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1. Introduction

This table of costs commences 1 July 2021.

The public health services table of costs sets out the costs applicable for treating workers covered under the workers' compensation statutory scheme as public patients in Queensland public hospitals. This table of costs covers all public health services and includes the Public hospitalisation table of costs published in the Industrial Gazette.

This table of costs applies only to the costs of the services provided to:

- A worker who is discharged from a public hospital (an inpatient) on or after 1 July 2021; or
- A worker who receives treatment at a public hospital emergency department on or after 1 July 2021; or
- A worker who receives treatment at a public hospital out-patient facility on or after 1 July 2021.

This table of costs outlines procedures, conditions and fees for the delivery of public hospital services in Queensland public hospital facilities, medical and allied health services provided to workers' compensation claimants.

This table of costs applies only to workers' compensation claimants receiving treatment in the public hospital sector as a public patient under the care of a public hospital doctor.

This table of costs excludes claimants under the statutory workers' compensation system electing to be treated as private patients and all workers' compensation common law claimants. Private patient fees for statutory claimants are documented in the Queensland Health Fees and Charges Register and can be found at: [Health Service Directives](#).

Note: The common law only patients are charged under compensable third-party fees when treated in the public hospital sector.

This table of costs is structured to promote the provision of quality, timely and relevant treatment in the management of injured workers. In most cases, the rehabilitation goal is for the worker to return to work. In situations where the injury prevents the worker returning to work, rehabilitation must focus on maximising functional independence.

2. Working together

Insurers are committed to working with the Hospital & Health Services. If there is an issue in dispute, a Hospital & Health Service should contact the insurer to discuss an appropriate resolution. WorkCover Queensland offers each Hospital & Health Service a dedicated relationship manager for the resolution of any issues.

3. Insurer's liability for services

The insurer's liability is subject to the *Workers' Compensation and Rehabilitation Act 2003*.

The payment of services outlined in this document is subject to the worker having a compensation claim allowed by the Queensland workers' compensation insurer for the injury or condition being treated, i.e. WorkCover Queensland or the self-insurer, in accordance with the legislation. A list of insurers is available at: <https://www.worksafe.qld.gov.au/insurance/find-a-self-insurer>.

In all instances a current '*Work Capacity Certificate – workers' compensation*' is required to cover the period of services provision. If the worker does not have a certificate upon presentation to a public facility, a certificate may be issued by an emergency department or public hospital during the course of the treatment, or upon discharge. **Note:** If there is no certificate, the insurer has no liability for the costs of treatment.

Due to the diversity of medical services and rehabilitation program content, there may be other expenses which are not covered in this document. These expenses are to be negotiated with the Insurer prior to the delivery of such services.

A public hospital is not strictly bound by the same 60 day invoicing restrictions as other providers; please consider the context of the claim and treatment when processing invoices outside these timeframes.

4. Definitions

Public hospital means a hospital to which a worker is admitted as a public patient.

Public patient means a patient who is not a private patient.

Private hospital means a hospital to which a worker is admitted as a private patient.

Private patient means a worker who is a patient of a private doctor at a hospital that is not a contracted hospital. The worker has elected to be treated as a private patient by a doctor of their choice, inclusive of patients treated privately at a public hospital.

Inpatient in a public hospital is a public patient admitted at a public hospital and includes admission as a public patient to a Mater Misericordiae Public Hospital or transfer to contracted hospital.

Out-patient in a public hospital is a public patient who is not admitted to a public hospital and receives treatment as an outpatient. The patient may have been an inpatient previously and is now receiving follow-up treatment as an outpatient.

Hospital includes a day hospital.

Hospitalisation of a worker means the admission of the worker in a private hospital or public hospital for medical treatment for the worker's injury.

Elective hospitalisation means hospitalisation involving treatment or a procedure decided on by a worker or the worker's doctor that is of advantage to the worker, but is not fundamental in the treatment of the worker's injury.

Emergency department provides accident and emergency services in a public hospital. Often a patient of a public hospital may receive emergency department treatment prior to being admitted as an inpatient.

Contracted hospital means a hospital that provides public health services to a patient under a contractual arrangement with the State, but does not include:

- a) a public sector hospital under the Health Services Act 1991; or
- b) a Mater Misericordiae Public Hospital.

Note: In some situations, Hospital & Health Services will make arrangements with private hospitals to provide services for and on behalf of Hospital & Health Services. These services will be billed by Hospital & Health Services under this table of costs.

5. Extent of insurer's liability

5.1 Where there is an 'at fault' driver (MAIC)

Under section 12(4) of the *Motor Accident Insurance Act 1994* a levy is paid to cover the cost of providing public hospital services and emergency services:

- to people injured in a motor vehicle accidents; and
- who use public hospital services and emergency services because of their injuries; and
- who are claimants or potential claimants under the compulsory third party (CTP) insurance scheme.

Further to these points; where MAIC is the liable agency;

- The workers compensation insurer is only liable for public hospital costs for injured workers not covered by the Motor Accident Insurance Commission (MAIC) grant paid to Queensland Health to cover people injured in motor vehicle accidents.
- MAIC covers people injured in a motor vehicle accident in Queensland who are considered "not-at-fault" for the incident and where the "at-fault" person was operating a Queensland registered motor vehicle. (*continued on next page*)

- The workers' compensation insurer can refuse payment of an invoice and notify the Hospital & Health Services that the invoice is rejected based on the fact that there is an at fault driver and it is covered under the Motor Accident Insurance Act 1994.
- The workers compensation insurer reserves the right to seek recovery of payments made to Queensland Health within the same financial year if it transpires that the cost is covered by a MAIC grant.

5.2 For artificial prosthesis (such as limb, arm or hand prosthetics)

For the provision of any artificial prosthesis, approval must be sought from the insurer prior to the prescription and fitting of the prosthesis.

5.3 For hospitalisation in a public hospital

5.3.1 Non-elective hospitalisation

For non-elective hospitalisation an insurer will be liable for the cost of public hospitalisation for not more than 4 days. After this time, an insurer will be liable if the insurer considers the non-elective hospitalisation is reasonable having regard to the worker's injury. In determining what is reasonable, an insurer must have regard to the medical determination made by the worker's treating medical practitioner.

It is recognised that for non-elective hospitalisation, Hospital & Health Services will provide services, in many cases before the claimant has made a claim. Accordingly, insurers will be making a retrospective assessment of the reasonableness of a stay of more than 4 days.

5.3.2 Elective hospitalisation

An insurer is liable for costs of elective hospitalisation to the extent it is agreed by the insurer under arrangements entered into between the insurer and the worker (or someone for the worker) *before* the public hospitalisation. This includes sub and non-acute care fees.

An insurer's liability for public hospitalisation includes the provision of the facility as well as medical treatment provided at the hospital.

The insurer must pay the cost of public hospitalisation, whether the public hospitalisation is provided at one time or at different times.

5.4 Length of stay

The length of stay is calculated by subtracting the date the patient is admitted from the date of separation. All leave days*, including the day the patient went on leave are excluded. A day is measured from midnight to 23:59 hours and includes full and partial days. A patient admitted and separated on the same day (a "same day" patient) is allocated a length of stay of one day.

