Private hospital   
fee schedule and guidelines

Effective date: 01 July 2025

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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 2025.**

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)

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The gazetted version can be downloaded from the South Australian Government Gazette website at [www.governmentgazette.sa.gov.au](http://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. | $470.00 |
| PR420 | Band 2: including procedures other than Band 1 performed under local anaesthetic with no sedation. Theatre time less than 1 hour. | $559.40 |
| 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. | $653.40 |
| PR440 | Band 4: including procedures other than Band 1 performed under general or regional anaesthesia or intravenous sedation. Theatre time 1 hour or more. | $692.70 |

Theatre fee bands

|  |  |  |
| --- | --- | --- |
| Item no. | Service description | Max fee (ex GST) |
| PRT1A | 1A | $269.80 |
| PRT01 | 1 | $539.70 |
| PRT02 | 2 | $688.80 |
| PRT03 | 3 | $957.80 |
| PRT04 | 4 | $1,385.50 |
| PRT05 | 5 | $1,777.90 |
| PRT06 | 6 | $2,341.20 |
| PRT07 | 7 | $3,202.80 |
| PRT08 | 8 | $3,418.40 |
| PRT9A | 9A | $3,975.80 |
| PRT09 | 9 | $4,560.30 |
| PRT10 | 10 | $5,969.70 |
| PRT11 | 11 | $8,471.30 |
| PRT12 | 12 | $9,095.70 |
| PRT13 | 13 | $8,601.00 |
| PRT50 | Dental minor | $510.20 |
| PRT55 | Dental major | $920.30 |

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 –

1. the service with the highest theatre charge plus
2. 50% of the service with the next highest theatre charge plus
3. 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 | $902.30 | per day |
| PR803 | 15 or more days | $694.40 | per day |
| PR822 | Electro-convulsive therapy (ECT) | $386.10 | per day |
| PR850 | Private room allocated on the basis of clinical need | Extra $22.50 | 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 | $1,022.90 | per day |
| PR991 | 11 or more days | $748.70 | 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 | $123.00 |
| PRO82 | ECT day program | $641.30 |
| PRO83 | Half-day program | $328.40 |
| PRO84 | Day program | $519.60 |
| PRO95 | Outreach | $296.60 |

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 | $940.40 | per day |
| PR605 | 17 or more days | $788.60 | 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 | $1,121.40 | per day |
| PR615 | 21 or more days | $1,012.40 | 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 | $825.30 | per day |
| PR705 | 8 or more days but not more than 14 days | $775.40 | per day |
| PR710 | 15 or more days | $504.00 | 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. | $286.50 |

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 -

1. where a patient stays for the first 35 days of continuous hospitalisation, or
2. 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 –

1. AR-DRG reference numbers or descriptions are as set out in the *Manual* and
2. 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:

1. 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*.
2. 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.
3. The patient, following a clinical decision, is expected to require overnight treatment for a minimum of one night.
4. 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:

1. accommodation
2. intensive care unit
3. theatre
4. common use theatre items
5. pharmaceutical items directly related to the condition being treated
6. television
7. newspapers
8. local telephone calls
9. all hotel services (e.g. meals etc.)
10. consumable items.

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

1. the cost of prostheses
2. 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
3. the cost of allied health treatment (such as physiotherapy, dietetics, podiatry, psychology, social work, speech pathology etc.)
4. the cost of pharmaceutical items provided on discharge of a patient
5. the cost of pharmaceutical items required for a patient for maintenance of an unrelated condition
6. the cost of splints and braces required for the discharge of a patient
7. transfer costs
8. 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 –

