



## **Operational approaches to hospital and medical leakage prevention**

**Margaret Street**

15 November 2012 - PHA Claims Leakage and Fraud Forum

# Purpose of this paper

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## Key messages

- Private Health Insurance Funds paid to hospitals over \$7.2 billion in FY2012 \*
- When one hospital group has a market value of \$3.8b hospital ownership can have financial gain
- Substantial dollar savings can be found in the Hospital and Medical (H&M) space

## Current state of play

- Bupa's savings for hospital and medical - \$16.8 - \$19.2m per year

## Next steps

- Share the knowledge of 'how to' between all Funds and make sure we are paying the correct amount for services provided

\* PHIAC data FY2012

# Savings Opportunities

## What categories do we look at?

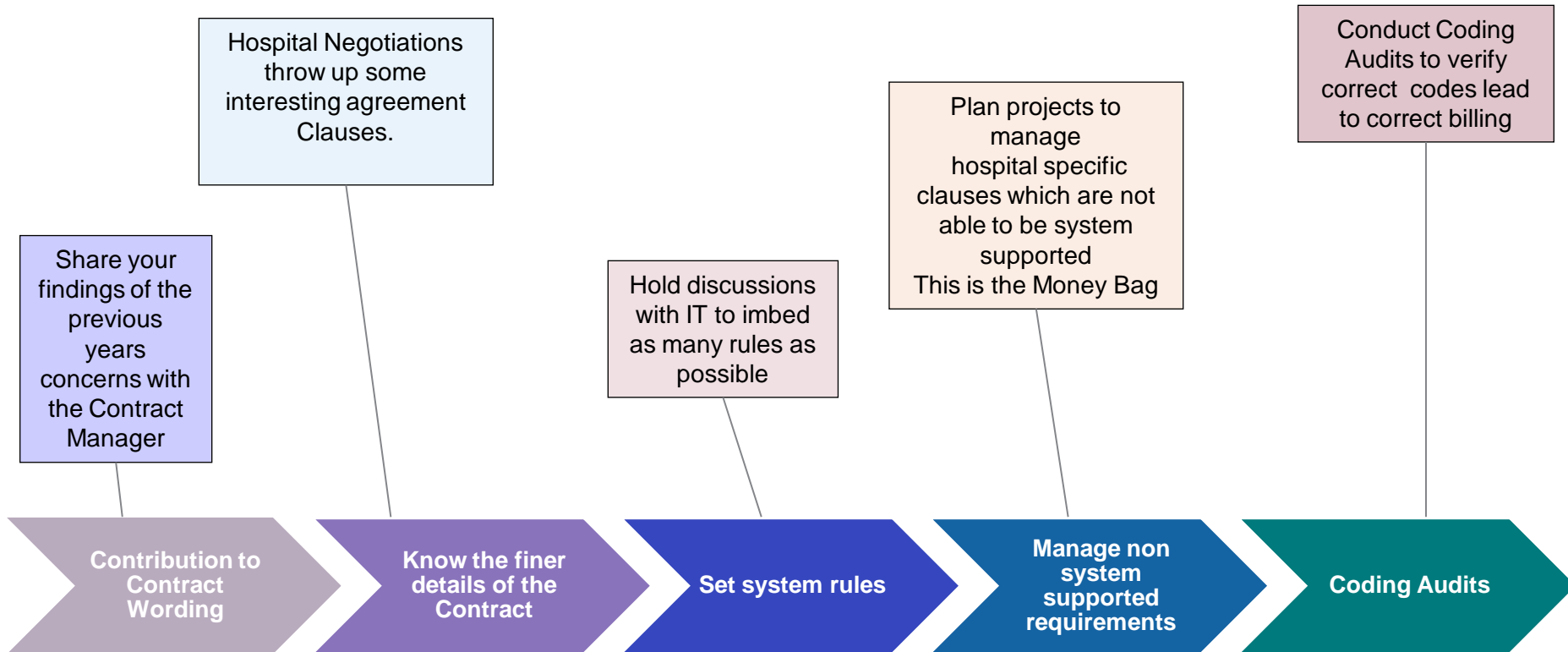
### Hospital

- Contract compliance
- Correct Prosthesis billed
- Correct Classification of Care – Type C
  - Acute
  - Special Care Nursery
  - Intensive Care
- Clinical Record Audits – Desk top and On site
- Correct International Classification of Diseases (ICD) Coding
- Patient Election Status in Public Hospitals