*A leave day is where a patient is away from a hospital overnight, e.g. to have a meal with family at Christmas.

6. Reports and information requests

Requests for reports from Public Hospitals are to be sent to the relevant Information Access email address of the hospital the worker attended. A hospital's Information Access area will not release specific reports regarding a patient. The insurer is required to request the complete file/patient records.

6.1 Discharge Summary Reports

Public inpatient discharge summary reports are included in the cost of hospitalisation.

6.2 Other reports and communications

Other insurer requested reports or communications are subject to the WorkCover Queensland tables of costs for medical and allied health services.

6.3 Medical records

Insurer requested medical records will attract a fee from the public hospital. The fee will be based on the following:

- Application fee: \$76.00
- Processing fee: \$11.00 per 15 minutes
- Copies of x-ray (film): \$26.00
- Copies of photograph: \$12.00
- Copies of videotape: \$30.00
- Copy of audiotape: \$12.00
- Copy of CD-ROM: \$30.00
- PACS-Initial imaging study on CD media: \$123.00
- PACS-Second and subsequent imaging study on CD media (per study): \$12.00
- Copying charge of \$0.42 per page (A4 black and white only).

Note: These fees are GST exclusive.

6.4 Worker's Authority

If a hospital requires a signed authority from the worker to permit the release of medical records, the hospital may request an authority from the insurer. The insurer is permitted to provide the signature by email or facsimile.

6.5 Timeframes

A doctor attending a worker who has sustained an injury must give the insurer a detailed report on the worker's condition within 10 days of receiving the insurer's request to do so*. The fee payable to the doctor for the report is an amount accepted by the insurer to be reasonable, having regard to the relevant table of costs (please refer to the Supplementary services for General Practitioners and Specialists).

*Please refer to Section 104(4) of the *Workers' Compensation and Rehabilitation Regulation 2014*.

7. Fees

Queensland Department of Health charges are established on a cost recovery basis and are based on the Independent Hospital Pricing Authority (IHPA) cost data and published price increase.

Queensland Department of Health provides data to the national data set and the yearly increase is applied to the current prices. WorkCover Queensland will review any adjustments according to the IHPA report and re-gazette a table of costs when appropriate.

Queensland Department of Health operates a large number of hospitals which are grouped according to the level of complexity and intensity of services offered, fees are calculated based on the services provided and the group the treating hospital is in. These hospitals and codes are detailed in Appendix A.

The *Public health services table of costs* outlines the prices an insurer can expect to be charged for services provided to injured workers. Insurers are also able to negotiate a fixed annual payment / agreement with the Queensland Department of Health based on their estimated hospital costs separate to this Table of Costs if they wish.

8. Emergency department services

Emergency department charges for public workers' compensation patients include but are not limited to, the following services:

- Medical care provided by public hospital doctors
- Nursing care
- Pathology and imaging
- Theatre use, theatre consumables, in-theatre care and surgical implants
- Limited pharmaceutical and dressings may be included
- Allied health services
- Aids and appliances including those necessary for effective discharge-these may be loaned or given to the patient, depending on the facility
- Clerical and administrative support
- Discharge summary report, if available

Under Section 213(4) of the *Workers' Compensation and Rehabilitation Act 2003*, the 'Work capacity certificate – workers' compensation' must be free of charge. As such, medical certification is provided at no additional charge.

8.1 Emergency department definitions

Admitted patients are those that are admitted to the hospital directly from the emergency department, including those admitted as same day patients. Admission follows a clinical decision based on specified criteria that requires same-day or overnight care or treatment. The admission/transfer can be to a public hospital or the patient's home (for hospital-in-the-home patients).

Did not wait means the patient was triaged and registered however the patient did not wait to complete full treatment until clinical or administrative discharge occurred.

Died means the patient was "dead on arrival" at the emergency department, or died whilst still considered to be under the care of the emergency department and was not admitted to the hospital. The fee for this service includes preparation of the body and transfer to the morgue.

Discharged patients are those discharged from the emergency department to home or to another facility of residence, other than an acute facility in a public hospital.

Transferred patients are those sent from the emergency department to any other acute facility (public, private, interstate or overseas) for continuation of their admitted care and management.

Triage means the assigning of degrees of urgency to decide the order of treatment. The triage category indicates the urgency of the condition and is defined according to national standards with triage 1 being the most urgent and triage 5 being the least urgent. (1=Resuscitation, 5=Non-urgent).

8.2 Emergency department fees

8.2.1 Listed Hospitals

The public hospitals able to bill for emergency department services are listed below:

Atherton	Gympie	Normanton
Ayr	Hervey Bay	Oakey
Beaudesert	Ingham	Princess Alexandra
Babinda	Innisfail	Proserpine
Bamaga	Ipswich	QEIJ Jubilee
Biloela	Palm Island (Joyce Palmer)	Redcliffe
Blackwater	Kingaroy	Redland
Boonah	Kilcoy	Robina
Bowen	Queensland Children's Hospital	Rockhampton Base
Bundaberg	Laidley	Roma
Caboolture	Logan	Royal Brisbane & Women's
Cairns Base	Longreach	Sarina
Caloundra	Maleny	St George
Charleville	Mackay Base	Stanthorpe
Charters Towers	Mareeba District	Sunshine Coast University
Chinchilla	Maryborough	Tara
Cherbourg	Mater Misericordiae Public Adult	The Prince Charles Hospital
Cloncurry	Miles	Townsville
Cooktown	Millmerran	Thursday Island
Dalby Hospital	Moranbah	Toowoomba
Domadgee	Mornington Island	Tully
Emerald	Mossman	Warwick
Gatton	Mount Isa	Weipa
Gladstone	Mount Morgan	Yarrabah (Gurriny Yealamucka)
Gold Coast University	Murgon	Yeppoon (Capricorn Coast)
Goondiwindi	Nambour General	
Gin Gin	Nanango	

8.2.1.1 Listed hospital emergency department fees

The fees chargeable by these hospitals are listed below:

Note: Emergency department fees include radiology, pathology and pharmacy costs linked to the emergency department attendance.

WorkCover Emergency Department Item No. Code	Service Type	Max Fee Excl. GST
99810	Admitted/transferred triage 1	\$3,390.00
99811	Admitted/transferred triage 2	\$2,076.00
99812	Admitted/transferred triage 3	\$1,494.00
99813	Admitted/transferred triage 4	\$1,072.00
99814	Admitted/transferred triage 5	\$704.00
99815	Died	\$2,202.00
99816	Discharged triage 1	\$2,504.00
99817	Discharged triage 2	\$1,290.00
99818	Discharged triage 3	\$883.00
99819	Discharged triage 4	\$606.00
99820	Discharged triage 5	\$500.00
99821	Did Not Wait	\$261.00

Listed hospital emergency department item numbers

The WorkCover item number for emergency department services is based on two components:

- the Emergency Department Item No. Code (listed in the table above); and
- the corresponding hospital code (Appendix A)

WorkCover Emergency Department Item No. Code + Hospital Code

For example:

- A discharge-triage 3 (Emergency Department Item No. Code 99818) from the Princess Alexandra Hospital Emergency Department (Hospital code 011) would have an item number of **99818011**.
- A discharge-triage 3 from the Gold Coast University Hospital (Hospital code 936) would have an item number of **99818936**.
- An admission-triage 5 (Emergency Department Item No Code 99814) to the Gold Coast University Hospital would have an item number of **99814936**.

