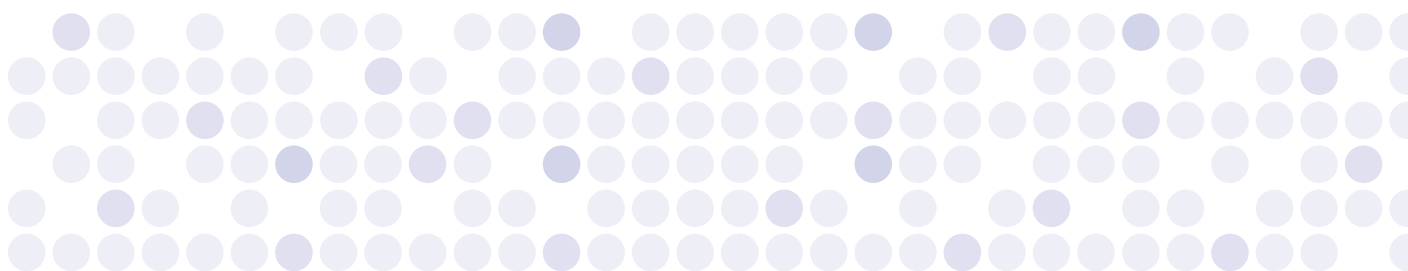


Public health services

Table of costs and guidelines
Effective 1 July 2011



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Public health services table of costs

Effective from 1 July 2011

Introduction

This table of costs commences 1 July 2011.

This table of costs sets out the costs applicable for the treatment of workers under the workers' compensation statutory scheme as public patients in Queensland public hospitals. This table of costs is a comprehensive table of costs for **all** public health services and includes the Public hospitalisation table of costs published in the Industrial Gazette.

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

- A worker who is admitted to a public hospital (an inpatient) on or after 1 July 2011;
- A worker who receives treatment at a public hospital emergency department on or after 1 July 2011;
- A worker who receives treatment at a public hospital out-patient facility on or after 1 July 2011.

This table of costs is based on the National Hospital Cost Data Collection (NHCDC) cost report for Round 13 published in November 2010.

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

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

This table of costs excludes claimants under the statutory workers' compensation system electing to be treated as private patients and all workers' compensation common law claimants. Private patient fees for statutory claimants are documented in the Queensland Health services regulations and can be found at:

<http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealthServR02.pdf> .

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

Queensland Health advise that public patients deemed to have an invalid claim for workers' compensation are entitled to revert to public patient status in accordance with the provisions of the Australian Health Care Agreement.

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

The payment for services outlined in this document is subject to the following condition:

- The worker's compensation claim for the injury or condition being treated must be allowed by the Queensland workers' compensation insurer; i.e. WorkCover Queensland or the self-insurer, in accordance with the legislation. A list of insurers is available at www.qcomp.com.au

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

Public health services table of costs

Effective from 1 July 2011

In all instances, the insurer requires the worker to have a current workers' compensation medical certificate to cover the period of the services provided. If there is no workers' compensation medical certificate, the insurer has no liability for the costs of treatment. If the worker does not have a certificate upon presentation to a public facility, a certificate may be issued by an emergency department or public hospital during the course of the treatment, or upon discharge.

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

The following definitions apply -

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

“public patient” means a patient who is not a private patient.

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

“private patient” means a worker who is a patient of a private doctor at a hospital that is not a contracted hospital. The worker has elected to be treated as a private patient by a doctor of their choice.

An **“inpatient in a public hospital”** is a public patient admitted at a public hospital and includes admission as a public patient to a Mater Misericordiae Public Hospital or transfer to contracted hospital.

An **“out-patient in a public hospital”** is a public patient who is not admitted to a public hospital and receives treatment as an outpatient only.

“hospital” includes a day hospital.

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

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

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

“contracted hospital” means a hospital that provides public health services to a patient under a contractual arrangement with the State, but does not include-

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

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

Public health services table of costs

Effective from 1 July 2011

Extent of insurer's liability for hospitalisation in a public hospital

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

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

An insurer is liable for costs of elective hospitalisation to the extent it is agreed by the insurer under arrangements entered into between the insurer and the worker (or someone for the worker) *before* the public hospitalisation.

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

The insurer must pay the cost of public hospitalisation, whether the public hospitalisation is provided at 1 time or at different times.

Length of stay

The length of stay is calculated by subtracting the date the patient is admitted from the date of separation. All leave days*, including the day the patient went on leave are excluded. A day is measured from midnight to 2359 hours and includes full and partial days. A patient admitted and separated on the same day (a "same day" patient) is allocated a length of stay of one day.

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

Reports

For an inpatient of a public hospital a discharge summary report is included in the cost of hospitalisation.

Medical records

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

- Application fee: \$56.63
- Processing fee: \$8.36 per 15 minutes
- Copies of x-ray (film): \$17.67
- Copies of photograph: \$8.67
- Copies of videotape: \$21.37
- Copy of audiotape: \$8.67
- Copy of CD-ROM: \$21.37
- PACS-Initial imaging study on CD media: \$86.76
- PACS-Second and subsequent imaging study on CD media (per study): \$8.50
- Copying charge of \$0.33 per page (A4 black and white only).

