

Workers Compensation (Public Hospital Rates) Order 2024
under the

Workers Compensation Act 1987

I, Mandy Young, Chief Executive, State Insurance Regulatory Authority, pursuant to section 62 (1A) of the *Workers Compensation Act 1987* make the following Order.

Dated this 3rd day of July 2024



Mandy Young
Chief Executive
State Insurance Regulatory Authority

1. Name of Order

This Order is the *Workers Compensation (Public Hospital Rates) Order 2024*.

2. Commencement

This Order commences on 5 July 2024.

3. Application of Order

- (1) Subject to sub-clause (4) below, this Order applies to the hospital treatment of a worker at a public hospital (excluding Visiting Medical Officer, Salaried Medical Officer and Anaesthetist services), being treatment or service of a type referred to in clauses 5 to 7 and provided on or after the date of commencement of this Order, whether the treatment relates to an injury that is received before, on or after that date.
- (2) Fees for Visiting Medical Officer, Salaried Medical Officer and Anaesthetist services are contained in the relevant State Insurance Regulatory Authority medical services fees order.
- (3) The Secretary of the Ministry of Health may make an order that provides that, under clause 5 of this Order, a hospital is not classified as a particular type of public hospital when the hospital provides treatment to a specified class of patient.
- (4) The maximum amounts fixed in respect of hospital treatment under this Order do not apply to the fees for inpatient hospital treatment of a worker at a public hospital outside of NSW.
- (5) The maximum amounts fixed in this Order for hospital treatment being

outpatient services apply to services delivered by NSW public hospitals and public hospitals outside of NSW (excluding physiotherapy, chiropractic & osteopathy services, psychology and counselling services and exercise physiology services which refer to the relevant State Insurance Regulatory Authority fees order in effect at the date the service is delivered).

4. Definitions

(1) In this Order:

adjustments for safety and quality means adjustments to the National Weighted Activity Unit (NWAU) for sentinel events, hospital acquired complications (HACs), and avoidable hospital readmissions in accordance with the *National Efficient Price Determination 2024-25*.

classification refers to a classification of hospital, category of patient or otherwise (or any combination of them), specified in Column 2 of the Tables to clauses 5 and 6 of this Order respectively.

the Act means the Workers Compensation Act 1987.

IHACPA means Independent Health and Aged Care Pricing Authority.

State Insurance Regulatory Authority (SIRA) means the agency constituted under section 17 of the State Insurance and Care Governance Act 2015.

(2) A reference to treatment or services in this Order is (consistent with the definition of “hospital treatment” in section 59 of the Act) a reference to treatment or services provided at a public hospital or at any rehabilitation centre conducted by such a hospital.

5. Fees for hospital patient services generally

(1) The maximum amount for which an employer is liable under the Act for hospital treatment of a worker, being treatment provided to a worker within a classification specified in column 2 of the Tables to this clause is:

(a) in the case of Acute Admitted Patient Services – All Hospitals, admitted on or after 5 July 2024 for each patient episode, the amount specified in column 3 of Table 1. This amount is calculated in accordance with the formula outlined under Table 1 and the IHACPA’s National Efficient Price Determination 2024-25;

or

(b) in the case of Emergency Department Admitted and Emergency Department Non-Admitted Patient Services, except in small rural hospitals, for each Emergency Department episode or Emergency Department presentation, the amount specified in column 3 of Table 1. This amount is calculated in accordance with the formulas outlined under Table 1 and the IHACPA’s National Efficient Price

Determination 2024-25;

or

(c) in the case of Emergency Department Non-Admitted Patient Services of small rural hospitals not collecting nor required to collect patient level data, for each occasion of service, the corresponding amount specified in column 3 of Table 2.

(2) This clause does not apply to hospital treatment or services of a type referred to in clauses 6 to 7 of this Order.

(3) In this clause and the Tables to this clause:

Acute Admitted Patient Services – All Hospitals means acute care for an admitted patient in which the primary clinical purpose or treatment goal is to:

- manage labour (obstetric)
- cure illness or provide definitive treatment of injury
- perform surgery
- relieve symptoms of illness or injury (excluding palliative care)
- reduce severity of an illness or injury
- protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function or
- perform diagnostic or therapeutic procedures.

Emergency Department (ED) Admitted Patient Services means services and treatment provided within a hospital emergency department where a person has been admitted.

Emergency Department (ED) Non-admitted Patient Services means services and treatment provided within a hospital emergency department where a person has not been admitted.

AR-DRG version 11.0 refers to a group within the classification system known as Australian Refined Diagnostic Related Groups version 11.0 (also known as AR-DRG V11.0).

critical care, in relation to a patient, has the same meaning as it has in the “NSW Department of Health – Department of Health Reporting System (DOHRS)” issued by the Department of Health in June 2000 or in any subsequent revision of that document issued by that Department.

dialysis refers to a procedure used in treating kidney disease, by which uric acid and urea are removed from circulating blood by means of a dialyzer.