8.2.2 Non-listed (Group X) hospitals providing emergency treatment

Public hospitals not listed above should charge according to the WorkCover Queensland *Medical items schedule of fees*. Please refer to: https://www.worksafe.qld.gov.au/_data/assets/pdf_file/0010/47926/FS900-Medical-table-of-costs.pdf

When a patient is provided emergency treatment in a non-listed hospital and:

- then discharged, the medical items are charged for services provided.
- then subsequently admitted to the hospital on the same day. Hospitals can charge the items for the emergency treatment (as above) + the small hospital admitted day fee.

For example:

- Patient seen at Richmond Emergency and receives doctors consultation, imaging, and treatment.
- Group X hospital would bill as per medical table of costs or MBS for these item numbers and if admitted to hospital as an inpatient following emergency room treatment, the hospital would then bill per day charge of 99800. Group X can bill 99800 on the same day as emergency treatment as this is deemed day of admission.

9. Inpatient services

Inpatient services are also published in the Industrial Gazette as the Public hospitalisation table of costs. For convenience the costs for inpatients are included in this comprehensive Public health table of costs.

Inpatient charges for public workers' compensation patients include the following services:

- appropriate accommodation; shared ward, or single room if deemed clinically necessary hospital hotel services, e.g. meals
- medical care provided by public hospital doctors
- nursing care
- pathology and imaging
- pre-operative and post-operative care whilst an inpatient in hospital
- theatre use, theatre consumables, in-theatre care and surgical implants
- all pharmaceutical and dressings. Discharge pharmaceuticals must be issued with a prescription and patient directed to obtain the medication from a private pharmacy not the public hospital pharmacy. Both the insurer and hospital should ensure workers are aware of this requirement.
- if the public hospital pharmacy inadvertently dispenses medication and raises charges on the patient for discharge medication, the patient can be reimbursed by the insurer
- allied health services
- discharge planning services
- aids and appliances including those necessary for effective discharge- these may be loaned or given to the patient, depending on the facility
- clerical and administrative support
- discharge summary report

Under Section 213(4) of the *Workers' Compensation and Rehabilitation Act 2003*, the 'Work capacity certificate – workers' compensation' must be free of charge. As such, medical certification is provided at no additional charge.

Note: Inpatient charges for public workers' compensation patients do not include emergency department charges. These are raised separately by the emergency department (see 8. Emergency department services).

9.1 Inpatient fee types

Hospital & Health Services adopts a case mix-based pricing model for most acute public inpatients and a specified bed day fee for other types of public patients.

Admitted services are charged according to the hospital category and the patient diagnosis. There are four categories of inpatient fee types:

- Small Hospitals (Hospital Group X) – handle acute, sub-acute and non-acute
- Sub and Non-Acute (Non-X Hospitals)
- Acute (Non-X Hospitals)
- Hospital in the Home (HITH)

9.1.1 Small hospitals

9.1.1.1 Small hospitals - Group X hospital fees

These are smaller facilities in rural and remote areas. Treatment provided in these facilities is costed on a per day basis irrespective of the diagnosis category or the type of treatment. For all inpatient admissions the invoice will multiply the number of days by the per day cost for that day. This applies to acute, sub-acute and non-acute types of care.

Small Hospital Item No. Code	Description	Max Fee Excl. GST
99800	Small Hospital – Group X	\$2,807 per day.

Note: Because small hospitals handle acute, sub-acute and non-acute types of care, the item number is not based on a DRG code.

9.1.1.2 Small hospitals - Group X hospital item numbers

The WorkCover item number for small hospitals is based on two components:

- the Small Hospital Item No Code (listed in the table above); and
- the corresponding hospital code (Appendix A)

Small Hospital Item No. Code + WorkCover Hospital Code

For example:

- Inpatient admission and all treatment provided at the Biloela Hospital (Hospital code 133) would have an item number of **99800133**.
- Inpatient admission and all treatment provided at Tully Hospital (Hospital code 227) would have an item number of **99800227**.

9.1.2 Sub and non-acute care

9.1.2.1 Sub and non-acute care fees – Non-X Hospitals

Some types of treatment that a patient may receive are not considered "acute". These types of care include rehabilitation, palliative care and maintenance care. The following fees and item numbers are for sub and non-acute care provided by hospitals in categories non-X hospitals. The fees are derived from the 2020/21 SNAP rates the per day rate for the relevant type of care.

Sub and Non-Acute Item No. Code	Description	Max Fee Excl. GST
99801	Maintenance	\$1,841 per day
99802	Rehabilitation – Same Day	\$1,159 per day
99803	Rehabilitation - Overnight	\$1,860 per day
99804	Palliative	\$1,737 per day

Note: Charges for like services in non-X hospitals are the same.

9.1.2.2 Sub and non-acute care item numbers – Non-X Hospitals

The WorkCover item numbers for sub and non-acute care are based on two components:

- the Sub and Non-Acute Care Item No Code (listed in the table above); and
- the corresponding hospital code (Appendix A)

Sub and Non-Acute Item No. Code + WorkCover Hospital Code

For example:

- Rehabilitation-Same Day (Sub and Non-Acute Item No Code 99802) provided at the Princess Alexandra Hospital (Hospital code 011) would have an item number of **99802011**.
- Rehabilitation-Same Day provided at the Gold Coast University Hospital (Hospital code 936) would have an item number of **99802936**.
- Palliative care (Sub and Non-Acute Item No Code 99804) provided at the Gold Coast University Hospital would have an item number of **99804936**.

9.1.3 Acute care

9.1.3.1 Acute care fees - Non-X Hospitals

Patients receiving acute care in Non-X Hospitals have their fees calculated under a case-mix basis. This type of fee relates specifically to the condition for which the patient was treated and for how long they were treated. The case-mix fee for public hospitalisation will be determined by three key elements:

- Hospitalisation category – with its relevant base rate;
- Diagnosis category (DRG code) – the type of condition as described by the Diagnosis-Related Group with its applicable cost weighting; and
- Length of stay (LOS) – the worker’s length of stay in hospital compared and adjusted to the average for that DRG via “trim points”.

The average length of stay and “trim points” have been calculated for each diagnosis category (DRG code). The average length of stay and cost weighting may vary between hospital groups.

9.1.3.2 Base Rates

The base rate figure takes into account the variances in infrastructure between hospital groups.

Hospital Group	Base Rate
All hospitals excluding Group X	\$6,871

9.1.3.3 Long stay per day rates

The long stay per day rates take into account the variances in infrastructure between hospital groups.

Hospital Group	Type	Long Stay Per Day Rates
All hospitals excluding Group X	Medical	\$1,784
All hospitals excluding Group X	Intervention	\$2,346

9.1.3.4 Extra-long stay per day rates

The extra-long stay per day rates take into account the variances in infrastructure between hospital groups.