These fees are GST exclusive.

Other reports and communications

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

Public health services table of costs

Effective from 1 July 2011

Time frames

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

**Refer s86(3) of the Workers' Compensation and Rehabilitation Regulation 2003.*

Fees

Queensland Health charges are established on a cost recovery basis and are based on the National Hospital Cost Data Collection (NHCDC) Cost report for round 13 published in November 2010. Queensland Health provides data to the national data set and the yearly increase is applied to the current prices. Q-COMP will review any adjustments according to the NHCDC report and re-gazette a table of costs when appropriate.

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

Queensland Health operates a large number of hospitals that are grouped according to the level of complexity and intensity of services offered. These hospitals and codes are detailed on page 18.

Emergency department services

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

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

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

Emergency department fees and item numbers

The following definitions apply for emergency department services-

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

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

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

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

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

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

Public health services table of costs

Effective from 1 July 2011

Emergency department fees

Public hospital emergency departments have been allocated three categories - "Level 2", "Level 3" and "Super Specialist".

Level 2

Atherton Hospital	Dysart Hospital	Mossman Hospital
Ayr Hospital	Emerald Hospital	Proserpine Hospital
Beaudesert Hospital	Gatton Hospital	QEII Jubilee Hospital
Biloela Hospital	Gladstone Hospital	Roma Hospital
Blackwater Hospital	Goondiwindi Hospital	Sarina Hospital
Boonah Hospital	Gympie Hospital	St George Hospital
Bowen Hospital	Ingham Hospital	Stanthorpe Hospital
Bundaberg Hospital	Innisfail Hospital	The Prince Charles Hospital
Caboolture Hospital	Kingaroy Hospital	Thursday Island Hospital
Caloundra Hospital	Laidley Hospital	Tully Hospital
Charleville Hospital	Longreach Hospital	Warwick Hospital
Charters Towers Hospital	Maleny Hospital	Woorabinda Hospital
Cherbourg Hospital	Mareeba District Hospital	Wynnum Hospital
Cloncurry Hospital	Maryborough Hospital	Yarrabah Hospital
Dalby Hospital	Moranbah Hospital	Yeppoon Hospital

Level 3

Cairns Base Hospital	Mackay Base Hospital	Redland Hospital
Hervey Bay Hospital	Mount Isa Hospital	Rockhampton Base Hospital
Ipswich Hospital	Nambour General Hospital	Toowoomba Hospital
Logan Hospital	Redcliffe Hospital	

Super specialist

Gold Coast Hospital	Royal Brisbane & Women's Hospital
Mater Misericordiae Public Adult Hospital	Royal Children's Hospital
Mater Misericordiae Public Children's Hospital	The Townsville Hospital
Princess Alexandra Hospital	

Non-listed hospitals providing emergency treatment

From 1 July 2008, hospitals that are not listed as a level 2, 3 or Super Specialist hospital and provide emergency treatment should charge according to the Q-COMP *Medical items schedule of fees*.

There is one set of fees for Level 2 and Level 3 hospitals. The Super Specialist hospitals have their own set of fees. Emergency department fees include radiology, pathology and pharmacy costs linked to the emergency department attendance. The fees and item number codes for each group are shown below.

Public health services table of costs

Effective from 1 July 2011

Q-COMP Emergency Department Item No. Code	Service Type	Level 2 and 3 Max Fee Excl. GST	Super Specialist Max Fee Excl. GST
99810	Admitted/transferred triage 1	\$1,256	\$2,423
99811	Admitted/transferred triage 2	\$836	\$1,267
99812	Admitted/transferred triage 3	\$654	\$972
99813	Admitted/transferred triage 4	\$487	\$630
99814	Admitted/transferred triage 5	\$345	\$427
99815	Died	\$848	\$1,049
99816	Discharged triage 1	\$930	\$1,136
99817	Discharged triage 2	\$683	\$1,065
99818	Discharged triage 3	\$525	\$760
99819	Discharged triage 4	\$353	\$357
99820	Discharged triage 5	\$240	\$281
99821	Did Not Wait	\$119	\$142

Emergency department item numbers

The Q-COMP item number for emergency department services is based on two components:

- the Emergency Department Item No. Code (listed in the table above); and
- the corresponding hospital code (see page 18)

Q-COMP Emergency Department Item No. Code + Hospital Code

For example:

- A discharge-triage 3 (Emergency Department Item No. Code 99818) from the Princess Alexandra Hospital Emergency Department (Hospital code 011) would have an item number of **99818011**.
- A discharge-triage 3 from the Gold Coast Hospital (Hospital code 050) would have an item number of **99818050**.
- An admission-triage 5 (Emergency Department Item No Code 99814) to the Gold Coast Hospital would have an item number of **99814050**.

