

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 **15 May 1997**.*

**SUMMARY OF PROVISIONS**

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4. Scales of charges—Private hospitals
5. Scales of charges—Physiotherapy services
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**SCHEDULE 1**

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

**SCHEDULE 1A**

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

**SCHEDULE 2**

*(Scales of charges—Physiotherapy services)*

**SCHEDULE 3**

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**APPENDIX  
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>

No. 48 of 1997: *Gaz.* 24 April 1997, p. 1645<sup>4</sup>

**No. 133 of 1997: *Gaz.* 15 May 1997, p. 2293<sup>5</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.

<sup>4</sup> Came into operation 24 April 1997: reg. 2.

<sup>5</sup> **Came into operation 15 May 1997: reg. 2.**

*NOTE:*

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

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

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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.

**Scale of charges—Speech pathologists**

7. Pursuant to subsection (11) of section 32 of the Act, the fees set out in schedule 4 are prescribed as scales of charges for the purposes of that section for the provision of services by speech pathologists.

**Workers Rehabilitation and Compensation (Scales of Medical  
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*(Reprint No. 4)*  
SCHEDULE 1  
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**SCHEDULE 1**

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

Item No.	SERVICE Description		CHARGE \$
<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 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.

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SCHEDULE 1

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**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:

A

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

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and Other Charges) Regulations 1995**

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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.

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and Other Charges) Regulations 1995**

*(Reprint No. 4)*  
SCHEDULE 1A  
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**SCHEDULE 1A**

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

Item No.	SERVICE Description	Charge
<b>Inpatient Services</b>		
PR 800	1 or more days but not more than 14 days - per day	\$353.00
PR 810	15 or more days but not more than 42 days - per day	\$299.00
PR 815	43 or more days - per day	\$195.00
<b>Intensive Care Unit</b>		
PR 825	Intensive care - Maximum stay - 5 days - per day	\$620.00
<b>Same Day Services</b>		
PRO84	Day program	\$165.00
PRO86	Day program and procedure	\$205.00
PRO83	Half-day program	\$129.00
PRO82	Electro-convulsive therapy (ECT)	\$103.00
PRO87	Marcaïn therapy	\$103.00
PRO81	Groupwork session	\$ 46.00
PRO88	Moderate Clinic	\$ 40.00

- Notes: 1. The accommodation charges for a private room and a share room are the same.
2. The item numbers for same day services begin with the letters "PRO" (not "PR" followed by a zero).

**ACCOUNT PREPARATION STANDARDS**

- 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.
- 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.
- 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.

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**SCHEDULE 1A Workers Rehabilitation and Compensation (Scales of Medical  
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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 Description	CHARGE \$
<b>CONSULTATIONS</b>		
<b>INITIAL CONSULTATION</b>		
	<p>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:</p> <ul style="list-style-type: none"> <li>(i) Subjective Reporting Major symptoms and lifestyle dysfunction; Current history and treatment; Past history and treatment; Pain, 24 hour behaviour, aggravating and relieving factors; General health, medication, risk factors.</li> <li>(ii) Objective Assessment Movement - active, passive, resisted, repeated; Muscle tone, spasm, weakness; Accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.</li> <li>(iii) Assessment Results Provisional diagnosis; Goals of Treatment; Treatment plan.</li> <li>(iv) Treatment Discussion with the patient regarding working hypothesis and treatment goals and expected outcomes; Initial treatment and response; Advice regarding home care including any exercise programs to be followed.</li> <li>(v) Documentation Recording all of the above in the clinical record of the patient, as well as: <ul style="list-style-type: none"> <li>X-ray and results of other tests;</li> <li>Skin tests; and</li> <li>Warnings.</li> </ul> </li> <li>(vi) Notification of Commencement of Treatment Forward commencement of treatment form to the Self-Managed Employer, Exempt Employer or Claims Agent.</li> </ul>	
PT105	Initial Consultation, 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- Level A	Short consultation. 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- Level B	Standard consultation. This consultation involves some or all of the elements of a Subsequent Consultation.	31.20