Hospital Group	Extra Long Stay Per Day Rates
All hospitals excluding Group X	\$828

9.1.3.5 Trim points

The trim points are calculated as follows:

- **Low trim point** – the point where it has been calculated ten percent of all stays fall below. For an individual DRG, at least ninety percent of the patients would have a length of stay greater than or equal to the low trim point.

Note: The distribution for most DRGs is so skewed that the low trim point is usually just one day. For these DRGs there will be no short stay outliers. There are 505 (of 665) DRGs where the low trim point is one day.

- **High trim point** – the point where it has been calculated ninety-five percent of all stays fall below. For an individual DRG, it means that ninety-five percent of the patients will have a length of stay less than or equal to the high trim point.
- **Extra high trim point** – the point where it has been calculated ninety-eight percent of all stays fall below. For an individual DRG, it means that ninety-eight percent of the patients will have a length of stay less than or equal to the extra high trim point.

9.1.3.6 Formulas

Depending on where the length of stay falls in relation to the trim points, there are four different formulas which may be used to calculate the case mix fee.

1. **Inlier** – length of stay falls between the low and high trim points (inclusive)

$$\text{Fee} = \text{DRG cost weight} \times \text{Base rate}$$

2. **Short stay outlier** – length of stay falls below the low trim point

$$\text{Fee} = \text{the lesser of:}$$

Inlier fee

OR

$$\text{(Actual LOS / Low Trim Point)} \times \text{Inlier Fee but Not Less Than 75\% of Inlier Fee}$$

3. **Long stay outlier** – length of stay is above the high trim point and less than or equal to the extra high trim point. A long stay per day rate is applied to each DRG type (medical or intervention in each hospital category Non-X or X).

$$\text{Fee} = \text{Inlier Fee} + (\text{Actual length of stay} - \text{High Trim Point}) \times \text{Long Stay Per Day Rate}$$

4. **Extra long stay outlier** – length of stay is anywhere above the extra high trim point

Fee = Inlier Fee

+ (Extra High Trim Point – High Trim Point) x Long Stay Per Day Rate

+ (Actual Length of Stay – Extra High Trim Point) x Extra Long Stay Per Day Rate

Fee Example:

1. Mary suffers severe burns at work and is admitted to the Royal Brisbane Women's Hospital. The diagnosis category is Y61Z, with a length of stay of 3 days. The insurer should receive an invoice from Hospital & Health Services which would show an item number of 99650201* with a fee of \$7,541.

The following is an extract from the Hospital & Health Service Public Hospital Cost Benchmarks for DRG code Y61Z.

Non-X Hospitals

AR-DRG	Description	Cost weight	Ave LOS	Low trim point	High trim point	Extra high trim point	Inlier Payment	Long stay per day public	Extra long stay per day
Y61Z	Severe Burns	1.07	4.3	1	13	19	\$7,791.74	\$1,784	\$828

Inlier formula: **Fee = DRG cost weight x Base rate**

$$= 1.07 \times \$6,871 \text{ (Non-X Hospital Base rate)}$$

$$= \$7,351.97$$

*For more information on how item numbers are established, see page 10.

2. If Mary had required 15 days hospitalisation, this would be classified as a "Long Stay Outlier". The fee for this stay is calculated by using the inlier cost benchmark to cover the stay until the "high trim point" and a "long stay" per day rate applies for the days between the "high" and "extra high" trim points- which in this example is one day at the long stay per day rate. Therefore the fee would be:

Fee = Inlier Fee + (Actual length of stay – High Trim Point) x Long Stay Per Day Rate

$$= \$7,351.97 \text{ (Inlier Fee)} + ((15-13) \times \$1,784)$$

$$= \$7,351.97 + \$3,568$$

$$= \$10,919.97$$

*The DRG code Y61Z has a type classification of "Medical" - refer to the WorkCover DRG Item Number Codes list on pages 17-22. Refer to the Long Stay Per Day Rates table on page 11 for the rate.

9.1.3.7 Acute care fee verification - Non – X Hospitals

The insurer may verify individual charges for acute care on the Hospital & Health Service invoice by using WorkCover's Queensland Health Public Patient Acute Inpatient Cost Check. Please note that the verification calculator will not verify sub and non-acute care charges as these are per day rates as per page 10. (<https://www.worksafe.qld.gov.au/service-providers/medical-fees>)

9.1.3.8 Acute care item numbers - Non – X Hospitals

The WorkCover item number for acute care is based on two components:

- The Australian Refined-Diagnosis Related Group (DRG) classification code; and
- The corresponding hospital code (see Appendix A).

Each **DRG code** has been allocated a WorkCover DRG Item Number Code (See appendix B).

For example:

DRG code	WorkCover DRG Item Number Code
G10B	99736
I02B	99312

The WorkCover item number for acute fees combines these two components:

WorkCover DRG Item Number Code + WorkCover Hospital Code

For example:

- A hernia procedure, DRG classification G10B (WorkCover DRG Item Number Code 99736) carried out at Gold Coast University Hospital, (WorkCover Hospital Code 936) would have an item number **99736936**.
- The same procedure carried out at Innisfail Hospital, (WorkCover Hospital Code 222) would have an item number **99736222**.
- A skin graft, DRG classification of I02B (WorkCover DRG Item Number Code 99312) carried out at Innisfail Hospital would have an item number **99312222**.

9.2 Hospital in the Home (HITH)

Hospital in the Home (HITH) is the provision of acute care to patients in the comfort of the person's own home or other suitable environment. Patients are regarded as hospital inpatients, and remain under the care of their hospital doctor. Care may be provided by a nurse, doctor and/or allied health professional. Additional home supports can be arranged as required. HITH is an alternative to a hospital inpatient stay. Patients can be offered this option by treating staff if the care type can be delivered safely at home. Research findings demonstrate that patients have improved outcomes and recovery at home with fewer complications such as infection. Participation in HITH is voluntary - patients and insurers must agree and approval be given to have the care provided at home. This is charged at a per day rate.

WorkCover Item No	Description	Max Fee Excl. GST
99806	Hospital in the Home (HITH)	\$2,108.00

9.2.1 Hospital in the Home item numbers – All hospital groups

The WorkCover item numbers for Hospital in the Home care are based on two components:

- The Hospital in the Home Item No Code (listed in the table above); and
- The corresponding hospital code (see Appendix A)

Hospital in the Home Item No. Code + WorkCover Hospital Code

For example:

- Hospital in the Home (HITH Item No Code 99806) provided by the Princess Alexandra Hospital (Hospital code 011) would have an item number of **99806011**.

10. Interfacility transfer costs and escort fee item number

This item is for transfer to and from hospital and can include one or more of the following – escort, paramedic, and ambulance fees. This item does not cover transportation from the hospital to a patient’s home.

WorkCover Item No	Description	Max Fee Excl. GST
99805	Queensland Health Inter-facility Transfer/Escort Cost	As charged

Note: The Workers’ Compensation Regulator’s QAS grant covers pre-hospital care but *does not* cover inter-facility transfers.