Inpatient services

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

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

- appropriate accommodation; shared ward, or single room if deemed clinically necessary
- hospital hotel services, eg. meals
- medical care provided by public hospital doctors
- nursing care
- pathology and imaging
- pre-operative and post-operative care whilst an inpatient in hospital
- theatre use, theatre consumables, in-theatre care and surgical implants
- all pharmaceutical and dressings including those issued on discharge- however the worker may be required to make a co-payment, which may be reimbursed by the insurer
- allied health services
- discharge planning services
- aids and appliances including those necessary for effective discharge- these may be loaned or given to the patient, depending on the facility
- clerical and administrative support
- discharge summary report

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

Inpatient charges for public workers' compensation patients *do not* include emergency department charges. These are raised separately by the emergency department (see Emergency Departments on pages 6-8)

Inpatient fee types

Queensland Health adopts a casemix-based pricing model for most acute public inpatients and a specified bed day fee for other types of public patients.

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

1. Small Hospitals (Hospital Group X) – handle acute, sub-acute and non-acute
2. Sub and Non-Acute (Hospital Groups A, B, P, T)
3. Acute (Hospital Groups A, B, P, T)

Public health services table of costs

Effective from 1 July 2011

Small hospitals

Small hospitals - Group X hospital fees

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

Small Hospital Item No. Code	Description	Max Fee Excl. GST
99800	Small Hospital – Group X	\$1,470 per day.

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

Small hospitals - Group X hospital item numbers

The Q-COMP item number for small hospitals is based on two components:

- the Small Hospital Item No Code (listed in the table above); and
- the corresponding hospital code (see page 18)

Small Hospital Item No. Code + Q-COMP Hospital Code

For example:

- Treatment provided at the Biloela Hospital (Hospital code 133) would have an item number of **99800133**.
- Treatment provided at Tully Hospital (Hospital code 227) would have an item number of **99800227**.

Sub and non-acute care

Sub and non-acute care fees – Hospital groups A, B, P, T

Some types of treatment that a patient may receive are not considered “acute”. These types of care include rehabilitation, palliative care and maintenance care. The following fees and item numbers are for sub and non-acute care provided by hospitals in categories A, B, P and T. The fee is derived by multiplying the worker’s length of stay by the per day rate for the relevant type of care.

Sub and Non-Acute Item No. Code	Description	Max Fee Excl. GST
99801	Maintenance	\$983 per day
99802	Rehabilitation – Same Day	\$327 per day
99803	Rehabilitation - Overnight	\$1,466 per day
99804	Palliative	\$1,147 per day

NB. Charges for like services in Hospital Groups A, B, P & T are the same.

Public health services table of costs

Effective from 1 July 2011

Sub and non-acute care item numbers – Hospital groups A, B, P, T

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

- the Sub and Non-Acute Care Item No Code (listed in the table above); and
- the corresponding hospital code (see page 18)

Sub and Non-Acute Item No. Code + Q-COMP Hospital Code

For example:

- Rehabilitation-Same Day (Sub and Non-Acute Item No Code 99802) provided at the Princess Alexandra Hospital Emergency Department (Hospital code 011) would have an item number of **99802011**.
- Rehabilitation-Same Day provided at the Gold Coast Hospital (Hospital code 050) would have an item number of **99802050**.
- Palliative care (Sub and Non-Acute Item No Code 99804) provided at the Gold Coast Hospital would have an item number of **99804050**.

Acute care

Acute care fees - Hospital groups A, B, P, T

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

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

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

Base Rates

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

Hospital Group	Base Rate
Group A	\$5,562
Group B & P	\$5,624
Group T	\$5,717

Public health services table of costs

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Long stay per day rates

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

Hospital Group	Type	Long Stay Per Day Rates
Group A	Medical	\$1,205
Group A	Surgical	\$1,569
Group A	Other	\$1,219
Group B	Medical	\$1,190
Group B	Surgical	\$1,565
Group B	Other	\$991
Group P	Medical	\$1,344
Group P	Surgical	\$1,755
Group P	Other	\$1,436
Group T	Medical	\$1,151
Group T	Surgical	\$1,512
Group T	Other	\$957

Extra long stay per day rates

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

Hospital Group	Extra Long Stay Per Day Rates
Group A	\$547
Group B & P	\$552
Group T	\$450

Trim points

The trim points are calculated as follows:

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

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

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

Public health services table of costs

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Formulas

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

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

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

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

$$\text{Fee} = \frac{\text{Actual length of stay}}{\text{Low Trim Point}} \times \text{Inlier Fee}$$

3. **Long stay outlier** – length of stay is above the high trim point and less than or equal to the extra high trim point. A long stay per day rate is applied to each DRG type (medical, surgical or other in each hospital category A, B, P and T).

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

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

$$\text{Fee} = \text{Inlier Fee}$$

$$+ (\text{Extra High Trim Point} - \text{High Trim Point}) \times \text{Long Stay Per Day Rate}$$

$$+ (\text{Actual Length of Stay} - \text{Extra High Trim Point}) \times \text{Extra Long Stay Per Day Rate}$$

Fee Example:

1. Mary suffers severe burns at work and is admitted to the Royal Brisbane Women's Hospital. The diagnosis category is Y61Z, with a length of stay of 3 days. The insurer should receive an invoice from Queensland Health which would show an item number of 99650201* with a fee of \$5,005.80.