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SCHEDULE 2

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PT215	Subsequent consultation- Level C	Long consultation. 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
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PT220	Subsequent consultation- Level D	Extended consultation. 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
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**HYDROTHERAPY**

PT415	Individual Hydrotherapy Consultation	Individual reassessment and hydrotherapy treatment of condition. This consultation involves some or all of the elements of a Subsequent Consultation.	31.20
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PT420	Group Hydrotherapy Consultation	Group hydrotherapy session planned and supervised by a physiotherapist. 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
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**EXERCISE**

PT455	Individual Exercise Consultation	Individual reassessment and exercise treatment of condition. This consultation involves some or all of the elements of a Subsequent Consultation.	31.20
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PT460	Group Exercise Consultation	Group exercise session planned and supervised by a physiotherapist. 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
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**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
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PT920	Travel	Travel time of more than 15 minutes duration, but not more than 30 minutes duration.	34.50
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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
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**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.
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**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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SCHEDULE 2

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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 per hour
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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
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**HYDROTHERAPY/  
EXERCISE**

PT429	Entry Fee, Hydrotherapy or Exercise, a Public or Privately Operated Facility		4.00
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**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 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:  - physical environment; - mental work demands; - human behaviour; - working conditions; - educational requirements; - other conditions.	92.00 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: - workstation design; - work demands—intellectual/physical/sensory/perceptual; - equipment; - work environment.	92.00 per hour
PT750	Work Hardening On Site	Is a graduated program of work tasks incorporating productive duties at the worksite.	92.00 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 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 per hour
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**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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SCHEDULE 2

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PT810	Comprehensive Report	<p>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.</p> <p>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.</p> <p>A consultation which is a pre-requisite for the preparation of a report should be charged in accordance with: -PT105 Initial Consultation Item for own patients.</p> <p>Reports which comprise part of a service listed in Item No. PT810 &amp; PT820 (i) Charge are not chargeable under this item number.</p> <p>All reports referred to under this item are chargeable on a page basis as follows:</p>
		<p>- first page; 73.60 - second and subsequent pages. 36.80</p>
PT820	Standard Report	<p>A Self-Managed or Exempt Employer Case Manager or Claims Agent may request a Standard Report in response to a series of questions.</p> <p>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.</p> <p>All reports referred to under this item are chargeable on a page basis as follows:</p>
		<p>- first page; 55.20 - second and subsequent pages. 27.60</p>

**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
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**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 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;

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

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- (c) the "Severity Index" is—
  - (i) **1.1** in the case of a metropolitan teaching hospital;
  - (ii) **1.05** in the case of—
    - (A) a metropolitan hospital other than a metropolitan teaching hospital; or
    - (B) a country regional hospital;
  - (iii) **1.0** in the case of any other hospital.

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

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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

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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

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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

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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

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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

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

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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**

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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**

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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**

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

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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**

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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**

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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**

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956	UNACCEPTABLE PRINCIPAL DIAGNOSIS	1.00	-	0.5123	0.6233	1.2550	0.0000
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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

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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

**SCHEDULE 4**

*Scales of charges—Speech pathologists*

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<b>Item No.</b>	<b>SERVICE Description</b>	<b>CHARGE</b>
<b>INITIAL CONSULTATION</b>		
E0149	INITIAL CONSULTATION	\$115.35
<b>Note 1:</b>	"Consultation" means exclusive contact time by a Speech Pathologist with a patient.	
<b>Note 2:</b>	An initial consultation would commonly contain the following elements: <ul style="list-style-type: none"><li>- the taking of a detailed case history;</li><li>- counselling according to the patient's emotional needs;</li><li>- determination of options for ongoing management, possibly following an assessment to formulate a diagnosis/prognosis;</li><li>- consideration and possible implementation of appropriate treatment.</li></ul>	
<b>ASSESSMENTS</b>		
E0199	ASSESSMENT	\$100.15
<b>Note 1:</b>	The assessment must be administered by the Speech Pathologist to the exclusion of all other tasks not associated with the patient.	
<b>Note 2:</b>	To fully evaluate the extent of a communication disorder an assessment will include: <ul style="list-style-type: none"><li>- administration of a standardised clinical assessment and/or</li><li>- an empirical clinical assessment.</li></ul> A communication assessment at the worksite may also be required.	
<b>Note 3:</b>	Assessment results together with information from the initial consultation form the basis of the diagnosis and assist in prognostic indications and treatment planning.	
<b>TREATMENT</b>		
E0249	TREATMENT	\$78.25
<b>Note 1:</b>	The focus is treatment and intervention designed to restore function to optimal levels for the patient and may include: <ul style="list-style-type: none"><li>- tasks specifically related to skill development;</li><li>- counselling to facilitate adjustment and transfer of restored skill to everyday communicative situations.</li></ul>	

