813 | 1.2767 |
| 643 | FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES          | 14.02 | 2.38 | 1.2185 | 1.0743 | 0.7418 | 0.9881 |
| 644 | UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY       | 31.04 | 4.49 | 2.3013 | 2.3621 | 0.9499 | 1.1683 |
| 645 | UTERINE & ADNEXA PROC FOR NON-MALIGNANCY                      | 27.32 | 2.14 | 1.1617 | 1.2218 | 0.8524 | 0.9717 |
| 646 | CONISATION, VAGINA, CERVIX & VULVA PROCEDURES                 | 11.38 | -    | 0.5326 | 0.7525 | 1.2852 | 0.7811 |
| 647 | LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION                   | 6.90  | -    | 0.5313 | 0.5401 | 1.3253 | 0.7512 |
| 648 | ENDOSCOPIC TUBAL INTERRUPTION                                 | 3.70  | -    | 0.4619 | 0.4652 | 1.3849 | 0.6835 |
| 649 | OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES              | 15.00 | 2.32 | 1.3008 | 1.1525 | 1.0328 | 0.6931 |
| 650 | MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM                        | 40.56 | 3.48 | 1.2010 | 0.9849 | 0.8907 | 0.0000 |
| 651 | INFECTIONS, FEMALE REPRODUCTIVE SYSTEM                        | 12.33 | -    | 0.4820 | 0.5871 | 0.8211 | 0.0000 |
| 652 | MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS        | 8.71  | -    | 0.3140 | 0.3884 | 0.9252 | 0.0000 |
| 653 | D & C WITHOUT OTHER O.R. PROCEDURES                           | 7.14  | -    | 0.3757 | 0.3832 | 1.1196 | 0.4878 |
| 670 | CAESAREAN DELIVERY W/O COMPLICATION DIAGNOSIS                 | 10.89 | 2.18 | 1.4898 | 1.4870 | 1.0211 | 1.0951 |
| 671 | CAESAREAN DELIVERY WITH MODERATE COMPLICATING DIAGNOSIS       | 16.72 | 2.61 | 1.7122 | 1.7110 | 1.0509 | 1.0370 |
| 672 | CAESAREAN DELIVERY WITH SEVERE COMPLICATING DIAGNOSIS         | 27.34 | 3.46 | 2.1585 | 2.1833 | 0.9656 | 1.1137 |
| 674 | VAGINAL DELIVERY W/O COMPLICATING DIAGNOSIS                   | 8.54  | 1.43 | 0.7876 | 0.7532 | 1.0352 | 0.0000 |
| 675 | VAGINAL DELIVERY WITH COMPLICATING DIAGNOSIS                  | 9.21  | 1.54 | 0.9934 | 0.9241 | 1.0222 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 676 | VAGINAL DELIVERY WITH SEVERE COMPLICATING DIAGNOSIS                 | 17.07  | 2.04  | 1.1907  | 1.1019  | 0.9965 | 0.0000 |
| 677 | VAGINAL DELIVERY WITH O.R. PROCEDURE                                | 24.27  | 2.42  | 1.3494  | 1.4082  | 1.1886 | 0.7026 |
| 678 | POSTPARUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE              | 34.56  | 1.60  | 0.6851  | 0.7231  | 0.9021 | 0.0000 |
| 679 | POSTPARUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE                | 6.28   | -     | 0.5654  | 0.5823  | 1.4020 | 0.5211 |
| 680 | ECTOPIC PREGNANCY   | 8.09   | -     | 0.6783  | 0.6853  | 1.0600 | 0.0000 |