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

Group A Hospitals

AR-DRG 4.2	Description	Cost weight	Ave LOS	Low trim point	High trim point	Extra high trim point	Inlier payment	Long stay per day public	Extra long stay per day
Y61Z	Severe Burns	0.9	3.06	1	15	19	\$5,005.80	\$1,205	\$547

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

$$\begin{aligned} &= 0.9 \times \$5,562 \text{ (Group A Hospital Base rate)} \\ &= \$5,005.80 \end{aligned}$$

*For more information on how item numbers are established, see page 15.

Public health services table of costs

Effective from 1 July 2011

2. If Mary had required 16 days hospitalisation, this would be classified as a “Long Stay Outlier”. The fee for this stay is calculated by using the inlier cost benchmark to cover the stay until the “high trim point” and a “long stay” per day rate applies for the days between the “high” and “extra high” trim points- which in this example is one day at the long stay per day rate. Therefore the fee would be:

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

= \$5,005.80 (Inlier Fee) + (16-15) x \$1,205.

= \$5,005.80 + \$1,205

= \$6,210.80

Alternatively, if the insurer had referred to the table it would have been able to add the Inlier fee and the Long Stay Outlier fee (for one day) and got the same result.

\$5,005.80 (Inlier payment) + \$1, 205*** (Long stay per day public) = \$6,210.80

***The DRG code Y61Z has a type classification of “Medical” - refer to the Q-COMP DRG Item Number Codes list on pages 19-22. Refer to the Long Stay Per Day Rates table on page 12 for the rate.

Acute care fee verification - Hospital groups A, B, P, T

The insurer may verify individual charges for acute care on the Queensland Health invoice by

- referring to the prices model, a copy of which is located at www.health.qld.gov.au/qcomp;
- or,
- using Q-COMP's Queensland Health Public Patient Acute Inpatient Cost Check (extract below).

Please note that the verification calculator will not verify sub and non acute care charges as these are per day rates as per page 10.

Q-COMP
The Queensland Compensation Regulatory Authority

Queensland Health Public Patient:
Acute Inpatient cost check Effective from 1 July 2011

This quick reference spreadsheet is to help you to quickly verify the costs and items numbers on the Queensland Health invoice. If you have queries about the invoice you should contact the Queensland Health Help Desk for Workers compensation insurers - phone **3234 0740**. You can also use this spreadsheet to help estimate the costs of potential hospitalisation.

Select hospital Royal Brisbane and Women's	Select DRG Code Y61Z	Add length of stay 15
--	--------------------------------	---------------------------------

Step 1

Select Hospital

Step 2

Select diagnostic reference group code (DRG Code). You will find it on the invoice from Queensland Health (for small hospitals choose X)

Step 3

Add number of days in hospital from the Queensland Health invoice

RESULTS		
HOSPITAL CATEGORY	COST	Item
A	\$6,210.80	99650201

Public health services table of costs

Effective from 1 July 2011

Acute care item numbers - Hospital groups A, B, P, T

The Q-COMP item number for acute care is based on two components:

- The Australian Refined-Diagnosis Related Group (DRG) classification code; and
- The corresponding hospital code (see page 18).

Each **DRG code** has been allocated a Q-COMP DRG Item Number Code (for full list see pages 19-22).

For example:

DRG code	Q-COMP DRG Item Number Code
G10Z	99247
I02B	99312

The Q-COMP item number for acute fees combines these two components:

Q-COMP DRG Item Number Code + Q-COMP Hospital Code

For example:

- A hernia procedure, DRG classification G10Z (Q-COMP DRG Item Number Code 99247) carried out at Gold Coast Hospital, (Q-COMP Hospital Code 050) would have an item number **99247050**.
- The same procedure carried out at Innisfail Hospital, (Q-COMP Hospital Code 222) would have an item number **99247222**.
- A skin graft, DRG classification of I02B (Q-COMP DRG Item Number Code 99312) carried out at Innisfail Hospital would have an item number **99312222**.

Interfacility transfer costs and escort fee item number

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

Q-COMP Item No	Description	Max Fee Excl. GST
99805000	Queensland Health Inter-facility Transfer/Escort Cost	As billed

NB. The Q-COMP QAS grant covers pre-hospital care but *does not* cover inter-facility transfers.

Outpatients

Providers in Queensland Health outpatient clinics are to utilise the Q-COMP Tables of Costs for medical practitioners and allied health providers, relevant to the service provided:

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

Queensland Health does not provide chiropractic, exercise physiology or osteopathy services.

These tables of costs may be obtained by contacting Q-COMP Tel. 1300 789 881 or from the website www.qcomp.com.au or www.qcomp.qld.gov.au

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

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

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

Pharmaceuticals

Workers' compensation patients who require prescription medication must be issued with a prescription and directed to obtain the medication from a private pharmacy not the Public hospital pharmacy. Both the insurer and hospital should ensure workers are aware of this requirement.

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

Nursing services

Nurses who provide outpatient and emergency nurse services only should use items in the *Nursing services table of costs*. Contact 1300 789 881 for details.