National Efficient Price (NEP) means the National Efficient Price 2024-25, as set out at Chapter 2 of the IHACPA’s *National Efficient Price Determination 2024-25*. The NEP is \$6,465 per National Weighted Activity Unit 2024-25 (NWAU (24)).

National Weighted Activity Unit (NWAU) means National Weighted Activity Unit 2024-25 (NWAU (24)) *National Efficient Price Determination 2024-25*.

outpatient means a patient who does not undergo a formal admission process.

psychiatric hospital means a public hospital classified as a psychiatric hospital in an order published in the Gazette by the Secretary of the Department of Health.

public hospital means a public hospital within the meaning of section 59 of the Act.

Sub – Acute/Non – Acute Admitted Patient Services & Outpatient Services means admitted patient care that does not meet the definition of Acute Admitted Patient Services – All Hospitals.

Transitional Living Unit Bed means a bed that is staffed 24 hours a day and is officially approved by NSW Health under the Brain Injury Rehabilitation Program for the accommodation of patients requiring transitional living care services following a brain injury.

Table 1

(For all patients **admitted prior to 5 July 2024**, please refer to the *Workers Compensation (Public Hospital Rates) Order 2023* for the appropriate fee).

Acute Admitted, Emergency Department Admitted and Emergency Department Non-Admitted Patient Services, except in small rural hospitals - patients admitted on or after 5 July 2024.		
Payment Classification Code	Item	Fee
PUH 001	Acute Admitted	(NWAU(24) – 11%) x NEP (\$6,465)
	ED Admitted	(NWAU(24) – 11%) x NEP (\$6,465)
	ED Non-admitted	NWAU(24) x NEP (\$6,465)

- The payment for Acute Admitted Patient Services is to cover all inpatient services normally provided including medical, consumables, surgically planted prostheses, nursing, accommodation, meals, theatre use, intensive care, imaging, pathology and other diagnostic services, in hospital allied health professional services, inpatient pharmaceuticals, medical supplies, discharge planning, and aids and appliances immediately necessary to facilitate discharge.
- The payment for Emergency Department Admitted and Non-Admitted Patient Services covers all medical, consumables, surgically planted prostheses, nursing, imaging, pathology and other diagnostic services, allied health professional services, pharmaceuticals and medical supplies during the episode of Emergency Department care.

NOTES TO TABLE 1

Acute Admitted Patient Services – All Hospitals

The patient episode reflecting the applicable *AR-DRG version 11.0* grouping aligned to the *NWAU (24)* with adjustments applied (including adjustments for safety and quality) as applicable in accordance with the IHACPA publication *National Efficient Price Determination 2024-25*. The *NWAU (24)* is adjusted to reflect that Visiting Medical Officers (VMOs) and Staff Specialists bill separately for compensable admitted patients. The removal of assessed VMO and Staff Specialist costs reduces each *NWAU* by 11% creating an *adjusted NWAU (24)* for the purposes of charging this category of compensable patients.

The *NWAU* is rounded to the nearest 3 decimal places.

multiplied by

The *NEP* of \$6,465 as determined by the IHACPA.

Emergency Department (ED) Admitted Patient Services - All Hospitals excluding EDs of small rural hospitals not collecting nor required to collect patient level data.

The ED episode reflecting the applicable Australian Emergency Care Classification (*AECC version 1.0* or *Urgency Disposition Group (UDG) version 1.3*) grouping aligned to the *NWAU (24)* with adjustments applied (including adjustments for safety and quality) as applicable in accordance with the IHACPA publication *National Efficient Price Determination 2024-25*. The *NWAU (24)* is adjusted to reflect that Visiting Medical Officers (VMOs) and Staff Specialists bill separately for compensable admitted patients. The removal of assessed VMO and Staff Specialist costs reduces each *NWAU* by 11% creating an *adjusted NWAU (24)*, which is applicable for the purposes of charging ED admitted compensable patients.

The *NWAU* is rounded to the nearest 3 decimal places.

multiplied by

The *NEP* of \$6,465 as determined by the IHACPA.

Emergency Department (ED) of small rural hospitals not collecting nor required to collect patient level data per occasion of service at set rates as specified in Table 2 of this Order.

Emergency Department (ED) Non-admitted Patient Services - All Hospitals excluding EDs of small rural hospitals not collecting nor required to collect patient level data.

The patient ED presentation reflecting the applicable *AECC version 1.0* or *UDG version 1.3* grouping aligned to the *NWAU (24)* with adjustments applied (including adjustments for safety and quality) as applicable in accordance with the IHACPA publication *National Efficient Price Determination 2024-25*.

The *NWAU* is rounded to the nearest 3 decimal places.

multiplied by
The *NEP* of \$6,465 as determined by the IHACPA.

Emergency Department (ED) Non-admitted Services of small rural hospitals not collecting nor required to collect patient level data - per occasion of service at the amount specified in column 3 in Table 2 of this Order.