| 681 | THREATENED ABORTION   | 11.49  | -     | 0.4233  | 0.4503  | 1.0332 | 0.0000 |
| 682 | ABORTION W/O D & C  | 5.69   | -     | 0.3712  | 0.3815  | 1.2837 | 0.0000 |
| 683 | ABORTION W D&C ASPIRATION CURETTAGE OR HYSTEROTOMY                  | 3.90   | -     | 0.4262  | 0.4288  | 1.4398 | 0.4544 |
| 684 | PRETERM LABOUR  | 3.68   | -     | 0.4065  | 0.4123  | 1.7345 | 0.0000 |
| 685 | OTHER ANTEPARTUM DIAGNOSES W COMPLICATING PRINCIPAL DIAGNOSIS       | 8.66   | -     | 0.4859  | 0.4997  | 0.9839 | 0.0000 |
| 686 | OTHER ANTEPARTUM DIAGNOSES W/O COMPLICATING PRINCIPAL DIAGNOSIS     | 12.24  | -     | 0.4531  | 0.4747  | 0.9872 | 0.0000 |
| 701 | NEONATE, DIED/TRANS <5 DAYS OF ADM W/O SIG O.R. PROC, BORN HERE     | 3.51   | -     | 0.3230  | 0.3238  | 0.8686 | 0.0000 |
| 702 | NEONATE, DIED/TRANS <5 DAYS OF ADMISSION W SIG O.R. PROC            | 3.30   | -     | 1.2289  | 1.2242  | 2.7474 | 0.4565 |
| 703 | NEONATE, DIED/TRANS <5 DAYS OF ADM W/O SIG O.R. PROC, NOT BORN HERE | 3.99   | -     | 0.6694  | 0.6699  | 1.8600 | 0.0000 |
| 704 | DIED >4 DAYS OF ADMISSION   | 44.84  | 8.56  | 7.7563  | 7.7627  | 1.7878 | 0.0000 |
| 705 | NEONATE ADMISSION WT <750G  | 95.90  | 7.51  | 62.2563 | 27.6457 | 1.5714 | 0.0000 |
| 706 | NEONATE, ADMISSION WT 750-999G                                      | 144.04 | 27.89 | 20.1678 | 19.3164 | 1.4555 | 0.0000 |
| 707 | NEONATE, ADMISSION WT 1000-1499G, W SIGNIF O.R. PROCEDURE           | 104.90 | 24.06 | 14.9463 | 14.9618 | 1.3731 | 0.6749 |
| 708 | NEONATE, ADMISSION WT 1000-1499G, W/O SIGNIF O.R. PROCEDURE         | 79.09  | 13.40 | 9.3539  | 8.6940  | 1.2014 | 0.0000 |
| 709 | NEONATE ADM WT 1500-1999G, W SIGNIF O.R. PROC, MULT MAJOR PROB      | 73.37  | 14.42 | 12.2401 | 10.9045 | 1.5641 | 0.8948 |
| 710 | NEONATE ADM WT 1500-1999G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB  | 55.81  | 8.89  | 5.3309  | 5.3353  | 0.8999 | 0.5274 |
| 711 | NEONATE ADM WT 1500-1999G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB  | 66.93  | 12.24 | 7.1867  | 6.8882  | 1.1765 | 0.0000 |
| 712 | NEONATE ADM WT 1500-1999G, W/O SIGNIF O.R. PROC W MAJOR PROB        | 47.22  | 8.16  | 5.1359  | 4.7305  | 1.0743 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 713 | NEONATE ADM WT 1500-1999G, W/O SIGNIF O.R. PROC W OTHER MAJOR PROB | 52.37 | 8.05  | 4.5565 | 3.9227 | 0.9458 | 0.0000 |
| 714 | NEONATE ADM WT 1500-1999G, W/O SIGNIF O.R. PROC, W/O PROBLEM       | 38.45 | 5.50  | 3.6608 | 3.2311 | 1.0455 | 0.0000 |
| 715 | NEONATE ADM WT 2000-2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROB   | 44.46 | 13.67 | 9.5701 | 9.5781 | 1.4331 | 1.4053 |
| 716 | NEONATE ADM WT 2000-2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB | 24.49 | 5.33  | 4.6179 | 4.6217 | 1.3253 | 0.4545 |
