



Private hospital fee schedule and guidelines

Effective date: 01 July 2024

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How to use this schedule

This schedule contains information on services and fees that apply to private hospitals that provide services to South Australian workers who are managed under the Return to Work scheme.

This publication is based on the schedule published in the *South Australian Government Gazette*. Gazetted fees are the maximum fees chargeable, excluding GST. Where applicable, GST can be applied over and above the gazetted fee.

All services and fees in this schedule are effective 01 July 2024.

Invoicing and service provision is actively monitored to ensure services are billed in accordance with this fee schedule and that services are reasonable for the work injury and payable under the *Return to Work Act 2014*, (the Act).

This schedule contains the following:

1. Stand-alone day surgery facility services
2. Psychiatric services
3. Rehabilitation services
4. Other hospital services
5. Interpretations
6. In-patient services - Diagnosis related groups (DRGs)
7. General information (including invoicing standards and useful contacts)

For copies of this document visit our website at www.rtwsa.com.

The gazetted version can be downloaded from the South Australian Government Gazette website at www.governmentgazette.sa.gov.au

If you have any questions, please contact ReturnToWorkSA on 13 18 55.

Same-day services in a stand-alone day surgery facility

Stand-alone day surgery facilities will be paid using the same-day services tables.

Accommodation

Item no.	Service description	Max fee (ex GST)
PR410	Band 1: including gastrointestinal endoscopy, some minor surgical and non-surgical procedures not normally requiring anaesthetic.	\$455.00
PR420	Band 2: including procedures other than Band 1 performed under local anaesthetic with no sedation. Theatre time less than 1 hour.	\$541.50
PR430	Band 3: including procedures other than Band 1 performed under a general or regional anaesthesia or intravenous sedation. Theatre time less than 1 hour.	\$632.50
PR440	Band 4: including procedures other than Band 1 performed under general or regional anaesthesia or intravenous sedation. Theatre time 1 hour or more.	\$670.60

Theatre fee bands

Item no.	Service description	Max fee (ex GST)
PRT1A	1A	\$261.20
PRT01	1	\$522.50
PRT02	2	\$666.80
PRT03	3	\$927.20
PRT04	4	\$1341.20
PRT05	5	\$1721.10
PRT06	6	\$2266.40
PRT07	7	\$3100.50
PRT08	8	\$3309.20
PRT9A	9A	\$3848.80
PRT09	9	\$4414.60
PRT10	10	\$5779.00
PRT11	11	\$8200.70
PRT12	12	\$8805.10
PRT13	13	\$8326.20
PRT50	Dental minor	\$493.90
PRT55	Dental major	\$890.90

Services in this section will be determined in accordance with the *Group Accommodation and Theatre Banding Schedule* produced by the Commonwealth Department of Veterans' Affairs, current at time of service.

Where more than one service is provided in a single theatre session, the theatre charge is –

- the service with the highest theatre charge plus
- 50% of the service with the next highest theatre charge plus
- 30% of each of the other services provided.

Psychiatric hospital services

Emergency admission of workers to a psychiatric facility

The claims manager must approve admission of a worker to a hospital when a medical practitioner believes that a worker is at risk of harming themselves or others.

Where the psychiatric facility cannot obtain approval from the claims manager (e.g. the incident occurs after business hours) the facility must admit the person immediately. If this occurs the admitting psychiatric facility is required to advise the claims manager of the admission within two business days.

Private rooms are allocated on the basis of clinical need and the cost of such rooms is included in the charges set out below. Where a worker requests a private room, ReturnToWorkSA will not be responsible for or accept any additional fee or surcharge.

Inpatient services

Item no.	Service description	Max fee (ex GST)
PR800	Length of stay 1 or more days but not more than 14 days	\$873.50 per day
PR803	15 or more days	\$672.20 per day
PR822	Electro-convulsive therapy (ECT)	\$373.80 per day
PR850	Private room allocated on the basis of clinical need	Extra \$21.80 per day

Drug and alcohol programs - inpatient

Item no.	Service description	Max fee (ex GST)
PR990	Length of stay 1 or more days but not more than 10 days	\$990.20 per day
PR991	11 or more days	\$724.80 per day

Note: This program provides specialised treatment and care for patients with alcohol or drug dependencies (including analgesics/narcotics/opiates and Benzodiazepine). The program is managed by a multi-disciplinary team including a medical director and consultant psychiatrists. Where required, the program involves a medically controlled, safe withdrawal of drugs or alcohol.

Same-day services

Item no.	Service description	Max fee (ex GST)
PRO81	Group session	\$119.10
PRO82	ECT day program	\$620.80
PRO83	Half-day program	\$317.90
PRO84	Day program	\$503.00
PRO95	Outreach	\$287.10

Note: A day program is usually available to provide ongoing support and care to patients after discharge from treatment as inpatients. It is managed by a multi-disciplinary team of health-care professionals, and is tailored to the individual needs of the patient. It can include specialised therapy modules including cognitive behavioural therapy, relaxation, assertiveness skills and anxiety management.

Outreach is treatment or care provided by the hospital to a non-admitted patient at a location outside the hospital premises (being treatment or care provided as a direct substitute for treatment or care that would normally be provided on the hospital premises).

Please note, for billing purposes, the ‘O’ in item numbers for same-day services is an alphabetical letter not the number zero.

Rehabilitation hospital services

Private rooms are allocated on the basis of clinical need and the cost of such rooms is included in the charges set out below. Where a patient requests a private room, ReturnToWorkSA will not be responsible for or accept any additional fee or surcharge.

Rehabilitation orthopaedic program for inpatients

Item no.	Service description	Max fee (ex GST)
PR600	Length of stay 1 or more days but not more than 16 days	\$910.40 per day
PR605	17 or more days	\$763.40 per day

Note: Orthopaedic programs involve referral and assessment by the rehabilitation coordinator of the program. They are defined programs with intense service provision. Rapid improvement is expected and there are specific outcome goals. The program includes physiotherapy, aquatic therapy, occupational therapy, case conferences and discharge planning.

Rehabilitation trauma program for inpatients

Item no.	Service description	Max fee (ex GST)
PR610	Length of stay 1 or more days but not more than 20 days	\$1085.60 per day
PR615	21 or more days	\$980.10 per day

Note: Trauma programs involve referral and assessment by the rehabilitation coordinator of the program. They are defined programs with intense service provision. Rapid improvement is expected and there are specific outcome goals. The program includes physiotherapy, aquatic therapy, occupational therapy, speech therapy, case conferences and discharge planning.

Other hospital services

Inpatient pain assessment/management

Private rooms are allocated on the basis of clinical need and the cost of such rooms is included in the charges set out below. Where a patient requests a private room, ReturnToWorkSA will not be responsible for or accept any *additional fee or surcharge*.

Item no.	Service description	Max fee (ex GST)
PR700	Length of stay 1 or more days but not more than 7 days	\$798.90 per day
PR705	8 or more days but not more than 14 days	\$750.60 per day
PR710	15 or more days	\$487.90 per day

Outpatient service – pain pumps

Item no.	Service description	Max fee (ex GST)
PR720	Implanted infusion pump, refilling of reservoir, with a therapeutic agent or agents, for infusion to the subarachnoid or epidural space, with or without re-programming of a programmable pump, for the management of chronic intractable pain for a non-admitted patient.	\$277.30

Prostheses

Item no.	Service description	Max fee (ex GST)
CUR04	Prostheses will be paid in accordance with the Prostheses List produced by the Department of Health and Ageing.	DF

Interpretations

Acute patient means an admitted patient to an acute care facility -

- (a) where a patient stays for the first 35 days of continuous hospitalisation, or
- (b) where a patient who has been in continuous hospital care for more than 35 days where an Acute Care Certificate (Form 918 from the Commonwealth Department of Health and Aged Care), or an equivalent form devised by the hospital, has been completed and signed by a medical practitioner indicating the patient is to remain as an acute care patient for a specified period.

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

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

AR-DRG means Australian Refined Diagnosis Related Group and is referred to as DRG in this schedule.

AR-DRG reference numbers, descriptions and abbreviations. For the purposes of this Schedule -

- (a) AR-DRG reference numbers or descriptions are as set out in the *Manual* and
- (b) Terms and abbreviations used in AR-DRG descriptions have the meanings given by the *Manual*.

Criteria for admission

For the purposes of this schedule, a patient qualifies for admission to a private hospital or day surgery facility if he or she satisfies one of the following criteria:

- (a) The patient is to receive Day Only Band 1, 2, 3 and 4 services (excluding uncertified Type C professional attention procedures) as specified in the *Day Only Procedures Manual*.
- (b) The patient is to receive a Type C professional attention procedure as specified in the *Day Only Procedures Manual* and there is an accompanying certification by a medical practitioner that an admission is necessary on the grounds of the medical condition of the patient or other special circumstances relating to the patient.
- (c) The patient, following a clinical decision, is expected to require overnight treatment for a minimum of one night.
- (d) The patient is to receive a Type B professional attention procedure as specified in the *Day Only Procedures Manual* and there is an accompanying certification by a medical practitioner that an overnight admission is necessary on the grounds of the medical condition of the patient or other special circumstances relating to the patient.

Day means a calendar day.

Day Only Procedures Manual means the *Day Only Procedures Manual* published by the Commonwealth Department of Health and Aged Care, as in force at time of service.

Day surgery facility means a facility (other than a private hospital or facility of a private hospital) designed for the provision of medical, surgical or related treatment or care on a same day basis that is declared by ReturnToWorkSA by notice in the Gazette to be a day surgery facility for the purposes of this schedule.

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

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

Episodes of care, for the purposes of this schedule, includes (where applicable) the cost of the following:

- (a) accommodation
- (b) intensive care unit
- (c) theatre
- (d) common use theatre items
- (e) pharmaceutical items directly related to the condition being treated

- (f) television
- (g) newspapers
- (h) local telephone calls
- (i) all hotel services (e.g. meals etc.)
- (j) consumable items.

Episodes of care, for the purposes of this schedule, do not include the following costs:

- (a) the cost of prostheses
- (b) the cost of substituted high cost single use items not commonly used in Australian clinical practice for delivery of the service where the substitution for the usual item can be demonstrated to have been necessary for the treatment of the patient
- (c) the cost of allied health treatment (such as physiotherapy, dietetics, podiatry, psychology, social work, speech pathology etc.)
- (d) the cost of pharmaceutical items provided on discharge of a patient
- (e) the cost of pharmaceutical items required for a patient for maintenance of an unrelated condition
- (f) the cost of splints and braces required for the discharge of a patient
- (g) transfer costs
- (h) boarder fees.

Inlier patient means an admitted patient whose length of stay in a private hospital for a service identified, *Inpatient services – Diagnosis Related Groups* falls within the range of the upper trim point days and the lower trim point days (inclusive) specified in *Inpatient services - Diagnosis Related Groups* corresponding to that service.

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

Length of stay (LOS), in relation to an admitted patient in a private hospital, means the number of days between the day of admission of the patient to the hospital and the day of discharge of the patient from the hospital –

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

Long-stay outlier patient means an admitted patient whose length of stay in a private hospital for a service identified in *Inpatient services – Diagnosis Related Groups*, is greater than the upper trim point specified in column 4 of the table corresponding to that service.

Long-stay outlier fee calculation

The upper trim point is set as the average LOS x 2. The outlier payments will commence the next day after the upper trim point.

Fee for long-stay outlier patients is calculated as follows:

Maximum fee = (schedule fee) + (rate per day x (LOS – upper trim point))

Manual means the *Australian Refined Diagnosis Related Groups, Version 7.0 (as amended)*, produced by the Commonwealth Department of Health and Aged Care.

Same day in relation to a service, means a service that is provided on a single calendar day.

Same day patients means an admitted patient to a registered stand-alone day surgery facility only.