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**REPORTS**

E0810 The **comprehensive medical report** is chargeable by the page as follows:

- first page \$73.60
- second and subsequent pages \$36.80

COMPREHENSIVE MEDICAL REPORT is defined as follows:

1. **Own patient**, being where a comprehensive report is specifically requested by the claims administrator for the WorkCover Claims Agent, Self-Managed Employer, or Exempt Employer, or where re-assessment of the patient is a prerequisite in the judgement of the Speech Pathologist  
(Refer to **Standard Report** item E0820 where re-assessment of the patient is not required).

OR

2. **Independent/Second Opinion**, being where an assessment and report are requested by the claims administrator for the WorkCover Claims Agent, Self-Managed Employer, or Exempt Employer.

A consultation which is a prerequisite for the preparation of a report under this item should be charged in accordance with one of the items E0149 or E0199.

E0820 The **standard medical report** is chargeable by the page as follows:

- first page \$55.20
- second and subsequent pages \$27.60

**STANDARD MEDICAL REPORT**

A standard report—

- (a) is a report that is specifically requested by the claims administrator for the WorkCover Claims Agent, Self-Managed Employer, or Exempt Employer; or
- (b) is a report where a reassessment of the patient is not required; or
- (c) is a report involving the transcription of existing case notes.

**GENERAL NOTES FOR REPORTS**

**Note 1:** 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

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**Note 2:** Page set up standards must comply with the following conventions:

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

**Note 3:** No other set up standards are acceptable. Reports which do not meet this standard will be returned for reformatting.

**Note 4:** Reports **will not** be paid for in advance.

**TELEPHONE CALLS**

E0850 Telephone call, of five minutes or more, to or from a treating Speech Pathologist in relation to \$1.55 per min the management of a worker's injury (telephone calls of a duration of less than 5 minutes are not chargeable).

**Note 1:** Item E0850 Telephone Calls refer to calls of a case specific nature, made to or received from the:

- Claims administrator for the WorkCover Claims Agent; Self-Managed Employer or Exempt Employer;
- The employer

in connection with:

- a medical report;
- patient status (in relation to capacity to work);
- initiating a service;
- authorising a service.

Telephone calls to or from other treating/referring medical experts which form part of the management of a case are **not** chargeable.

Telephone calls of an administrative nature other than those outlined above are not chargeable.

**Note 2:** Parties referred to in Note 1 who are making calls, should telephone the rooms in advance to ascertain the most convenient time to speak to the Speech Pathologist and to allow the patient's notes to be available.

**Note 3:** Invoices for telephone calls in accordance with this item must record the duration of the conversation in minutes and the name of the other party.

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**CASE CONFERENCE**

E0870 CASE CONFERENCE, for the purpose of determining: \$92.00 per hour

- details of limitations/recommendations facilitating a return to work;
- options for management of a worker's recovery;
- other related information.

**Note 1:** A case conference may be requested by:

- a contracted rehabilitation and return to work provider;
- a treating medical expert;
- an employer;
- a worker advocate;
- a claims administrator for a WorkCover Claims Agent, Self-Managed Employer or Exempt Employer.

**Note 2:** A case conference must be authorised by either:

- the claims administrator for the WorkCover Claims Agent, Self-Managed Employer, or Exempt Employer; or
- an Exempt Employer rehabilitation coordinator.

**Note 3:** The composition of the conference will be determined by either:

- the claims administrator for the WorkCover Claims Agent, Self-Managed Employer, or Exempt Employer; or
- an Exempt Employer rehabilitation coordinator.