| 717 | NEONATE ADM WT 2000-2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB | 46.96 | 6.73  | 4.4149 | 4.0546 | 1.2452 | 0.0000 |
| 718 | NEONATE ADM WT 2000-2499G, W/O SIGNIF O.R. PROC, W MAJOR PROBLEM   | 42.74 | 5.65  | 3.0684 | 2.7757 | 1.0861 | 0.0000 |
| 719 | NEONATE ADM WT 2000-2499G, W/O SIGNIF O.R. PROC, W OTHER PROBLEM   | 33.35 | 4.24  | 2.6739 | 0.9746 | 0.9238 | 0.0000 |
| 720 | NEONATE ADM WT 2000-2499G, W/O SIGNIF O.R. PROC, W/O PROBLEM       | 18.99 | 2.13  | 1.8877 | 1.2530 | 0.8015 | 0.0000 |
| 721 | NEONATE ADM WT >2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROBLEM    | 67.84 | 7.83  | 9.4349 | 8.9857 | 1.7467 | 1.2000 |
| 722 | NEONATE ADM WT >2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROBLEM  | 20.20 | 2.49  | 4.1787 | 3.7115 | 1.4973 | 0.6226 |
| 723 | NEONATE ADM WT >2499G, W MINOR ABDOMINAL PROCEDURE                 | 4.81  | -     | 1.0436 | 1.0445 | 1.1419 | 0.8307 |
| 724 | NEONATE ADM WT >2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROBLEM  | 21.91 | 2.83  | 2.6992 | 2.4487 | 1.4297 | 0.0000 |
| 725 | NEONATE ADM WT >2499G, W/O SIGNIF O.R. PROC, W MAJOR PROBLEM       | 18.04 | 1.87  | 1.4897 | 1.9979 | 1.1310 | 0.0000 |
| 726 | NEONATE ADM WT >2499G, W/O SIGNIF O.R. PROC, W OTHER PROBLEM       | 46.83 | 1.74  | 0.9685 | 0.8394 | 0.9573 | 0.0000 |
| 727 | NEONATE ADM WT >2499G, W/O SIGNIF O.R. PROC, W/O PROBLEM           | 8.76  | -     | 0.5009 | 0.4888 | 0.7303 | 0.0000 |
| 750 | SPLENECTOMY  | 26.30 | 3.79  | 2.3668 | 2.7496 | 1.0754 | 1.1765 |
| 752 | OTHER O.R. PROCEDURES OF BLOOD & BLOOD FORMING ORGANS              | 17.30 | 1.66  | 0.9805 | 4.1185 | 1.1197 | 0.8251 |
| 753 | RED BLOOD CELL DISORDERS AGE >9                                    | 17.00 | 1.56  | 1.0231 | 2.2650 | 0.9076 | 0.0000 |
| 754 | RED BLOOD CELL DISORDERS AGE <10                                   | 13.48 | 1.81  | 1.2442 | 3.3187 | 1.2091 | 0.0000 |
| 755 | COAGULATION DISORDERS  | 16.30 | 1.54  | 1.9185 | 1.4362 | 1.1844 | 0.0000 |
| 756 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MAJOR CC                | 29.16 | 3.49  | 2.2500 | 3.8814 | 1.4102 | 0.0000 |
| 757 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W NON-MAJOR CC            | 20.60 | 2.39  | 1.4229 | 1.1560 | 1.1573 | 0.0000 |
| 758 | RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC                    | 12.63 | 1.42  | 0.9865 | 1.5535 | 0.9628 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 770 | LYMPHOMA & LEUKAEMIA W MAJOR O.R. PROCEDURE W CC               | 56.95  | 7.04 | 6.8320 | 6.3300 | 1.3864 | 1.8412 |
| 771 | LYMPHOMA & NON-ACUTE LEUKAEMIA W OTHER O.R. PROC AGE >9 W CC   | 54.79  | 5.08 | 3.9821 | 3.0175 | 1.0726 | 0.9351 |