### Medical

- Cosmetic surgery admissions
- Anaesthetic item number allocation

# Hospital Contract Compliance



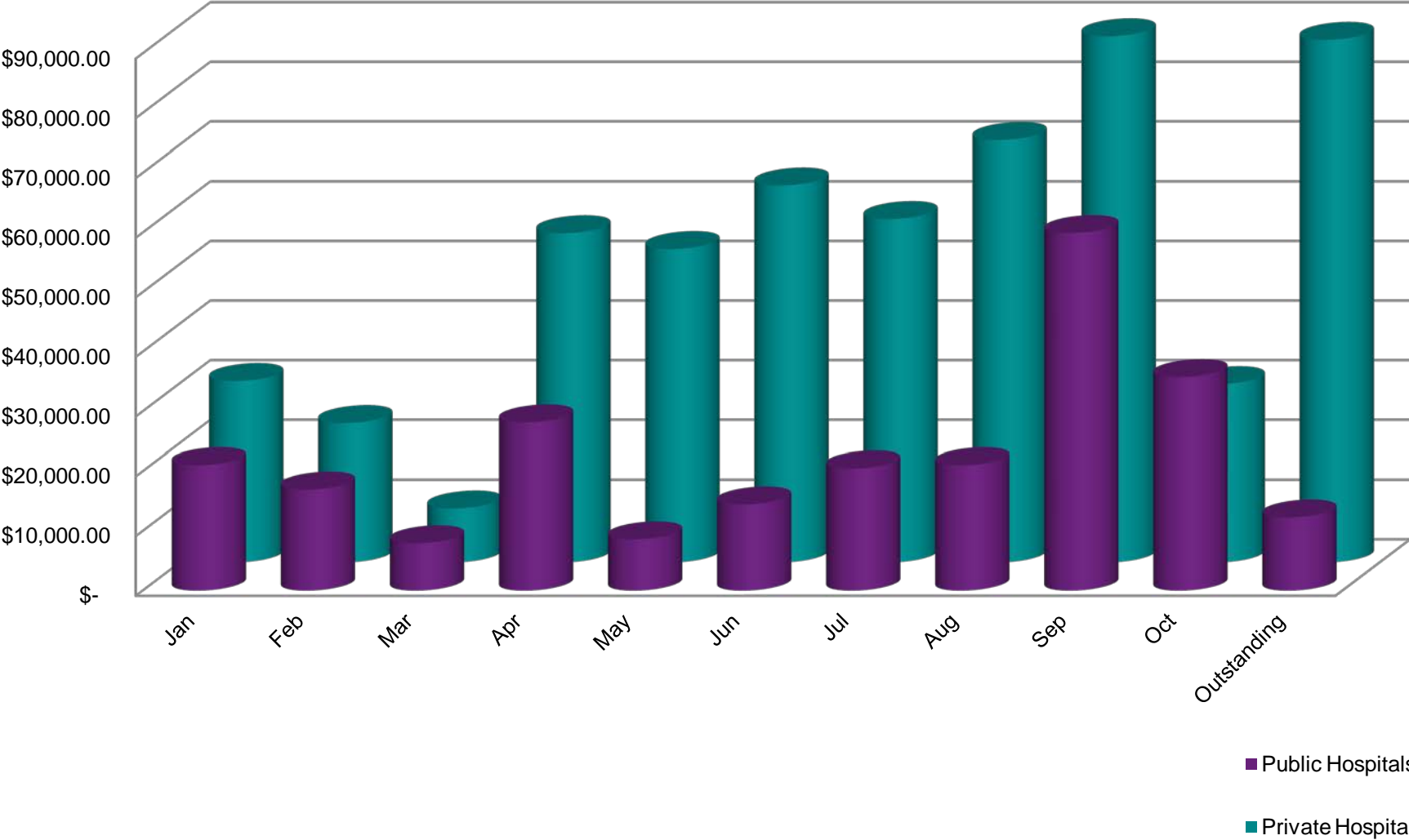
# Hospital Contract Compliance

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Types of Contract idiosyncrasies:

- Step down rates
- Rehabilitation bundling
- Prosthesis bundling
- High Cost Drug clause
- Acute Surgical + Rehabilitation Bundling
- DRG payments vs Fee For Service payments
- Podiatric surgery
- Rehabilitation Program restarts