Public health services table of costs

Effective from 1 July 2011

The Queensland health invoice

For insurer payment, invoices raised by Queensland Health must include the following information:

For admitted patient fees:

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

For non-admitted patient fees:

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

Note:

Fees should be applied relating to when the service is performed not when the bill is generated. E.g. A bill sent in September 2011 for treatment which occurred on 15 June 2011 should use the fees applicable as at 15 June 2011.

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

Public health services table of costs

Effective from 1 July 2011

Hospital groups

GROUP A	Hospital Code	GROUP X	Hospital Code	GROUP X	Hospital Code
Gold Coast	050	Alpha	131	Jandowae	095
Mater General	001	Aramac	151	Julia Creek	245
Mater Mothers	003	Augathella	111	Jundah	155
Prince Charles	004	Aurukun	230	Karumba	250
Princess Alexandra	011	Babinda	212	Kilcoy	046
Royal Brisbane & Womens'	201	Bamaga	213	Kowanyama	253
Townsville	200	Baralaba	132	Laidley	047
		Barcaldine	152	Lockhart River	233
		Biggenden	061	Longreach	156
		Biloela	133	Maleny	048
		Blackall	153	Miles	097
		Blackwater	134	Millmerran	098
		Boonah	042	Mitchell	116
		Boulia	154	Monto	072
		Bowen	192	Moranbah	173
		Burketown	241	Mornington Island	249
		Camooeal	242	Mossman	244
		Charleville	112	Mount Morgan	139
		Charters Towers	193	Mount Perry	073
		Cherbourg	063	Moura	140
		Childers	064	Mundubbera	074
		Chillagoe	214	Mungindi	117
		Chinchilla	091	Murgon	075
		Clermont	171	Muttaburra	157
		Cloncurry	243	Nanango	076
		Collinsville	194	Normanton	247
		Cooktown	216	Oakey	099
		Croydon	217	Palm Island (Joyce Palmer Health Service)	197
		Cunnamulla	113	Porpuraaw	254
		Dajarra	251	Proserpine	174
		Dirranbandi	114	Quilpie	118
		Doomadgee	252	Richmond	248
		Dunwich	025	Sarina	175
		Dysart	176	Springsure	142
		Eidsvold	065	St George	120
		Emerald	135	Stanthorpe	100
		Esk	044	Surat	121
		Forsayth	218	Tambo	158
		Gatton	045	Tara	101
		Gayndah	066	Taroom	102
		Georgetown	219	Texas	103
		Gin Gin	067	Theodore	143
		Goondiwindi	093	Tully	227
		Gordonvale	220	Weipa	228
		Herberton	221	Winton	159
		Home Hill	195	Wondai	077
		Hopevale	231	Woorabinda	145
		Hughenden	244	Wujal Wujal	232
		Ingham	196	Wynnum	024
		Inglewood	094	Yarrabah	229
		Injune	115	Yeppoon	144
		Isisford	160		

GROUP B	Hospital Code
Bundaberg	062
Caboolture	030
Cairns	214
Caloundra	043
Gladstone	136
Gympie	068
Hervey Bay	069
Ipswich	015
Logan	029
Mackay	172
Maryborough	071
Mount Isa	246
Nambour	049
QE II	022
Redcliffe	016
Redland	028
Rockhampton	141
Toowoomba	104

GROUP P	Hospital Code
Mater Children's	002
Royal Children's	007

GROUP T	Hospital Code
Atherton	211
Ayr	191
Beaudesert	041
Dalby	092
Innisfail	222
Kingaroy	070
Mareeba	223
Roma	119
Thursday Island	226
Warwick	105