| 772 | LYMPHOMA & NON-ACUTE LEUKAEMIA W OTHER O.R. PROC AGE >9 W/O CC | 16.59  | 1.78 | 1.2268 | 1.0362 | 0.9927 | 0.8605 |
| 773 | LYMPHOMA & NON-ACUTE LEUKAEMIA W OTHER O.R. PROC AGE <10       | -      | -    | 5.1153 | 5.1195 | 1.2774 | 0.4990 |
| 774 | LYMPHOMA & NON-ACUTE LEUKAEMIA                                 | 28.84  | 2.71 | 2.2176 | 5.6759 | 1.1880 | 0.0000 |
| 775 | ACUTE LEUKAEMIA W/O MAJOR O.R. PROCEDURE                       | 39.88  | 3.90 | 7.0785 | 7.4158 | 2.5409 | 0.0000 |
| 776 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC   | 51.05  | 7.67 | 4.2391 | 3.6486 | 1.1302 | 1.3067 |
| 777 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC | 14.47  | 2.43 | 2.1803 | 2.2366 | 1.0369 | 1.1338 |
| 778 | MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC      | 28.68  | 2.45 | 1.9150 | 1.3316 | 1.1879 | 1.0248 |
| 779 | RADIOTHERAPY   | 30.52  | 3.25 | 2.3314 | 1.5677 | 1.3368 | 0.0000 |
| 780 | CHEMOTHERAPY   | 36.17  | 1.35 | 0.8255 | 0.7229 | 1.6935 | 0.0000 |
| 783 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC           | 31.10  | 3.02 | 2.6121 | 1.4719 | 0.7542 | 0.0000 |
| 784 | OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC         | 133.94 | 5.11 | 0.9558 | 0.5969 | 0.9078 | 0.0000 |
| 785 | LYMPHOMA & LEUKAEMIA W MAJOR O.R. PROCEDURE W/O CC             | 42.57  | 4.57 | 2.2813 | 2.1038 | 0.9833 | 1.3043 |
| 800 | HIV W SPECIFIED RELATED CONDITION, AGE <10                     | -      | -    | 1.1263 | 1.1272 | 3.2431 | 0.0000 |
| 801 | HIV RELATED CNS DISEASE, AGE > 9                               | 40.71  | 5.26 | 6.8272 | 4.9129 | 1.3840 | 0.0000 |
| 802 | HIV RELATED MALIGNANCY, AGE > 9                                | 14.21  | 2.14 | 2.5491 | 2.2242 | 2.1554 | 0.0000 |
| 803 | HIV RELATED INFECTION, AGE > 9                                 | 22.98  | 2.91 | 2.7848 | 1.7758 | 2.8012 | 0.0000 |
| 804 | HIV W OTHER RELATED CONDITION, AGE > 9                         | 11.67  | 1.76 | 1.5007 | 1.1070 | 1.9451 | 0.0000 |
| 805 | HIV W/O SPECIFIED RELATED CONDITION, AGE < 10                  | -      | -    | 0.6800 | 0.6806 | 1.8894 | 0.0000 |
| 806 | HIV W/O SPECIFIED RELATED CONDITION, AGE > 9                   | 1.00   | -    | 0.6918 | 0.6865 | 1.2257 | 0.0000 |
| 807 | O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES             | 42.64  | 4.39 | 4.5071 | 5.0382 | 1.0458 | 0.9977 |
| 808 | SEPTICAEMIA AGE >9   | 28.57  | 3.30 | 2.0872 | 1.7756 | 0.9992 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 809 | SEPTICAEMIA AGE <10  | 24.13  | 2.33 | 1.0003 | 0.8172 | 1.2035 | 0.0000 |
| 810 | POSTOPERATIVE & POST-TRAUMATIC INFECTIONS                    | 22.30  | 2.11 | 1.1734 | 2.2736 | 0.8347 | 0.0000 |