Table 2

Sub – Acute/ Non – Acute Admitted Patient Services & Outpatient Services and ED Patient Services Small Rural Hospitals - patients admitted on or after 5 July 2024.		
Payment Classification Code	Item	Fee
PUH 002	Public hospital (sub-acute & non-acute) – inpatient Incorporating: <ul style="list-style-type: none"> ◆ Public Hospital ◆ Public Psychiatric hospital ◆ Other (eg residential aged care facility) 	\$1,431/day \$601/day \$336/day
	Dialysis	\$808 (<i>per session</i>)
PUH 003	Public hospital – outpatient occasion of service (excluding physiotherapy, chiropractic & osteopathy services, psychology and counselling services and exercise physiology services – use relevant WC gazetted fees for these services with code PUH003) and ED of small rural hospitals not collecting patient level data <ul style="list-style-type: none"> ◆ Public Hospital ◆ Public Psychiatric Hospital ◆ Other (e.g. residential aged care facility) 	\$152/occasion \$106/occasion \$106/occasion

6. Fees for brain injury rehabilitation services

- (1) The maximum amount for which an employer is liable under the Act for hospital treatment of a worker, being brain injury rehabilitation services within a classification specified in column 2 of Table 3, is the corresponding amount specified in column 3 of that Table.
- (2) This clause does not apply to hospital treatment or services of a type referred to in clause 5, 7, 8, 9, 10 or 11 of this Order.
- (3) In this clause and the Table to this clause:

Category A patient means a patient being assessed for or receiving active rehabilitation.

Category B patient means a patient receiving personal and nursing

support who is resident in a brain injury rehabilitation program services unit.

Category X patient means a patient needing an extremely high level of support.

outpatient means a patient who does not undergo a formal admission process.

Table 3

Brain Injury Rehabilitation Program Services - patients admitted on or after 5 July 2024.		
Payment Classification Code	Item	Fee (\$)
PBI 001	Admitted patient Brain Injury Rehabilitation Service Incorporating: <ul style="list-style-type: none"> ◆ Category A patient ◆ Category B patient ◆ Category X patient 	\$1,483/day \$949/day \$2,110/day
PBI 002	Admitted patient Transitional Living Unit Bed Incorporating: <ul style="list-style-type: none"> ◆ Category A patient ◆ Category B patient 	\$1,060/day \$525/day
PBI 003	Non-admitted patient services	\$101 per half hour
PBI 004	Outpatient medical clinic appointments Incorporating: <ul style="list-style-type: none"> ◆ Initial assessment ◆ Follow up assessment 	\$350 \$175
PBI005	Group Activities <ul style="list-style-type: none"> ◆ Directly supervised by qualified allied health clinician ◆ Not directly supervised by qualified allied health clinician 	\$65 per half hour \$48 per half hour

7. Fees for spinal injury rehabilitation services

- (1) Spinal injury rehabilitation rates apply exclusively to services provided at Royal Rehabilitation Centre Sydney.
- (2) The rate for inpatient spinal injury rehabilitation services is that which applies for public hospital patients, that is \$1,431 per day (Payment classification code **PSI001**)
- (3) The rate for outpatient/outreach spinal injury rehabilitation services is that which applies for the Brain Injury Rehabilitation Program Services non-admitted patient services rate, that is, \$101 per half hour or part thereof (Payment classification code **PSI002**).

8. Fees for physiotherapy, chiropractic and osteopathy outpatient services

The amount for which an employer is liable under the Act for hospital treatment

of a worker, being physiotherapy, chiropractic or osteopathy services provided to the worker as an outpatient, is according to the relevant *Workers Compensation (Physiotherapy, Chiropractic & Osteopathy Fees) Order (Schedule A)* in effect at the date the service is delivered.

9. Fees for psychology and counselling outpatient services

The amount for which an employer is liable under the Act for hospital treatment of a worker, being psychology and counselling services provided to the worker as an outpatient, is according to the relevant *Workers Compensation (Psychology and Counselling Fees) Order (Schedule A)* in effect at the date the service is delivered.

10. Fees for exercise physiology outpatient services

The amount for which an employer is liable under the Act for hospital treatment of a worker, being exercise physiology services provided to the worker as an outpatient, is according to the relevant *Workers Compensation (Accredited Exercise Physiology Fees) Order (Schedule A)* in effect at the date the service is delivered.

11. Charges for health records and medical reports

- (1) In this clause **a health record** means a documented account, whether in hard or electronic form, of a worker's health, illness and treatment during each visit or stay at a health service. Health records include summary of injuries or copies of clinical notes or medical records supplied in response to a request that is accompanied by a written consent of the injured person.
- (2) In this clause **a medical report** includes the preparation of a report by a treating medical practitioner or health professional appointed or employed by the health institution/hospital supplied in response to a request. Where examination of the patient is required in order to prepare the report, the cost of the examination is included in the fee.
- (3) The charges for health records (Payment classification code **PHR002**) and medical reports (Payment classification code **PHR001**) are charged in accordance with the rates set out in NSW Health IB2019_036, subject to the categorisations set out in NSW Health PD2006_050 (except where rates are otherwise provided under specific legislation). Reports charging both of those rates or categorisations are amended or revised from time to time and can be found at the following NSW Health websites:

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2019_036.pdf

http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2006_050