1. counting the day of admission as one day, and
2. 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 2025 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 | $23,636.00 | 7 | 35 | $1,118.60 |
| 801B | OR procedures unrelated to principal diagnosis w severe or modera | $9,524.10 | 2 | 13 | $1,334.50 |
| 801C | OR procedures unrelated to principal diagnosis w/o cc | $4,413.40 | 0 | 5 | $1,446.20 |
| 960Z | Ungroupable | $690.50 | 0 | 5 | $219.00 |
| 961Z | Unacceptable principal diagnosis | $1,376.90 | 0 | 6 | $383.70 |
| A06A | Tracheostomy w ventilation >=96hrs w catastrophic cc | $150,745.90 | 18 | 35 | $1,446.20 |
| A06B | Ventilation >=96hrs and OR procedure (w/o tracheostomy or w/o cat | $76,699.50 | 11 | 35 | $1,446.20 |
| A06C | Tracheostomy w/o ventilation >=96hrs, or ventilation >=96hrs w/o | $46,712.40 | 6 | 35 | $1,446.20 |
| A08A | Autologous bone marrow transplant w catastrophic cc | $30,566.80 | 8 | 35 | $1,337.80 |
| A08B | Autologous bone marrow transplant w/o catastrophic cc | $18,347.70 | 5 | 31 | $1,174.50 |
| A11B | Insertion of implantable spinal infusion device w/o catastrophic | $5,808.80 | 1 | 7 | $1,446.20 |
| A12Z | Insertion of neurostimulator device | $5,790.90 | 0 | 5 | $1,446.20 |
| A40B | Ecmo w/o Tracheostomy | $33,776.10 | 4 | 21 | $1,446.20 |
| B01A | Ventricular shunt revision w catastrophic or severe cc | $11,768.80 | 3 | 17 | $1,299.80 |
| B01B | Ventricular shunt revision w/o catastrophic or severe cc | $8,439.30 | 2 | 10 | $1,446.20 |
| B02A | Cranial procs w cerebral haemorrhage w cat cc | $45,756.20 | 9 | 35 | $1,446.20 |
| B02B | Cranial procs w/o cerebral haem w cat cc or (w cerebral haem w se | $29,916.80 | 6 | 35 | $1,446.20 |
| B02C | Cranial procs w/o cerebral haem w sev cc or w/o cat/sev cc | $16,070.10 | 2 | 13 | $1,446.20 |
| B03A | Spinal procedures w catastrophic or severe cc | $16,103.70 | 3 | 17 | $1,446.20 |
| B03B | Spinal procedures w/o catastrophic or severe cc | $9,246.60 | 1 | 7 | $1,446.20 |
| B04A | Extracranial vascular procedures w catastrophic cc | $18,867.40 | 4 | 23 | $1,446.20 |
| B04B | Extracranial vascular procedures w/o catastrophic cc | $9,888.10 | 1 | 7 | $1,446.20 |
| B05Z | Carpal Tunnel Release | $1,549.50 | 0 | 4 | $1,115.30 |
| B06A | Procs for cerebral palsy, muscular dystrophy, neuropathy w cat or | $12,065.60 | 4 | 22 | $1,057.60 |
| B06B | Procs for cerebral palsy, muscular dystrophy, neuropathy w/o cat | $4,070.50 | 0 | 4 | $1,446.20 |
| B06C | Procs for cerebral palsy, muscular dystrophy, neuropathy, sameday | $2,066.10 | 1 | 1 | N/A |
| B07A | Cranial or peripheral nerve and other nervous system procedures w | $12,378.00 | 5 | 30 | $801.20 |
| B07B | Cranial or peripheral nerve and other nervous system procedures w | $3,188.60 | 0 | 4 | $1,446.20 |
| B40Z | Plasmapheresis W Neurological Disease, Sameday | $521.90 | 1 | 1 | N/A |
| B41Z | Telemetric EEG monitoring | $3,774.20 | 2 | 10 | $763.10 |
| B42A | Nervous System Disorders W Ventilator Support W Catastrophic CC | $23,891.60 | 6 | 34 | $1,446.20 |
| B60A | Acute paraplegia/quadriplegia w or w/o OR procs w catastrophic cc | $36,612.00 | 12 | 35 | $894.60 |
| B60B | Acute paraplegia/quadriplegia w or w/o OR procs w/o catastrophic | $4,327.80 | 2 | 13 | $717.70 |
| B61A | Spinal cord conditions w or w/o OR procedures w catastrophic or s | $16,177.10 | 5 | 30 | $1,027.40 |
| B61B | Spinal cord conditions w or w/o OR procedures w/o catastrophic or | $4,974.90 | 1 | 7 | $1,130.30 |
| B63Z | Dementia and other chronic disturbances of cerebral function | $8,667.70 | 4 | 23 | $779.40 |
| B64A | Delirium w catastrophic cc | $13,593.10 | 5 | 33 | $857.10 |
| B64B | Delirium w/o catastrophic cc | $6,180.20 | 2 | 15 | $880.20 |
| B65B | Cerebral palsy, sameday | $365.90 | 1 | 1 | N/A |
| B66A | Nervous system neoplasms w radiotherapy | $10,850.60 | 6 | 35 | $625.00 |
| B66B | Nervous system neoplasms w/o radiotherapy w catastrophic or sever | $9,473.70 | 4 | 24 | $842.70 |
| B66C | Nervous system neoplasms w/o radiotherapy w/o catastrophic or sev | $3,428.60 | 2 | 10 | $767.40 |
| B67A | Degenerative nervous system disorders w catastrophic or severe cc | $13,912.30 | 6 | 34 | $861.30 |
| B67B | Degenerative nervous system disorders w/o catastrophic or severe | $7,539.70 | 3 | 19 | $855.00 |
| B67C | Degenerative nervous system disorders, sameday | $400.30 | 1 | 1 | N/A |
| B68A | Multiple sclerosis and cerebellar ataxia w cc | $8,036.60 | 3 | 18 | $922.10 |
| B68B | Multiple sclerosis and cerebellar ataxia w/o cc | $731.30 | 0 | 4 | $603.60 |
| B69A | TIA and precerebral occlusion w catastrophic or severe cc | $6,730.70 | 3 | 17 | $849.60 |
| B69B | TIA and precerebral occlusion w/o catastrophic or severe cc | $2,701.10 | 0 | 6 | $966.40 |
| B70A | Stroke & other cerebrovascular disorders w catastrophic cc | $15,727.60 | 6 | 35 | $836.10 |
| B70B | Stroke & other cerebrovascular disorders w severe cc | $4,819.70 | 2 | 13 | $808.30 |
| B70C | Stroke & other cerebrovascular disorders w/o catastrophic or seve | $2,332.40 | 1 | 7 | $780.20 |
| B70D | Stroke & other cerebrovascular disorders, died/trans acute facili | $2,273.40 | 0 | 5 | $1,082.00 |
| B71A | Cranial and peripheral nerve disorders w cc | $10,117.70 | 4 | 25 | $837.00 |
| B71B | Cranial and peripheral nerve disorders w/o cc | $5,283.70 | 2 | 12 | $928.90 |
| B71C | Cranial and peripheral nerve disorders, sameday | $645.70 | 1 | 1 | N/A |
| B72A | Nervous system infection except viral meningitis w catastrophic o | $9,950.50 | 4 | 23 | $918.40 |
| B72B | Nervous system infection except viral meningitis w/o catastrophic | $2,435.90 | 0 | 6 | $888.60 |
| B73Z | Viral Meningitis | $3,971.30 | 1 | 8 | $1,045.20 |
| B74A | Nontraumatic stupor and coma w catastrophic or severe cc | $8,808.30 | 3 | 20 | $915.80 |
| B74B | Nontraumatic stupor and coma w/o catastrophic or severe cc | $1,493.10 | 0 | 4 | $875.90 |
| B75Z | Febrile Convulsions | $1,559.30 | 0 | 4 | $1,439.50 |
| B76A | Seizures w catastrophic or severe cc | $8,643.20 | 4 | 22 | $837.70 |
| B76B | Seizures w/o catastrophic or severe cc | $4,115.00 | 1 | 9 | $1,000.70 |
| B76C | Seizures, sameday | $603.90 | 1 | 1 | N/A |
| B77Z | Headache | $2,754.20 | 0 | 6 | $913.60 |
| B78A | Intracranial injuries w catastrophic or severe cc | $15,831.20 | 6 | 35 | $939.30 |
| B78B | Intracranial injuries w/o catastrophic or severe cc | $4,769.20 | 2 | 12 | $890.40 |
| B78C | Intracranial injuries, died or transferred to acute facility <5 d | $2,484.50 | 0 | 5 | $1,259.40 |
| B79A | Skull Fractures W Catastrophic or Severe CC | $8,013.50 | 3 | 18 | $937.90 |
| B79B | Skull fractures w/o catastrophic or severe cc | $6,062.50 | 2 | 13 | $1,017.00 |
| B80A | Other head injuries w catastrophic or severe cc | $9,871.00 | 4 | 24 | $863.30 |
| B80B | Other head injuries w/o catastrophic or severe cc | $2,906.20 | 1 | 8 | $840.50 |
| B81A | Other disorders of the nervous system w catastrophic or severe cc | $8,389.20 | 4 | 22 | $809.70 |
| B81B | Other disorders of the nervous system w/o catastrophic or severe | $2,360.90 | 1 | 7 | $779.60 |
| B82B | Chronic and unspec para/quadriplegia w or w/o OR proc w catastrop | $26,759.10 | 10 | 35 | $931.30 |
| B82C | Chronic and unspec para/quadriplegia w or w/o OR proc w/o catastr | $3,765.70 | 1 | 9 | $853.90 |
| C01Z | Procedures for penetrating eye injury | $2,513.60 | 0 | 4 | $1,446.20 |
| C02Z | Enucleations and orbital procedures | $3,631.40 | 0 | 4 | $1,446.20 |
| C03Z | Retinal Procedures | $1,598.70 | 0 | 4 | $859.60 |
| C04Z | Major corneal, scleral and conjunctival procedures | $3,018.20 | 0 | 4 | $1,446.20 |
| C05Z | Dacryocystorhinostomy | $2,701.60 | 0 | 4 | $1,437.10 |
| C10Z | Strabismus Procedures | $2,021.30 | 0 | 4 | $1,153.00 |
| C11Z | Eyelid Procedures | $2,115.50 | 0 | 4 | $1,147.10 |
| C12Z | Other corneal, scleral and conjunctival procedures | $1,589.50 | 0 | 4 | $1,013.30 |
| C13Z | Lacrimal Procedures | $1,266.70 | 0 | 4 | $750.80 |
| C14Z | Other Eye Procedures | $1,396.80 | 0 | 4 | $821.80 |
| C15Z | Glaucoma and complex cataract procedures | $2,125.90 | 0 | 4 | $1,110.70 |
| C16Z | Lens procedures | $1,938.60 | 0 | 4 | $1,446.20 |
| C60A | Acute and major eye infections w cc | $9,770.40 | 4 | 22 | $952.90 |
| C60B | Acute and major eye infections w/o cc | $5,659.50 | 2 | 13 | $924.90 |
| C61A | Neurological and vascular disorders of the eye w cc | $3,869.00 | 2 | 9 | $884.10 |
| C61B | Neurological and vascular disorders of the eye w/o cc | $2,450.90 | 0 | 6 | $886.80 |
| C62A | Hyphaema and medically managed trauma to the eye, w cc | $8,532.60 | 4 | 23 | $765.20 |
| C62B | Hyphaema and medically managed trauma to the eye w/o cc | $3,427.30 | 1 | 7 | $1,066.70 |
| C63A | Other disorders of the eye w cc | $3,059.90 | 1 | 8 | $831.60 |
| C63B | Other disorders of the eye w/o cc | $1,040.70 | 0 | 4 | $653.20 |
| D01Z | Cochlear Implant | $7,578.90 | 0 | 4 | $1,446.20 |
| D02A | Head and neck procedures w microvascular tissue transfer or w cat | $14,818.50 | 2 | 15 | $1,446.20 |
| D02B | Head and neck procedures w malignancy or w mod cc | $7,589.00 | 0 | 5 | $1,446.20 |
| D02C | Head and neck procedures w/o malignancy w/o cc | $4,251.10 | 0 | 4 | $1,446.20 |
| D03Z | Surgical repair for cleft lip and palate disorders | $4,238.10 | 0 | 4 | $1,446.20 |
| D04Z | Maxillo surgery | $3,515.00 | 0 | 4 | $1,446.20 |
| D05Z | Parotid gland procedures | $6,202.30 | 0 | 4 | $1,446.20 |
| D06Z | Sinus and complex middle ear procedures | $3,497.10 | 0 | 4 | $1,446.20 |
| D10Z | Nasal procedures | $2,814.10 | 0 | 4 | $1,446.20 |