| 811 | FEVER OF UNKNOWN ORIGIN AGE >9 W CC                          | 18.07  | 2.17 | 1.4799 | 1.1603 | 0.8367 | 0.0000 |
| 812 | FEVER OF UNKNOWN ORIGIN AGE >9 W/O CC                        | 8.92   | -    | 0.6988 | 0.5290 | 0.8580 | 0.0000 |
| 813 | FEVER OF UNKNOWN ORIGIN AGE <10                              | 5.09   | -    | 0.3371 | 0.3374 | 0.9579 | 0.0000 |
| 814 | VIRAL ILLNESS AGE >9   | 8.49   | -    | 0.5918 | 0.5866 | 0.9489 | 0.0000 |
| 815 | VIRAL ILLNESS AGE <10  | 5.99   | -    | 0.4049 | 0.4020 | 1.1057 | 0.0000 |
| 816 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC         | 22.21  | 2.92 | 2.2901 | 1.8098 | 1.2678 | 0.0000 |
| 817 | OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC       | 10.76  | 1.40 | 1.0981 | 1.3012 | 1.1315 | 0.0000 |
| 830 | O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS       | 123.40 | 8.60 | 6.4393 | 5.6672 | 0.7329 | 1.0514 |
| 831 | ACUTE ADJUST REACT & DISTURBANCE OF PSYCHOSOCIAL DYSFUNCTION | 16.99  | 1.70 | 0.8020 | 1.3467 | 0.7796 | 0.0000 |
| 832 | DEPRESSIVE NEUROSES  | 30.72  | 2.66 | 0.7595 | 1.4677 | 0.6134 | 0.0000 |
| 833 | NEUROSES EXCEPT DEPRESSIVE                                   | 22.28  | 2.26 | 0.9651 | 2.3189 | 0.6783 | 0.0000 |
| 834 | DISORDERS OF PERSONALITY & IMPULSE CONTROL                   | 112.79 | 5.02 | 1.6125 | 0.5122 | 0.7136 | 0.0000 |
| 835 | ORGANIC DISTURBANCES & MENTAL RETARDATION                    | 65.34  | 5.32 | 2.8970 | 4.1525 | 0.5033 | 0.0000 |
| 836 | PSYCHOSES  | 52.82  | 4.90 | 3.6802 | 2.5694 | 0.6492 | 0.0000 |
| 837 | CHILDHOOD MENTAL DISORDERS                                   | 17.68  | 2.04 | 1.4576 | 1.4264 | 0.6801 | 0.0000 |
| 838 | OTHER MENTAL DISORDER DIAGNOSES                              | 9.89   | -    | 0.8248 | 0.9344 | 0.9586 | 0.0000 |
| 850 | OPIOID ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE      | 8.42   | -    | 0.4777 | 0.4859 | 0.8353 | 0.0000 |
| 851 | OPIOID ABUSE OR DEPENDENCE                                   | 16.31  | 1.59 | 0.5776 | 0.4858 | 0.5847 | 0.0000 |
| 852 | COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE, LEFT AMA          | 12.29  | -    | 0.4122 | 0.4177 | 1.0542 | 0.0000 |
| 853 | COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE                    | 25.53  | 2.12 | 1.1087 | 0.9881 | 0.8279 | 0.0000 |
| 854 | ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE     | 6.05   | -    | 0.4309 | 0.4429 | 0.9682 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 855 | ALCOHOL ABUSE OR DEPENDENCE   | 13.28 | 1.38  | 0.7862  | 1.2445  | 0.7488 | 0.0000 |
| 870 | TRACHEOSTOMY FOR MULTIPLE SIGNIFICANT TRAUMA AGE >15                | 88.37 | 13.92 | 21.4604 | 18.9133 | 2.3385 | 5.4400 |