Fees for same day patients in a registered day facility are calculated as follows:

Maximum fee = Theatre fee plus same day accommodation fee as per this Schedule.

Short-stay outlier patient means an admitted patient whose length of stay in a private hospital for a service identified in *Inpatient services – Diagnosis Related Groups* for which the lower trim point days specified in column 5 of the table corresponding to that service, is less than that lower trim point but greater than zero.

Short-stay outlier fee calculation

The lower trim point is set as the average LOS divided by 3.

The accommodation payment will be paid at the per day rate for each occupied bed per day when the LOS is less than the lower trim point. ICU fees are included in the per day accommodation rate.

Fee for short-stay outlier patients is calculated as follows:

Maximum fee = Rate per day x LOS

Transfers

Where the patient is transferred from the private hospital to another hospital, the maximum charge for the service provided by the transferring hospital is 80% of the maximum charge. The receiving hospital subject to admission criteria will be paid as a new episode of care.

Transitional arrangements – where treatment commenced before 01 July 2024 and continues beyond that date, the discharge date is used for billing purposes.

Inpatient services – Diagnosis Related Groups version 7

Private rooms are allocated on the basis of clinical need and the cost of such rooms is included in the charges set out below. Where a patient requests a private room, ReturnToWorkSA will not be responsible for or accept any additional fee or surcharge.

Registered hospitals will be paid on a DRG basis – *please refer to Interpretation section.*

Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
801A	OR procedures unrelated to principal diagnosis w catastrophic cc	\$22,171.70	7	35	\$1,043.80
801B	OR procedures unrelated to principal diagnosis w severe or modera	\$9,690.00	2	15	\$1,140.50
801C	OR procedures unrelated to principal diagnosis w/o cc	\$3,894.50	0	4	\$1,400.00
960Z	Ungroupable	\$344.80	0	5	\$111.00
961Z	Unacceptable principal diagnosis	\$893.20	0	4	\$337.40
A06A	Tracheostomy w ventilation >=96hrs w catastrophic cc	\$127,147.10	17	35	\$1,400.00
A06B	Ventilation >=96hrs and OR procedure (w/o tracheostomy or w/o cat	\$75,807.80	11	35	\$1,400.00
A06C	Tracheostomy w/o ventilation >=96hrs, or ventilation >=96hrs w/o	\$40,642.60	6	35	\$1,400.00
A08A	Autologous bone marrow transplant w catastrophic cc	\$30,865.40	8	35	\$1,196.50
A08B	Autologous bone marrow transplant w/o catastrophic cc	\$15,952.00	4	26	\$1,221.70
A11B	Insertion of implantable spinal infusion device w/o catastrophic	\$6,611.30	1	9	\$1,400.00
A12Z	Insertion of neurostimulator device	\$5,816.90	0	5	\$1,400.00
A40B	Ecmo w/o Tracheostomy	\$37,575.40	3	20	\$1,400.00
B01A	Ventricular shunt revision w catastrophic or severe cc	\$12,266.60	3	19	\$1,193.70
B01B	Ventricular shunt revision w/o catastrophic or severe cc	\$8,301.30	1	9	\$1,400.00
B02A	Cranial procs w cerebral haemorrhage w cat cc	\$48,704.20	9	35	\$1,400.00
B02B	Cranial procs w/o cerebral haem w cat cc or (w cerebral haem w se	\$27,717.70	6	35	\$1,400.00
B02C	Cranial procs w/o cerebral haem w sev cc or w/o cat/sev cc	\$16,020.30	2	13	\$1,400.00
B03A	Spinal procedures w catastrophic or severe cc	\$15,812.40	3	17	\$1,400.00
B03B	Spinal procedures w/o catastrophic or severe cc	\$8,921.40	1	6	\$1,400.00
B04A	Extracranial vascular procedures w catastrophic cc	\$19,893.10	5	29	\$1,286.10
B04B	Extracranial vascular procedures w/o catastrophic cc	\$9,773.30	1	7	\$1,400.00
B05Z	Carpal Tunnel Release	\$1,503.10	0	4	\$1,034.90
B06A	Procs for cerebral palsy, muscular dystrophy, neuropathy w cat or	\$11,988.10	4	24	\$912.20
B06B	Procs for cerebral palsy, muscular dystrophy, neuropathy w/o cat	\$3,849.40	0	4	\$1,400.00
B06C	Procs for cerebral palsy, muscular dystrophy, neuropathy, sameday	\$1,958.60	1	1	\$1,105.10
B07A	Cranial or peripheral nerve and other nervous system procedures w	\$11,047.70	4	25	\$815.60

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
B07B	Cranial or peripheral nerve and other nervous system procedures w	\$3,169.80	0	4	\$1,400.00
B40Z	Plasmapheresis W Neurological Disease, Sameday	\$565.40	1	1	\$562.50
B41Z	Telemetric EEG monitoring	\$2,791.80	1	7	\$872.10
B42A	Nervous System Disorders W Ventilator Support W Catastrophic CC	\$22,671.90	4	22	\$1,400.00
B42B	Nervous System Disorders W Ventilator Support w/o Catastrophic CC	\$12,538.90	3	15	\$1,400.00
B60A	Acute paraplegia/quadruplegia w or w/o OR procs w catastrophic cc	\$37,513.40	10	35	\$1,172.80
B60B	Acute paraplegia/quadruplegia w or w/o OR procs w/o catastrophic	\$1,626.40	0	5	\$650.60
B61A	Spinal cord conditions w or w/o OR procedures w catastrophic or s	\$12,983.40	4	27	\$892.40
B61B	Spinal cord conditions w or w/o OR procedures w/o catastrophic or	\$5,557.80	1	8	\$1,105.40
B63Z	Dementia and other chronic disturbances of cerebral function	\$8,408.30	4	24	\$724.00
B64A	Delirium w catastrophic cc	\$12,670.70	5	32	\$799.10
B64B	Delirium w/o catastrophic cc	\$6,183.30	2	15	\$833.10
B65A	Cerebral palsy	\$6,801.10	3	21	\$652.60
B65B	Cerebral palsy, sameday	\$436.90	1	1	\$370.00
B66A	Nervous system neoplasms w radiotherapy	\$11,796.70	5	32	\$745.80
B66B	Nervous system neoplasms w/o radiotherapy w catastrophic or sever	\$9,229.80	4	24	\$780.80
B66C	Nervous system neoplasms w/o radiotherapy w/o catastrophic or sev	\$3,753.70	2	11	\$715.40
B67A	Degenerative nervous system disorders w catastrophic or severe cc	\$13,635.60	6	34	\$819.30
B67B	Degenerative nervous system disorders w/o catastrophic or severe	\$7,323.50	3	18	\$809.50
B67C	Degenerative nervous system disorders, sameday	\$409.70	1	1	\$407.40
B68A	Multiple sclerosis and cerebellar ataxia w cc	\$6,659.60	3	18	\$769.90
B68B	Multiple sclerosis and cerebellar ataxia w/o cc	\$729.80	0	4	\$606.20
B69A	TIA and precerebral occlusion w catastrophic or severe cc	\$6,333.00	2	15	\$886.80
B69B	TIA and precerebral occlusion w/o catastrophic or severe cc	\$2,653.20	0	6	\$923.90
B70A	Stroke & other cerebrovascular disorders w catastrophic cc	\$14,130.50	6	35	\$791.90
B70B	Stroke & other cerebrovascular disorders w severe cc	\$5,316.50	2	14	\$804.20
B70C	Stroke & other cerebrovascular disorders w/o catastrophic or seve	\$2,457.00	1	7	\$755.20
B70D	Stroke & other cerebrovascular disorders, died/trans acute facili	\$2,060.80	0	4	\$1,014.10
B71A	Cranial and peripheral nerve disorders w cc	\$9,661.20	4	24	\$826.30
B71B	Cranial and peripheral nerve disorders w/o cc	\$5,106.00	2	12	\$863.60
B71C	Cranial and peripheral nerve disorders, sameday	\$607.60	1	1	\$532.30
B72A	Nervous system infection except viral meningitis w catastrophic o	\$10,591.30	5	29	\$731.00

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
B72B	Nervous system infection except viral meningitis w/o catastrophic	\$2,531.60	1	6	\$833.70
B73Z	Viral Meningitis	\$4,351.00	2	10	\$943.80
B74A	Nontraumatic stupor and coma w catastrophic or severe cc	\$6,697.60	3	17	\$815.50
B74B	Nontraumatic stupor and coma w/o catastrophic or severe cc	\$1,828.20	0	4	\$903.30
B75Z	Febrile Convulsions	\$1,368.50	0	4	\$1,368.50
B76A	Seizures w catastrophic or severe cc	\$9,355.50	4	23	\$839.80
B76B	Seizures w/o catastrophic or severe cc	\$3,852.90	1	8	\$982.70
B76C	Seizures, sameday	\$501.60	1	1	\$487.00
B77Z	Headache	\$2,837.10	0	6	\$871.90
B78A	Intracranial injuries w catastrophic or severe cc	\$16,394.90	6	35	\$940.10
B78B	Intracranial injuries w/o catastrophic or severe cc	\$4,489.20	2	12	\$801.30
B78C	Intracranial injuries, died or transferred to acute facility <5 d	\$2,874.30	0	5	\$1,297.50
B79A	Skull Fractures W Catastrophic or Severe CC	\$16,132.40	6	35	\$912.60
B79B	Skull fractures w/o catastrophic or severe cc	\$6,085.80	2	12	\$1,043.20
B80A	Other head injuries w catastrophic or severe cc	\$9,566.00	4	23	\$831.20
B80B	Other head injuries w/o catastrophic or severe cc	\$3,001.20	1	8	\$828.40
B81A	Other disorders of the nervous system w catastrophic or severe cc	\$8,581.70	4	22	\$792.40
B81B	Other disorders of the nervous system w/o catastrophic or severe	\$2,281.50	1	7	\$728.80
B82B	Chronic and unspec para/quadruplegia w or w/o OR proc w catastrop	\$25,544.20	10	35	\$827.80
B82C	Chronic and unspec para/quadruplegia w or w/o OR proc w/o catastr	\$5,340.10	2	11	\$913.80
C01Z	Procedures for penetrating eye injury	\$2,730.10	0	4	\$1,400.00
C02Z	Enucleations and orbital procedures	\$3,219.60	0	4	\$1,400.00
C03Z	Retinal Procedures	\$1,381.90	0	4	\$763.60
C04Z	Major corneal, scleral and conjunctival procedures	\$2,760.40	0	4	\$1,400.00
C05Z	Dacryocystorhinostomy	\$2,608.20	0	4	\$1,400.00
C10Z	Strabismus Procedures	\$1,824.00	0	4	\$1,046.30
C11Z	Eyelid Procedures	\$2,024.60	0	4	\$1,094.50
C12Z	Other corneal, scleral and conjunctival procedures	\$1,489.50	0	4	\$914.40
C13Z	Lacrimal Procedures	\$1,227.30	0	4	\$730.60
C14Z	Other Eye Procedures	\$1,308.00	0	4	\$733.20
C15Z	Glaucoma and complex cataract procedures	\$2,180.90	0	4	\$1,124.00
C16Z	Lens procedures	\$1,853.90	0	4	\$1,400.00
C60A	Acute and major eye infections w cc	\$7,053.40	3	18	\$770.60
C60B	Acute and major eye infections w/o cc	\$5,029.40	2	10	\$1,046.90
C61A	Neurological and vascular disorders of the eye w cc	\$4,321.20	2	10	\$865.10
C61B	Neurological and vascular disorders of the eye w/o cc	\$2,445.90	0	6	\$885.40
C62A	Hyphaema and medically managed trauma to the eye, w cc	\$5,037.60	2	14	\$738.80