11. Outpatients

Providers in Hospital & Health Services’ outpatient clinics are to utilise the WorkCover Tables of Costs for medical practitioners and allied health providers, relevant to the service provided:

- Medical items schedule of fees
- Supplementary services table of costs (General Practitioners)
- Supplementary services table of costs (treating Specialists, Physicians and Psychiatrists)
- Nursing services
- Dental services
- Occupational therapy services
- Physiotherapy services
- Podiatry services
- Psychology services
- Speech pathology services

Hospital & Health Services do not provide chiropractic, exercise physiology or osteopathy services. These tables of costs may be obtained from the website worksafe.qld.gov.au under Service providers > Medical or Allied Health Fees.

For any services not described under a table of costs, the provider should seek prior approval from the insurer.

For all presentations, a charge will be applied to each occasion of service. There may be occasions where multiple presentations will occur for one condition and on one day (e.g. a physiotherapy and psychology consultation on the same day). Each treatment will be charged individually.

Prior insurer approval may be required for more than one consultation with the same provider on the one day. Reference should be made to the relevant Table of Cost for further information.

12. Pharmaceuticals

Workers’ compensation patients who require prescription medication must be issued with a prescription and directed to obtain the medication from a private pharmacy not the Public hospital pharmacy. Both the insurer and hospital should ensure workers are aware of this requirement. If the public hospital pharmacy inadvertently dispense medication and raises charges on the patient for outpatient medication, the patient can be reimbursed by the insurer.

Exemptions to the above – if a patient is prescribed a restricted medication only available through a hospital pharmacy (e.g. certain IV drugs or medications only available under a special access scheme) the hospital may claim these costs from the insurer.

13. Nursing services

Nurses who provide outpatient and emergency nurse services only should use items in the Nursing services table of costs.

14. Cast technicians/plaster orderlies

Cast technicians who provide outpatient services can charge for the consultation and resources required. Services that are provided in an emergency department or whilst the worker is an inpatient are not billable. Hospital & Health Services can only charge a cast technician fee if the treating technician holds a Certificate IV in Cast Technology - HLT41412.

WorkCover Item No	Description	Max Fee Excl. GST
99822	Cast technician consultation	\$95.00
99823	Cast technician incidentals	Short Arm – \$43
		Long Arm – \$87
		Short Leg – \$50
		Long Leg – \$150

15. Private Patient Admissions

The below item numbers and fees are billable by a Public Hospital should their facilities be used by a private specialist, for specialised treatment that cannot be obtained elsewhere i.e. Bone marrow transplant.

On such occasions, the public hospital will bill for “facility fees” such as the room, accommodation and materials, and a separate invoice will be raised from the private specialist for their services.

Room Type	Work Cover Item No	Description	Max Fee Excl. GST
Single Room	1000189	Gen Private Workers' Comp Qld	\$1,536
	1000190	Gen Private Workers' Comp Qld - SD	\$1,063
	1000191	Gen Private Workers' Comp Qld - Hospital in the Home	\$1,257
Shared Room	1000192	Gen Shared Workers' Comp Qld	\$1,536
	1000193	Gen Shared Workers' Comp Qld - SD	\$1,063
	1000194	Gen Shared Workers' Compensation Coronary Care Unit	\$4,120
	1000195	Gen Shared Workers' Compensation Coronary Care Unit - SD	\$3,884
	1000196	Gen Shared Workers' Compensation Intensive Care Unit	\$6,159
	1000197	Gen Shared Workers' Compensation Intensive Care Unit- SD	\$5,735
	1000198	Gen Shared Workers' Compensation Rehabilitation	\$1,286
	1000199	Gen Shared Workers' Compensation Rehabilitation - SD	\$1,115
	1000200	Gen Shared Workers' Comp Qld - Hospital in the Home	\$1,257
Private Long Stay	1000201	Gen Shared Workers' Compensation Long Stay	\$1,216
	1000202	Gen Shared Workers' Compensation Long Stay - SD	\$1,042
Theatre Fees	1000203	Admitted compensable private patient operating room =< 1 hour*	\$1,119
	1000204	Admitted compensable private patient operating room > 1 hour*	\$2,813

(*Fee excludes Bed Fee and surgically implanted prosthesis)

16. The Queensland Hospital & Health Services invoice

WorkCover Queensland will only accept invoice information transmitted electronically through a B2B/CSV file transfer or through "Create Invoice Online" from Hospital & Health Services. Self-insurers will accept paper invoices.

For insurer payment, invoices raised by Hospital & Health Services must include the following information:

For admitted patient fees:

- (i) Hospital
- (ii) Hospital category
- (iii) Worker's name
- (iv) Date of birth
- (v) Worker's address
- (vi) Patient UR number
- (vii) Claim number (if known)
- (viii) Date of injury
- (ix) Employer
- (x) Employer address
- (xi) Insurer
- (xii) Admitted patient stay
 - Date of admission
 - Date discharged
 - Length of stay
- (xiii) Description
 - Australian Refined-Diagnosis Related Group (AR-DRG) Code
 - ICD-10-AM Diagnosis Code Description
 - ICD-10-AM Procedure Code Description
- (xiv) WorkCover item number/s detailed in the fee schedule
- (xv) Cost of treatment

For non-admitted patient fees:

- (i) Hospital
- (ii) Hospital category
- (iii) Worker's name
- (iv) Date of birth
- (v) Worker's address
- (vi) Patient UR number
- (vii) Claim number (if known)
- (viii) Date of injury
- (ix) Employer
- (x) Employer address
- (xi) Insurer
- (xii) Description of Outpatient or Emergency department treatment
 - Date
 - Clinic type attended
 - Injury details
- (xiii) WorkCover item number/s detailed in the fee schedule
- (xiv) Cost of treatment

Note: Fees should be applied relating to when the service is performed not when the bill is generated e.g. a bill sent in August 2018 for treatment which occurred on 15 June 2016 should use the fees applicable as at 15 June 2016.

However, if the treatment carries over two different fee periods (e.g. if the fees increase during the period a worker is an inpatient) the invoice should be raised upon patient discharge. The fees should be calculated using the fees applicable as at the date of discharge.