| D11Z | Tonsillectomy and/or adenoidectomy | $1,988.60 | 0 | 4 | $1,446.20 |
| D12A | Other ear, nose, mouth and throat procedures w cc | $4,269.40 | 1 | 7 | $1,055.40 |
| D12B | Other ear, nose, mouth and throat procedures w/o cc | $2,272.80 | 0 | 4 | $1,379.20 |
| D13Z | Myringotomy w tube insertion | $1,370.40 | 0 | 4 | $947.70 |
| D14A | Mouth and salivary gland procedures w cc | $2,328.50 | 0 | 4 | $1,195.20 |
| D14B | Mouth and salivary gland procedures w/o cc | $1,720.20 | 0 | 4 | $1,205.30 |
| D15Z | Mastoid procedures | $5,573.30 | 0 | 4 | $1,446.20 |
| D40Z | Dental extractions and restorations | $1,259.70 | 0 | 4 | $1,137.40 |
| D60A | Ear, nose, mouth and throat malignancy w catastrophic or severe c | $12,485.20 | 5 | 33 | $780.20 |
| D60B | Ear, nose, mouth and throat malignancy w/o catastrophic or severe | $4,705.50 | 2 | 10 | $976.00 |
| D60C | Ear, nose, mouth and throat malignancy, sameday | $1,241.40 | 1 | 1 | N/A |
| D61A | Dysequilibrium w cc | $6,026.90 | 2 | 15 | $863.10 |
| D61B | Dysequilibrium w/o cc | $3,504.80 | 1 | 8 | $995.90 |
| D61C | Dysequilibrium, sameday | $645.00 | 1 | 1 | N/A |
| D62A | Epistaxis | $3,303.00 | 1 | 7 | $996.40 |
| D62B | Epistaxis, sameday | $1,225.10 | 1 | 1 | N/A |
| D63A | Otitis media and upper respiratory infections w cc | $5,713.40 | 2 | 14 | $888.20 |
| D63B | Otitis media and upper respiratory infections w/o cc | $2,975.50 | 0 | 6 | $1,072.70 |
| D63C | Otitis media and upper respiratory infections, sameday | $901.90 | 1 | 1 | N/A |
| D64Z | Laryngotracheitis&Epiglottitis | $2,035.80 | 0 | 4 | $1,193.40 |
| D65Z | Nasal Trauma & Deformity | $2,075.60 | 0 | 5 | $802.70 |
| D66A | Other ear, nose, mouth and throat disorders w cc | $5,317.30 | 2 | 12 | $888.90 |
| D66B | Other ear, nose, mouth and throat disorders w/o cc | $1,265.40 | 0 | 4 | $920.60 |
| D66C | Other ear, nose, mouth and throat disorders, sameday | $1,114.00 | 1 | 1 | N/A |
| D67A | Oral and dental disorders | $4,368.10 | 2 | 10 | $911.60 |
| D67B | Oral and dental disorders, sameday | $1,010.90 | 1 | 1 | N/A |
| E01A | Major chest procedures w catastrophic cc | $21,769.10 | 4 | 26 | $1,446.20 |
| E01B | Major chest procedures w/o catastrophic cc | $12,754.80 | 2 | 13 | $1,446.20 |
| E02A | Other respiratory system OR procedures w catastrophic cc | $16,433.10 | 4 | 27 | $1,185.40 |
| E02B | Other respiratory system OR procedures w severe or moderate cc | $6,113.00 | 0 | 6 | $1,446.20 |
| E02C | Other respiratory system OR procedures w/o cc | $2,774.70 | 0 | 4 | $1,446.20 |
| E40A | Respiratory system disorders w ventilator support | $31,418.50 | 6 | 35 | $1,446.20 |
| E40B | Respiratory System Disorders W Vent Supp, Died/Trans Acute Facili | $9,244.70 | 0 | 6 | $1,446.20 |
| E41A | Respiratory system disorders w non-invasive ventilation w catastr | $20,361.10 | 6 | 35 | $1,224.40 |
| E41B | Respiratory system disorders w non-invasive ventilation w/o catas | $12,900.40 | 3 | 19 | $1,446.20 |
| E42A | Bronchoscopy w catastrophic cc | $13,895.30 | 5 | 33 | $857.00 |
| E42B | Bronchoscopy w/o catastrophic cc | $6,320.20 | 2 | 12 | $1,056.70 |
| E42C | Bronchoscopy, sameday | $1,438.50 | 1 | 1 | N/A |
| E60B | Cystic fibrosis w/o catastrophic or severe cc | $5,650.10 | 2 | 14 | $892.70 |
| E61A | Pulmonary embolism w catastrophic cc | $10,825.40 | 4 | 25 | $922.00 |
| E61B | Pulmonary embolism w/o catastrophic cc | $4,557.90 | 1 | 9 | $1,039.10 |
| E62A | Respiratory infections/inflammations w catastrophic cc | $10,660.00 | 4 | 25 | $883.50 |
| E62B | Respiratory infections/inflammations w severe or moderate cc | $6,480.90 | 2 | 15 | $952.60 |
| E62C | Respiratory infections/inflammations w/o cc | $4,231.70 | 1 | 9 | $998.90 |
| E63Z | Sleep Apnoea | $717.70 | 0 | 4 | $722.20 |
| E64A | Pulmonary oedema and respiratory failure | $7,801.40 | 3 | 19 | $851.60 |
| E64B | Pulmonary oedema and respiratory failure, died/transferred acute | $3,463.30 | 0 | 4 | $1,446.20 |
| E65A | Chronic obstructive airways disease w catastrophic cc | $10,736.70 | 4 | 26 | $877.50 |
| E65B | Chronic obstructive airways disease w/o catastrophic cc | $4,802.90 | 2 | 11 | $907.70 |
| E66A | Major chest trauma w catastrophic cc | $13,295.20 | 5 | 31 | $884.80 |
| E66B | Major chest trauma w severe or moderate cc | $6,155.30 | 2 | 14 | $908.00 |
| E66C | Major chest trauma w/o cc | $4,169.20 | 2 | 10 | $905.10 |
| E67A | Respiratory signs and symptoms | $5,517.20 | 2 | 12 | $932.70 |
| E67B | Respiratory signs and symptoms, <2 days | $1,780.10 | 0 | 4 | $1,272.30 |
| E68A | Pneumothorax w catastrophic or severe cc | $7,499.00 | 3 | 16 | $998.70 |
| E68B | Pneumothorax w/o catastrophic or severe cc | $3,417.70 | 1 | 7 | $1,092.10 |
| E69A | Bronchitis and asthma w cc | $6,071.70 | 2 | 13 | $959.10 |
| E69B | Bronchitis and asthma w/o cc | $2,592.20 | 0 | 6 | $920.20 |
| E70A | Whooping cough and acute bronchiolitis w cc | $5,518.40 | 2 | 11 | $1,136.50 |
| E70B | Whooping cough and acute bronchiolitis w/o cc | $3,157.00 | 0 | 5 | $1,446.20 |
| E71A | Respiratory neoplasms w catastrophic cc | $10,549.90 | 4 | 26 | $860.60 |
| E71B | Respiratory neoplasms w/o catastrophic cc | $5,424.30 | 2 | 15 | $755.80 |
| E71C | Respiratory neoplasms, sameday | $688.80 | 1 | 1 | N/A |
| E73A | Pleural effusion w catastrophic cc | $11,067.10 | 4 | 26 | $896.20 |
| E73B | Pleural effusion w severe or moderate cc | $5,515.50 | 2 | 12 | $963.50 |
| E73C | Pleural effusion w/o cc | $2,624.30 | 0 | 6 | $935.50 |
| E74A | Interstitial lung disease w catastrophic cc | $9,408.20 | 4 | 23 | $877.20 |
| E74B | Interstitial lung disease w severe or moderate cc | $5,764.70 | 2 | 13 | $915.70 |
| E74C | Interstitial lung disease w/o cc | $2,110.80 | 1 | 7 | $642.00 |
| E75A | Other respiratory system disorders w cc | $7,169.70 | 3 | 16 | $920.80 |
| E75B | Other respiratory system disorders w/o cc | $3,417.00 | 1 | 8 | $988.40 |
| F01A | Implantation or replacement of AICD, total system w catastrophic | $24,489.40 | 4 | 23 | $1,446.20 |
| F01B | Implantation or replacement of AICD, total system w/o catastrophi | $9,620.20 | 0 | 4 | $1,446.20 |
| F02Z | Other AICD procedures | $7,687.00 | 0 | 6 | $1,446.20 |
| F03A | Cardiac valve procedures w CPB pump w invasive cardiac investigat | $47,177.20 | 6 | 35 | $1,446.20 |
| F03B | Cardiac valve procedures w CPB pump w invasive cardiac investigat | $26,093.80 | 2 | 15 | $1,446.20 |
| F04A | Cardiac valve procs w CPB pump w/o invasive cardiac inves w cat c | $36,631.80 | 4 | 25 | $1,446.20 |
| F04B | Cardiac valve procs w CPB pump w/o invasive cardiac inves w/o cat | $21,973.80 | 2 | 12 | $1,446.20 |
| F05A | Coronary bypass w invasive cardiac investigation w catastrophic c | $44,687.40 | 5 | 31 | $1,446.20 |
| F05B | Coronary bypass w invasive cardiac investigation w/o catastrophic | $36,551.70 | 4 | 24 | $1,446.20 |
| F06A | Coronary bypass w/o invasive cardiac investigation w catastrophic | $33,054.20 | 4 | 24 | $1,446.20 |
| F06B | Coronary bypass w/o invasive cardiac investigation w/o catastroph | $27,541.70 | 3 | 18 | $1,446.20 |
| F07A | Other cardiothoracic/vascular procedures w CPB pump w catastrophi | $37,667.70 | 4 | 25 | $1,446.20 |
| F07B | Other cardiothoracic/vascular procedures w CPB pump w/o catastrop | $28,692.40 | 3 | 18 | $1,446.20 |
| F08A | Major reconstructive vascular procedures w/o CPB pump w cat cc | $29,824.90 | 5 | 31 | $1,446.20 |
| F08B | Major reconstructive vascular procedures w/o CPB pump w/o cat cc | $13,783.30 | 1 | 9 | $1,446.20 |
| F09A | Other cardiothoracic procedures w/o CPB pump w catastrophic cc | $26,464.40 | 4 | 25 | $1,446.20 |
| F09B | Other cardiothoracic procedures w/o CPB pump w/o catastrophic cc | $11,067.50 | 1 | 7 | $1,446.20 |
| F09C | Other cardiothoracic procedures w/o CPB pump, died/transferred ac | $10,332.80 | 0 | 4 | $1,446.20 |
| F10A | Interventional coronary procedures admitted for AMI w catastrophi | $18,962.70 | 3 | 20 | $1,446.20 |
| F10B | Interventional coronary procedures admitted for AMI w/o catastrop | $11,396.90 | 1 | 7 | $1,446.20 |
| F11A | Amputation, except upper limb and toe, for circulatory disorders | $43,868.20 | 14 | 35 | $990.30 |
| F11B | Amputation, except upper limb and toe, for circulatory disorders | $24,909.10 | 5 | 33 | $1,446.20 |
| F12A | Implantation or replacement of pacemaker, total system w catastro | $17,293.90 | 4 | 24 | $1,347.30 |
| F12B | Implantation or replacement of pacemaker, total system w/o catast | $7,765.90 | 0 | 5 | $1,446.20 |
| F13A | Amputation, upper limb and toe, for circulatory disorders w catas | $20,531.80 | 6 | 35 | $1,089.50 |
| F13B | Amputation, upper limb and toe, for circulatory disorders w/o cat | $9,972.00 | 2 | 12 | $1,441.10 |
| F14A | Vascular procs, except major reconstruction, w/o CPB pump w cat c | $18,653.10 | 4 | 26 | $1,295.90 |
| F14B | Vascular procs, except major reconstruction, w/o CPB pump w sev o | $8,024.90 | 0 | 5 | $1,446.20 |
| F14C | Vascular procs, except major reconstruction, w/o CPB pump w/o cc | $6,712.10 | 0 | 4 | $1,446.20 |
| F15A | Interventional coronary procs, not adm for AMI w stent implant w | $13,997.40 | 1 | 9 | $1,446.20 |
| F15B | Interventional coronary procs, not adm for AMI w stent implant w/ | $11,515.60 | 0 | 4 | $1,446.20 |
| F16A | Interventional coronary procs, not adm for AMI w/o stent implant | $9,549.40 | 0 | 6 | $1,446.20 |
| F16B | Interventional coronary procs, not adm for AMI w/o stent implant | $9,340.70 | 0 | 4 | $1,446.20 |
| F17Z | Insertion or replacement of pacemaker generator | $3,684.40 | 0 | 4 | $1,446.20 |