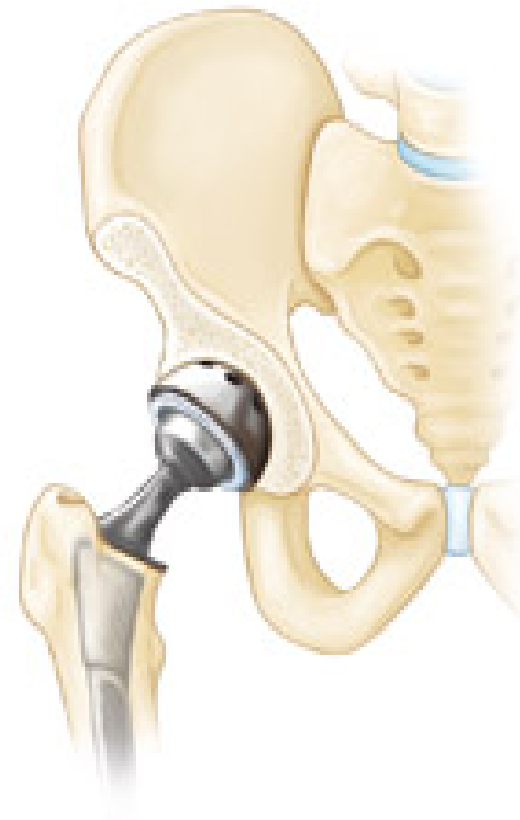
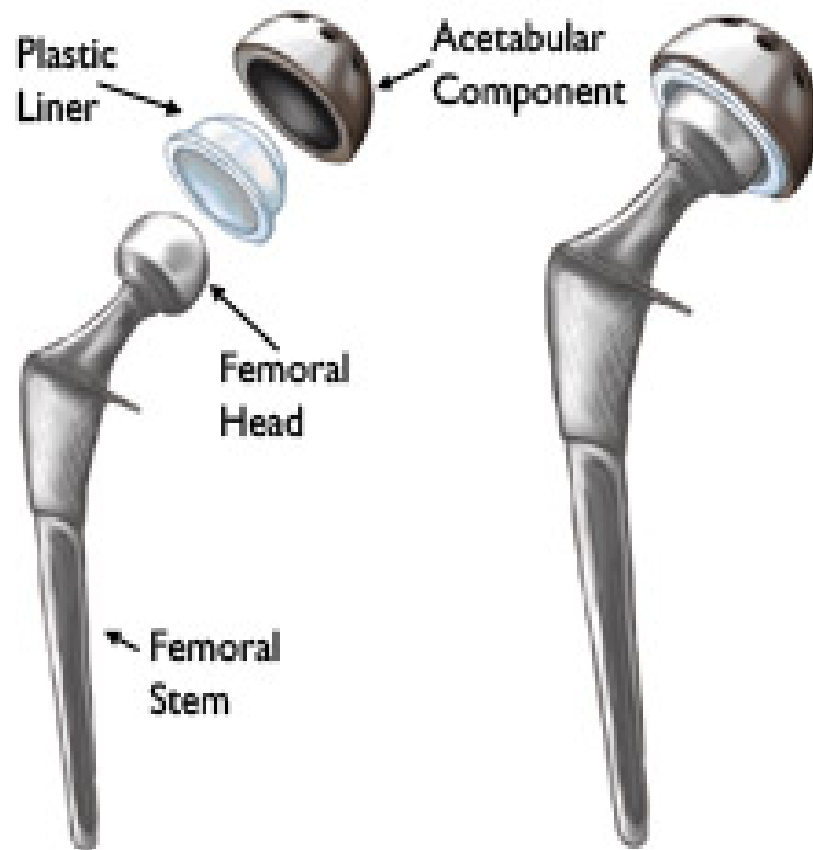
# Duplicate Claims