Appendix A

Non-X Hospitals	Hospital Code	Group X Hospitals	Hospital Code	Group X Hospitals	Hospital Code
Cairns	214	Alpha	131	Jandowae	095
Gold Coast University	936	Aramac	151	Julia Creek	245
Mater General	001	Augathella	111	Jundah	155
Mater Mothers	003	Aurukun	230	Karumba	250
Prince Charles	004	Ayr	191	Kilcoy	046
Princess Alexandra	011	Babinda	212	Kowanyama	253
Royal Brisbane & Women's	201	Bamaga	213	Laidley	047
Sunshine Coast University	032	Baralaba	132	Lockhart River	233
Townsville	200	Barcaldine	152	Longreach	156
Bundaberg	062	Biggenden	061	Maleny	048
Caboolture	030	Blackwater	134	Miles	097
Caloundra	043	Blackall	153	Millmerran	098
Gladstone	136	Biloela	133	Mitchell	116
Gympie	068	Boonah	042	Monto	072
Hervey Bay	069	Boulia	154	Moranbah	173
Ipswich	015	Bowen	192	Mornington Island	249
Logan	029	Burketown	241	Mossman	224
Mackay	172	Camooweal	242	Mount Morgan	139
Maryborough	071	Charleville	112	Mount Perry	073
Mount Isa	246	Charters Towers	193	Moura	140
Nambour	049	Cherbourg	063	Mundubbera	074
QE II	022	Childers	064	Mungindi	117
Redcliffe	016	Chillagoe	215	Murgon	075
Redland	028	Chinchilla	091	Muttaburra	157
Robina	934	Clermont	171	Nanango	076
Rockhampton	141	Cloncurry	243	Normanton	247
Toowoomba	104	Collinsville	194	Oakey	099
Queensland Childrens Hospital	202	Cooktown	216	Palm Island (Joyce Palmer Health Service)	197
Atherton	211	Croydon	217	Pormpuraaw	254
Beaudesert	041	Cunnamulla	113	Quilpie	118
Dalby	092	Dajarra	251	Richmond	248
Innisfail	222	Dirranbandi	114	Roma	119
Kingaroy	070	Doomadgee	252	Sarina	175
Mareeba	223	Dunwich	025	Springsure	142
Warwick	105	Dysart	176	St George	120
Emerald	135	Eidsvold	065	Stanthorpe	100
Prosperpine	174	Esk	044	Surat	121
Surgical Treatment and Rehabilitation Service (STARS)	033	Forsayth	218	Tambo	158
		Gatton	045	Tara	101
		Gayndah	066	Taroom	102
		Georgetown	219	Texas	103
		Gin Gin	067	Theodore	143
		Goondiwindi	093	Thursday Island	226
		Gordonvale	220	Tully	227
		Herberton	221	Weipa	228
		Home Hill	195	Winton	159
		Hopevale	231	Wondai	077
		Hughenden	244	Woorabinda	145
		Ingham	196	Wujal Wujal	232
		Inglewood	094	Yarrabah (Gurriny Yealamucka)	229
		Injune	115	Yeppoon (Capricorn Coast)	144
		Isisford	160		

Appendix B

WorkCover DRG 10 item number codes

Type: M = Medical, I = Intervention

DRG	WorkCover DRG Item Number Code	Type	DRG	WorkCover DRG Item Number Code	Type	DRG	WorkCover DRG Item Number Code	Type
801A	99666	I	B72B	99058	M	D05Z	99099	I
801B	99667	I	B73A	99059	M	D06Z	99100	I
801C	99668	I	B73B	1000135	M	D10Z	99102	I
960Z	1000000	M	B74A	99681	M	D11Z	99103	I
961Z	1000001	M	B74B	99682	M	D12A	99912	I
963Z	1000002	M	B75Z	99062	M	D12B	99913	I
A13A	1000122	I	B76A	99063	M	D13Z	99105	I
A13B	1000123	I	B76B	99064	M	D14A	99914	I
A14A	1000124	I	B77A	1000007	M	D14B	99915	I
A14B	1000125	I	B77B	1000008	M	D15Z	99692	I
A14C	1000126	I	B78A	99066	M	D40Z	99107	I
A15A	1000127	I	B78B	99067	M	D60A	99108	M
A15B	1000128	I	B78C	99903	M	D60B	99109	M
A15C	1000129	I	B79A	99683	M	D61A	99917	M
A40Z	1000130	I	B79B	99684	M	D61B	99918	M
B01Z	1000131	I	B80A	99904	M	D62A	99920	M
B02A	99020	I	B80B	99905	M	D62B	99921	M
B02B	99021	I	B81A	99070	M	D63A	99922	M
B02C	99022	I	B81B	99071	M	D63B	99923	M
B03A	99023	I	B82A	99685	M	D64A	1000020	M
B03B	99024	I	B82B	99686	M	D64B	1000021	M
B03C	1000003	I	B82C	99687	M	D65A	1000022	M
B04A	99025	I	B83A	1000136	M	D65B	1000023	M
B04B	99026	I	B83B	1000137	M	D66A	99116	M
B04C	1000004	I	B83C	1000138	M	D66B	99117	M
B05Z	99027	I	C01Z	1000215	I	D67A	99118	M
B06A	99028	I	C02A	1000139	I	D67B	99119	M
B06B	99029	I	C02B	1000140	I	E01A	99120	I
B06C	99897	I	C03A	1000011	I	E01B	99121	I
B07A	99030	I	C03B	1000012	I	E01C	1000024	I
B07B	99031	I	C04A	1000013	I	E02A	99122	I
B40Z	99032	I	C04B	1000014	I	E02B	99123	I
B41A	1000132	I	C05Z	99076	I	E02C	99124	I
B41B	1000133	I	C10Z	99077	I	E03Z	1000145	I
B42A	99679	I	C11Z	99078	I	E40A	99694	I
B42B	99680	I	C12A	1000141	I	E40B	99695	I
B42C	99034	I	C12B	1000142	I	E41A	99926	I
B62Z	99035	M	C13Z	99080	I	E41B	99927	I
B63A	99036	M	C14A	1000015	I	E42A	99699	I
B63B	99037	M	C14B	1000016	I	E42B	99697	I
B64A	99038	M	C15A	1000216	I	E42C	99698	I
B64B	1000005	M	C15B	1000217	I	E60A	99127	M
B65Z	1000006	M	C16Z	99688	I	E60B	99128	M
B66A	99039	M	C60A	99086	M	E61A	99129	M
B66B	99040	M	C60B	99087	M	E61B	99130	M
B67A	99041	M	C61A	99689	M	E62A	99131	M
B67B	99898	M	C61B	99690	M	E62B	99132	M
B67C	99899	M	C62A	99907	M	E63A	1000025	M
B68A	99043	M	C62B	99908	M	E63B	1000026	M
B68B	99044	M	C63A	99909	M	E64A	99699	M
B69A	99050	M	C63B	99910	M	E64B	99700	M
B69B	99051	M	D01Z	99092	I	E65A	99136	M
B70A	99052	M	D02A	99093	I	E65B	99137	M
B70B	99053	M	D02B	99094	I	E66A	99138	M
B70C	99054	M	D02C	1000218	I	E66B	99139	M
B70D	99055	M	D03A	1000143	I	E67A	99141	M
B71A	99056	M	D03B	1000144	I	E67B	99142	M
B71B	99057	M	D04A	1000018	I	E68A	99701	M
B72A	1000134	M	D04B	1000019	I	E68B	99702	M

WorkCover DRG 10 item number codes

Type: M = Medical, I = Intervention

DRG	WorkCover DRG Item Number Code	Type
E69A	99144	M
E69B	99145	M
E70A	99147	M
E70B	99148	M
E71A	99149	M
E71B	99150	M
E72Z	99152	M
E73A	99153	M
E73B	99154	M
E73C	99155	M
E74A	99156	M
E74B	99157	M
E75A	99159	M
E75B	99160	M
E76A	1000220	M
E76B	1000221	M
E77A	99929	M
E77B	99930	M
F01A	99162	I
F01B	99163	I
F02Z	99164	I
F03A	99704	I
F03B	99705	I
F04A	99166	I
F04B	99167	I
F04C	1000027	I
F05A	99168	I
F05B	99169	I
F06A	99170	I
F06B	99171	I
F06C	1000147	I
F07A	99172	I
F07B	99173	I
F07C	1000222	I
F08A	99174	I
F08B	99175	I
F08C	1000029	I
F09A	99176	I
F09B	99177	I
F10A	99708	I
F10B	99709	I
F11A	99179	I
F11B	99180	I
F12A	99710	I
F12B	99711	I
F13A	99712	I
F13B	99713	I
F14A	99183	I
F14B	99184	I
F14C	99185	I
F17A	1000030	I
F17B	1000031	I
F18Z	1000148	I
F19A	99932	I
F19B	99933	I
F20Z	99191	I
F21A	99192	I
F21B	99193	I
F21C	1000032	I