Public health services table of costs

Effective from 1 July 2011

Q-COMP DRG item number codes

DRG	Q-COMP DRG Item Number Code	TYPE	DRG	Q-COMP DRG Item Number Code	TYPE	DRG	Q-COMP DRG Item Number Code	TYPE
901Z	99001	S	B73Z	99060	M	D67B	99119	M
902Z	99002	S	B74Z	99061	M	E01A	99120	S
903Z	99003	S	B75Z	99062	M	E01B	99121	S
960Z	99004	M	B76A	99063	M	E02A	99122	S
961Z	99005	M	B76B	99064	M	E02B	99123	S
963Z	99006	M	B77Z	99065	M	E02C	99124	S
A01Z	99007	S	B78A	99066	M	E40Z	99125	O
A03Z	99008	S	B78B	99067	M	E41Z	99126	O
A05Z	99009	S	B79Z	99068	M	E60A	99127	M
A06Z	99010	S	B80Z	99069	M	E60B	99128	M
A07Z	99011	S	B81A	99070	M	E61A	99129	M
A08A	99012	S	B81B	99071	M	E61B	99130	M
A08B	99013	S	C01Z	99072	S	E62A	99131	M
A09A	99014	S	C02Z	99073	S	E62B	99132	M
A09B	99015	S	C03Z	99074	S	E62C	99133	M
A40Z	99016	O	C04Z	99075	S	E63Z	99134	M
A41A	99017	O	C05Z	99076	S	E64Z	99135	M
A41B	99018	O	C10Z	99077	S	E65A	99136	M
B01Z	99019	S	C11Z	99078	S	E65B	99137	M
B02A	99020	S	C12Z	99079	S	E66A	99138	M
B02B	99021	S	C13Z	99080	S	E66B	99139	M
B02C	99022	S	C14Z	99081	S	E66C	99140	M
B03A	99023	S	C15A	99082	S	E67A	99141	M
B03B	99024	S	C15B	99083	S	E67B	99142	M
B04A	99025	S	C16A	99084	S	E68Z	99143	M
B04B	99026	S	C16B	99085	S	E69A	99144	M
B05Z	99027	S	C60A	99086	M	E69B	99145	M
B06A	99028	S	C60B	99087	M	E69C	99146	M
B06B	99029	S	C61Z	99088	M	E70A	99147	M
B07A	99030	S	C62Z	99089	M	E70B	99148	M
B07B	99031	S	C63A	99090	M	E71A	99149	M
B40Z	99032	O	C63B	99091	M	E71B	99150	M
B41Z	99033	O	D01Z	99092	S	E71C	99151	M
B60A	99034	M	D02A	99093	S	E72Z	99152	M
B60B	99035	M	D02B	99094	S	E73A	99153	M
B61A	99036	M	D02C	99095	S	E73B	99154	M
B61B	99037	M	D03Z	99096	S	E73C	99155	M
B62Z	99038	M	D04A	99097	S	E74A	99156	M
B63Z	99039	M	D04B	99098	S	E74B	99157	M
B64A	99040	M	D05Z	99099	S	E74C	99158	M
B64B	99041	M	D06Z	99100	S	E75A	99159	M
B65Z	99042	M	D09Z	99101	S	E75B	99160	M
B66A	99043	M	D10Z	99102	S	E75C	99161	M
B66B	99044	M	D11Z	99103	S	F01A	99162	S
B67A	99045	M	D12Z	99104	S	F01B	99163	S
B67B	99046	M	D13Z	99105	S	F02Z	99164	S
B67C	99047	M	D14Z	99106	S	F03Z	99165	S
B68A	99048	M	D40Z	99107	O	F04A	99166	S
B68B	99049	M	D60A	99108	M	F04B	99167	S
B69A	99050	M	D60B	99109	M	F05A	99168	S
B69B	99051	M	D61Z	99110	M	F05B	99169	S
B70A	99052	M	D62Z	99111	M	F06A	99170	S
B70B	99053	M	D63A	99112	M	F06B	99171	S
B70C	99054	M	D63B	99113	M	F07A	99172	S
B70D	99055	M	D64Z	99114	M	F07B	99173	S
B71A	99056	M	D65Z	99115	M	F08A	99174	S
B71B	99057	M	D66A	99116	M	F08B	99175	S
B72A	99058	M	D66B	99117	M	F09A	99176	S
B72B	99059	M	D67A	99118	M	F09B	99177	S