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
C62B	Hyphaema and medically managed trauma to the eye w/o cc	\$2,568.60	1	6	\$822.80
C63A	Other disorders of the eye w cc	\$2,824.70	1	8	\$735.90
C63B	Other disorders of the eye w/o cc	\$998.90	0	4	\$596.70
D01Z	Cochlear Implant	\$7,095.00	0	4	\$1,400.00
D02A	Head and neck procedures w microvascular tissue transfer or w cat	\$14,521.50	2	15	\$1,400.00
D02B	Head and neck procedures w malignancy or w mod cc	\$6,985.10	0	5	\$1,400.00
D02C	Head and neck procedures w/o malignancy w/o cc	\$4,042.00	0	4	\$1,400.00
D03Z	Surgical repair for cleft lip and palate disorders	\$3,978.10	0	4	\$1,400.00
D04Z	Maxillo surgery	\$3,369.50	0	4	\$1,400.00
D05Z	Parotid gland procedures	\$6,045.80	0	4	\$1,400.00
D06Z	Sinus and complex middle ear procedures	\$3,329.30	0	4	\$1,400.00
D10Z	Nasal procedures	\$2,785.70	0	4	\$1,400.00
D11Z	Tonsillectomy and/or adenoidectomy	\$1,980.30	0	4	\$1,400.00
D12A	Other ear, nose, mouth and throat procedures w cc	\$3,819.50	0	6	\$1,134.30
D12B	Other ear, nose, mouth and throat procedures w/o cc	\$2,154.60	0	4	\$1,182.20
D13Z	Myringotomy w tube insertion	\$1,339.10	0	4	\$901.10
D14A	Mouth and salivary gland procedures w cc	\$2,466.30	0	4	\$1,228.30
D14B	Mouth and salivary gland procedures w/o cc	\$1,685.30	0	4	\$1,145.60
D15Z	Mastoid procedures	\$5,268.70	0	4	\$1,400.00
D40Z	Dental extractions and restorations	\$1,229.50	0	4	\$1,068.80
D60A	Ear, nose, mouth and throat malignancy w catastrophic or severe c	\$10,955.10	5	28	\$796.80
D60B	Ear, nose, mouth and throat malignancy w/o catastrophic or severe	\$4,065.20	2	11	\$720.30
D60C	Ear, nose, mouth and throat malignancy, sameday	\$1,109.00	1	1	\$671.30
D61A	Dysequilibrium w cc	\$5,523.30	2	14	\$818.00
D61B	Dysequilibrium w/o cc	\$3,318.70	1	7	\$940.40
D61C	Dysequilibrium, sameday	\$661.60	1	1	\$498.40
D62A	Epistaxis	\$3,036.10	1	7	\$924.80
D62B	Epistaxis, sameday	\$1,195.20	1	1	\$687.70
D63A	Otitis media and upper respiratory infections w cc	\$5,253.60	2	12	\$887.50
D63B	Otitis media and upper respiratory infections w/o cc	\$2,806.60	0	6	\$993.50
D63C	Otitis media and upper respiratory infections, sameday	\$979.80	1	1	\$670.10
D64Z	Laryngotracheitis & Epiglottitis	\$1,521.80	0	4	\$1,055.40
D65Z	Nasal Trauma & Deformity	\$1,890.70	0	4	\$732.90
D66A	Other ear, nose, mouth and throat disorders w cc	\$5,143.10	2	12	\$866.50
D66B	Other ear, nose, mouth and throat disorders w/o cc	\$1,242.50	0	4	\$837.70
D66C	Other ear, nose, mouth and throat disorders, sameday	\$1,074.70	1	1	\$630.60
D67A	Oral and dental disorders	\$4,829.20	2	11	\$859.50
D67B	Oral and dental disorders, sameday	\$1,005.40	1	1	\$689.40

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
E01A	Major chest procedures w catastrophic cc	\$21,138.10	4	25	\$1,400.00
E01B	Major chest procedures w/o catastrophic cc	\$12,492.90	2	13	\$1,400.00
E02A	Other respiratory system OR procedures w catastrophic cc	\$15,535.30	4	26	\$1,166.30
E02B	Other respiratory system OR procedures w severe or moderate cc	\$5,847.80	0	6	\$1,400.00
E02C	Other respiratory system OR procedures w/o cc	\$2,708.50	0	4	\$1,400.00
E40A	Respiratory system disorders w ventilator support	\$22,885.90	5	30	\$1,400.00
E40B	Respiratory System Disorders W Vent Supp, Died/Trans Acute Facili	\$5,691.90	0	6	\$1,400.00
E41A	Respiratory system disorders w non-invasive ventilation w catastr	\$20,021.80	6	34	\$1,181.20
E41B	Respiratory system disorders w non-invasive ventilation w/o catas	\$13,240.70	4	22	\$1,245.00
E42A	Bronchoscopy w catastrophic cc	\$12,276.00	5	29	\$843.80
E42B	Bronchoscopy w/o catastrophic cc	\$6,043.80	2	12	\$988.90
E42C	Bronchoscopy, sameday	\$1,370.10	1	1	\$747.50
E60B	Cystic fibrosis w/o catastrophic or severe cc	\$3,947.30	1	9	\$918.00
E61A	Pulmonary embolism w catastrophic cc	\$8,528.10	3	19	\$926.90
E61B	Pulmonary embolism w/o catastrophic cc	\$4,447.10	1	9	\$1,002.20
E62A	Respiratory infections/inflammations w catastrophic cc	\$10,289.70	4	24	\$851.80
E62B	Respiratory infections/inflammations w severe or moderate cc	\$6,489.80	2	14	\$924.00
E62C	Respiratory infections/inflammations w/o cc	\$4,124.50	1	9	\$934.70
E63Z	Sleep Apnoea	\$713.00	0	4	\$701.40
E64A	Pulmonary oedema and respiratory failure	\$7,844.90	3	18	\$867.60
E64B	Pulmonary oedema and respiratory failure, died/transferred acute	\$2,673.90	0	4	\$1,400.00
E65A	Chronic obstructive airways disease w catastrophic cc	\$10,106.70	4	25	\$828.70
E65B	Chronic obstructive airways disease w/o catastrophic cc	\$4,953.90	2	12	\$845.90
E66A	Major chest trauma w catastrophic cc	\$10,853.80	4	26	\$839.60
E66B	Major chest trauma w severe or moderate cc	\$6,985.90	3	17	\$840.50
E66C	Major chest trauma w/o cc	\$4,006.40	2	10	\$833.90
E67A	Respiratory signs and symptoms	\$5,008.30	2	12	\$854.90
E67B	Respiratory signs and symptoms, <2 days	\$1,835.70	0	4	\$1,264.30
E68A	Pneumothorax w catastrophic or severe cc	\$7,922.70	3	18	\$891.90
E68B	Pneumothorax w/o catastrophic or severe cc	\$3,441.90	1	7	\$1,047.70
E69A	Bronchitis and asthma w cc	\$6,167.30	2	14	\$899.00
E69B	Bronchitis and asthma w/o cc	\$2,378.50	0	6	\$874.80
E70A	Whooping cough and acute bronchiolitis w cc	\$6,384.30	2	12	\$1,100.70
E70B	Whooping cough and acute bronchiolitis w/o cc	\$3,023.50	0	5	\$1,313.00
E71A	Respiratory neoplasms w catastrophic cc	\$10,816.00	4	27	\$814.30
E71B	Respiratory neoplasms w/o catastrophic cc	\$5,116.40	2	14	\$721.00
E71C	Respiratory neoplasms, sameday	\$677.50	1	1	\$579.00
E73A	Pleural effusion w catastrophic cc	\$10,336.00	4	24	\$860.20
E73B	Pleural effusion w severe or moderate cc	\$5,315.60	2	12	\$895.50
E73C	Pleural effusion w/o cc	\$2,715.20	0	6	\$929.60

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
E74A	Interstitial lung disease w catastrophic cc	\$10,914.50	4	26	\$848.80
E74B	Interstitial lung disease w severe or moderate cc	\$5,343.30	2	13	\$812.00
E74C	Interstitial lung disease w/o cc	\$2,634.00	1	7	\$761.90
E75A	Other respiratory system disorders w cc	\$6,992.70	3	16	\$879.50
E75B	Other respiratory system disorders w/o cc	\$3,167.90	1	7	\$947.60
F01A	Implantation or replacement of AICD, total system w catastrophic	\$21,093.00	3	20	\$1,400.00
F01B	Implantation or replacement of AICD, total system w/o catastroph	\$9,546.70	0	5	\$1,400.00
F02Z	Other AICD procedures	\$8,459.10	1	7	\$1,400.00
F03A	Cardiac valve procedures w CPB pump w invasive cardiac investigat	\$45,745.30	6	35	\$1,400.00
F03B	Cardiac valve procedures w CPB pump w invasive cardiac investigat	\$27,585.30	3	17	\$1,400.00
F04A	Cardiac valve procs w CPB pump w/o invasive cardiac inves w cat c	\$35,717.70	4	25	\$1,400.00
F04B	Cardiac valve procs w CPB pump w/o invasive cardiac inves w/o cat	\$21,401.30	2	12	\$1,400.00
F05A	Coronary bypass w invasive cardiac investigation w catastrophic c	\$41,870.10	5	30	\$1,400.00
F05B	Coronary bypass w invasive cardiac investigation w/o catastrophic	\$34,132.50	4	23	\$1,400.00
F06A	Coronary bypass w/o invasive cardiac investigation w catastrophic	\$31,560.50	4	23	\$1,400.00
F06B	Coronary bypass w/o invasive cardiac investigation w/o catastroph	\$26,147.30	3	18	\$1,400.00
F07A	Other cardiothoracic/vascular procedures w CPB pump w catastroph	\$37,946.50	4	25	\$1,400.00
F07B	Other cardiothoracic/vascular procedures w CPB pump w/o catastrop	\$27,210.80	3	18	\$1,400.00
F08A	Major reconstructive vascular procedures w/o CPB pump w cat cc	\$27,202.90	5	27	\$1,400.00
F08B	Major reconstructive vascular procedures w/o CPB pump w/o cat cc	\$13,392.10	2	9	\$1,400.00
F09A	Other cardiothoracic procedures w/o CPB pump w catastrophic cc	\$25,105.20	4	25	\$1,400.00
F09B	Other cardiothoracic procedures w/o CPB pump w/o catastrophic cc	\$10,499.70	1	7	\$1,400.00
F09C	Other cardiothoracic procedures w/o CPB pump, died/transferred ac	\$9,891.60	0	4	\$1,400.00
F10A	Interventional coronary procedures admitted for AMI w catastroph	\$16,176.00	3	18	\$1,400.00
F10B	Interventional coronary procedures admitted for AMI w/o catastrop	\$10,705.20	1	7	\$1,400.00
F11A	Amputation, except upper limb and toe, for circulatory disorders	\$45,851.80	12	35	\$1,155.60
F11B	Amputation, except upper limb and toe, for circulatory disorders	\$24,902.80	6	35	\$1,225.40
F12A	Implantation or replacement of pacemaker, total system w catastro	\$16,335.50	4	24	\$1,260.90
F12B	Implantation or replacement of pacemaker, total system w/o catast	\$7,633.30	0	5	\$1,400.00