| F18A | Other pacemaker procedures w cc | $11,232.30 | 3 | 16 | $1,343.40 |
| F18B | Other pacemaker procedures w/o cc | $5,395.80 | 0 | 4 | $1,446.20 |
| F19A | Trans-vascular percutaneous cardiac intervention, age >=80 or w c | $11,336.20 | 1 | 9 | $1,446.20 |
| F19B | Trans-vascular percutaneous cardiac intervention, age <80 w/o cc | $7,483.60 | 0 | 4 | $1,446.20 |
| F20Z | Vein Ligation & Stripping | $4,110.80 | 0 | 4 | $1,446.20 |
| F21A | Other circulatory system OR procedures w catastrophic cc | $21,366.00 | 8 | 35 | $932.50 |
| F21B | Other circulatory system OR procedures w/o catastrophic cc | $6,503.90 | 2 | 10 | $1,237.20 |
| F40A | Circulatory disorders w ventilator support | $36,825.40 | 5 | 30 | $1,446.20 |
| F40B | Circulatory disorders w ventilator support, died/transferred acut | $7,521.20 | 0 | 5 | $1,446.20 |
| F41A | Circulatory disorders, adm for AMI w invasive cardiac inves w cat | $11,025.90 | 2 | 15 | $1,439.70 |
| F41B | Circulatory disorders, adm for AMI w invasive cardiac inves w/o c | $6,091.60 | 0 | 6 | $1,446.20 |
| F42A | Circulatory dsrds, not adm for AMI w invasive cardiac inves w cat | $10,124.70 | 2 | 14 | $1,321.90 |
| F42B | Circulatory dsrds, not adm for AMI w invasive cardiac inves w/o c | $6,695.90 | 0 | 4 | $1,446.20 |
| F42C | Circulatory disorders not adm for AMI w invasive cardiac investig | $3,796.90 | 1 | 1 | N/A |
| F43Z | Circulatory disorders w non-invasive ventilation | $23,141.10 | 5 | 32 | $1,446.20 |
| F60A | Circulatory dsrd, adm for AMI w/o invasive cardiac inves | $3,152.40 | 1 | 8 | $815.80 |
| F60B | Circulatory dsrd, adm for AMI w/o invas card inves, died/trans ac | $2,753.70 | 0 | 4 | $1,446.20 |
| F61A | Infective endocarditis w catastrophic cc | $17,824.60 | 6 | 35 | $931.40 |
| F61B | Infective endocarditis w/o catastrophic cc | $5,732.70 | 2 | 14 | $835.30 |
| F62A | Heart failure and shock w catastrophic cc | $12,295.20 | 5 | 28 | $916.90 |
| F62B | Heart failure and shock w/o catastrophic cc | $6,556.40 | 2 | 14 | $1,015.40 |
| F62C | Heart failure and shock, died or transferred to acute facility <5 | $3,475.70 | 0 | 5 | $1,446.20 |
| F63A | Venous thrombosis w catastrophic or severe cc | $8,099.30 | 3 | 18 | $925.80 |
| F63B | Venous thrombosis w/o catastrophic or severe cc | $3,812.30 | 1 | 9 | $960.30 |
| F64A | Skin ulcers in circulatory disorders w catastrophic or severe cc | $14,293.40 | 6 | 35 | $837.20 |
| F64B | Skin ulcers in circulatory disorders w/o catastrophic or severe c | $7,465.60 | 3 | 17 | $904.60 |
| F65A | Peripheral vascular disorders w catastrophic or severe cc | $9,071.20 | 4 | 22 | $846.50 |
| F65B | Peripheral vascular disorders w/o catastrophic or severe cc | $2,055.20 | 0 | 5 | $829.10 |
| F66A | Coronary atherosclerosis w catastrophic or severe cc | $4,651.60 | 2 | 12 | $832.80 |
| F66B | Coronary atherosclerosis w/o catastrophic or severe cc | $726.50 | 0 | 4 | $513.70 |
| F67A | Hypertension w catastrophic or severe cc | $7,016.20 | 3 | 17 | $896.60 |
| F67B | Hypertension w/o catastrophic or severe cc | $3,355.40 | 1 | 8 | $969.00 |
| F68Z | Congenital Heart Disease | $951.50 | 0 | 4 | $660.20 |
| F69A | Valvular disorders w catastrophic or severe cc | $6,082.80 | 2 | 14 | $889.50 |
| F69B | Valvular disorders w/o catastrophic or severe cc | $1,442.80 | 0 | 4 | $760.90 |
| F72A | Unstable angina w catastrophic or severe cc | $6,106.50 | 2 | 13 | $1,007.00 |
| F72B | Unstable angina w/o catastrophic or severe cc | $2,277.10 | 0 | 5 | $1,063.30 |
| F73A | Syncope and collapse w catastrophic or severe cc | $8,314.40 | 3 | 20 | $862.10 |
| F73B | Syncope and collapse w/o catastrophic or severe cc | $4,306.00 | 1 | 9 | $970.30 |
| F73C | Syncope and collapse, sameday | $1,492.10 | 1 | 1 | N/A |
| F74A | Chest pain | $3,408.40 | 1 | 8 | $905.70 |
| F74B | Chest pain, <2 days | $1,083.40 | 0 | 4 | $1,096.90 |
| F75A | Other circulatory disorders w catastrophic cc | $11,869.40 | 4 | 26 | $954.20 |
| F75B | Other circulatory disorders w severe or moderate cc | $4,819.60 | 2 | 10 | $1,007.30 |
| F75C | Other circulatory disorders w/o cc | $2,040.90 | 0 | 4 | $1,014.80 |
| F76A | Arrhythmia, cardiac arrest and conduction disorders w catastrophi | $8,136.10 | 3 | 18 | $973.20 |
| F76B | Arrhythmia, cardiac arrest and conduction disorders w/o catastrop | $3,466.90 | 0 | 6 | $1,212.60 |
| F76C | Arrhythmia, cardiac arrest and conduction disorders, sameday | $806.40 | 1 | 1 | N/A |
| G01A | Rectal resection w catastrophic cc | $25,490.90 | 5 | 29 | $1,446.20 |
| G01B | Rectal resection w/o catastrophic cc | $14,034.70 | 2 | 13 | $1,446.20 |
| G02A | Major small and large bowel procedures w catastrophic cc | $22,175.10 | 5 | 28 | $1,446.20 |
| G02B | Major small and large bowel procedures w/o catastrophic cc | $9,489.00 | 1 | 9 | $1,446.20 |
| G03A | Stomach, oesophageal and duodenal procedures w malignancy or w ca | $19,847.50 | 3 | 20 | $1,446.20 |
| G03B | Stomach, oesophageal and duodenal procedures w/o malignancy w sev | $9,110.50 | 0 | 6 | $1,446.20 |
| G03C | Stomach, oesophageal and duodenal procedures w/o malignancy w/o c | $6,979.50 | 0 | 5 | $1,446.20 |
| G04A | Peritoneal adhesiolysis w catastrophic cc | $17,127.60 | 4 | 22 | $1,446.20 |
| G04B | Peritoneal adhesiolysis w severe or moderate cc | $8,645.00 | 1 | 8 | $1,446.20 |
| G04C | Peritoneal adhesiolysis w/o cc | $5,835.70 | 0 | 5 | $1,446.20 |
| G05A | Minor small and large bowel procedures w catastrophic cc | $16,493.60 | 4 | 22 | $1,446.20 |
| G05B | Minor small and large bowel procedures w severe or moderate cc | $8,969.00 | 2 | 12 | $1,427.40 |
| G05C | Minor small and large bowel procedures w/o cc | $6,184.60 | 1 | 7 | $1,446.20 |
| G07A | Appendicectomy w malignancy or peritonitis or w catastrophic or s | $5,770.10 | 1 | 7 | $1,446.20 |
| G07B | Appendicectomy w/o malignancy or peritonitis w/o cat or sev cc | $4,451.30 | 0 | 4 | $1,446.20 |
| G10A | Hernia procedures w cc | $5,223.90 | 0 | 5 | $1,446.20 |
| G10B | Hernia procedures w/o cc | $3,437.00 | 0 | 4 | $1,446.20 |
| G11Z | Anal and stomal procedures | $2,229.40 | 0 | 4 | $1,325.20 |
| G12A | Other digestive system or procedures w catastrophic cc | $17,208.50 | 5 | 32 | $1,067.30 |
| G12B | Other digestive system or procedures w severe or moderate cc | $5,226.10 | 1 | 7 | $1,371.60 |
| G12C | Other digestive system or procedures w/o cc | $3,655.30 | 0 | 5 | $1,446.20 |
| G46A | Complex endoscopy w catastrophic cc | $12,831.90 | 5 | 29 | $889.00 |
| G46B | Complex endoscopy w/o catastrophic cc | $3,581.70 | 0 | 6 | $1,213.60 |
| G46C | Complex endoscopy, sameday | $1,144.70 | 1 | 1 | N/A |
| G47A | Gastroscopy w catastrophic cc | $11,020.90 | 5 | 29 | $795.90 |
| G47B | Gastroscopy w/o catastrophic cc | $3,723.90 | 1 | 8 | $1,009.30 |
| G47C | Gastroscopy, sameday | $797.70 | 1 | 1 | N/A |
| G48A | Colonoscopy w catastrophic or severe cc | $7,233.90 | 3 | 17 | $878.50 |
| G48B | Colonoscopy w/o catastrophic or severe cc | $2,509.90 | 0 | 5 | $1,165.70 |
| G48C | Colonoscopy, sameday | $1,030.30 | 1 | 1 | N/A |
| G60A | Digestive malignancy w catastrophic cc | $9,549.40 | 4 | 25 | $790.30 |
| G60B | Digestive malignancy w/o catastrophic cc | $3,305.50 | 1 | 9 | $751.90 |
| G61A | Gastrointestinal haemorrhage w catastrophic or severe cc | $6,994.20 | 3 | 18 | $817.80 |
| G61B | Gastrointestinal haemorrhage w/o catastrophic or severe cc | $2,861.20 | 1 | 7 | $927.50 |
| G64A | Inflammatory bowel disease w cc | $4,445.20 | 2 | 10 | $978.70 |
| G64B | Inflammatory bowel disease w/o cc | $580.10 | 0 | 4 | $574.40 |
| G65A | Gastrointestinal obstruction w catastrophic or severe cc | $7,990.30 | 3 | 20 | $859.90 |
| G65B | Gastrointestinal obstruction w/o catastrophic or severe cc | $3,539.70 | 1 | 8 | $983.80 |
| G66A | Abdominal pain and mesenteric adenitis | $2,905.20 | 1 | 7 | $954.00 |
| G66B | Abdominal pain and mesenteric adenitis, sameday | $982.30 | 1 | 1 | N/A |
| G67A | Oesophagitis and gastroenteritis w catastrophic or severe cc | $6,574.50 | 2 | 15 | $925.60 |
| G67B | Oesophagitis and gastroenteritis w/o catastrophic or severe cc | $2,970.30 | 1 | 7 | $1,005.00 |
| G70A | Other digestive system disorders w catastrophic or severe cc | $7,730.40 | 3 | 19 | $861.20 |
| G70B | Other digestive system disorders w/o catastrophic or severe cc | $3,385.50 | 1 | 8 | $982.90 |
| G70C | Other digestive system disorders, sameday | $819.80 | 1 | 1 | N/A |
| H01A | Pancreas, liver and shunt procedures w catastrophic cc | $27,405.90 | 5 | 31 | $1,446.20 |
| H01B | Pancreas, liver and shunt procedures w/o catastrophic cc | $13,437.20 | 2 | 11 | $1,446.20 |
| H02A | Major biliary tract procedures w catastrophic cc | $20,843.60 | 5 | 31 | $1,274.00 |
| H02B | Major biliary tract procedures w/o catastrophic cc | $8,491.20 | 1 | 9 | $1,446.20 |
| H05A | Hepatobiliary diagnostic procedures w catastrophic cc | $17,367.20 | 5 | 30 | $1,122.20 |
| H05B | Hepatobiliary diagnostic procedures w/o catastrophic cc | $4,048.80 | 0 | 4 | $1,446.20 |
| H06A | Other hepatobiliary and pancreas OR procedures w catastrophic cc | $20,809.90 | 6 | 35 | $1,035.00 |
| H06B | Other hepatobiliary and pancreas OR procedures w/o catastrophic c | $4,851.90 | 0 | 4 | $1,446.20 |
| H07A | Open cholecystectomy w closed cde or w catastrophic cc | $16,958.60 | 3 | 21 | $1,446.20 |
| H07B | Open cholecystectomy w/o closed cde w/o catastrophic cc | $9,600.40 | 1 | 9 | $1,446.20 |
| H08A | Laparoscopic cholecystectomy w closed cde or w catastrophic or se | $7,541.60 | 1 | 7 | $1,446.20 |
| H08B | Laparoscopic cholecystectomy w/o closed cde w/o catastrophic or s | $4,923.10 | 0 | 4 | $1,446.20 |