DRG	WorkCover DRG Item Number Code	Type
F22Z	1000149	I
F23Z	1000150	I
F24A	1000151	I
F24B	1000152	I
F40A	99722	I
F40B	99723	I
F41A	99195	I
F41B	99196	I
F42A	99197	I
F42B	99198	I
F43A	1000033	I
F43B	1000034	I
F60A	99199	M
F60B	99200	M
F61A	99726	M
F61B	99727	M
F62A	99203	M
F62B	99204	M
F62C	99934	M
F63A	99205	M
F63B	99206	M
F64A	99728	M
F64B	99729	M
F64C	1000035	M
F65A	99208	M
F65B	99209	M
F66A	99210	M
F66B	99211	M
F67A	99212	M
F67B	99213	M
F68Z	99935	M
F69A	99215	M
F69B	99216	M
F72A	99221	M
F72B	99222	M
F73A	99223	M
F73B	99224	M
F74A	99937	M
F74B	99938	M
F75A	99226	M
F75B	99227	M
F76A	99732	M
F76B	99733	M
G01A	99229	I
G01B	99230	I
G01C	1000038	I
G02A	99231	I
G02B	99232	I
G02C	1000039	I
G03A	99233	I
G03B	99234	I
G03C	99235	I
G04A	99236	I
G04B	99237	I
G04C	99238	I
G05A	99239	I
G05B	99240	I
G06Z	99241	I
G07A	99242	I

DRG	WorkCover DRG Item Number Code	Type
G07B	99243	I
G10A	99735	I
G10B	99736	I
G11A	1000040	I
G11B	1000041	I
G12A	99250	I
G12B	99251	I
G12C	99738	I
G46A	99260	I
G46B	99261	I
G47A	99739	I
G47B	99740	I
G47C	99741	I
G48A	99742	I
G48B	99743	I
G60A	99263	M
G60B	99264	M
G61A	99265	M
G61B	99266	M
G64Z	1000234	M
G65A	99270	M
G65B	99271	M
G66A	99940	M
G66B	99941	M
G67A	99274	M
G67B	99275	M
G70A	99279	M
G70B	99280	M
G70C	99942	M
H01A	99281	I
H01B	99282	I
H01C	1000042	I
H02A	99283	I
H02B	99284	I
H02C	1000154	I
H05A	99286	I
H05B	99287	I
H05C	1000155	I
H06A	99748	I
H06B	99749	I
H06C	1000043	I
H07A	99289	I
H07B	99290	I
H07C	1000044	I
H08A	99291	I
H08B	99292	I
H09Z	1000156	I
H60A	99299	M
H60B	99300	M
H60C	99301	M
H61A	99302	M
H61B	99303	M
H62A	99304	M
H62B	99305	M
H63A	99306	M
H63B	99307	M
H63C	99945	M
H64A	99308	M
H64B	99309	M

WorkCover DRG 10 item number codes

Type: M = Medical, I = Intervention

DRG	WorkCover DRG Item Number Code	Type
H65A	1000157	M
H65B	1000158	M
H65C	1000159	M
I01A	99754	I
I01B	99755	I
I02A	99311	I
I02B	99312	I
I02C	1000046	I
I03A	99313	I
I03B	99314	I
I04A	99756	I
I04B	99757	I
I05A	99758	I
I05B	99759	I
I06Z	99318	I
I07Z	99319	I
I08A	99320	I
I08B	99321	I
I08C	1000160	I
I09A	99322	I
I09B	99323	I
I09C	1000047	I
I10A	99324	I
I10B	99325	I
I11Z	99326	I
I12A	99327	I
I12B	99328	I
I12C	99329	I
I13A	99330	I
I13B	99331	I
I13C	99947	I
I15Z	99334	I
I16Z	99335	I
I17A	99760	I
I17B	99761	I
I18A	1000050	I
I18B	1000051	I
I19A	99762	I
I19B	99763	I
I20A	1000052	I
I20B	1000053	I
I21A	1000161	I
I21B	1000162	I
I23A	1000054	I
I23B	1000055	I
I24A	1000056	I
I24B	1000057	I
I25A	99764	I
I25B	99765	I
I27A	99344	I
I27B	99345	I
I28A	99346	I
I28B	99347	I
I28C	1000058	I
I29Z	99348	I
I30Z	99349	I
I31A	99766	I
I31B	99767	I
I31C	1000059	I

DRG	WorkCover DRG Item Number Code	Type
I32A	99768	I
I32B	99769	I
I33A	1000163	I
I33B	1000164	I
I60Z	99350	M
I61Z	1000223	M
I63A	99773	M
I63B	99774	M
I64A	99353	M
I64B	99354	M
I65A	99355	M
I65B	99356	M
I66A	99357	M
I66B	99358	M
I67A	99359	M
I67B	99360	M
I68A	99361	M
I68B	99362	M
I69A	99364	M
I69B	99365	M
I71A	99368	M
I71B	99369	M
I72A	99371	M
I72B	99372	M
I73A	99373	M
I73B	99374	M
I74A	99950	M
I74B	99951	M
I75A	99379	M
I75B	99380	M
I75C	1000166	M
I76A	99382	M
I76B	99383	M
I77A	99385	M
I77B	99386	M
I78A	99387	M
I78B	99388	M
I79A	99776	M
I79B	99777	M
I80Z	99952	M
J01A	99778	I
J01B	99779	I
J06A	99390	I
J06B	99391	I
J07Z	1000168	I
J08A	99394	I
J08B	99395	I
J08C	99955	I
J09Z	99396	I
J10A	1000062	I
J10B	1000063	I
J11A	1000064	I
J11B	1000065	I
J12A	99399	I
J12B	99400	I
J13A	99402	I
J13B	99403	I
J14Z	99404	I

DRG	WorkCover DRG Item Number Code	Type
J60A	99405	M
J60B	99406	M
J60C	99780	M
J62A	99407	M
J62B	99408	M
J63Z	1000224	M
J64A	99410	M
J64B	99411	M
J65A	99412	M
J65B	99413	M
J67A	99415	M
J67B	99416	M
J68A	99417	M
J68B	99783	M
J69A	99785	M
J69B	99786	M
K01A	99788	I
K01B	99789	I
K01C	1000066	I
K02Z	1000169	I
K03Z	99956	I
K05A	99793	I
K05B	99794	I
K06A	99795	I
K06B	99796	I
K08Z	99425	I
K09A	99797	I
K09B	99798	I
K10Z	1000170	I
K11A	1000225	I
K11B	1000226	I
K12Z	99961	I
K13Z	99962	I
K40A	99850	I
K40B	99851	I
K60A	99428	M
K60B	99429	M
K61A	1000069	M
K61B	1000070	M
K62A	99431	M
K62B	99432	M
K62C	99964	M
K63A	99853	M
K63B	99854	M
K64A	99435	M
K64B	99436	M
L02A	99437	I
L02B	99438	I
L03A	99439	I
L03B	99440	I
L03C	99855	I
L04A	99441	I
L04B	99442	I
L04C	99443	I
L05A	99444	I
L05B	99445	I
L06A	99446	I
L06B	99447	I
L06C	1000071	I