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
F13A	Amputation, upper limb and toe, for circulatory disorders w catas	\$22,549.70	7	35	\$995.40
F13B	Amputation, upper limb and toe, for circulatory disorders w/o cat	\$10,120.70	2	12	\$1,400.00
F14A	Vascular procs, except major reconstruction, w/o CPB pump w cat c	\$18,172.70	4	25	\$1,266.40
F14B	Vascular procs, except major reconstruction, w/o CPB pump w sev o	\$8,024.10	0	5	\$1,400.00
F14C	Vascular procs, except major reconstruction, w/o CPB pump w/o cc	\$6,659.20	0	4	\$1,400.00
F15A	Interventional coronary procs, not adm for AMI w stent implant w	\$12,832.00	1	8	\$1,400.00
F15B	Interventional coronary procs, not adm for AMI w stent implant w/	\$10,454.70	0	4	\$1,400.00
F16A	Interventional coronary procs, not adm for AMI w/o stent implant	\$10,154.90	1	7	\$1,400.00
F16B	Interventional coronary procs, not adm for AMI w/o stent implant	\$8,437.80	0	4	\$1,400.00
F17Z	Insertion or replacement of pacemaker generator	\$3,616.30	0	4	\$1,400.00
F18A	Other pacemaker procedures w cc	\$9,882.50	2	14	\$1,215.30
F18B	Other pacemaker procedures w/o cc	\$5,123.30	0	4	\$1,400.00
F19A	Trans-vascular percutaneous cardiac intervention, age >=80 or w c	\$11,519.70	2	11	\$1,400.00
F19B	Trans-vascular percutaneous cardiac intervention, age <80 w/o cc	\$7,230.50	0	4	\$1,400.00
F20Z	Vein Ligation & Stripping	\$4,063.30	0	4	\$1,400.00
F21A	Other circulatory system OR procedures w catastrophic cc	\$20,107.80	7	35	\$963.10
F21B	Other circulatory system OR procedures w/o catastrophic cc	\$6,406.10	2	11	\$1,036.10
F40A	Circulatory disorders w ventilator support	\$31,443.90	4	27	\$1,400.00
F40B	Circulatory disorders w ventilator support, died/transferred acut	\$14,233.60	0	6	\$1,400.00
F41A	Circulatory disorders, adm for AMI w invasive cardiac inves w cat	\$10,430.50	2	14	\$1,400.00
F41B	Circulatory disorders, adm for AMI w invasive cardiac inves w/o c	\$6,053.00	0	6	\$1,400.00
F42A	Circulatory dsrds, not adm for AMI w invasive cardiac inves w cat	\$9,758.50	2	14	\$1,251.80
F42B	Circulatory dsrds, not adm for AMI w invasive cardiac inves w/o c	\$6,286.80	0	4	\$1,400.00
F42C	Circulatory disorders not adm for AMI w invasive cardiac investig	\$3,669.60	1	1	\$1,400.00
F43Z	Circulatory disorders w non-invasive ventilation	\$21,838.50	5	31	\$1,397.50
F60A	Circulatory dsrd, adm for AMI w/o invasive cardiac inves	\$3,229.10	1	8	\$806.10
F60B	Circulatory dsrd, adm for AMI w/o invas card inves, died/trans ac	\$2,906.10	0	4	\$1,400.00
F61A	Infective endocarditis w catastrophic cc	\$19,843.80	8	35	\$810.30
F61B	Infective endocarditis w/o catastrophic cc	\$5,487.30	2	14	\$766.10
F62A	Heart failure and shock w catastrophic cc	\$11,731.80	4	27	\$873.00
F62B	Heart failure and shock w/o catastrophic cc	\$6,085.60	2	13	\$935.20

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
F62C	Heart failure and shock, died or transferred to acute facility <5	\$3,320.00	0	5	\$1,400.00
F63A	Venous thrombosis w catastrophic or severe cc	\$7,419.90	3	17	\$868.60
F63B	Venous thrombosis w/o catastrophic or severe cc	\$3,369.90	1	7	\$952.60
F64A	Skin ulcers in circulatory disorders w catastrophic or severe cc	\$13,369.60	6	34	\$782.80
F64B	Skin ulcers in circulatory disorders w/o catastrophic or severe c	\$8,008.10	3	20	\$818.70
F65A	Peripheral vascular disorders w catastrophic or severe cc	\$8,249.80	3	21	\$802.30
F65B	Peripheral vascular disorders w/o catastrophic or severe cc	\$2,200.20	0	5	\$821.80
F66A	Coronary atherosclerosis w catastrophic or severe cc	\$5,110.80	2	13	\$796.80
F66B	Coronary atherosclerosis w/o catastrophic or severe cc	\$752.90	0	4	\$531.50
F67A	Hypertension w catastrophic or severe cc	\$7,417.40	3	17	\$868.60
F67B	Hypertension w/o catastrophic or severe cc	\$3,193.40	1	7	\$937.50
F68Z	Congenital Heart Disease	\$1,200.40	0	4	\$768.30
F69A	Valvular disorders w catastrophic or severe cc	\$6,334.70	3	15	\$838.90
F69B	Valvular disorders w/o catastrophic or severe cc	\$1,532.20	0	4	\$773.40
F72A	Unstable angina w catastrophic or severe cc	\$6,384.10	2	14	\$935.30
F72B	Unstable angina w/o catastrophic or severe cc	\$2,320.90	0	5	\$965.20
F73A	Syncope and collapse w catastrophic or severe cc	\$7,916.50	3	20	\$818.20
F73B	Syncope and collapse w/o catastrophic or severe cc	\$3,922.00	1	9	\$914.60
F73C	Syncope and collapse, sameday	\$1,576.20	1	1	\$824.50
F74A	Chest pain	\$3,215.10	1	8	\$862.80
F74B	Chest pain, <2 days	\$1,084.70	0	4	\$1,065.80
F75A	Other circulatory disorders w catastrophic cc	\$10,802.80	4	24	\$892.50
F75B	Other circulatory disorders w severe or moderate cc	\$5,155.30	2	11	\$958.90
F75C	Other circulatory disorders w/o cc	\$2,198.00	0	4	\$1,009.00
F76A	Arrhythmia, cardiac arrest and conduction disorders w catastrophi	\$7,440.80	3	17	\$903.10
F76B	Arrhythmia, cardiac arrest and conduction disorders w/o catastrop	\$3,327.50	0	6	\$1,172.10
F76C	Arrhythmia, cardiac arrest and conduction disorders, sameday	\$822.00	1	1	\$725.80
G01A	Rectal resection w catastrophic cc	\$24,139.60	5	29	\$1,400.00
G01B	Rectal resection w/o catastrophic cc	\$13,659.40	2	14	\$1,400.00
G02A	Major small and large bowel procedures w catastrophic cc	\$21,864.40	5	29	\$1,400.00
G02B	Major small and large bowel procedures w/o catastrophic cc	\$9,234.00	1	9	\$1,400.00
G03A	Stomach, oesophageal and duodenal procedures w malignancy or w ca	\$19,889.10	4	23	\$1,400.00
G03B	Stomach, oesophageal and duodenal procedures w/o malignancy w sev	\$9,109.50	0	6	\$1,400.00

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
G03C	Stomach, oesophageal and duodenal procedures w/o malignancy w/o c	\$6,631.20	0	5	\$1,400.00
G04A	Peritoneal adhesiolysis w catastrophic cc	\$16,208.50	4	21	\$1,400.00
G04B	Peritoneal adhesiolysis w severe or moderate cc	\$8,416.10	1	8	\$1,400.00
G04C	Peritoneal adhesiolysis w/o cc	\$5,668.10	0	5	\$1,400.00
G05A	Minor small and large bowel procedures w catastrophic cc	\$13,135.70	4	23	\$1,068.90
G05B	Minor small and large bowel procedures w severe or moderate cc	\$8,733.70	2	12	\$1,337.80
G05C	Minor small and large bowel procedures w/o cc	\$6,291.70	1	8	\$1,400.00
G07A	Appendicectomy w malignancy or peritonitis or w catastrophic or s	\$5,713.50	1	7	\$1,400.00
G07B	Appendicectomy w/o malignancy or peritonitis w/o cat or sev cc	\$4,288.40	0	4	\$1,400.00
G10A	Hernia procedures w cc	\$5,027.50	0	6	\$1,400.00
G10B	Hernia procedures w/o cc	\$3,210.80	0	4	\$1,400.00
G11Z	Anal and stomal procedures	\$2,168.20	0	4	\$1,213.60
G12A	Other digestive system or procedures w catastrophic cc	\$15,320.10	4	27	\$1,081.60
G12B	Other digestive system or procedures w severe or moderate cc	\$4,909.60	1	7	\$1,310.30
G12C	Other digestive system or procedures w/o cc	\$3,463.40	0	4	\$1,400.00
G46A	Complex endoscopy w catastrophic cc	\$12,589.70	5	28	\$870.60
G46B	Complex endoscopy w/o catastrophic cc	\$3,665.10	0	6	\$1,177.10
G46C	Complex endoscopy, sameday	\$1,084.10	1	1	\$988.70
G47A	Gastroscopy w catastrophic cc	\$10,340.50	4	27	\$765.00
G47B	Gastroscopy w/o catastrophic cc	\$3,741.70	1	8	\$967.80
G47C	Gastroscopy, sameday	\$751.10	1	1	\$691.10
G48A	Colonoscopy w catastrophic or severe cc	\$7,424.20	3	17	\$860.20
G48B	Colonoscopy w/o catastrophic or severe cc	\$2,511.50	0	5	\$1,108.10
G48C	Colonoscopy, sameday	\$946.00	1	1	\$888.70
G60A	Digestive malignancy w catastrophic cc	\$9,374.80	4	25	\$744.60
G60B	Digestive malignancy w/o catastrophic cc	\$3,304.60	2	9	\$718.50
G61A	Gastrointestinal haemorrhage w catastrophic or severe cc	\$7,335.70	3	19	\$776.10
G61B	Gastrointestinal haemorrhage w/o catastrophic or severe cc	\$2,770.70	1	7	\$881.90
G64A	Inflammatory bowel disease w cc	\$3,769.00	1	8	\$938.70
G64B	Inflammatory bowel disease w/o cc	\$593.20	0	4	\$592.60
G65A	Gastrointestinal obstruction w catastrophic or severe cc	\$7,564.20	3	19	\$818.00
G65B	Gastrointestinal obstruction w/o catastrophic or severe cc	\$3,557.60	1	8	\$957.10
G66A	Abdominal pain and mesenteric adenitis	\$2,952.10	1	7	\$884.00
G66B	Abdominal pain and mesenteric adenitis, sameday	\$826.80	1	1	\$649.70
G67A	Oesophagitis and gastroenteritis w catastrophic or severe cc	\$6,678.90	3	16	\$874.90
G67B	Oesophagitis and gastroenteritis w/o catastrophic or severe cc	\$2,862.60	1	7	\$920.20
G70A	Other digestive system disorders w catastrophic or severe cc	\$7,167.60	3	17	\$837.60