| H40A | Endoscopic Procedures for Bleeding Oesophageal Varices W Cat CC | $9,636.60 | 4 | 23 | $853.60 |
| H40B | Endoscopic procedures for bleeding oesophageal varices w/o catast | $3,379.00 | 0 | 6 | $1,268.20 |
| H43A | Ercp procedures w catastrophic or severe cc | $10,347.30 | 3 | 19 | $1,033.50 |
| H43B | Ercp procedures w/o catastrophic or severe cc | $4,577.60 | 0 | 6 | $1,334.80 |
| H43C | Ercp procedures, sameday | $2,517.10 | 1 | 1 | N/A |
| H60A | Cirrhosis and alcoholic hepatitis w catastrophic cc | $15,816.50 | 6 | 35 | $918.40 |
| H60B | Cirrhosis and alcoholic hepatitis w/o catastrophic cc | $6,440.60 | 3 | 21 | $637.30 |
| H60C | Cirrhosis and alcoholic hepatitis, sameday | $723.10 | 1 | 1 | N/A |
| H61A | Malignancy of hepatobiliary system and pancreas w catastrophic cc | $11,029.90 | 4 | 27 | $857.90 |
| H61B | Malignancy of hepatobiliary system and pancreas w/o catastrophic | $5,283.20 | 2 | 14 | $784.70 |
| H61C | Malignancy of hepatobiliary system and pancreas, sameday | $895.10 | 1 | 1 | N/A |
| H62A | Disorders of pancreas, except malignancy w catastrophic or severe | $9,112.80 | 3 | 20 | $962.30 |
| H62B | Disorders of pancreas, except malignancy w/o catastrophic or seve | $2,762.50 | 0 | 6 | $1,005.70 |
| H63A | Other disorders of liver w catastrophic cc | $10,725.70 | 4 | 27 | $827.40 |
| H63B | Other disorders of liver w/o catastrophic cc | $5,020.50 | 2 | 11 | $1,016.90 |
| H63C | Other disorders of liver, sameday | $906.80 | 1 | 1 | N/A |
| H64A | Disorders of the biliary tract w cc | $7,528.80 | 3 | 18 | $888.00 |
| H64B | Disorders of the biliary tract w/o cc | $3,298.10 | 1 | 7 | $1,059.90 |
| H64C | Disorders of the biliary tract, sameday | $784.80 | 1 | 1 | N/A |
| I01A | Bilateral and multiple major joint proc of lower limb w revision | $26,744.80 | 6 | 35 | $1,305.50 |
| I01B | Bilateral and multiple major joint proc of lower limb w/o revisio | $15,985.00 | 2 | 11 | $1,446.20 |
| I02A | Microvascular tissue transfers or (skin grafts w cat or sev cc), | $28,452.90 | 7 | 35 | $1,194.10 |
| I02B | Skin grafts w/o cat or sev cc, excluding hand | $6,068.00 | 0 | 6 | $1,446.20 |
| I03A | Hip replacement w catastrophic cc | $18,170.30 | 4 | 24 | $1,446.20 |
| I03B | Hip replacement w/o catastrophic cc | $11,601.10 | 1 | 9 | $1,446.20 |
| I04A | Knee replacement w catastrophic or severe cc | $13,311.60 | 2 | 13 | $1,446.20 |
| I04B | Knee replacement w/o catastrophic or severe cc | $11,187.80 | 1 | 9 | $1,446.20 |
| I05A | Other joint replacement w catastrophic or severe cc | $12,533.10 | 2 | 15 | $1,446.20 |
| I05B | Other joint replacement w/o catastrophic or severe cc | $8,005.40 | 0 | 6 | $1,446.20 |
| I06Z | Spinal fusion for deformity | $24,015.00 | 3 | 18 | $1,446.20 |
| I07Z | Amputation | $20,854.00 | 6 | 35 | $1,061.50 |
| I08A | Other hip and femur procedures w catastrophic cc | $20,630.30 | 6 | 35 | $1,095.00 |
| I08B | Other hip and femur procedures w/o catastrophic cc | $7,726.00 | 1 | 9 | $1,446.20 |
| I09A | Spinal fusion w catastrophic cc | $28,270.70 | 5 | 32 | $1,446.20 |
| I09B | Spinal fusion w/o catastrophic cc | $14,776.50 | 2 | 11 | $1,446.20 |
| I10A | Other back and neck procedures w catastrophic or severe cc | $12,151.20 | 2 | 14 | $1,446.20 |
| I10B | Other back and neck procedures w/o catastrophic or severe cc | $7,897.30 | 0 | 6 | $1,446.20 |
| I11Z | Limb Lengthening Procedures | $8,627.90 | 1 | 8 | $1,446.20 |
| I12A | Misc musculoskeletal procs for infect/inflam of bone/joint w cat | $21,313.80 | 7 | 35 | $993.80 |
| I12B | Misc musculoskeletal procs for infect/inflam of bone/joint w sev | $10,516.00 | 3 | 18 | $1,081.70 |
| I12C | Misc musculoskeletal procs for infect/inflam of bone/joint w/o cc | $4,753.30 | 0 | 6 | $1,379.50 |
| I13A | Humerus, tibia, fibula and ankle procedures w cc | $10,065.70 | 3 | 16 | $1,184.90 |
| I13B | Humerus, tibia, fibula and ankle procedures w/o cc, age >=17 | $4,736.50 | 0 | 5 | $1,446.20 |
| I13C | Humerus, tibia, fibula and ankle procedures w/o cc, age <17 | $3,979.00 | 0 | 4 | $1,446.20 |
| I15Z | Cranio-Facial Surgery | $11,731.90 | 2 | 11 | $1,446.20 |
| I16Z | Other Shoulder Procedures | $4,160.80 | 0 | 4 | $1,446.20 |
| I17A | Maxillo-facial surgery w cc | $7,118.80 | 1 | 7 | $1,446.20 |
| I17B | Maxillo-facial surgery w/o cc | $4,310.70 | 0 | 4 | $1,446.20 |
| I18Z | Other knee procedures | $2,370.50 | 0 | 4 | $1,446.20 |
| I19A | Other elbow and forearm procedures w cc | $6,811.00 | 2 | 10 | $1,299.00 |
| I19B | Other elbow and forearm procedures w/o cc | $3,526.90 | 0 | 4 | $1,446.20 |
| I20Z | Other foot procedures | $3,565.10 | 0 | 4 | $1,446.20 |
| I21Z | Local excision and removal of internal fixation devices of hip an | $2,981.10 | 0 | 4 | $1,446.20 |
| I23Z | Local excision and removal of internal fixation devices, except h | $2,083.80 | 0 | 4 | $1,223.70 |
| I24Z | Arthroscopy | $2,616.90 | 0 | 4 | $1,446.20 |
| I25A | Bone and joint diagnostic procedures including biopsy w cc | $8,479.20 | 4 | 24 | $732.60 |
| I25B | Bone and joint diagnostic procedures including biopsy w/o cc | $2,857.20 | 0 | 5 | $968.60 |
| I27A | Soft tissue procedures w catastrophic or severe cc | $11,678.80 | 4 | 22 | $1,055.70 |
| I27B | Soft tissue procedures w/o catastrophic or severe cc | $3,844.10 | 0 | 4 | $1,446.20 |
| I27C | Soft tissue procedures, sameday | $2,002.30 | 1 | 1 | N/A |
| I28A | Other musculoskeletal procedures w cc | $10,836.20 | 4 | 25 | $853.70 |
| I28B | Other musculoskeletal procedures w/o cc | $3,346.50 | 0 | 4 | $1,446.20 |
| I29Z | Knee reconstructions, and revisions of reconstructions | $4,034.10 | 0 | 4 | $1,446.20 |
| I30Z | Hand procedures | $2,185.00 | 0 | 4 | $1,295.50 |
| I31A | Revision of hip replacement for infect/inflam of joint prosth or | $24,991.30 | 6 | 34 | $1,407.30 |
| I31B | Revision of hip replacement not for infect/inflam of joint prosth | $15,297.80 | 2 | 14 | $1,446.20 |
| I32A | Revision of knee replacement for infect/inflam of joint prosth or | $19,796.70 | 5 | 28 | $1,267.90 |
| I32B | Revision of knee replacement not for infect/inflam of joint prost | $12,758.30 | 2 | 10 | $1,446.20 |
| I40Z | Infusions for musculoskeletal disorders, sameday | $1,309.90 | 1 | 1 | N/A |
| I60Z | Femoral shaft fractures | $16,091.30 | 7 | 35 | $821.60 |
| I61A | Distal femoral fractures w cc | $19,145.70 | 8 | 35 | $796.60 |
| I61B | Distal femoral fractures w/o cc | $14,917.70 | 6 | 35 | $838.70 |
| I63A | Sprains, strains and dislocations of hip, pelvis and thigh w cc | $11,471.80 | 5 | 30 | $792.20 |
| I63B | Sprains, strains and dislocations of hip, pelvis and thigh w/o cc | $6,168.80 | 2 | 14 | $905.50 |
| I64A | Osteomyelitis w catastrophic or severe cc | $14,198.50 | 6 | 35 | $795.50 |
| I64B | Osteomyelitis w/o catastrophic or severe cc | $9,755.40 | 4 | 25 | $830.00 |
| I65A | Musculoskeletal malignant neoplasms w radiotherapy or w cat cc | $13,180.00 | 5 | 32 | $853.20 |
| I65B | Musculoskeletal malignant neoplasms w/o radiotherapy w/o cat cc | $7,518.00 | 3 | 17 | $924.70 |
| I66A | Inflammatory musculoskeletal disorders w catastrophic or severe c | $11,718.00 | 4 | 25 | $956.20 |
| I66B | Inflammatory musculoskeletal disorders w/o catastrophic or severe | $5,780.70 | 2 | 14 | $875.10 |
| I67A | Septic arthritis w catastrophic or severe cc | $14,581.60 | 6 | 35 | $842.50 |
| I67B | Septic arthritis w/o catastrophic or severe cc | $8,709.20 | 3 | 21 | $855.70 |
| I68A | Non-surgical spinal disorders w cc | $11,216.70 | 4 | 27 | $860.20 |
| I68B | Non-surgical spinal disorders w/o cc | $6,160.40 | 2 | 14 | $934.20 |
| I69A | Bone diseases and arthropathies w catastrophic or severe cc | $10,123.00 | 4 | 26 | $809.70 |
| I69B | Bone diseases and arthropathies w/o catastrophic or severe cc | $7,795.80 | 3 | 19 | $860.00 |
| I71A | Other musculotendinous disorders w catastrophic or severe cc | $9,853.00 | 4 | 26 | $798.00 |
| I71B | Other musculotendinous disorders w/o catastrophic or severe cc | $5,255.20 | 2 | 12 | $905.00 |
| I72A | Specific musculotendinous disorders w catastrophic or severe cc | $13,722.80 | 6 | 35 | $798.90 |
| I72B | Specific musculotendinous disorders w/o catastrophic or severe cc | $8,082.80 | 3 | 20 | $844.10 |
| I73A | Aftercare of musculoskeletal implants or prostheses w cat or sev | $13,561.00 | 6 | 35 | $777.90 |
| I73B | Aftercare of musculoskeletal implants or prostheses w/o cat or se | $6,602.90 | 3 | 16 | $838.30 |
| I74A | Injuries to forearm, wrist, hand and foot w cc | $13,301.90 | 5 | 33 | $835.00 |
| I74B | Injuries to forearm, wrist, hand and foot w/o cc | $7,033.00 | 3 | 17 | $867.40 |
| I75A | Injuries to shoulder, arm, elbow, knee, leg and ankle w cc | $16,228.10 | 7 | 35 | $822.90 |
| I75B | Injuries to shoulder, arm, elbow, knee, leg and ankle w/o cc | $9,310.30 | 4 | 22 | $873.80 |
| I76A | Other musculoskeletal disorders w catastrophic or severe cc | $13,163.60 | 6 | 34 | $800.70 |
| I76B | Other musculoskeletal disorders w/o catastrophic or severe cc | $7,684.60 | 3 | 19 | $869.20 |
| I77A | Fractures of pelvis w catastrophic or severe cc | $15,954.20 | 6 | 35 | $853.70 |
| I77B | Fractures of pelvis w/o catastrophic or severe cc | $11,238.00 | 4 | 27 | $877.20 |
| I78A | Fractures of neck of femur w catastrophic or severe cc | $17,149.80 | 8 | 35 | $771.80 |
| I78B | Fractures of neck of femur w/o catastrophic or severe cc | $12,837.40 | 5 | 32 | $830.00 |
| I79A | Pathological fractures w catastrophic cc | $15,571.10 | 7 | 35 | $786.20 |
| I79B | Pathological fractures w/o catastrophic cc | $10,221.10 | 4 | 25 | $864.50 |