WorkCover DRG 10 item number codes

Type: M = Medical, I = Intervention

DRG	WorkCover DRG Item Number Code	Type
L07A	99448	I
L07B	99449	I
L08Z	1000227	I
L09A	99452	I
L09B	99453	I
L09C	99454	I
L10A	1000172	I
L10B	1000173	I
L43A	1000228	I
L43B	1000229	I
L44A	1000230	I
L44B	1000231	I
L60A	99458	M
L60B	99459	M
L60C	99460	M
L61Z	99461	M
L62A	99462	M
L62B	99463	M
L62C	1000174	M
L63A	99464	M
L63B	99465	M
L64A	99966	M
L64B	99967	M
L65A	99468	M
L65B	99469	M
L66Z	99470	M
L67A	99471	M
L67B	99472	M
L67C	99969	M
L68Z	99856	M
M01A	99857	I
M01B	99858	I
M02A	99475	I
M02B	99476	I
M03A	1000072	I
M03B	1000073	I
M04Z	99860	I
M05Z	99481	I
M06A	99482	I
M06B	99483	I
M40Z	99484	I
M60A	99485	M
M60B	99486	M
M61A	99970	M
M61B	99971	M
M62A	99972	M
M62B	99973	M
M63Z	99974	M
M64A	1000074	M
M64B	1000075	M
N01Z	1000175	I
N04A	99863	I
N04B	99864	I
N05A	99499	I
N05B	99500	I
N06A	1000076	I
N06B	1000077	I
N07A	99979	I
N07B	99980	I

DRG	WorkCover DRG Item Number Code	Type
N08Z	99503	I
N09A	1000176	I
N09B	1000177	I
N10Z	99505	I
N11A	1000078	I
N11B	1000079	I
N12A	99868	I
N12B	99869	I
N12C	1000080	I
N60A	99508	M
N60B	99509	M
N61A	1000081	M
N61B	1000082	M
N62A	1000083	M
N62B	1000084	M
O01A	99513	I
O01B	99514	I
O01C	99515	I
O02A	99516	I
O02B	99517	I
O03Z	1000178	I
O04A	99873	I
O04B	99874	I
O05Z	99520	I
O60A	99521	M
O60B	99522	M
O60C	99523	M
O61A	1000085	M
O61B	1000086	M
O63A	1000087	M
O63B	1000088	M
O66A	99528	M
O66B	99529	M
O66C	99982	M
P01Z	99530	I
P02Z	99531	I
P03A	99983	I
P03B	99984	I
P04A	99985	I
P04B	99986	I
P05A	99987	I
P05B	99988	I
P06A	99535	I
P06B	99536	I
P07Z	99989	I
P08Z	99990	I
P60A	99537	M
P60B	99538	M
P61Z	99539	M
P62A	1000089	M
P62B	1000090	M
P63A	99991	M
P63B	99992	M
P64A	99993	M
P64B	99994	M
P65A	99543	M
P65B	99544	M
P65C	99545	M
P65D	99546	M

DRG	WorkCover DRG Item Number Code	Type
P66A	99547	M
P66B	99548	M
P66C	99549	M
P66D	99550	M
P67A	99551	M
P67B	99552	M
P67C	99553	M
P67D	99554	M
P68A	99995	M
P68B	99996	M
P68C	99997	M
P68D	99998	M
Q01Z	1000179	I
Q02A	99556	I
Q02B	99557	I
Q60A	99558	M
Q60B	99559	M
Q61A	99561	M
Q61B	99562	M
Q61C	99002	M
Q62A	99003	M
Q62B	99005	M
R01A	99565	I
R01B	99566	I
R02A	99567	I
R02B	99568	I
R02C	99875	I
R03A	99569	I
R03B	99570	I
R03C	99006	I
R04A	99571	I
R04B	99572	I
R05A	1000180	I
R05B	1000181	I
R06A	1000182	I
R06B	1000183	I
R06C	1000232	I
R60A	99573	M
R60B	99574	M
R60C	99010	M
R61A	99576	M
R61B	99577	M
R61C	99578	M
R62A	99579	M
R62B	99580	M
R62C	1000091	M
R63Z	99581	M
T01A	99587	I
T01B	99588	I
T01C	99589	I
T40Z	99876	I
T60A	99590	M
T60B	99591	M
T60C	1000092	M
T61A	99592	M
T61B	99593	M
T62A	99594	M
T62B	99595	M
T63A	99808	M

WorkCover DRG 10 item number codes

Type: M = Medical, I = Intervention

DRG	WorkCover DRG Item Number Code	Type
T63B	99809	M
T64A	99598	M
T64B	99599	M
T64C	99878	M
U40Z	1000233	I
U60Z	99601	M
U61A	99602	M
U61B	99603	M
U62A	99604	M
U62B	99605	M
U63A	99606	M
U63B	99607	M
U64A	1000095	M
U64B	1000096	M
U65A	1000097	M
U65B	1000098	M
U66A	1000099	M
U66B	1000100	M
U67A	1000101	M
U67B	1000102	M
U68A	1000103	M
U68B	1000104	M
V60A	99613	M
V60B	99614	M
V61A	1000105	M
V61B	1000106	M
V62A	1000107	M
V62B	1000108	M
V63Z	99879	M
V64A	1000186	M
V64B	1000187	M
W01A	99113	I
W01B	99186	I
W01C	99187	I
W02A	99880	I
W02B	99881	I
W03Z	99623	I
W04A	99882	I
W04B	99883	I
W60Z	99625	M
W61A	99884	M
W61B	99885	M
X02A	99886	I
X02B	99887	I
X04A	99628	I
X04B	99629	I
X05A	99888	I
X05B	99889	I
X06A	99631	I
X06B	99632	I
X06C	1000111	I
X07A	99633	I
X07B	99634	I
X07C	1000112	I
X40A	1000113	I
X40B	1000114	I
X60A	99635	M
X60B	99636	M

DRG	WorkCover DRG Item Number Code	Type
X61A	1000115	M
X61B	1000116	M
X62A	99639	M
X62B	99640	M
X63A	99641	M
X63B	99642	M
X64A	99643	M
X64B	99644	M
X64C	1000188	M
Y01Z	99645	I
Y02A	99646	I
Y02B	99647	I
Y02C	99188	I
Y03A	1000117	I
Y03B	1000118	I
Y60Z	99649	M
Y61Z	99650	M
Y62A	99651	M
Y62B	99652	M
Z01A	99653	I
Z01B	99654	I
Z40Z	99655	I
Z61A	99891	M
Z61B	99892	M
Z63A	99661	M
Z63B	99662	M
Z64A	99663	M
Z64B	99664	M
Z65Z	99665	M
Z66Z	99217	M