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
G70B	Other digestive system disorders w/o catastrophic or severe cc	\$3,291.00	1	8	\$905.30
G70C	Other digestive system disorders, sameday	\$812.60	1	1	\$611.90
H01A	Pancreas, liver and shunt procedures w catastrophic cc	\$27,299.90	5	29	\$1,400.00
H01B	Pancreas, liver and shunt procedures w/o catastrophic cc	\$12,981.60	2	11	\$1,400.00
H02A	Major biliary tract procedures w catastrophic cc	\$19,613.00	5	33	\$1,135.00
H02B	Major biliary tract procedures w/o catastrophic cc	\$7,504.40	1	8	\$1,400.00
H05A	Hepatobiliary diagnostic procedures w catastrophic cc	\$14,504.40	4	25	\$1,064.50
H05B	Hepatobiliary diagnostic procedures w/o catastrophic cc	\$3,601.80	0	4	\$1,400.00
H06A	Other hepatobiliary and pancreas OR procedures w catastrophic cc	\$18,675.50	6	35	\$1,026.00
H06B	Other hepatobiliary and pancreas OR procedures w/o catastrophic c	\$4,994.80	0	5	\$1,400.00
H07A	Open cholecystectomy w closed cde or w catastrophic cc	\$19,282.60	4	24	\$1,400.00
H07B	Open cholecystectomy w/o closed cde w/o catastrophic cc	\$8,450.80	1	9	\$1,400.00
H08A	Laparoscopic cholecystectomy w closed cde or w catastrophic or se	\$7,405.90	1	8	\$1,400.00
H08B	Laparoscopic cholecystectomy w/o closed cde w/o catastrophic or s	\$4,602.60	0	4	\$1,400.00
H40B	Endoscopic procedures for bleeding oesophageal varices w/o catast	\$3,832.60	0	5	\$1,400.00
H43A	Ercp procedures w catastrophic or severe cc	\$9,578.50	3	18	\$970.90
H43B	Ercp procedures w/o catastrophic or severe cc	\$4,426.20	0	6	\$1,184.10
H43C	Ercp procedures, sameday	\$2,339.80	1	1	\$931.90
H60A	Cirrhosis and alcoholic hepatitis w catastrophic cc	\$13,050.50	5	30	\$880.80
H60B	Cirrhosis and alcoholic hepatitis w/o catastrophic cc	\$5,783.90	2	14	\$822.00
H60C	Cirrhosis and alcoholic hepatitis, sameday	\$650.00	1	1	\$592.10
H61A	Malignancy of hepatobiliary system and pancreas w catastrophic cc	\$10,751.30	4	26	\$816.90
H61B	Malignancy of hepatobiliary system and pancreas w/o catastrophic	\$5,358.50	2	15	\$742.80
H61C	Malignancy of hepatobiliary system and pancreas, sameday	\$983.10	1	1	\$724.10
H62A	Disorders of pancreas, except malignancy w catastrophic or severe	\$8,512.80	3	19	\$900.30
H62B	Disorders of pancreas, except malignancy w/o catastrophic or seve	\$2,754.60	0	6	\$899.90
H63A	Other disorders of liver w catastrophic cc	\$10,043.60	4	24	\$833.30
H63B	Other disorders of liver w/o catastrophic cc	\$4,924.40	2	11	\$911.30
H63C	Other disorders of liver, sameday	\$862.90	1	1	\$757.80
H64A	Disorders of the biliary tract w cc	\$7,578.60	3	18	\$870.40
H64B	Disorders of the biliary tract w/o cc	\$3,126.80	1	7	\$990.70
H64C	Disorders of the biliary tract, sameday	\$774.90	1	1	\$620.10

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
I01A	Bilateral and multiple major joint proc of lower limb w revision	\$26,842.10	6	35	\$1,291.40
I01B	Bilateral and multiple major joint proc of lower limb w/o revisio	\$15,330.30	2	11	\$1,400.00
I02A	Microvascular tissue transfers or (skin grafts w cat or sev cc),	\$29,556.30	7	35	\$1,207.50
I02B	Skin grafts w/o cat or sev cc, excluding hand	\$5,484.40	0	6	\$1,400.00
I03A	Hip replacement w catastrophic cc	\$18,114.70	4	24	\$1,400.00
I03B	Hip replacement w/o catastrophic cc	\$11,329.70	1	9	\$1,400.00
I04A	Knee replacement w catastrophic or severe cc	\$12,892.90	2	14	\$1,400.00
I04B	Knee replacement w/o catastrophic or severe cc	\$10,751.40	1	9	\$1,400.00
I05A	Other joint replacement w catastrophic or severe cc	\$12,271.80	2	15	\$1,400.00
I05B	Other joint replacement w/o catastrophic or severe cc	\$7,927.30	1	6	\$1,400.00
I06Z	Spinal fusion for deformity	\$22,587.10	3	18	\$1,400.00
I07Z	Amputation	\$24,888.00	8	35	\$984.00
I08A	Other hip and femur procedures w catastrophic cc	\$20,894.40	6	35	\$1,062.70
I08B	Other hip and femur procedures w/o catastrophic cc	\$7,455.00	1	9	\$1,400.00
I09A	Spinal fusion w catastrophic cc	\$27,559.30	5	31	\$1,400.00
I09B	Spinal fusion w/o catastrophic cc	\$14,284.30	2	11	\$1,400.00
I10A	Other back and neck procedures w catastrophic or severe cc	\$11,961.00	2	14	\$1,400.00
I10B	Other back and neck procedures w/o catastrophic or severe cc	\$7,671.70	0	6	\$1,400.00
I11Z	Limb Lengthening Procedures	\$7,697.70	1	7	\$1,400.00
I12A	Misc musculoskeletal procs for infect/inflam of bone/joint w cat	\$21,192.90	7	35	\$971.90
I12B	Misc musculoskeletal procs for infect/inflam of bone/joint w sev	\$10,481.10	3	19	\$1,009.00
I12C	Misc musculoskeletal procs for infect/inflam of bone/joint w/o cc	\$4,563.40	0	6	\$1,256.20
I13A	Humerus, tibia, fibula and ankle procedures w cc	\$9,761.70	2	15	\$1,184.90
I13B	Humerus, tibia, fibula and ankle procedures w/o cc, age >=17	\$4,532.50	0	4	\$1,400.00
I13C	Humerus, tibia, fibula and ankle procedures w/o cc, age <17	\$3,950.70	0	4	\$1,400.00
I15Z	Cranio-Facial Surgery	\$11,397.40	2	11	\$1,400.00
I16Z	Other Shoulder Procedures	\$4,027.90	0	4	\$1,400.00
I17A	Maxillo-facial surgery w cc	\$7,973.90	1	9	\$1,400.00
I17B	Maxillo-facial surgery w/o cc	\$4,380.20	0	4	\$1,400.00
I18Z	Other knee procedures	\$2,286.80	0	4	\$1,385.40
I19A	Other elbow and forearm procedures w cc	\$5,924.80	1	8	\$1,299.70
I19B	Other elbow and forearm procedures w/o cc	\$3,424.40	0	4	\$1,400.00
I20Z	Other foot procedures	\$3,371.70	0	4	\$1,400.00
I21Z	Local excision and removal of internal fixation devices of hip an	\$2,688.40	0	4	\$1,400.00
I23Z	Local excision and removal of internal fixation devices, except h	\$1,974.00	0	4	\$1,171.40

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
I24Z	Arthroscopy	\$2,627.70	0	4	\$1,308.30
I25A	Bone and joint diagnostic procedures including biopsy w cc	\$7,152.20	3	18	\$781.60
I25B	Bone and joint diagnostic procedures including biopsy w/o cc	\$2,602.90	0	4	\$1,074.70
I27A	Soft tissue procedures w catastrophic or severe cc	\$11,998.60	4	23	\$968.90
I27B	Soft tissue procedures w/o catastrophic or severe cc	\$3,766.80	0	4	\$1,400.00
I27C	Soft tissue procedures, sameday	\$1,954.10	1	1	\$1,085.00
I28A	Other musculoskeletal procedures w cc	\$9,357.40	3	20	\$898.90
I28B	Other musculoskeletal procedures w/o cc	\$3,251.30	0	4	\$1,400.00
I29Z	Knee reconstructions, and revisions of reconstructions	\$3,944.90	0	4	\$1,400.00
I30Z	Hand procedures	\$2,127.70	0	4	\$1,161.60
I31A	Revision of hip replacement for infect/inflam of joint prosth or	\$24,562.20	6	33	\$1,347.00
I31B	Revision of hip replacement not for infect/inflam of joint prosth	\$14,857.40	2	13	\$1,400.00
I32A	Revision of knee replacement for infect/inflam of joint prosth or	\$21,044.40	5	32	\$1,180.00
I32B	Revision of knee replacement not for infect/inflam of joint prost	\$12,284.70	2	10	\$1,400.00
I40Z	Infusions for musculoskeletal disorders, sameday	\$1,181.60	1	1	\$731.60
I60Z	Femoral shaft fractures	\$14,570.40	6	35	\$791.80
I61A	Distal femoral fractures w cc	\$17,884.20	8	35	\$721.10
I61B	Distal femoral fractures w/o cc	\$12,234.90	5	33	\$759.40
I63A	Sprains, strains and dislocations of hip, pelvis and thigh w cc	\$10,246.80	4	27	\$765.70
I63B	Sprains, strains and dislocations of hip, pelvis and thigh w/o cc	\$6,108.50	2	14	\$863.10
I64A	Osteomyelitis w catastrophic or severe cc	\$14,112.60	6	35	\$798.60
I64B	Osteomyelitis w/o catastrophic or severe cc	\$9,146.30	4	24	\$767.70
I65A	Musculoskeletal malignant neoplasms w radiotherapy or w cat cc	\$12,417.40	5	32	\$793.50
I65B	Musculoskeletal malignant neoplasms w/o radiotherapy w/o cat cc	\$7,401.70	3	17	\$886.40
I66A	Inflammatory musculoskeletal disorders w catastrophic or severe c	\$11,516.80	5	28	\$835.00
I66B	Inflammatory musculoskeletal disorders w/o catastrophic or severe	\$5,256.00	2	12	\$859.30
I67A	Septic arthritis w catastrophic or severe cc	\$14,435.90	7	35	\$735.60
I67B	Septic arthritis w/o catastrophic or severe cc	\$9,154.40	4	24	\$757.40
I68A	Non-surgical spinal disorders w cc	\$10,391.50	4	26	\$806.00
I68B	Non-surgical spinal disorders w/o cc	\$5,874.00	2	13	\$876.00
I69A	Bone diseases and arthropathies w catastrophic or severe cc	\$10,402.40	4	27	\$780.90
I69B	Bone diseases and arthropathies w/o catastrophic or severe cc	\$7,489.50	3	19	\$812.80
I71A	Other musculotendinous disorders w catastrophic or severe cc	\$9,754.60	4	25	\$795.20

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
I71B	Other musculotendinous disorders w/o catastrophic or severe cc	\$4,868.40	2	11	\$857.50
I72A	Specific musculotendinous disorders w catastrophic or severe cc	\$12,776.80	6	35	\$724.90
I72B	Specific musculotendinous disorders w/o catastrophic or severe cc	\$7,305.00	3	18	\$807.90
I73A	Aftercare of musculoskeletal implants or prostheses w cat or sev	\$12,493.90	6	34	\$740.90
I73B	Aftercare of musculoskeletal implants or prostheses w/o cat or se	\$6,627.60	3	17	\$784.80
I74A	Injuries to forearm, wrist, hand and foot w cc	\$12,982.80	6	33	\$785.30
I74B	Injuries to forearm, wrist, hand and foot w/o cc	\$5,637.10	2	14	\$801.10
I75A	Injuries to shoulder, arm, elbow, knee, leg and ankle w cc	\$14,477.10	6	35	\$773.30
I75B	Injuries to shoulder, arm, elbow, knee, leg and ankle w/o cc	\$8,353.30	4	21	\$792.90
I76A	Other musculoskeletal disorders w catastrophic or severe cc	\$12,689.10	6	34	\$762.70
I76B	Other musculoskeletal disorders w/o catastrophic or severe cc	\$7,613.40	3	18	\$834.10
I77A	Fractures of pelvis w catastrophic or severe cc	\$14,507.60	6	35	\$800.80
I77B	Fractures of pelvis w/o catastrophic or severe cc	\$10,456.70	4	26	\$823.10
I78A	Fractures of neck of femur w catastrophic or severe cc	\$15,464.10	7	35	\$702.40
I78B	Fractures of neck of femur w/o catastrophic or severe cc	\$12,018.60	5	32	\$755.80
I79A	Pathological fractures w catastrophic cc	\$14,383.70	6	35	\$770.30
I79B	Pathological fractures w/o catastrophic cc	\$9,529.40	4	24	\$811.70
I80Z	Femoral fractures, transferred to acute facility <2 days	\$1,257.20	0	4	\$1,257.20
I81Z	Musculoskeletal injuries, sameday	\$287.70	1	1	\$275.80
I82Z	Other sameday treatment for musculoskeletal disorders	\$414.00	1	1	\$323.80
J01A	Microvas tiss transf for skin, subcut tiss & breast dsrds w catas	\$24,937.70	3	19	\$1,400.00
J01B	Microvas tiss transf for skin, subcut tiss & breast dsrds w/o cat	\$18,516.50	2	14	\$1,400.00
J06A	Major procedures for malignant breast disorders	\$5,141.00	0	5	\$1,400.00
J06B	Major procedures for non-malignant breast disorders	\$4,301.40	0	4	\$1,400.00
J07A	Minor procedures for malignant breast disorders	\$2,696.10	0	4	\$1,400.00
J07B	Minor procedures for non-malignant breast disorders	\$2,126.50	0	4	\$1,258.70
J08A	Other skin grafts and debridement procedures w cc	\$8,334.70	2	15	\$1,007.80
J08B	Other skin grafts and debridement procedures w/o cc	\$3,855.10	0	5	\$1,400.00
J08C	Other skin grafts and debridement procedures, sameday	\$2,218.80	1	1	\$1,152.80
J09Z	Perianal and pilonidal procedures	\$2,109.30	0	4	\$1,038.50