| I80Z | Femoral fractures, transferred to acute facility <2 days | $1,263.50 | 0 | 4 | $1,305.20 |
| I81Z | Musculoskeletal injuries, sameday | $295.10 | 1 | 1 | N/A |
| I82Z | Other sameday treatment for musculoskeletal disorders | $426.50 | 1 | 1 | N/A |
| J01A | Microvas tiss transf for skin, subcut tiss & breast dsrds w catas | $25,794.70 | 3 | 20 | $1,446.20 |
| J01B | Microvas tiss transf for skin, subcut tiss & breast dsrds w/o cat | $19,324.30 | 2 | 13 | $1,446.20 |
| J06A | Major procedures for malignant breast disorders | $5,409.40 | 0 | 5 | $1,446.20 |
| J06B | Major procedures for non-malignant breast disorders | $4,573.00 | 0 | 4 | $1,446.20 |
| J07A | Minor procedures for malignant breast disorders | $2,740.30 | 0 | 4 | $1,446.20 |
| J07B | Minor procedures for non-malignant breast disorders | $2,268.10 | 0 | 4 | $1,443.50 |
| J08A | Other skin grafts and debridement procedures w cc | $8,466.40 | 2 | 15 | $1,116.40 |
| J08B | Other skin grafts and debridement procedures w/o cc | $3,979.70 | 0 | 5 | $1,446.20 |
| J08C | Other skin grafts and debridement procedures, sameday | $2,301.50 | 1 | 1 | N/A |
| J09Z | Perianal and pilonidal procedures | $2,375.40 | 0 | 4 | $1,178.20 |
| J10Z | Plastic or procedures for skin, subcutaneous tissue and breast di | $2,893.00 | 0 | 4 | $1,291.10 |
| J11Z | Other skin, subcutaneous tissue and breast procedures | $1,629.80 | 0 | 4 | $886.80 |
| J12A | Lower limb procs w ulcer/cellulitis w catastrophic cc | $22,899.30 | 8 | 35 | $916.60 |
| J12B | Lower limb procs w ulcer/cellulitis w/o catastrophic cc w skin gr | $10,861.20 | 3 | 19 | $1,105.50 |
| J12C | Lower limb procs w ulcer/cellulitis w/o catastrophic cc w/o skin | $9,285.40 | 2 | 14 | $1,306.90 |
| J13A | Lwr limb procs w/o ulcer/cellulitis w (skin grafts and severe cc) | $10,898.60 | 4 | 25 | $850.80 |
| J13B | Lwr limb procs w/o ulcer/cellulitis w/o (skin grafts and severe c | $3,618.20 | 0 | 5 | $1,205.30 |
| J14Z | Major breast reconstructions | $11,186.90 | 1 | 9 | $1,446.20 |
| J60A | Skin ulcers w catastrophic cc | $14,619.70 | 6 | 35 | $836.50 |
| J60B | Skin ulcers w/o catastrophic cc | $10,458.60 | 4 | 24 | $908.30 |
| J60C | Skin ulcers, sameday | $288.30 | 1 | 1 | N/A |
| J62A | Malignant breast disorders | $5,375.60 | 3 | 17 | $681.10 |
| J62B | Malignant breast disorders, sameday | $270.20 | 1 | 1 | N/A |
| J63A | Non-malignant breast disorders | $3,517.80 | 1 | 8 | $985.00 |
| J63B | Non-malignant breast disorders, sameday | $1,179.40 | 1 | 1 | N/A |
| J64A | Cellulitis w catastrophic or severe cc | $10,260.90 | 4 | 25 | $874.10 |
| J64B | Cellulitis w/o catastrophic or severe cc | $4,504.60 | 2 | 10 | $947.40 |
| J65A | Trauma to skin, subcutaneous tissue and breast w cat or sev cc | $9,403.30 | 4 | 23 | $870.20 |
| J65B | Trauma to skin, subcutaneous tissue and breast w/o cat or sev cc | $5,553.30 | 2 | 13 | $897.30 |
| J65C | Trauma to skin, subcutaneous tissue and breast, sameday | $693.30 | 1 | 1 | N/A |
| J67A | Minor skin disorders | $5,710.60 | 2 | 13 | $943.80 |
| J67B | Minor skin disorders, sameday | $1,030.90 | 1 | 1 | N/A |
| J68A | Major skin disorders w catastrophic or severe cc | $9,410.00 | 3 | 21 | $936.10 |
| J68B | Major skin disorders w/o catastrophic or severe cc | $4,982.00 | 2 | 10 | $1,069.10 |
| J68C | Major skin disorders, sameday | $502.30 | 1 | 1 | N/A |
| J69A | Skin malignancy w catastrophic cc | $14,206.60 | 6 | 35 | $839.50 |
| J69B | Skin malignancy w/o catastrophic cc | $6,517.30 | 3 | 21 | $654.90 |
| J69C | Skin malignancy, sameday | $384.60 | 1 | 1 | N/A |
| K01A | OR procedures for diabetic complications w catastrophic cc | $32,232.40 | 10 | 35 | $1,099.90 |
| K01B | OR procedures for diabetic complications w/o catastrophic cc | $15,270.50 | 4 | 23 | $1,270.50 |
| K02A | Pituitary procedures w cc | $17,708.70 | 2 | 15 | $1,446.20 |
| K02B | Pituitary procedures w/o cc | $14,722.30 | 2 | 11 | $1,446.20 |
| K03Z | Adrenal Procedures | $9,280.20 | 0 | 6 | $1,446.20 |
| K05A | Parathyroid procedures w catastrophic or severe cc | $7,945.70 | 1 | 7 | $1,446.20 |
| K05B | Parathyroid procedures w/o catastrophic or severe cc | $4,475.30 | 0 | 4 | $1,446.20 |
| K06A | Thyroid procedures w catastrophic or severe cc | $7,455.00 | 0 | 5 | $1,446.20 |
| K06B | Thyroid procedures w/o catastrophic or severe cc | $5,133.30 | 0 | 4 | $1,446.20 |
| K08Z | Thyroglossal Procedures | $3,601.40 | 0 | 4 | $1,446.20 |
| K09A | Other endocrine, nutritional and metabolic or procs w catastrophi | $19,514.10 | 5 | 33 | $1,148.20 |
| K09B | Other endocrine, nutritional and metabolic or procs w severe or m | $8,571.40 | 2 | 10 | $1,446.20 |
| K09C | Other endocrine, nutritional and metabolic or procs w/o cc | $7,643.70 | 1 | 7 | $1,446.20 |
| K10A | Revisional and open bariatric procedures w cc | $8,649.70 | 0 | 6 | $1,446.20 |
| K10B | Revisional and open bariatric procedures w/o cc | $7,349.30 | 0 | 5 | $1,446.20 |
| K11A | Major laparoscopic bariatric procedures w cc | $8,224.40 | 0 | 5 | $1,446.20 |
| K11B | Major laparoscopic bariatric procedures w/o cc | $7,479.30 | 0 | 4 | $1,446.20 |
| K12Z | Other bariatric procedures | $2,773.70 | 0 | 4 | $1,446.20 |
| K13Z | Plastic or procedures for endocrine, nutritional and metabolic di | $7,463.60 | 1 | 7 | $1,446.20 |
| K40A | Endoscopic and investigative procs for metabolic disorders w cata | $13,827.10 | 6 | 34 | $826.20 |
| K40B | Endoscopic and investigative procs for metabolic disorders w/o ca | $3,222.00 | 0 | 6 | $1,157.50 |
| K40C | Endoscopic and investigative procs for metabolic disorders, samed | $1,061.90 | 1 | 1 | N/A |
| K60A | Diabetes w catastrophic or severe cc | $11,158.40 | 4 | 25 | $941.10 |
| K60B | Diabetes w/o catastrophic or severe cc | $5,542.50 | 2 | 13 | $932.70 |
| K60C | Diabetes, sameday | $645.10 | 1 | 1 | N/A |
| K61Z | Severe Nutritional Disturbance | $9,729.10 | 3 | 19 | $1,058.60 |
| K62A | Miscellaneous metabolic disorders w catastrophic or severe cc | $8,483.10 | 3 | 19 | $933.00 |
| K62B | Miscellaneous metabolic disorders w/o catastrophic or severe cc | $3,948.60 | 1 | 8 | $1,027.50 |
| K62C | Miscellaneous metabolic disorders, sameday | $482.20 | 1 | 1 | N/A |
| K63A | Inborn errors of metabolism w catastrophic or severe cc | $8,281.80 | 3 | 18 | $955.40 |
| K63B | Inborn errors of metabolism w/o catastrophic or severe cc | $1,527.80 | 0 | 4 | $838.70 |
| K64A | Endocrine disorders w catastrophic or severe cc | $10,114.90 | 4 | 23 | $937.10 |
| K64B | Endocrine disorders w/o catastrophic or severe cc | $4,104.40 | 1 | 9 | $992.10 |
| K64C | Endocrine disorders, sameday | $414.60 | 1 | 1 | N/A |
| L02A | Operative insertion of peritoneal catheter for dialysis w catastr | $9,279.40 | 2 | 15 | $1,267.10 |
| L02B | Operative insertion of peritoneal catheter for dialysis w/o catas | $3,180.90 | 0 | 4 | $1,446.20 |
| L03A | Kidney, ureter and major bladder procedures for neoplasm w cat cc | $23,637.00 | 4 | 26 | $1,446.20 |
| L03B | Kidney, ureter and major bladder procedures for neoplasm w sev cc | $14,552.40 | 2 | 12 | $1,446.20 |
| L03C | Kidney, ureter and major bladder procedures for neoplasm w/o cata | $9,617.60 | 1 | 7 | $1,446.20 |
| L04A | Kidney, ureter and major bladder procedures for non-neoplasm w ca | $16,746.40 | 4 | 25 | $1,307.10 |
| L04B | Kidney, ureter and major bladder procedures for non-neoplasm w/o | $4,925.10 | 0 | 4 | $1,446.20 |
| L04C | Kidney, ureter and major bladder procedures for non-neoplasm, sam | $2,463.20 | 1 | 1 | N/A |
| L05A | Transurethral prostatectomy for urinary disorder w cat or sev cc | $10,164.30 | 3 | 17 | $1,199.50 |
| L05B | Transurethral prostatectomy for urinary disorder w/o cat or sev c | $5,330.60 | 0 | 5 | $1,446.20 |
| L06A | Minor bladder procedures w catastrophic or severe cc | $9,629.50 | 2 | 15 | $1,274.00 |
| L06B | Minor bladder procedures w/o catastrophic or severe cc | $3,283.10 | 0 | 4 | $1,446.20 |
| L07A | Other transurethral procedures w cc | $3,548.00 | 0 | 6 | $1,235.60 |
| L07B | Other transurethral procedures w/o cc | $2,252.90 | 0 | 4 | $1,446.20 |
| L08A | Urethral procedures w cc | $3,628.30 | 0 | 5 | $1,381.00 |
| L08B | Urethral procedures w/o cc | $2,341.80 | 0 | 4 | $1,446.20 |
| L09A | Other procedures for kidney and urinary tract disorders w cat cc | $21,705.80 | 6 | 35 | $1,126.70 |
| L09B | Other procedures for kidney and urinary tract disorders w sev cc | $6,334.90 | 1 | 9 | $1,406.30 |
| L09C | Other procedures for kidney and urinary tract disorders w/o cat o | $3,129.00 | 0 | 4 | $1,446.20 |
| L40Z | Ureteroscopy | $2,327.80 | 0 | 4 | $1,335.80 |
| L41Z | Cystourethroscopy for urinary disorder, sameday | $1,025.80 | 1 | 1 | N/A |
| L42Z | ESW lithotripsy | $3,126.50 | 0 | 4 | $1,446.20 |
| L60A | Kidney failure w catastrophic cc | $14,396.30 | 5 | 29 | $1,031.80 |
| L60B | Kidney failure w severe cc | $7,138.40 | 3 | 16 | $964.50 |
| L60C | Kidney failure w/o catastrophic or severe cc | $3,787.90 | 1 | 9 | $860.10 |
| L61Z | Haemodialysis | $422.90 | 0 | 4 | $428.80 |
| L62A | Kidney and urinary tract neoplasms w catastrophic or severe cc | $8,852.70 | 4 | 24 | $767.20 |
| L62B | Kidney and urinary tract neoplasms w/o catastrophic or severe cc | $2,150.50 | 0 | 6 | $719.10 |
| L63A | Kidney and urinary tract infections w catastrophic or severe cc | $9,204.70 | 4 | 22 | $887.20 |
| L63B | Kidney and urinary tract infections w/o catastrophic or severe cc | $4,360.10 | 2 | 10 | $986.50 |
| L64A | Urinary stones and obstruction w catastrophic or severe cc | $5,084.70 | 2 | 11 | $919.80 |