M=Medical, S=Surgical, O=Other

Public health services table of costs

Effective from 1 July 2011

DRG	Q-COMP DRG Item Number Code	TYPE	DRG	Q-COMP DRG Item Number Code	TYPE	DRG	Q-COMP DRG Item Number Code	TYPE
F10Z	99178	S	G04C	99238	S	H42C	99298	O
F11A	99179	S	G05A	99239	S	H60A	99299	M
F11B	99180	S	G05B	99240	S	H60B	99300	M
F12Z	99181	S	G06Z	99241	S	H60C	99301	M
F13Z	99182	S	G07A	99242	S	H61A	99302	M
F14A	99183	S	G07B	99243	S	H61B	99303	M
F14B	99184	S	G08A	99244	S	H62A	99304	M
F14C	99185	S	G08B	99245	S	H62B	99305	M
F15Z	99186	S	G09Z	99246	S	H63A	99306	M
F16Z	99187	S	G10Z	99247	S	H63B	99307	M
F17Z	99188	S	G11A	99248	S	H64A	99308	M
F18Z	99189	S	G11B	99249	S	H64B	99309	M
F19Z	99190	S	G12A	99250	S	I01Z	99310	S
F20Z	99191	S	G12B	99251	S	I02A	99311	S
F21A	99192	S	G42A	99252	O	I02B	99312	S
F21B	99193	S	G42B	99253	O	I03A	99313	S
F40Z	99194	O	G43Z	99254	O	I03B	99314	S
F41A	99195	O	G44A	99255	O	I03C	99315	S
F41B	99196	O	G44B	99256	O	I04Z	99316	S
F42A	99197	O	G44C	99257	O	I05Z	99317	S
F42B	99198	O	G45A	99258	O	I06Z	99318	S
F60A	99199	M	G45B	99259	O	I07Z	99319	S
F60B	99200	M	G46A	99260	O	I08A	99320	S
F60C	99201	M	G46B	99261	O	I08B	99321	S
F61Z	99202	M	G46C	99262	O	I09A	99322	S
F62A	99203	M	G60A	99263	M	I09B	99323	S
F62B	99204	M	G60B	99264	M	I10A	99324	S
F63A	99205	M	G61A	99265	M	I10B	99325	S
F63B	99206	M	G61B	99266	M	I11Z	99326	S
F64Z	99207	M	G62Z	99267	M	I12A	99327	S
F65A	99208	M	G63Z	99268	M	I12B	99328	S
F65B	99209	M	G64Z	99269	M	I12C	99329	S
F66A	99210	M	G65A	99270	M	I13A	99330	S
F66B	99211	M	G65B	99271	M	I13B	99331	S
F67A	99212	M	G66A	99272	M	I13C	99332	S
F67B	99213	M	G66B	99273	M	I14Z	99333	S
F68Z	99214	M	G67A	99274	M	I15Z	99334	S
F69A	99215	M	G67B	99275	M	I16Z	99335	S
F69B	99216	M	G68A	99276	M	I17Z	99336	S
F70A	99217	M	G68B	99277	M	I18Z	99337	S
F70B	99218	M	G69Z	99278	M	I19Z	99338	S
F71A	99219	M	G70A	99279	M	I20Z	99339	S
F71B	99220	M	G70B	99280	M	I21Z	99340	S
F72A	99221	M	H01A	99281	S	I23Z	99341	S
F72B	99222	M	H01B	99282	S	I24Z	99342	S
F73A	99223	M	H02A	99283	S	I25Z	99343	S
F73B	99224	M	H02B	99284	S	I27A	99344	S
F74Z	99225	M	H02C	99285	S	I27B	99345	S
F75A	99226	M	H05A	99286	S	I28A	99346	S
F75B	99227	M	H05B	99287	S	I28B	99347	S
F75C	99228	M	H06Z	99288	S	I29Z	99348	S
G01A	99229	S	H07A	99289	S	I30Z	99349	S
G01B	99230	S	H07B	99290	S	I60Z	99350	M
G02A	99231	S	H08A	99291	S	I61Z	99351	M
G02B	99232	S	H08B	99292	S	I63Z	99352	M
G03A	99233	S	H40Z	99293	O	I64A	99353	M
G03B	99234	S	H41A	99294	O	I64B	99354	M
G03C	99235	S	H41B	99295	O	I65A	99355	M
G04A	99236	S	H42A	99296	O	I65B	99356	M
G04B	99237	S	H42B	99297	O	I66A	99357	M

M=Medical, S=Surgical, O=Other

Public health services table of costs

Effective from 1 July 2011

DRG	Q-COMP DRG Item Number Code	TYPE	DRG	Q-COMP DRG Item Number Code	TYPE	DRG	Q-COMP DRG Item Number Code	TYPE
I66B	99358	M	K01Z	99418	S	M03B	99478	S
I67A	99359	M	K02Z	99419	S	M04A	99479	S
I67B	99360	M	K03Z	99420	S	M04B	99480	S
I68A	99361	M	K04Z	99421	S	M05Z	99481	S
I68B	99362	M	K05Z	99422	S	M06A	99482	S
I68C	99363	M	K06Z	99423	S	M06B	99483	S
I69A	99364	M	K07Z	99424	S	M40Z	99484	O
I69B	99365	M	K08Z	99425	S	M60A	99485	M
I69C	99366	M	K09Z	99426	S	M60B	99486	M
I70Z	99367	M	K40Z	99427	O	M61A	99487	M
I71A	99368	M	K60A	99428	M	M61B	99488	M
I71B	99369	M	K60B	99429	M	M62A	99489	M
I71C	99370	M	K61Z	99430	M	M62B	99490	M
I72A	99371	M	K62A	99431	M	M63Z	99491	M
I72B	99372	M	K62B	99432	M	M64Z	99492	M
I73A	99373	M	K62C	99433	M	N01Z	99493	S
I73B	99374	M	K63Z	99434	M	N02A	99494	S
I73C	99375	M	K64A	99435	M	N02B	99495	S
I74A	99376	M	K64B	99436	M	N03A	99496	S
I74B	99377	M	L02A	99437	S	N03B	99497	S
I74C	99378	M	L02B	99438	S	N04Z	99498	S
I75A	99379	M	L03A	99439	S	N05A	99499	S
I75B	99380	M	L03B	99440	S	N05B	99500	S
I75C	99381	M	L04A	99441	S	N06Z	99501	S
I76A	99382	M	L04B	99442	S	N07Z	99502	S
I76B	99383	M	L04C	99443	S	N08Z	99503	S
I76C	99384	M	L05A	99444	S	N09Z	99504	S
I77A	99385	M	L05B	99445	S	N10Z	99505	S
I77B	99386	M	L06A	99446	S	N11A	99506	S
I78A	99387	M	L06B	99447	S	N11B	99507	S
I78B	99388	M	L07A	99448	S	N60A	99508	M
J01Z	99389	S	L07B	99449	S	N60B	99509	M
J06A	99390	S	L08A	99450	S	N61Z	99510	M
J06B	99391	S	L08B	99451	S	N62A	99511	M
J07A	99392	S	L09A	99452	S	N62B	99512	M
J07B	99393	S	L09B	99453	S	O01A	99513	S
J08A	99394	S	L09C	99454	S	O01B	99514	S
J08B	99395	S	L40Z	99455	O	O01C	99515	S
J09Z	99396	S	L41Z	99456	O	O02A	99516	S
J10Z	99397	S	L42Z	99457	O	O02B	99517	S
J11Z	99398	S	L60A	99458	M	O03Z	99518	S
J12A	99399	S	L60B	99459	M	O04Z	99519	S
J12B	99400	S	L60C	99460	M	O05Z	99520	S
J12C	99401	S	L61Z	99461	M	O60A	99521	M
J13A	99402	S	L62A	99462	M	O60B	99522	M
J13B	99403	S	L62B	99463	M	O60C	99523	M
J14Z	99404	S	L63A	99464	M	O61Z	99524	M
J60A	99405	M	L63B	99465	M	O63Z	99525	M
J60B	99406	M	L63C	99466	M	O64A	99526	M
J62A	99407	M	L64Z	99467	M	O64B	99527	M
J62B	99408	M	L65A	99468	M	O66A	99528	M
J63Z	99409	M	L65B	99469	M	O66B	99529	M
J64A	99410	M	L66Z	99470	M	P01Z	99530	S
J64B	99411	M	L67A	99471	M	P02Z	99531	S
J65A	99412	M	L67B	99472	M	P03Z	99532	S
J65B	99413	M	L67C	99473	M	P04Z	99533	S
J67A	99414	M	M01Z	99474	S	P05Z	99534	S
J67B	99415	M	M02A	99475	S	P06A	99535	S
J68A	99416	M	M02B	99476	S	P06B	99536	S
J68B	99417	M	M03A	99477	S	P60A	99537	M