| 871 | TRACHEOSTOMY FOR MULTIPLE SIGNIFICANT TRAUMA AGE <16                | 20.54 | 2.58  | 21.4193 | 21.5234 | 2.7151 | 1.9158 |
| 872 | CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA                          | 49.00 | 16.33 | 10.7034 | 10.7303 | 1.9110 | 3.0931 |
| 873 | HIP, FEMUR & LIMB REATTACHMENT PROC FOR MULTIPLE SIGNIFICANT TRAUMA | 52.88 | 7.02  | 5.8964  | 6.4815  | 1.1713 | 3.0274 |
| 874 | OTHER O.R. PROCEDURE FOR MULTIPLE SIGNIFICANT TRAUMA                | 51.77 | 6.02  | 6.3654  | 5.5272  | 1.3038 | 1.9269 |
| 875 | HEAD, CHEST & LOWER LIMB DIAGNOSES OF MULTIPLE SIGNICANT TRAUMA     | 36.74 | 4.44  | 2.2354  | 2.7664  | 1.2093 | 0.0000 |
| 876 | OTHER DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA                      | 9.73  | -     | 2.1003  | 1.3352  | 1.1205 | 0.0000 |
| 877 | SKIN GRAFTS FOR INJURIES  | 55.22 | 4.41  | 2.6721  | 2.8656  | 0.7536 | 1.1355 |
| 878 | WOUND DEBRIDEMENTS FOR INJURIES                                     | 30.51 | 2.15  | 2.0530  | 1.5496  | 1.0986 | 1.0190 |
| 879 | HAND PROCEDURES FOR INJURIES  | 8.30  | -     | 0.7925  | 1.2541  | 1.0871 | 1.0049 |
| 880 | OTHER O.R. PROCEDURES FOR INJURIES W CC                             | 41.62 | 4.14  | 5.4284  | 4.4225  | 1.0829 | 1.2509 |
| 881 | OTHER O.R. PROCEDURES FOR INJURIES W/O CC                           | 10.85 | -     | 1.1311  | 1.0875  | 1.0117 | 0.7992 |
| 882 | INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >9 W MAJOR CC         | 37.04 | 3.53  | 1.3418  | 1.1109  | 0.7695 | 0.0000 |
| 883 | INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >9 W NON-MAJOR CC     | 18.89 | 1.77  | 0.8762  | 0.8417  | 0.7234 | 0.0000 |
| 884 | INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE >9 W/O CC             | 14.24 | -     | 0.3627  | 0.3718  | 0.8430 | 0.0000 |
| 885 | INJURIES TO UNSPECIFIED OR MULTIPLE SITES AGE <10                   | 4.43  | -     | 0.3741  | 0.3719  | 1.0478 | 0.0000 |
| 886 | ALLERGIC REACTIONS AGE >9   | 6.33  | -     | 0.3740  | 0.3545  | 0.9755 | 0.0000 |
| 887 | ALLERGIC REACTIONS AGE <10  | 3.95  | -     | 0.3353  | 0.3356  | 1.4009 | 0.0000 |
| 888 | POISONING & TOXIC EFFECTS OF DRUGS AGE >9 W CC                      | 17.66 | -     | 0.8868  | 0.9423  | 1.0674 | 0.0000 |
| 889 | POISONING & TOXIC EFFECTS OF DRUGS AGE >9 W/O CC                    | 34.76 | -     | 0.4330  | 0.7187  | 1.1263 | 0.0000 |
| 890 | POISONING & TOXIC EFFECTS OF DRUGS AGE <10                          | 2.71  | -     | 0.2306  | 0.2244  | 1.1339 | 0.0000 |
| 891 | COMPLICATIONS OF TREATMENT  | 16.11 | 1.42  | 0.8172  | 1.5157  | 0.8966 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 892 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W CC         | 33.56  | 3.24  | 1.6954  | 1.1016  | 0.9048 | 0.0000 |