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
J10Z	Plastic or procedures for skin, subcutaneous tissue and breast di	\$2,785.90	0	4	\$1,242.20
J11Z	Other skin, subcutaneous tissue and breast procedures	\$1,589.00	0	4	\$825.80
J12A	Lower limb procs w ulcer/cellulitis w catastrophic cc	\$21,154.30	8	35	\$888.50
J12B	Lower limb procs w ulcer/cellulitis w/o catastrophic cc w skin gr	\$11,406.30	4	23	\$944.00
J12C	Lower limb procs w ulcer/cellulitis w/o catastrophic cc w/o skin	\$8,389.70	2	14	\$1,144.70
J13A	Lwr limb procs w/o ulcer/cellulitis w (skin grafts and severe cc)	\$9,542.60	3	19	\$921.70
J13B	Lwr limb procs w/o ulcer/cellulitis w/o (skin grafts and severe c	\$3,563.70	0	5	\$1,136.90
J14Z	Major breast reconstructions	\$10,943.50	2	10	\$1,400.00
J60A	Skin ulcers w catastrophic cc	\$15,004.70	6	35	\$801.20
J60B	Skin ulcers w/o catastrophic cc	\$10,200.50	4	24	\$846.50
J60C	Skin ulcers, sameday	\$474.90	1	1	\$379.90
J62A	Malignant breast disorders	\$5,180.80	2	14	\$758.70
J62B	Malignant breast disorders, sameday	\$277.10	1	1	\$261.60
J63A	Non-malignant breast disorders	\$3,468.30	1	7	\$926.50
J63B	Non-malignant breast disorders, sameday	\$1,067.40	1	1	\$628.70
J64A	Cellulitis w catastrophic or severe cc	\$9,658.90	4	24	\$820.20
J64B	Cellulitis w/o catastrophic or severe cc	\$4,320.90	2	10	\$877.00
J65A	Trauma to skin, subcutaneous tissue and breast w cat or sev cc	\$9,305.50	4	24	\$793.50
J65B	Trauma to skin, subcutaneous tissue and breast w/o cat or sev cc	\$5,024.60	2	12	\$883.60
J65C	Trauma to skin, subcutaneous tissue and breast, sameday	\$640.40	1	1	\$485.00
J67A	Minor skin disorders	\$5,664.10	2	13	\$900.90
J67B	Minor skin disorders, sameday	\$982.60	1	1	\$605.20
J68A	Major skin disorders w catastrophic or severe cc	\$8,712.80	3	20	\$880.40
J68B	Major skin disorders w/o catastrophic or severe cc	\$4,717.30	2	10	\$958.40
J68C	Major skin disorders, sameday	\$489.30	1	1	\$472.60
J69A	Skin malignancy w catastrophic cc	\$10,429.30	5	30	\$691.00
J69B	Skin malignancy w/o catastrophic cc	\$7,407.50	4	22	\$696.50
J69C	Skin malignancy, sameday	\$375.60	1	1	\$291.70
K01A	OR procedures for diabetic complications w catastrophic cc	\$29,922.00	10	35	\$982.90
K01B	OR procedures for diabetic complications w/o catastrophic cc	\$14,906.10	3	21	\$1,310.90
K02A	Pituitary procedures w cc	\$16,445.30	3	16	\$1,400.00
K02B	Pituitary procedures w/o cc	\$13,974.50	2	11	\$1,400.00
K03Z	Adrenal Procedures	\$8,940.10	0	6	\$1,400.00
K05A	Parathyroid procedures w catastrophic or severe cc	\$7,294.70	1	8	\$1,400.00
K05B	Parathyroid procedures w/o catastrophic or severe cc	\$4,285.70	0	4	\$1,400.00
K06A	Thyroid procedures w catastrophic or severe cc	\$7,323.50	0	6	\$1,400.00

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
K06B	Thyroid procedures w/o catastrophic or severe cc	\$4,934.10	0	4	\$1,400.00
K08Z	Thyroglossal Procedures	\$3,826.00	0	4	\$1,400.00
K09A	Other endocrine, nutritional and metabolic or procs w catastrophi	\$17,094.80	6	34	\$938.80
K09B	Other endocrine, nutritional and metabolic or procs w severe or m	\$10,105.70	2	13	\$1,344.60
K09C	Other endocrine, nutritional and metabolic or procs w/o cc	\$7,386.00	0	6	\$1,400.00
K10A	Revisional and open bariatric procedures w cc	\$8,564.70	1	7	\$1,400.00
K10B	Revisional and open bariatric procedures w/o cc	\$7,049.20	0	5	\$1,400.00
K11A	Major laparoscopic bariatric procedures w cc	\$7,813.70	0	5	\$1,400.00
K11B	Major laparoscopic bariatric procedures w/o cc	\$7,105.50	0	4	\$1,400.00
K12Z	Other bariatric procedures	\$3,182.10	0	4	\$1,400.00
K13Z	Plastic or procedures for endocrine, nutritional and metabolic di	\$7,331.00	1	7	\$1,400.00
K40A	Endoscopic and investigative procs for metabolic disorders w cata	\$14,978.30	6	35	\$830.30
K40B	Endoscopic and investigative procs for metabolic disorders w/o ca	\$3,229.80	0	6	\$1,031.70
K40C	Endoscopic and investigative procs for metabolic disorders, samed	\$1,009.20	1	1	\$928.60
K60A	Diabetes w catastrophic or severe cc	\$10,487.30	4	23	\$907.40
K60B	Diabetes w/o catastrophic or severe cc	\$5,451.80	2	12	\$918.90
K60C	Diabetes, sameday	\$629.70	1	1	\$546.90
K61Z	Severe Nutritional Disturbance	\$10,288.80	4	23	\$913.00
K62A	Miscellaneous metabolic disorders w catastrophic or severe cc	\$7,955.70	3	18	\$888.60
K62B	Miscellaneous metabolic disorders w/o catastrophic or severe cc	\$3,758.90	1	8	\$957.00
K62C	Miscellaneous metabolic disorders, sameday	\$460.30	1	1	\$458.00
K63A	Inborn errors of metabolism w catastrophic or severe cc	\$6,037.00	3	19	\$639.90
K63B	Inborn errors of metabolism w/o catastrophic or severe cc	\$1,090.60	0	4	\$817.20
K64A	Endocrine disorders w catastrophic or severe cc	\$9,619.50	4	24	\$826.70
K64B	Endocrine disorders w/o catastrophic or severe cc	\$4,255.80	1	9	\$965.90
K64C	Endocrine disorders, sameday	\$423.70	1	1	\$410.70
L02A	Operative insertion of peritoneal catheter for dialysis w catastr	\$7,566.10	2	11	\$1,400.00
L02B	Operative insertion of peritoneal catheter for dialysis w/o catas	\$3,108.30	0	4	\$1,400.00
L03A	Kidney, ureter and major bladder procedures for neoplasm w cat cc	\$21,981.20	4	25	\$1,400.00
L03B	Kidney, ureter and major bladder procedures for neoplasm w sev cc	\$13,973.20	2	11	\$1,400.00
L03C	Kidney, ureter and major bladder procedures for neoplasm w/o cata	\$9,321.40	1	7	\$1,400.00
L04A	Kidney, ureter and major bladder procedures for non-neoplasm w ca	\$16,593.30	5	28	\$1,152.20

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
L04B	Kidney, ureter and major bladder procedures for non-neoplasm w/o	\$4,695.40	0	4	\$1,400.00
L04C	Kidney, ureter and major bladder procedures for non-neoplasm, sam	\$2,278.40	1	1	\$1,400.00
L05A	Transurethral prostatectomy for urinary disorder w cat or sev cc	\$9,595.70	2	15	\$1,219.80
L05B	Transurethral prostatectomy for urinary disorder w/o cat or sev c	\$5,052.80	0	5	\$1,400.00
L06A	Minor bladder procedures w catastrophic or severe cc	\$8,973.10	3	16	\$1,103.10
L06B	Minor bladder procedures w/o catastrophic or severe cc	\$3,179.00	0	4	\$1,360.70
L07A	Other transurethral procedures w cc	\$3,546.10	0	6	\$1,145.20
L07B	Other transurethral procedures w/o cc	\$2,143.40	0	4	\$1,382.00
L08A	Urethral procedures w cc	\$3,592.20	0	6	\$1,144.90
L08B	Urethral procedures w/o cc	\$2,066.00	0	4	\$1,268.80
L09A	Other procedures for kidney and urinary tract disorders w cat cc	\$18,817.50	6	35	\$1,005.90
L09B	Other procedures for kidney and urinary tract disorders w sev cc	\$5,266.60	1	8	\$1,140.20
L09C	Other procedures for kidney and urinary tract disorders w/o cat o	\$3,152.70	0	4	\$1,400.00
L40Z	Ureteroscopy	\$2,376.70	0	4	\$1,228.80
L41Z	Cystourethroscopy for urinary disorder, sameday	\$987.30	1	1	\$754.80
L42Z	ESW lithotripsy	\$2,744.30	0	4	\$1,400.00
L60A	Kidney failure w catastrophic cc	\$11,767.50	4	26	\$909.90
L60B	Kidney failure w severe cc	\$6,743.70	2	15	\$928.80
L60C	Kidney failure w/o catastrophic or severe cc	\$3,576.90	1	9	\$859.70
L61Z	Haemodialysis	\$417.10	0	4	\$409.30
L62A	Kidney and urinary tract neoplasms w catastrophic or severe cc	\$9,183.00	4	25	\$753.70
L62B	Kidney and urinary tract neoplasms w/o catastrophic or severe cc	\$2,445.00	1	7	\$740.50
L63A	Kidney and urinary tract infections w catastrophic or severe cc	\$8,126.70	3	19	\$859.10
L63B	Kidney and urinary tract infections w/o catastrophic or severe cc	\$4,045.10	1	9	\$932.20
L64A	Urinary stones and obstruction w catastrophic or severe cc	\$5,464.90	2	12	\$839.40
L64B	Urinary stones and obstruction w/o catastrophic or severe cc	\$2,278.30	0	4	\$1,105.00
L64C	Urinary stones and obstruction, sameday	\$969.00	1	1	\$663.40
L65A	Kidney and urinary tract signs and symptoms w catastrophic or sev	\$7,091.20	3	17	\$843.00
L65B	Kidney and urinary tract signs and symptoms w/o catastrophic or s	\$2,096.80	0	5	\$854.70
L66Z	Urethral Stricture	\$1,899.90	0	4	\$1,068.10
L67A	Other kidney and urinary tract disorders w catastrophic or severe	\$7,385.20	3	17	\$871.80
L67B	Other kidney and urinary tract disorders w/o catastrophic or seve	\$2,410.50	0	5	\$906.20