M=Medical, S=Surgical, O=Other

Public health services table of costs

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DRG	Q-COMP DRG Item Number Code	TYPE
P60B	99538	M
P61Z	99539	M
P62Z	99540	M
P63Z	99541	M
P64Z	99542	M
P65A	99543	M
P65B	99544	M
P65C	99545	M
P65D	99546	M
P66A	99547	M
P66B	99548	M
P66C	99549	M
P66D	99550	M
P67A	99551	M
P67B	99552	M
P67C	99553	M
P67D	99554	M
Q01Z	99555	S
Q02A	99556	S
Q02B	99557	S
Q60A	99558	M
Q60B	99559	M
Q60C	99560	M
Q61A	99561	M
Q61B	99562	M
Q61C	99563	M
Q62Z	99564	M
R01A	99565	S
R01B	99566	S
R02A	99567	S
R02B	99568	S
R03A	99569	S
R03B	99570	S
R04A	99571	S
R04B	99572	S
R60A	99573	M
R60B	99574	M
R60C	99575	M
R61A	99576	M
R61B	99577	M
R61C	99578	M
R62A	99579	M
R62B	99580	M
R63Z	99581	M
R64Z	99582	M
S60Z	99583	M
S65A	99584	M
S65B	99585	M
S65C	99586	M
T01A	99587	S
T01B	99588	S
T01C	99589	S
T60A	99590	M
T60B	99591	M
T61A	99592	M
T61B	99593	M
T62A	99594	M
T62B	99595	M
T63A	99596	M
T63B	99597	M

DRG	Q-COMP DRG Item Number Code	TYPE
T64A	99598	M
T64B	99599	M
U40Z	99600	O
U60Z	99601	M
U61A	99602	M
U61B	99603	M
U62A	99604	M
U62B	99605	M
U63A	99606	M
U63B	99607	M
U64Z	99608	M
U65Z	99609	M
U66Z	99610	M
U67Z	99611	M
U68Z	99612	M
V60A	99613	M
V60B	99614	M
V61Z	99615	M
V62A	99616	M
V62B	99617	M
V63A	99618	M
V63B	99619	M
V64Z	99620	M
W01Z	99621	S
W02Z	99622	S
W03Z	99623	S
W04Z	99624	S
W60Z	99625	M
W61Z	99626	M
X02Z	99627	S
X04A	99628	S
X04B	99629	S
X05Z	99630	S
X06A	99631	S
X06B	99632	S
X07A	99633	S
X07B	99634	S
X60A	99635	M
X60B	99636	M
X60C	99637	M
X61Z	99638	M
X62A	99639	M
X62B	99640	M
X63A	99641	M
X63B	99642	M
X64A	99643	M
X64B	99644	M
Y01Z	99645	S
Y02A	99646	S
Y02B	99647	S
Y03Z	99648	S
Y60Z	99649	M
Y61Z	99650	M
Y62A	99651	M
Y62B	99652	M
Z01A	99653	S
Z01B	99654	S
Z40Z	99655	O
Z60A	99656	M
Z60B	99657	M

DRG	Q-COMP DRG Item Number Code	TYPE
Z60C	99658	M
Z61Z	99659	M
Z62Z	99660	M
Z63A	99661	M
Z63B	99662	M
Z64A	99663	M
Z64B	99664	M
Z65Z	99665	M

M=Medical, S=Surgical, O=Other