| 893 | OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W/O CC       | 9.78   | -     | 0.4509  | 0.3715  | 1.2844 | 0.0000 |
| 894 | LEAD POISONING  | 5.00   | 1.67  | 0.6953  | 0.8548  | 0.8848 | 0.0000 |
| 910 | BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY             | 38.81  | 2.33  | 3.2527  | 2.8629  | 1.7130 | 0.0000 |
| 911 | EXTENSIVE BURNS W O.R. PROCEDURE                              | 113.30 | 10.25 | 36.7432 | 19.7895 | 2.5160 | 6.0308 |
| 912 | EXTENSIVE BURNS W/O O.R. PROCEDURE                            | 14.66  | 3.00  | 1.7660  | 1.7714  | 2.0238 | 0.0000 |
| 913 | NON-EXTENSIVE BURNS W SKIN GRAFT                              | 31.19  | 4.07  | 5.6443  | 8.6476  | 1.2346 | 1.4171 |
| 914 | NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. PROC    | 14.24  | 1.67  | 5.5235  | 6.5365  | 0.9750 | 0.8093 |
| 915 | NON-EXTENSIVE BURNS W/O O.R. PROCEDURE                        | 12.11  | -     | 0.8189  | 0.9158  | 0.9193 | 0.0000 |
| 930 | O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES      | 37.51  | 1.96  | 2.8025  | 2.8692  | 1.2124 | 0.8009 |
| 931 | REHABILITATION  | 97.72  | 10.19 | 2.8463  | 4.5614  | 0.9412 | 0.0000 |
| 932 | SIGNS & SYMPTOMS  | 22.27  | 2.26  | 0.9471  | 0.8575  | 0.8469 | 0.0000 |
| 933 | AFTERCARE WITHOUT SDX OF HISTORY OF MALIGNANCY                | 22.88  | 2.21  | 0.6199  | 2.4217  | 0.9812 | 0.0000 |
| 934 | OTHER FACTORS INFLUENCING HEALTH STATUS                       | 40.53  | 3.65  | 0.7551  | 2.4373  | 0.6333 | 0.0000 |
| 935 | MULTIPLE, OTHER & UNSPECIFIED CONGENITAL ANOMALIES            | 1.00   | -     | 0.6618  | 0.4837  | 1.1266 | 0.0000 |
| 936 | AFTERCARE WITH SDX OF HISTORY OF MALIGNANCY WITH ENDOSCOPY    | 24.63  | -     | 0.2089  | 0.2388  | 1.2166 | 0.0000 |
| 937 | AFTERCARE WITH SDX OF HISTORY OF MALIGNANCY W/O ENDOSCOPY     | 18.82  | 2.07  | 0.7570  | 0.4367  | 1.0242 | 0.0000 |
| 950 | EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS     | 37.43  | 3.37  | 3.1122  | 6.3501  | 1.1149 | 1.4283 |
| 951 | UNACCEPTABLE AS OBSTETRIC PRINCIPAL DIAGNOSIS                 | 9.28   | -     | 0.7497  | 0.7503  | 1.2819 | 0.0000 |
| 952 | UNGROUPABLE   | 23.11  | 2.02  | 0.0000  | 0.0000  | 0.0000 | 0.0000 |
| 953 | PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS     | 47.77  | 7.38  | 3.9440  | 3.8646  | 0.7867 | 0.7741 |
| 954 | NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 52.51  | 3.49  | 1.5640  | 2.3067  | 0.9172 | 0.6486 |
| 955 | NEONATAL DIAGNOSIS NOT CONSISTENT WITH AGE (>28 DAYS)         | 26.29  | 3.77  | 2.3452  | 2.1898  | 0.7370 | 0.0000 |