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
L67C	Other kidney and urinary tract disorders, sameday	\$531.50	1	1	\$425.00
M01A	Major male pelvic procedures w catastrophic or severe cc	\$11,605.00	1	8	\$1,400.00
M01B	Major male pelvic procedures w/o catastrophic or severe cc	\$9,510.40	0	5	\$1,400.00
M02A	Transurethral prostatectomy for reproductive system disorder w ca	\$7,562.30	2	11	\$1,288.80
M02B	Transurethral prostatectomy for reproductive system disorder w/o	\$4,748.60	0	5	\$1,400.00
M03Z	Penis procedures	\$2,659.60	0	4	\$1,400.00
M04Z	Testes procedures	\$2,236.00	0	4	\$1,214.40
M05Z	Circumcision	\$1,368.00	0	4	\$982.50
M06A	Other male reproductive system OR procedures w cc	\$4,783.70	0	6	\$1,331.00
M06B	Other male reproductive system OR procedures w/o cc	\$3,283.00	0	4	\$1,400.00
M40Z	Cystourethroscopy for male reproductive system disorder, sameday	\$1,046.40	1	1	\$780.70
M60A	Male reproductive system malignancy w catastrophic or severe cc	\$7,118.30	3	20	\$721.00
M60B	Male reproductive system malignancy w/o catastrophic or severe cc	\$1,245.70	0	4	\$747.40
M61A	Benign prostatic hypertrophy w cc	\$4,503.40	2	11	\$830.50
M61B	Benign prostatic hypertrophy w/o cc	\$1,357.10	0	4	\$914.80
M62A	Male reproductive system inflammation w cc	\$5,593.40	2	13	\$866.60
M62B	Male reproductive system inflammation w/o cc	\$2,400.50	0	5	\$899.60
M63Z	Male sterilisation procedures	\$1,155.20	0	4	\$883.50
M64Z	Other male reproductive system disorders	\$1,141.70	0	4	\$782.10
N01A	Pelvic evisceration and radical vulvectomy w catastrophic or severe	\$15,243.40	3	19	\$1,400.00
N01B	Pelvic evisceration and radical vulvectomy w/o catastrophic or se	\$9,473.80	1	8	\$1,400.00
N04A	Hysterectomy for non-malignancy w catastrophic or severe cc	\$7,872.90	1	7	\$1,400.00
N04B	Hysterectomy for non-malignancy w/o catastrophic or severe cc	\$6,455.50	0	5	\$1,400.00
N05A	Oophorectomy and complex fallopian tube procs for non-malig w cat	\$6,485.90	0	5	\$1,400.00
N05B	Oophorectomy and complex fallopian tube procs for non-malig w/o c	\$4,170.50	0	4	\$1,400.00
N06Z	Female reproductive system reconstructive procedures	\$4,849.60	0	5	\$1,400.00
N07A	Other uterus and adnexa procedures for non-malignancy	\$3,639.80	0	4	\$1,400.00
N07B	Other uterus and adnexa procedures for non-malignancy, sameday	\$1,837.70	1	1	\$1,160.40
N08Z	Endoscopic and laparoscopic procedures, female reproductive syste	\$2,893.70	0	4	\$1,400.00
N09Z	Other vagina, cervix and vulva procedures	\$1,509.70	0	4	\$907.00
N10Z	Diagnostic curettage and diagnostic hysteroscopy	\$1,314.60	0	4	\$1,017.30
N11Z	Other female reproductive system or procedures	\$657.30	0	4	\$457.50

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
N12A	Uterus and adnexa procedures for malignancy w catastrophic cc	\$14,604.80	3	16	\$1,400.00
N12B	Uterus and adnexa procedures for malignancy w/o catastrophic cc	\$7,287.20	0	6	\$1,400.00
N60A	Female reproductive system malignancy w catastrophic cc	\$11,322.00	4	27	\$838.60
N60B	Female reproductive system malignancy w/o catastrophic cc	\$2,912.70	2	9	\$630.40
N61Z	Female reproductive system infections	\$2,827.40	1	6	\$926.50
N62Z	Menstrual and other female reproductive system disorders	\$1,095.60	0	4	\$671.10
O01A	Caesarean delivery w catastrophic cc	\$10,403.90	3	16	\$1,312.20
O01B	Caesarean delivery w severe cc	\$8,421.20	2	11	\$1,400.00
O01C	Caesarean delivery w/o catastrophic or severe cc	\$7,643.30	2	9	\$1,400.00
O02A	Vaginal delivery w OR procedures w catastrophic or severe cc	\$7,543.50	2	10	\$1,400.00
O02B	Vaginal delivery w OR procedures w/o catastrophic or severe cc	\$6,741.00	1	9	\$1,400.00
O03A	Ectopic pregnancy w cc	\$3,932.40	0	4	\$1,400.00
O03B	Ectopic pregnancy w/o cc	\$3,119.80	0	4	\$1,400.00
O04A	Postpartum and post abortion w OR procedures w catastrophic or se	\$5,702.30	2	11	\$966.90
O04B	Postpartum and post abortion w OR procedures w/o catastrophic or	\$3,344.50	0	5	\$1,400.00
O04C	Postpartum and post abortion w OR procedures, sameday	\$1,474.00	1	1	\$1,108.10
O05Z	Abortion w OR procedures	\$1,186.40	0	4	\$986.80
O60A	Vaginal delivery w catastrophic or severe cc	\$6,512.90	2	11	\$1,265.10
O60B	Vaginal delivery w/o catastrophic or severe cc	\$5,846.90	1	9	\$1,350.40
O60C	Vaginal delivery, single uncomplicated	\$5,570.00	1	8	\$1,400.00
O61Z	Postpartum and post abortion w/o OR procedures	\$2,568.80	0	6	\$913.20
O63Z	Abortion w/o OR procedures	\$1,070.00	0	4	\$800.30
O66A	Antenatal and other obstetric admissions w catastrophic or severe	\$3,225.90	1	8	\$875.40
O66B	Antenatal and other obstetric admissions w/o catastrophic or seve	\$1,929.80	0	4	\$1,008.00
O66C	Antenatal and other obstetric admissions, sameday	\$383.40	1	1	\$374.80
P03B	Neonate, admwt 1000-1499g w significant OR proc w/o multiple majo	\$39,436.40	7	35	\$1,400.00
P06A	Neonate, admwt >=2500g w significant OR procedure w multiple majo	\$42,284.30	8	35	\$1,400.00
P06B	Neonate, admwt >=2500g w significant OR procedure w/o multiple ma	\$13,969.90	4	22	\$1,245.50
P60A	Neonate w/o sig OR proc, died or transferred to acute facility <5	\$1,645.40	0	4	\$1,096.90
P60B	Neonate w/o sig OR proc, died or transferred to acute facility sa	\$442.80	1	1	\$442.80
P63A	Neonate, admwt 1000-1249g w/o sig OR proc <32 completed wks gesta	\$22,993.50	9	35	\$867.70
P64A	Neonate, admwt 1250-1499g w/o sig OR proc <32 completed wks gesta	\$23,423.50	10	35	\$770.50

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
P64B	Neonate, admwt 1250-1499g w/o sig OR proc >=32 completed wks gest	\$22,591.60	9	35	\$801.10
P65A	Neonate, admwt 1500-1999g w/o signif OR proc w multiple major pro	\$19,932.80	10	35	\$640.90
P65B	Neonate, admwt 1500-1999g w/o significant OR proc w major problem	\$19,918.10	9	35	\$751.60
P65C	Neonate, admwt 1500-1999g w/o significant OR proc w other problem	\$16,769.90	7	35	\$769.30
P65D	Neonate, admwt 1500-1999g w/o significant OR proc w/o problem	\$15,250.80	6	35	\$866.50
P66A	Neonate, admwt 2000-2499g w/o significant OR proc w multiple majo	\$9,016.90	4	26	\$704.40
P66B	Neonate, admwt 2000-2499g w/o significant OR proc w major problem	\$12,959.00	5	32	\$825.40
P66C	Neonate, admwt 2000-2499g w/o significant OR proc w other problem	\$9,324.50	4	23	\$839.90
P66D	Neonate, admwt 2000-2499g w/o significant OR proc w/o problem	\$3,488.30	1	9	\$850.80
P67A	Neonate, admwt >=2500g w/o sig OR proc <37 comp wks gestation w m	\$9,375.70	4	22	\$852.30
P67B	Neonate, admwt >=2500g w/o sig OR proc <37 comp wks gestation w m	\$8,407.40	3	21	\$832.40
P67C	Neonate, admwt >=2500g w/o sig OR proc <37 comp wks gestation w o	\$6,850.50	3	18	\$796.40
P67D	Neonate, admwt >=2500g w/o sig OR proc <37 comp wks gestation w/o	\$2,459.70	1	7	\$722.60
P68A	Neonate, admwt >=2500g w/o sig OR proc >=37 comp wks gestation w	\$6,557.70	2	10	\$1,307.90
P68B	Neonate, admwt >=2500g w/o sig OR proc >=37 comp wks gestation w	\$4,132.00	1	8	\$1,086.70
P68C	Neonate, admwt >=2500g w/o sig OR proc >=37 comp wks gestation w	\$2,404.50	0	5	\$960.80
P68D	Neonate, admwt >=2500g w/o sig OR proc >=37 comp wks gestation w/	\$714.20	0	6	\$252.90
Q01A	Splenectomy w catastrophic or severe cc	\$14,940.10	3	21	\$1,252.20
Q01B	Splenectomy w/o catastrophic or severe cc	\$9,384.00	1	8	\$1,400.00
Q02A	Blood and immune system disorders w other OR procedures w cat or	\$13,863.90	4	25	\$1,058.00
Q02B	Blood and immune system disorders w other OR procedures w/o cat o	\$2,958.00	0	4	\$1,400.00
Q60A	Reticuloendothelial and immunity disorders w catastrophic or seve	\$8,272.10	3	18	\$909.20
Q60B	Reticuloendothelial and immunity disorders w/o catastrophic or se	\$3,462.40	1	8	\$944.50
Q60C	Reticuloendothelial and immunity disorders, sameday	\$587.00	1	1	\$555.10
Q61A	Red blood cell disorders w catastrophic or severe cc	\$6,535.40	3	15	\$844.30
Q61B	Red blood cell disorders w/o catastrophic or severe cc	\$2,701.20	0	6	\$893.80
Q61C	Red blood cell disorders, sameday	\$739.40	1	1	\$697.90
Q62A	Coagulation disorders	\$5,043.60	2	12	\$871.20
Q62B	Coagulation disorders, sameday	\$748.20	1	1	\$721.60