# Prosthesis – Orthopaedic Hip Components

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# Prosthesis - Reports

## PROSTHESIS - SINGLE TOTAL HIP

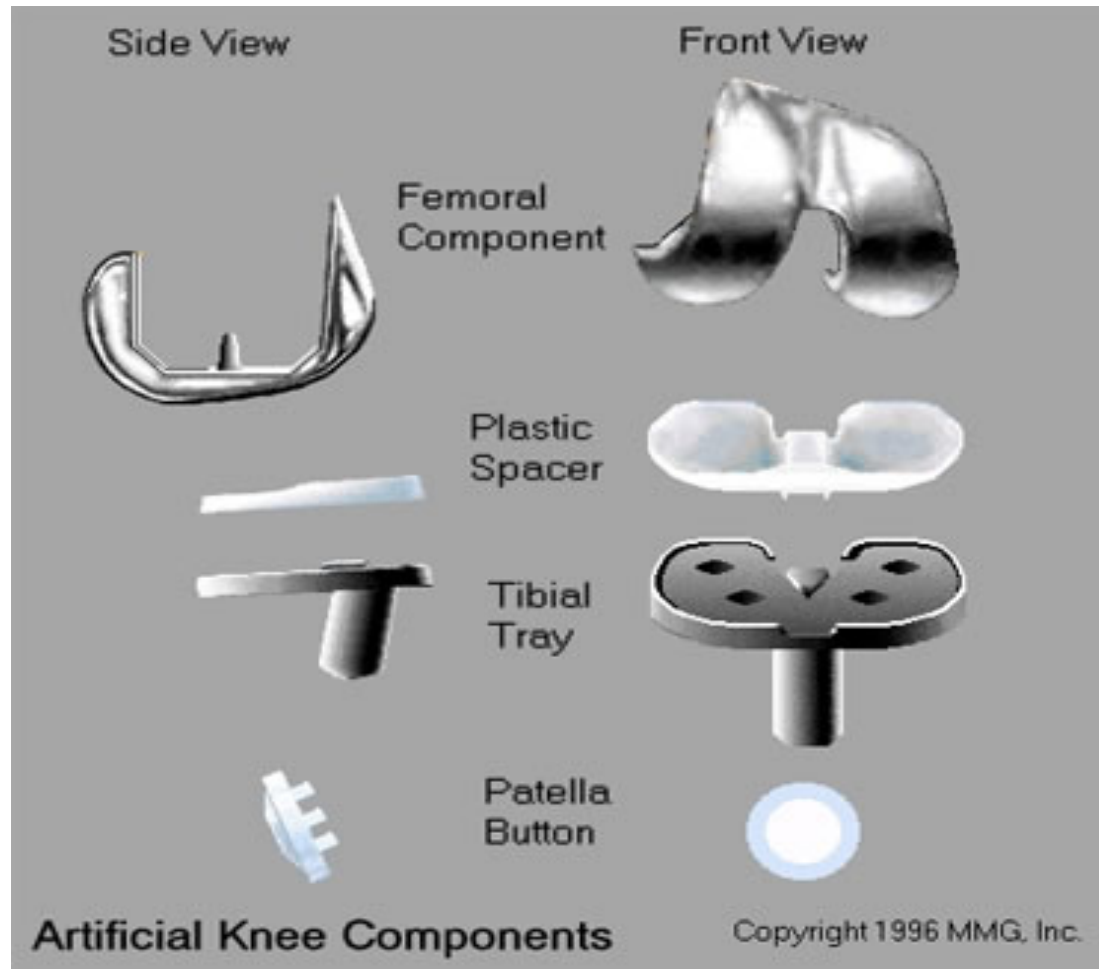
REBATE CODE	DESCRIPTION	BILLED AMOUNT	NUMBER OF ITEMS	DRG
HK006	Palacos Or Palamed Bone Cement With Gentamicin Single Mix Pm	\$184.00	1	I03B
SM127	SI Plus Mia Femoral Stem Titanium, Plasma Spray, Proximal Ha	\$5,000.00	1	I03B
SN280	Femoral Head Cocr <=32mm	\$800.00	1	I03B
SN286	Reflection Acetabular Cup Ha Coated Titanium Alloy, Beaded 4	\$2,908.00	1	I03B
SN288	Reflection Acetabular Cup Unmodified Uhmwpe 22 - 36mm, 42 -	\$750.00	1	I03B
SN291	Reflection Acetabular Liner Xlpe Modified Uhmpe 22 - 36mm, 4	\$1,160.00	1	I03B
SQ033	Painbuster Kit Includes Catheter, Introducer Needle, Flow Re	\$260.00	1	I03B

## Prosthesis – Hip surgery outcomes

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# Prosthesis – Orthopaedic Knee Components