**Note 4:** Charges applicable to the provision of this service will be calculated at an hourly rate which will exclude travelling time from rooms or other appropriate departure point to the venue and return. Travel time must be charged separately in accordance with the appropriate item and itemised on the invoice for the service.

**TRAVEL**

E0910 TRAVEL TIME of not more than 15 minutes duration \$23.00

E0920 TRAVEL TIME of more than 15 minutes duration but not more than 30 minutes duration \$34.50

E0930 TRAVEL TIME of more than 30 minutes duration but not more than 45 minutes duration \$57.50

E0935 TRAVEL TIME of more than 45 minutes duration but not more than 60 minutes duration \$80.50

E0940 TRAVEL TIME of more than 60 minutes duration \$92.00 per hour

**Note 1:** All travel items refer to a return trip, eg. from rooms to worksite and return.

**Note 2:** Travel time is only charged when a patient is unable to attend at the professional rooms or where attendance by a Speech Pathologist other than at professional rooms is appropriate.

**Note 3:** Travel time from one clinic or rooms to another clinic or rooms is not chargeable.

**Note 4:** Travel time is not included in any of the items in this schedule and should be itemised separately on accounts for associated services.

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- Note 5:** Should delivery of any of the services in this schedule require travel time in excess of a 3 hour return trip:
- the Speech Pathologist should seek prior approval from the claims administrator for the WorkCover Claims Agent, Self-Managed Employer, or Exempt Employer; and
  - the claims administrator should communicate the decision by fax or phone.
- The claims administrator may choose to contain costs by ordering the service from an appropriate Speech Pathologist based in the worker's locality.

**NON SCHEDULED SERVICES**

E0999 NON SCHEDULED SERVICES

Used when services not listed on the fee schedule are required to be provided. \$92.00 per hour

**Note 1:** Services which are considered inappropriate or unnecessary will be challenged.

**Note 2:** Charges for non scheduled services must be reasonable.

**Note 3:** Non scheduled services must be invoiced using the item number E0999, and include a detailed service description and the time taken (in minutes) for the service.

**ACCOUNTS/RECEIPT PREPARATION STANDARDS**

Accounts for services rendered in accordance with this schedule, or receipts issued to injured workers who have paid the accounts themselves, **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 (related to the injury being treated);
- brief description of the injury to which the services relate;
- employer name (at the time of injury);
- name of the Speech Pathologist who provided the service;
- provider number and clinic details of the Speech Pathologist who provided the service.
- separate itemisation of each service for which payment is sought;
- date of consultation/attendance/service;
- item number in accordance with this schedule;
- meaningful service description in accordance with this schedule (where possible);
- duration of service in hours/minutes where required by the service described in this schedule;
- charge for the service in accordance with this schedule;
- total charge for invoiced items.

**Note 1.** Where the Speech Pathologist is unable to obtain details e.g. the relevant claim number, he or she should telephone WorkCover's Records Management Unit on (08) 8233 2918 for assistance in obtaining these details.

**Note 2.** WorkCover will not pay "accounts rendered" statements. Payment will only be made on an original account or receipt, or a duplicate of the original.

**Note 3.** WorkCover is unable to pay accounts or receipts for services rendered until a claim is determined as compensable. The only exception is where the service was ordered by the claims administrator for the WorkCover Claims Agent, Self-Managed Employer, or Exempt Employer.

**Note 4.** Accounts or receipts which do not meet these standards may be returned to the Speech Pathologist for amendment.

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## APPENDIX

### LEGISLATIVE HISTORY

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

Regulation 4:	amended and redesignated as reg. 4(1) by 247, 1996, reg. 3
Regulation 4(2):	inserted by 247, 1996, reg. 3(b)
Regulation 6:	inserted by 226, 1995, reg. 3
<b>Regulation 7:</b>	<b>inserted by 133, 1997, reg. 3</b>
Schedule 1:	substituted by 247, 1996, reg. 4
Schedule 1A:	inserted by 247, 1996, reg. 4; varied by 48, 1997, reg. 3
Schedule 3:	inserted by 226, 1995, reg. 4
<b>Schedule 4:</b>	<b>inserted by 133, 1997, reg. 4</b>