| L64B | Urinary stones and obstruction w/o catastrophic or severe cc | $2,398.70 | 0 | 4 | $1,182.50 |
| L64C | Urinary stones and obstruction, sameday | $962.80 | 1 | 1 | N/A |
| L65A | Kidney and urinary tract signs and symptoms w catastrophic or sev | $7,841.20 | 3 | 19 | $868.20 |
| L65B | Kidney and urinary tract signs and symptoms w/o catastrophic or s | $2,058.60 | 0 | 5 | $931.40 |
| L66Z | Urethral Stricture | $1,780.70 | 0 | 4 | $1,082.10 |
| L67A | Other kidney and urinary tract disorders w catastrophic or severe | $7,312.50 | 3 | 18 | $852.90 |
| L67B | Other kidney and urinary tract disorders w/o catastrophic or seve | $2,491.40 | 0 | 5 | $954.20 |
| L67C | Other kidney and urinary tract disorders, sameday | $582.40 | 1 | 1 | N/A |
| M01A | Major male pelvic procedures w catastrophic or severe cc | $11,818.00 | 1 | 8 | $1,446.20 |
| M01B | Major male pelvic procedures w/o catastrophic or severe cc | $9,622.20 | 0 | 5 | $1,446.20 |
| M02A | Transurethral prostatectomy for reproductive system disorder w ca | $8,411.50 | 2 | 12 | $1,372.60 |
| M02B | Transurethral prostatectomy for reproductive system disorder w/o | $4,965.10 | 0 | 5 | $1,446.20 |
| M03Z | Penis procedures | $2,788.20 | 0 | 4 | $1,446.20 |
| M04Z | Testes procedures | $2,277.20 | 0 | 4 | $1,348.30 |
| M05Z | Circumcision | $1,403.40 | 0 | 4 | $1,031.60 |
| M06A | Other male reproductive system OR procedures w cc | $4,862.50 | 0 | 6 | $1,423.40 |
| M06B | Other male reproductive system OR procedures w/o cc | $3,398.50 | 0 | 4 | $1,446.20 |
| M40Z | Cystourethroscopy for male reproductive system disorder, sameday | $1,097.40 | 1 | 1 | N/A |
| M60A | Male reproductive system malignancy w catastrophic or severe cc | $7,785.00 | 4 | 22 | $731.50 |
| M60B | Male reproductive system malignancy w/o catastrophic or severe cc | $1,364.50 | 0 | 4 | $902.80 |
| M61A | Benign prostatic hypertrophy w cc | $4,795.70 | 2 | 12 | $858.30 |
| M61B | Benign prostatic hypertrophy w/o cc | $1,459.90 | 0 | 4 | $971.20 |
| M62A | Male reproductive system inflammation w cc | $5,868.50 | 2 | 14 | $852.90 |
| M62B | Male reproductive system inflammation w/o cc | $2,653.20 | 0 | 6 | $975.00 |
| M63Z | Male sterilisation procedures | $1,205.70 | 0 | 4 | $960.40 |
| M64Z | Other male reproductive system disorders | $1,243.00 | 0 | 4 | $839.10 |
| N01A | Pelvic evisceration and radical vulvectomy w catastrophic or seve | $15,383.80 | 3 | 21 | $1,377.20 |
| N01B | Pelvic evisceration and radical vulvectomy w/o catastrophic or se | $10,403.30 | 1 | 8 | $1,446.20 |
| N04A | Hysterectomy for non-malignancy w catastrophic or severe cc | $8,350.90 | 1 | 8 | $1,446.20 |
| N04B | Hysterectomy for non-malignancy w/o catastrophic or severe cc | $6,739.30 | 0 | 5 | $1,446.20 |
| N05A | Oophorectomy and complex fallopian tube procs for non-malig w cat | $6,679.10 | 0 | 5 | $1,446.20 |
| N05B | Oophorectomy and complex fallopian tube procs for non-malig w/o c | $4,373.60 | 0 | 4 | $1,446.20 |
| N06Z | Female reproductive system reconstructive procedures | $4,942.80 | 0 | 5 | $1,446.20 |
| N07A | Other uterus and adnexa procedures for non-malignancy | $3,752.00 | 0 | 4 | $1,446.20 |
| N07B | Other uterus and adnexa procedures for non-malignancy, sameday | $1,935.90 | 1 | 1 | N/A |
| N08Z | Endoscopic and laparoscopic procedures, female reproductive syste | $3,066.20 | 0 | 4 | $1,446.20 |
| N09Z | Other vagina, cervix and vulva procedures | $1,542.70 | 0 | 4 | $993.00 |
| N10Z | Diagnostic curettage and diagnostic hysteroscopy | $1,367.60 | 0 | 4 | $1,074.30 |
| N11Z | Other female reproductive system or procedures | $827.20 | 0 | 4 | $607.60 |
| N12A | Uterus and adnexa procedures for malignancy w catastrophic cc | $14,737.80 | 2 | 15 | $1,446.20 |
| N12B | Uterus and adnexa procedures for malignancy w/o catastrophic cc | $7,655.70 | 0 | 6 | $1,446.20 |
| N60A | Female reproductive system malignancy w catastrophic cc | $9,343.10 | 4 | 23 | $866.00 |
| N60B | Female reproductive system malignancy w/o catastrophic cc | $3,738.30 | 2 | 11 | $698.30 |
| N61Z | Female reproductive system infections | $3,220.00 | 1 | 7 | $987.80 |
| N62Z | Menstrual and other female reproductive system disorders | $1,121.10 | 0 | 4 | $738.40 |
| O01A | Caesarean delivery w catastrophic cc | $10,807.90 | 3 | 17 | $1,368.90 |
| O01B | Caesarean delivery w severe cc | $8,780.10 | 2 | 11 | $1,446.20 |
| O01C | Caesarean delivery w/o catastrophic or severe cc | $7,940.40 | 2 | 10 | $1,446.20 |
| O02A | Vaginal delivery w OR procedures w catastrophic or severe cc | $8,333.10 | 2 | 11 | $1,446.20 |
| O02B | Vaginal delivery w OR procedures w/o catastrophic or severe cc | $6,872.70 | 1 | 9 | $1,446.20 |
| O03A | Ectopic pregnancy w cc | $3,800.00 | 0 | 4 | $1,446.20 |
| O03B | Ectopic pregnancy w/o cc | $2,992.90 | 0 | 4 | $1,446.20 |
| O04A | Postpartum and post abortion w OR procedures w catastrophic or se | $4,981.40 | 1 | 7 | $1,409.50 |
| O04B | Postpartum and post abortion w OR procedures w/o catastrophic or | $3,734.80 | 0 | 6 | $1,365.80 |
| O04C | Postpartum and post abortion w OR procedures, sameday | $1,432.60 | 1 | 1 | N/A |
| O05Z | Abortion w OR procedures | $1,231.10 | 0 | 4 | $1,030.40 |
| O60A | Vaginal delivery w catastrophic or severe cc | $6,803.90 | 2 | 11 | $1,359.30 |
| O60B | Vaginal delivery w/o catastrophic or severe cc | $6,118.80 | 1 | 9 | $1,446.20 |
| O60C | Vaginal delivery, single uncomplicated | $5,813.70 | 1 | 8 | $1,446.20 |
| O61Z | Postpartum and post abortion w/o OR procedures | $3,089.20 | 1 | 7 | $984.10 |
| O63Z | Abortion w/o OR procedures | $1,129.50 | 0 | 4 | $890.80 |
| O66A | Antenatal and other obstetric admissions w catastrophic or severe | $3,208.50 | 1 | 7 | $949.40 |
| O66B | Antenatal and other obstetric admissions w/o catastrophic or seve | $1,994.30 | 0 | 4 | $1,093.30 |
| O66C | Antenatal and other obstetric admissions, sameday | $424.40 | 1 | 1 | N/A |
| P03B | Neonate, admwt 1000-1499g w significant OR proc w/o multiple majo | $49,376.70 | 9 | 35 | $1,446.20 |
| P06B | Neonate, admwt >=2500g w significant OR procedure w/o multiple ma | $15,771.70 | 4 | 24 | $1,393.60 |
| P60A | Neonate w/o sig OR proc, died or transferred to acute facility <5 | $1,753.40 | 0 | 4 | $1,115.40 |
| P60B | Neonate w/o sig OR proc, died or transferred to acute facility sa | $541.10 | 1 | 1 | N/A |
| P62Z | Neonate, admwt 750-999g w/o significant OR procedure | $142,612.00 | 18 | 35 | $1,446.20 |
| P63B | Neonate, admwt 1000-1249g w/o sig OR proc >=32 completed wks gest | $6,849.30 | 3 | 16 | $894.20 |
| P64A | Neonate, admwt 1250-1499g w/o sig OR proc <32 completed wks gesta | $34,990.90 | 13 | 35 | $916.20 |
| P64B | Neonate, admwt 1250-1499g w/o sig OR proc >=32 completed wks gest | $21,361.60 | 9 | 35 | $792.50 |
| P65A | Neonate, admwt 1500-1999g w/o signif OR proc w multiple major pro | $25,650.80 | 9 | 35 | $1,017.00 |
| P65B | Neonate, admwt 1500-1999g w/o significant OR proc w major problem | $23,041.40 | 9 | 35 | $887.00 |
| P65C | Neonate, admwt 1500-1999g w/o significant OR proc w other problem | $17,716.90 | 7 | 35 | $830.40 |
| P65D | Neonate, admwt 1500-1999g w/o significant OR proc w/o problem | $14,850.70 | 6 | 35 | $836.30 |
| P66A | Neonate, admwt 2000-2499g w/o significant OR proc w multiple majo | $18,141.20 | 6 | 34 | $1,114.30 |
| P66B | Neonate, admwt 2000-2499g w/o significant OR proc w major problem | $13,170.60 | 5 | 30 | $937.30 |
| P66C | Neonate, admwt 2000-2499g w/o significant OR proc w other problem | $9,869.30 | 4 | 24 | $880.90 |
| P66D | Neonate, admwt 2000-2499g w/o significant OR proc w/o problem | $3,372.20 | 1 | 8 | $883.00 |
| P67A | Neonate, admwt >=2500g w/o sig OR proc <37 comp wks gestation w m | $9,320.30 | 4 | 23 | $846.20 |
| P67B | Neonate, admwt >=2500g w/o sig OR proc <37 comp wks gestation w m | $9,567.00 | 3 | 21 | $980.40 |
| P67C | Neonate, admwt >=2500g w/o sig OR proc <37 comp wks gestation w o | $7,192.50 | 3 | 18 | $858.30 |
| P67D | Neonate, admwt >=2500g w/o sig OR proc <37 comp wks gestation w/o | $3,150.40 | 1 | 8 | $921.40 |
| P68A | Neonate, admwt >=2500g w/o sig OR proc >=37 comp wks gestation w | $7,740.70 | 2 | 13 | $1,288.00 |
| P68B | Neonate, admwt >=2500g w/o sig OR proc >=37 comp wks gestation w | $4,282.00 | 1 | 8 | $1,130.90 |
| P68C | Neonate, admwt >=2500g w/o sig OR proc >=37 comp wks gestation w | $2,552.70 | 0 | 6 | $1,020.60 |
| P68D | Neonate, admwt >=2500g w/o sig OR proc >=37 comp wks gestation w/ | $778.40 | 0 | 6 | $270.70 |
| Q01A | Splenectomy w catastrophic or severe cc | $14,457.90 | 2 | 12 | $1,446.20 |
| Q01B | Splenectomy w/o catastrophic or severe cc | $10,620.20 | 0 | 6 | $1,446.20 |
| Q02A | Blood and immune system disorders w other OR procedures w cat or | $13,412.10 | 4 | 23 | $1,122.20 |
| Q02B | Blood and immune system disorders w other OR procedures w/o cat o | $3,294.50 | 0 | 4 | $1,446.20 |
| Q60A | Reticuloendothelial and immunity disorders w catastrophic or seve | $8,637.50 | 3 | 18 | $1,005.80 |
| Q60B | Reticuloendothelial and immunity disorders w/o catastrophic or se | $3,601.80 | 1 | 8 | $1,008.50 |
| Q60C | Reticuloendothelial and immunity disorders, sameday | $592.20 | 1 | 1 | N/A |
| Q61A | Red blood cell disorders w catastrophic or severe cc | $7,000.50 | 3 | 16 | $891.50 |
| Q61B | Red blood cell disorders w/o catastrophic or severe cc | $2,847.20 | 0 | 6 | $941.70 |
| Q61C | Red blood cell disorders, sameday | $779.80 | 1 | 1 | N/A |
| Q62A | Coagulation disorders | $5,151.10 | 2 | 13 | $851.20 |
| Q62B | Coagulation disorders, sameday | $674.40 | 1 | 1 | N/A |