**COST WEIGHTS AND TRIM POINTS FOR AN-DRG CHARGES FOR ADMITTED PATIENTS**

| 1.<br>AN-DRG<br>(Version 2) | 2.<br>DESCRIPTION | 3.<br>Upper<br>Trim<br>Point<br>(Days) | 4.<br>Lower<br>Trim<br>Point<br>(Days) | 5.<br>Inlier<br>Cost<br>Weight<br>(except<br>W&CH,<br>ACH) | 6.<br>Inlier<br>Cost<br>Weight—<br>W&CH,<br>ACH | 7.<br>OBD<br>Cost<br>Weight | 8.<br>Theatre<br>Cost<br>Weight |
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| 956 | UNACCEPTABLE PRINCIPAL DIAGNOSIS | 1.00 | - | 0.5123 | 0.6233 | 1.2550 | 0.0000 |
|-----|----------------------------------|------|---|--------|--------|--------|--------|

In this table:

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

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

**PART C**

*Recognised hospitals: fees for non-admitted patients*

**Interpretation**

1. In this Part, unless the contrary intention appears—

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

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

**Fees for non-admitted public patients in metropolitan hospitals**

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

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

**Fees for non-admitted patients in country (etc.) hospitals**

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

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

**Transportation fee**

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

**PART D**

*Recognised hospitals and incorporated health centres: accommodation, rehabilitation and domiciliary care fees*

1. South Australian Mental Health Service:  
fee for inpatient accommodation . . . . . \$ 284 per day.
2. Hampstead Centre Nursing Home:  
fee for inpatient accommodation . . . . . \$ 246 per day.
3. Intellectually Disabled Services Council Inc.:
  - (a) Strathmont Centre—  
fee for inpatient accommodation . . . . . \$ 171 per day
  - (b) Other—  
fee for inpatient or resident accommodation . . . . . \$ 246 per day.
4. Julia Farr Services:
  - (a) Head Injury Service—
    - (i) Inpatient—
      - (A) Rotary Ward A accommodation fee . . . . . \$ 246 per day
      - (B) Rotary Ward B accommodation fee . . . . . \$ 311 per day
      - (C) professional service fee (not payable by private patient) . . . . . \$ 80 per day
    - (ii) Rehabilitation service for non-admitted patients—
      - (A) assessment or treatment provided by a medical practitioner, per hour of attendance by the patient (maximum fee) . . . . . \$ 116
      - (B) individual assessment or treatment provided by a person who is not a medical practitioner, per hour of attendance by the patient (maximum fee) . . . . . \$ 89
      - (C) treatment as one of a group of patients provided by a person who is not a medical practitioner, per hour of attendance by the patient (maximum fee) . . . . . \$ 37
  - (b) Other Service—  
Inpatient accommodation fee . . . . . \$ 246 per day.
5. All Recognised Hospitals and Incorporated Health Centres:  
Domiciliary maintenance and care visit—
  - (a) attendance involving a service provided by a medical practitioner, registered nurse or other health professional (other than a paramedical aide)—per visit . . . . . \$ 59
  - (b) any other attendance—per visit . . . . . \$ 26.

**PART E**

*Recognised hospitals*

*Classification of recognised hospitals*

**1. Metropolitan Hospitals**

*(a) Metropolitan Teaching Hospitals*

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

*(b) Other Metropolitan Hospitals*

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

**2. Country Hospitals**

*(a) Country Regional Hospitals*

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

*(b) Country Sub-Regional Hospitals*

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

*(c) Other Country Hospitals*

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

**Workers Rehabilitation and Compensation (Scales of Medical  
and Other Charges) Regulations 1995**

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(Reprint No. 2)

SCHEDULE 3

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

**APPENDIX**

**LEGISLATIVE HISTORY**

*(entries in bold type indicate amendments incorporated since the last reprint)*

|                         |   |
|-------------------------|---|
| <b>Regulation 4:</b>    | <b>amended and redesignated as reg. 4(1) by 247, 1996, reg. 3</b> |
| <b>Regulation 4(2):</b> | <b>inserted by 247, 1996, reg. 3(b)</b>                           |
| Regulation 6:           | inserted by 226, 1995, reg. 3                                     |
| <b>Schedule 1:</b>      | <b>substituted by 247, 1996, reg. 4</b>                           |
| <b>Schedule 1A:</b>     | <b>inserted by 247, 1996, reg. 4</b>                              |
| Schedule 3:             | inserted by 226, 1995, reg. 4                                     |