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
R01A	Lymphoma and leukaemia w major OR procedures w catastrophic or se	\$26,416.60	6	35	\$1,380.00
R01B	Lymphoma and leukaemia w major OR procedures w/o catastrophic or	\$8,606.70	2	10	\$1,400.00
R02A	Other neoplastic disorders w major OR procedures w catastrophic c	\$20,696.20	4	26	\$1,400.00
R02B	Other neoplastic disorders w major OR procedures w severe or mode	\$11,064.10	2	11	\$1,400.00
R02C	Other neoplastic disorders w major OR procedures w/o cc	\$7,118.70	1	7	\$1,400.00
R03A	Lymphoma and leukaemia w other OR procedures w catastrophic or se	\$20,445.20	5	33	\$1,223.10
R03B	Lymphoma and leukaemia w other OR procedures w/o catastrophic or	\$5,617.30	1	8	\$1,294.90
R03C	Lymphoma and leukaemia w other OR procedures, sameday	\$1,784.80	1	1	\$1,142.30
R04A	Other neoplastic disorders w other OR procedures w cc	\$6,691.70	2	10	\$1,139.20
R04B	Other neoplastic disorders w other OR procedures w/o cc	\$3,721.90	0	5	\$1,296.50
R60A	Acute leukaemia w catastrophic cc	\$22,958.00	7	35	\$1,031.50
R60B	Acute leukaemia w/o catastrophic cc	\$6,363.60	2	13	\$966.00
R60C	Acute leukaemia, sameday	\$679.30	1	1	\$634.00
R61A	Lymphoma and non-acute leukaemia w catastrophic cc	\$17,131.40	6	35	\$904.40
R61B	Lymphoma and non-acute leukaemia w/o catastrophic cc	\$4,712.80	2	10	\$945.10
R61C	Lymphoma and non-acute leukaemia, sameday	\$594.90	1	1	\$550.90
R62A	Other neoplastic disorders w cc	\$7,732.10	3	17	\$885.70
R62B	Other neoplastic disorders w/o cc	\$2,184.40	0	6	\$750.20
R63Z	Chemotherapy	\$553.40	0	4	\$542.50
T01A	Infectious and parasitic diseases w OR procedures w catastrophic	\$24,730.30	7	35	\$1,174.30
T01B	Infectious and parasitic diseases w OR procedures w severe or mod	\$11,272.60	3	18	\$1,147.80
T01C	Infectious and parasitic diseases w OR procedures w/o cc	\$6,134.80	1	9	\$1,217.90
T40Z	Infectious and parasitic diseases w ventilator support	\$35,052.90	6	35	\$1,400.00
T60A	Septicaemia w catastrophic cc	\$13,123.70	4	27	\$966.60
T60B	Septicaemia w/o catastrophic cc	\$6,644.50	2	14	\$935.60
T61A	Postoperative and post-traumatic infections w catastrophic or sev	\$8,411.70	3	20	\$828.00
T61B	Postoperative and post-traumatic infections w/o catastrophic or s	\$4,259.50	2	10	\$884.90
T62A	Fever of unknown origin w cc	\$5,451.40	2	12	\$949.60
T62B	Fever of unknown origin w/o cc	\$3,008.00	1	7	\$905.20
T63A	Viral illnesses w cc	\$5,495.40	2	15	\$756.60
T63B	Viral illnesses w/o cc	\$2,930.00	1	6	\$974.80
T64A	Other infectious and parasitic diseases w catastrophic cc	\$13,767.50	5	33	\$837.40

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
T64B	Other infectious and parasitic diseases w severe or moderate cc	\$7,114.90	3	17	\$815.60
T64C	Other infectious and parasitic diseases w/o cc	\$3,519.00	1	9	\$777.70
U40Z	Mental health treatment w ECT, sameday	\$440.00	1	1	\$401.80
U60Z	Mental health treatment w/o ECT, sameday	\$308.20	1	1	\$307.60
U61A	Schizophrenia disorders, involuntary admission	\$16,089.90	8	35	\$636.80
U61B	Schizophrenia disorders	\$14,692.80	6	35	\$760.10
U62B	Paranoia & acute psyc disorders w/o cat or sev cc	\$13,766.60	6	35	\$784.60
U63A	Major affective disorders age >=70 or w catastrophic or severe cc	\$16,795.40	7	35	\$746.70
U63B	Major affective disorders age <70 w/o catastrophic or severe cc	\$15,097.10	6	35	\$791.30
U64Z	Other affective and somatoform disorders	\$13,680.50	6	34	\$806.90
U65Z	Anxiety Disorders	\$13,156.00	5	33	\$801.40
U66Z	Eating and obsessive-compulsive disorders	\$21,032.10	8	35	\$839.90
U67Z	Personality disorders and acute reactions	\$15,072.40	6	35	\$812.10
U68Z	Childhood mental disorders	\$13,889.60	6	35	\$784.20
V60A	Alcohol intoxication and withdrawal w cc	\$10,165.40	4	24	\$854.00
V60B	Alcohol intoxication and withdrawal w/o cc	\$9,297.50	4	25	\$761.90
V61Z	Drug intoxication and withdrawal	\$12,332.00	6	34	\$742.40
V62Z	Alcohol use and dependence	\$12,988.00	5	33	\$791.60
V63Z	Opioid use and dependence	\$11,534.20	5	30	\$779.30
V64Z	Other drug use and dependence	\$12,596.00	6	34	\$754.20
V65Z	Treatment for alcohol disorders, sameday	\$304.70	1	1	\$304.70
V66Z	Treatment for drug disorders, sameday	\$272.50	1	1	\$272.50
W02A	Hip, femur & lower limb procs for mult significant trauma w catas	\$26,819.30	6	35	\$1,363.80
W02B	Hip, femur & lower limb procs for mult significant trauma w/o cat	\$16,237.60	3	17	\$1,400.00
W04B	Multiple Significant Trauma W Other OR Procs w/o Catastrophic or	\$22,195.90	4	21	\$1,400.00
W60Z	Multiple Trauma, Died or Transferred to Acute Facility <5 Days	\$2,667.20	0	4	\$1,333.60
W61A	Multiple trauma w/o OR procedures w catastrophic or severe cc	\$28,812.70	9	35	\$1,038.90
W61B	Multiple trauma w/o OR procedures w/o catastrophic or severe cc	\$3,002.60	1	8	\$810.70
X02A	Microvascular tiss transfer or (skin graft w catastrophic or seve	\$5,064.70	0	4	\$1,338.70
X02B	Skin graft for injuries to hand w/o catastrophic or severe cc	\$3,054.90	0	4	\$1,203.30
X04A	Other procedures for injuries to lower limb w catastrophic or sev	\$8,489.60	3	17	\$955.10
X04B	Other procedures for injuries to lower limb w/o catastrophic or s	\$3,530.30	0	4	\$1,345.50
X05A	Other procedures for injuries to hand w cc	\$3,931.70	0	5	\$1,202.90
X05B	Other procedures for injuries to hand w/o cc	\$2,457.20	0	4	\$1,050.00
X06A	Other procedures for other injuries w catastrophic or severe cc	\$8,747.40	2	15	\$1,106.40
X06B	Other procedures for other injuries w/o catastrophic or severe cc	\$3,405.10	0	4	\$1,357.10

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Item no.	Description	Max fee (ex GST)	Lower trim point days	Upper trim point days	Max per day rate (ex GST)
X07A	Skin graft for injuries excl hand w microvascular tiss trans or w	\$13,985.90	4	24	\$1,040.10
X07B	Skin graft for injuries excl hand w/o microvascular tiss trans w/	\$5,612.40	1	8	\$1,284.70
X60A	Injuries w catastrophic or severe cc	\$8,431.60	3	21	\$807.70
X60B	Injuries w/o catastrophic or severe cc	\$3,427.80	1	8	\$832.60
X61Z	Allergic Reactions	\$1,987.90	0	4	\$1,043.90
X62A	Poisoning/toxic effects of drugs and other substances w cat or se	\$6,935.90	2	14	\$987.90
X62B	Poisoning/toxic effects of drugs and other substances w/o cat or	\$2,851.50	0	6	\$1,014.60
X63A	Sequelae of treatment w catastrophic or severe cc	\$5,958.70	2	14	\$841.90
X63B	Sequelae of treatment w/o catastrophic or severe cc	\$2,529.20	0	6	\$844.80
X64A	Other injuries, poisonings and toxic effects w catastrophic or se	\$8,519.50	3	21	\$817.30
X64B	Other injuries, poisonings and toxic effects w/o catastrophic or	\$3,802.60	1	9	\$860.30
Y02C	Skin grafts for other burns w/o catastrophic or severe cc, non em	\$4,653.10	0	5	\$1,238.60
Y03Z	Other or procedures for other burns	\$4,936.60	1	7	\$939.10
Y62A	Other burns w cc	\$7,243.30	3	15	\$965.80
Y62B	Other burns w/o cc	\$5,299.90	2	12	\$883.30
Y62C	Other Burns, Sameday	\$1,055.40	1	1	\$520.40
Z01A	Other contacts w health services w OR procedures	\$3,509.80	0	4	\$1,400.00
Z01B	Other contacts w health services w OR procedures, sameday	\$1,546.20	1	1	\$1,024.10
Z40Z	Other contacts w health services w endoscopy, sameday	\$831.20	1	1	\$753.70
Z61A	Signs and symptoms	\$4,859.90	2	11	\$875.90
Z61B	Signs and symptoms, sameday	\$644.70	1	1	\$545.10
Z63A	Other follow up after surgery or medical care w catastrophic cc	\$8,441.90	5	28	\$619.70
Z63B	Other follow up after surgery or medical care w/o catastrophic cc	\$2,204.20	1	9	\$524.20
Z64A	Other factors influencing health status	\$3,731.20	2	11	\$650.30
Z64B	Other factors influencing health status, sameday	\$394.70	1	1	\$286.40
Z65Z	Congenital anomalies and problems arising from neonatal period	\$2,775.70	1	7	\$812.10
Z66Z	Sleep disorders	\$1,179.90	0	4	\$831.40

General information

Account and invoicing standards

All amounts listed in this booklet are exclusive of GST. If applicable, ReturnToWorkSA will pay to the provider an amount on account of the provider's GST liability in addition to the GST exclusive fee. Suppliers should provide ReturnToWorkSA with a tax invoice where the amounts are subject to GST.

For all invoices, whether a tax invoice or not, the following information should be provided:

- hospital name and address, provider details – name, Medicare provider number (if applicable) and/or ReturnToWorkSA provider number (if known)
- invoice number and invoice date
- Australian Business Number (ABN)
- worker's surname and given name(s)
- claim number (if known)
- brief description of the injury to which the services relate
- employer name (if known)
- each service itemised separately in accordance with this fee schedule including:
 - date of service and commencement time
 - service item number and service description
 - charge for the service in accordance with this fee schedule
 - total charge for invoiced items plus any GST that may be applicable.
- bank account details for electronic funds transfer (EFT).

Invoices that do not meet these standards may be returned to the provider for amendment.

Invoices are to be submitted within four weeks of service. Invoices received more than six months after date of service may not be paid unless in exceptional circumstances.

ReturnToWorkSA or their claims agents are unable to pay on 'account rendered' or statement invoices. Payment will be made, where appropriate, on an original invoice or duplicate/copy of the original.

Payment for services, including reports, will not be made in advance.

GST

For all GST-related queries, please contact the Australian Taxation Office or your tax advisor.

Changes to provider details

For changes to provider details, such as ABN, change of address or electronic funds transfer details, please complete the [Provider registration form](#) available on our website. Once completed email to prov.main@rtwsa.com. For any queries relating to this form, please contact ReturnToWorkSA on 13 18 55.

Where payment is outstanding

Please contact the claims agent, ReturnToWorkSA's EnABLE Unit or self-insured employer if the claim has been accepted and the payment is outstanding. If the claim has not been accepted, responsibility for payment of accounts rests with the worker.

Submitting an invoice

How can I submit an invoice?

Invoices sent via email is the preferred option in any of the following formats: Word, PDF and image files. Please email your invoice to the relevant address below:

EML: accounts@eml.rtwsa.com

Gallagher Bassett: invoices@gb.rtwsa.com

EnAble: EnAble@rtwsa.com

What are our payment terms?

The Return to Work scheme has 30 day payment terms, which is mandated and cannot be amended. Please do not send multiple copies of the original invoice if your payment terms are less than 30 days.

Useful contacts

Claims agents

All work injury claims (*that are not self-insured or a severe traumatic injury*) are managed by EML or Gallagher Bassett. To identify which claims agent is managing a worker's claim, refer to the 'Claims agent lookup' function on our website at www.rtwsa.com.

EML

Phone: (08) 8127 1100 or free call 1300 365 105

Fax: (08) 8127 1200

Postal address: GPO Box 2575, Adelaide SA 5001

Online: www.eml.com.au

Gallagher Bassett Services Pty Ltd

Phone: (08) 8177 8450 or free call 1800 664 079

Fax: (08) 8177 8451

Postal address: GPO Box 1772, Adelaide SA 5001

Online: www.gallagherbassett.com.au

ReturnToWorkSA EnABLE Unit

For claims relating to severe traumatic injuries, please contact this unit directly.

Phone: 13 18 55

Postal address: GPO Box 2668, Adelaide SA 5001

Self-insured employers

For matters relating to self-insured claims, please contact the employer directly.

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ReturnToWorkSA
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