| R01A | Lymphoma and leukaemia w major OR procedures w catastrophic or se | $25,566.80 | 6 | 35 | $1,442.10 |
| R01B | Lymphoma and leukaemia w major OR procedures w/o catastrophic or | $9,618.10 | 1 | 9 | $1,446.20 |
| R02A | Other neoplastic disorders w major OR procedures w catastrophic c | $22,513.40 | 5 | 29 | $1,446.20 |
| R02B | Other neoplastic disorders w major OR procedures w severe or mode | $12,906.70 | 2 | 12 | $1,446.20 |
| R02C | Other neoplastic disorders w major OR procedures w/o cc | $7,216.30 | 0 | 6 | $1,446.20 |
| R03A | Lymphoma and leukaemia w other OR procedures w catastrophic or se | $23,154.50 | 6 | 35 | $1,215.50 |
| R03B | Lymphoma and leukaemia w other OR procedures w/o catastrophic or | $6,049.30 | 1 | 9 | $1,420.00 |
| R03C | Lymphoma and leukaemia w other OR procedures, sameday | $1,813.40 | 1 | 1 | N/A |
| R04A | Other neoplastic disorders w other OR procedures w cc | $6,220.30 | 1 | 9 | $1,285.60 |
| R04B | Other neoplastic disorders w other OR procedures w/o cc | $3,614.50 | 0 | 5 | $1,359.50 |
| R60A | Acute leukaemia w catastrophic cc | $22,447.40 | 7 | 35 | $1,045.30 |
| R60B | Acute leukaemia w/o catastrophic cc | $7,911.20 | 3 | 17 | $998.40 |
| R60C | Acute leukaemia, sameday | $839.70 | 1 | 1 | N/A |
| R61A | Lymphoma and non-acute leukaemia w catastrophic cc | $17,372.20 | 6 | 35 | $978.80 |
| R61B | Lymphoma and non-acute leukaemia w/o catastrophic cc | $5,172.10 | 2 | 11 | $1,014.50 |
| R61C | Lymphoma and non-acute leukaemia, sameday | $598.80 | 1 | 1 | N/A |
| R62A | Other neoplastic disorders w cc | $7,265.60 | 3 | 17 | $881.00 |
| R62B | Other neoplastic disorders w/o cc | $2,084.90 | 0 | 5 | $870.20 |
| R63Z | Chemotherapy | $566.70 | 0 | 4 | $572.70 |
| T01A | Infectious and parasitic diseases w OR procedures w catastrophic | $27,102.10 | 7 | 35 | $1,200.80 |
| T01B | Infectious and parasitic diseases w OR procedures w severe or mod | $11,796.70 | 3 | 19 | $1,235.20 |
| T01C | Infectious and parasitic diseases w OR procedures w/o cc | $6,619.80 | 1 | 9 | $1,295.30 |
| T40Z | Infectious and parasitic diseases w ventilator support | $35,541.80 | 5 | 28 | $1,446.20 |
| T60A | Septicaemia w catastrophic cc | $13,775.10 | 4 | 27 | $1,059.70 |
| T60B | Septicaemia w/o catastrophic cc | $6,794.80 | 2 | 15 | $984.40 |
| T61A | Postoperative and post-traumatic infections w catastrophic or sev | $9,320.80 | 4 | 22 | $892.50 |
| T61B | Postoperative and post-traumatic infections w/o catastrophic or s | $4,196.90 | 2 | 10 | $937.20 |
| T62A | Fever of unknown origin w cc | $5,982.60 | 2 | 13 | $970.70 |
| T62B | Fever of unknown origin w/o cc | $3,092.40 | 1 | 7 | $1,022.40 |
| T63A | Viral illnesses w cc | $6,195.30 | 3 | 16 | $798.10 |
| T63B | Viral illnesses w/o cc | $3,654.90 | 1 | 8 | $995.70 |
| T64A | Other infectious and parasitic diseases w catastrophic cc | $14,667.70 | 5 | 33 | $929.30 |
| T64B | Other infectious and parasitic diseases w severe or moderate cc | $7,329.10 | 3 | 17 | $917.30 |
| T64C | Other infectious and parasitic diseases w/o cc | $3,851.20 | 2 | 10 | $813.10 |
| U40Z | Mental health treatment w ECT, sameday | $455.00 | 1 | 1 | N/A |
| U60Z | Mental health treatment w/o ECT, sameday | $331.60 | 1 | 1 | N/A |
| U61B | Schizophrenia disorders | $16,150.00 | 7 | 35 | $809.60 |
| U62B | Paranoia & acute psyc disorders w/o cat or sev cc | $14,979.60 | 6 | 35 | $873.50 |
| U63A | Major affective disorders age >=70 or w catastrophic or severe cc | $18,374.50 | 8 | 35 | $795.90 |
| U63B | Major affective disorders age <70 w/o catastrophic or severe cc | $16,339.10 | 7 | 35 | $843.00 |
| U64Z | Other affective and somatoform disorders | $14,741.60 | 6 | 35 | $868.20 |
| U65Z | Anxiety Disorders | $13,969.50 | 6 | 34 | $857.70 |
| U66Z | Eating and obsessive-compulsive disorders | $22,107.00 | 9 | 35 | $890.20 |
| U67Z | Personality disorders and acute reactions | $16,131.20 | 6 | 35 | $878.10 |
| U68Z | Childhood mental disorders | $14,473.50 | 6 | 35 | $866.10 |
| V60A | Alcohol intoxication and withdrawal w cc | $13,294.30 | 5 | 32 | $853.10 |
| V60B | Alcohol intoxication and withdrawal w/o cc | $11,823.10 | 5 | 33 | $759.10 |
| V61Z | Drug intoxication and withdrawal | $12,006.00 | 5 | 33 | $766.20 |
| V62Z | Alcohol use and dependence | $13,565.50 | 6 | 34 | $847.30 |
| V63Z | Opioid use and dependence | $12,604.60 | 5 | 32 | $828.40 |
| V64Z | Other drug use and dependence | $13,533.30 | 6 | 35 | $803.20 |
| V65Z | Treatment for alcohol disorders, sameday | $329.00 | 1 | 1 | N/A |
| V66Z | Treatment for drug disorders, sameday | $306.20 | 1 | 1 | N/A |
| W02A | Hip, femur & lower limb procs for mult significant trauma w catas | $25,662.30 | 7 | 35 | $1,289.20 |
| W02B | Hip, femur & lower limb procs for mult significant trauma w/o cat | $17,895.30 | 4 | 24 | $1,446.20 |
| W60Z | Multiple Trauma, Died or Transferred to Acute Facility <5 Days | $2,811.80 | 0 | 5 | $1,127.80 |
| W61A | Multiple trauma w/o OR procedures w catastrophic or severe cc | $25,585.10 | 8 | 35 | $1,082.80 |
| W61B | Multiple trauma w/o OR procedures w/o catastrophic or severe cc | $4,054.30 | 1 | 9 | $943.80 |
| X02A | Microvascular tiss transfer or (skin graft w catastrophic or seve | $5,071.60 | 0 | 4 | $1,325.80 |
| X02B | Skin graft for injuries to hand w/o catastrophic or severe cc | $3,111.30 | 0 | 4 | $1,164.60 |
| X04A | Other procedures for injuries to lower limb w catastrophic or sev | $8,271.50 | 2 | 15 | $1,038.80 |
| X04B | Other procedures for injuries to lower limb w/o catastrophic or s | $3,284.30 | 0 | 4 | $1,446.20 |
| X05A | Other procedures for injuries to hand w cc | $4,471.40 | 0 | 6 | $1,189.40 |
| X05B | Other procedures for injuries to hand w/o cc | $2,453.30 | 0 | 4 | $1,086.60 |
| X06A | Other procedures for other injuries w catastrophic or severe cc | $8,562.40 | 2 | 13 | $1,251.00 |
| X06B | Other procedures for other injuries w/o catastrophic or severe cc | $3,457.80 | 0 | 4 | $1,446.20 |
| X07A | Skin graft for injuries excl hand w microvascular tiss trans or w | $15,163.00 | 5 | 28 | $1,031.90 |
| X07B | Skin graft for injuries excl hand w/o microvascular tiss trans w/ | $5,532.10 | 1 | 8 | $1,266.90 |
| X60A | Injuries w catastrophic or severe cc | $9,136.40 | 4 | 23 | $841.30 |
| X60B | Injuries w/o catastrophic or severe cc | $3,354.50 | 1 | 8 | $855.50 |
| X61Z | Allergic Reactions | $2,284.30 | 0 | 5 | $1,045.80 |
| X62A | Poisoning/toxic effects of drugs and other substances w cat or se | $7,171.40 | 3 | 16 | $934.10 |
| X62B | Poisoning/toxic effects of drugs and other substances w/o cat or | $2,630.50 | 0 | 6 | $912.10 |
| X63A | Sequelae of treatment w catastrophic or severe cc | $6,254.80 | 2 | 15 | $860.70 |
| X63B | Sequelae of treatment w/o catastrophic or severe cc | $2,680.40 | 0 | 6 | $908.40 |
| X64A | Other injuries, poisonings and toxic effects w catastrophic or se | $9,324.70 | 4 | 23 | $836.90 |
| X64B | Other injuries, poisonings and toxic effects w/o catastrophic or | $3,886.40 | 2 | 10 | $864.90 |
| Y02C | Skin grafts for other burns w/o catastrophic or severe cc, non em | $4,950.50 | 0 | 4 | $1,446.20 |
| Y03Z | Other or procedures for other burns | $3,676.30 | 0 | 4 | $1,405.50 |
| Y62A | Other burns w cc | $8,669.10 | 3 | 18 | $1,031.10 |
| Y62B | Other burns w/o cc | $4,404.30 | 2 | 10 | $940.40 |
| Y62C | Other Burns, Sameday | $921.80 | 1 | 1 | N/A |
| Z01A | Other contacts w health services w OR procedures | $3,762.50 | 0 | 4 | $1,446.20 |
| Z01B | Other contacts w health services w OR procedures, sameday | $1,587.70 | 1 | 1 | N/A |
| Z40Z | Other contacts w health services w endoscopy, sameday | $867.60 | 1 | 1 | N/A |
| Z61A | Signs and symptoms | $5,243.00 | 2 | 12 | $933.00 |
| Z61B | Signs and symptoms, sameday | $593.00 | 1 | 1 | N/A |
| Z63A | Other follow up after surgery or medical care w catastrophic cc | $8,998.00 | 5 | 30 | $624.70 |
| Z63B | Other follow up after surgery or medical care w/o catastrophic cc | $2,083.00 | 1 | 8 | $543.90 |
| Z64A | Other factors influencing health status | $4,666.60 | 2 | 13 | $713.60 |
| Z64B | Other factors influencing health status, sameday | $416.00 | 1 | 1 | N/A |
| Z65Z | Congenital anomalies and problems arising from neonatal period | $1,236.70 | 0 | 5 | $524.50 |
| Z66Z | Sleep disorders | $1,272.10 | 0 | 4 | $867.70 |

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# 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](https://www.rtwsa.com/media/documents/Service-provider-registration-form.pdf) available on our website. Once completed, please email to prov.main@rtwsa.com. For any queries relating to this form, please contact the team via [prov.main@rtwsa.com](mailto:prov.main@rtwsa.com).

## 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](mailto:accounts@eml.rtwsa.com)

***Gallagher Bassett:*** [invoices@gb.rtwsa.com](mailto:invoices@gb.rtwsa.com)

***EnAble:*** [EnAble@rtwsa.com](mailto:EnAble@rtwsa.com)

**What are our payment terms?**

The Return to Work scheme has 30 day payment terms, which are 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 serious 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](http://www.rtwsa.com).

#### EML

Phone: (08) 8127 1100 or free call 1800 688 825  
Fax: (08) 8127 1200

Postal address: GPO Box 2575, Adelaide SA 5001

Online: [www.eml.com.au](http://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](http://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**

**Provider Enquiries: 8238 5757**

400 King William Street, Adelaide SA 5000

[providers@rtwsa.com](mailto:providers@rtwsa.com)

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