# Prosthesis – Total Knee Reports

## PROSTHESIS - SINGLE TOTAL KNEE

REBATE CODE	DESCRIPTION	BILLED AMOUNT	NUMBER OF ITEMS	DRG
HW320	Antibiotic Simplex Bone Cement With Tobramycin Polymethyl Me	\$184.00	1	I04B
ZI062	Nexgen Knee Femoral Component Femoral Component, Uncemented,	\$4,200.00	1	I04B
ZI117	Nexgen Femoral Component Femoral Component, Posterior Stabi	\$4,000.00	1	I04B
ZI148	Nexgen Patella Component Ally Poly, Cemented, Patella, Uh	\$600.00	1	I04B
ZI584	Nexgen Prolong Flex Articulating Surface Highly Crosslinked	\$1,140.00	1	I04B

# Prosthesis – Spinal Reports

Item Number	Item Description	Services	Fee Charged	Benefit Paid	Service Date	Claim DRG
JJ029	Surgicel Fibrillar Absorbable Haemostat Fibrous Fleece, Oxid	1	\$40.00	\$40.00	27AUG12	I09B
JJ647	Expedium Spine System - Dual Innie Set Screw Di Set Screw On	4	\$2,420.00	\$2,420.00	27AUG12	I09B
JJ738	Expedium Spine System Di Favoured Angle Reduction Tab Polyax	4	\$5,320.00	\$5,320.00	27AUG12	I09B
MC683	Infuse Bone Graft Recombinant Human Bone Morphogenetic Prote	1	\$6,000.00	\$6,000.00	27AUG12	I09B
SF002	Verteloc <sub>z</sub> Peek Tlif Cage 9mm X 7mm X 23mm (W X H X L), 9mm X	2	\$7,200.00	\$7,200.00	27AUG12	I09B
SF005	Osteoflo Biphasic Calcium Phosphate; Hydrated Biphasic Calci	16	\$12,160.00	\$12,160.00	27AUG12	I09B
DY436	Expedium Spine System Rod - Pre - Lordosed Or Straight 5.5 -	2	\$886.00	\$886.00	14AUG12	I09B
JJ647	Expedium Spine System - Dual Innie Set Screw Di Set Screw On	4	\$2,420.00	\$2,420.00	14AUG12	I09B
JJ738	Expedium Spine System Di Favoured Angle Reduction Tab Polyax	4	\$5,320.00	\$5,320.00	14AUG12	I09B
MC684	Infuse Bone Graft Recombinant Human Bone Morphogenetic Prote	1	\$6,400.00	\$6,400.00	14AUG12	I09B
SF002	Verteloc <sub>z</sub> Peek Tlif Cage 9mm X 7mm X 23mm (W X H X L), 9mm X	2	\$7,200.00	\$7,200.00	14AUG12	I09B
SF004	Zygoloc Facet Fusion Cage 3-15mm	2	\$3,000.00	\$3,000.00	14AUG12	I09B
SF005	Osteoflo Biphasic Calcium Phosphate; Hydrated Biphasic Calci	18	\$13,680.00	\$13,680.00	14AUG12	I09B

# Prosthesis – Unusual Findings

## PROSTHESIS - ITEMS USED IN SURGERY (NOT IMPLANTED)

REBATE CODE	DESCRIPTION	BILLED AMOUNT	NUMBER OF ITEMS	DRG
BX246	Infusor Sterile Infusor Devices, Spring Or Elastomer Driven	\$85.00	1	I04B
HK009	Palacos Or Palamed Bone Cement With Gentamicin Single Mix Pm	\$368.00	2	I04B
SL002	Genesis Ii Knee System Tibial Insert Tibial Insert, Uhmwpe,	\$1,140.00	1	I04B
SN323	Genesis Ii Patella Component Patella Component, Inlay, Cemen	\$600.00	1	I04B
SN857	Genesis Ii Knee System Tibial Baseplate Tibial Baseplate, Ce	\$2,150.00	1	I04B
SN879	Genesis Ii Knee System Femoral Component Femoral Component,	\$4,200.00	1	I04B
SN944	Peri-Loc Locking Screws 2.71mm - 4.49mm	\$322.00	2	I04B
SY596	Ao/Asif Screws Cancellous Screws 10mm-150mm	\$72.00	1	I04B

# Prosthesis – Fractures Reports

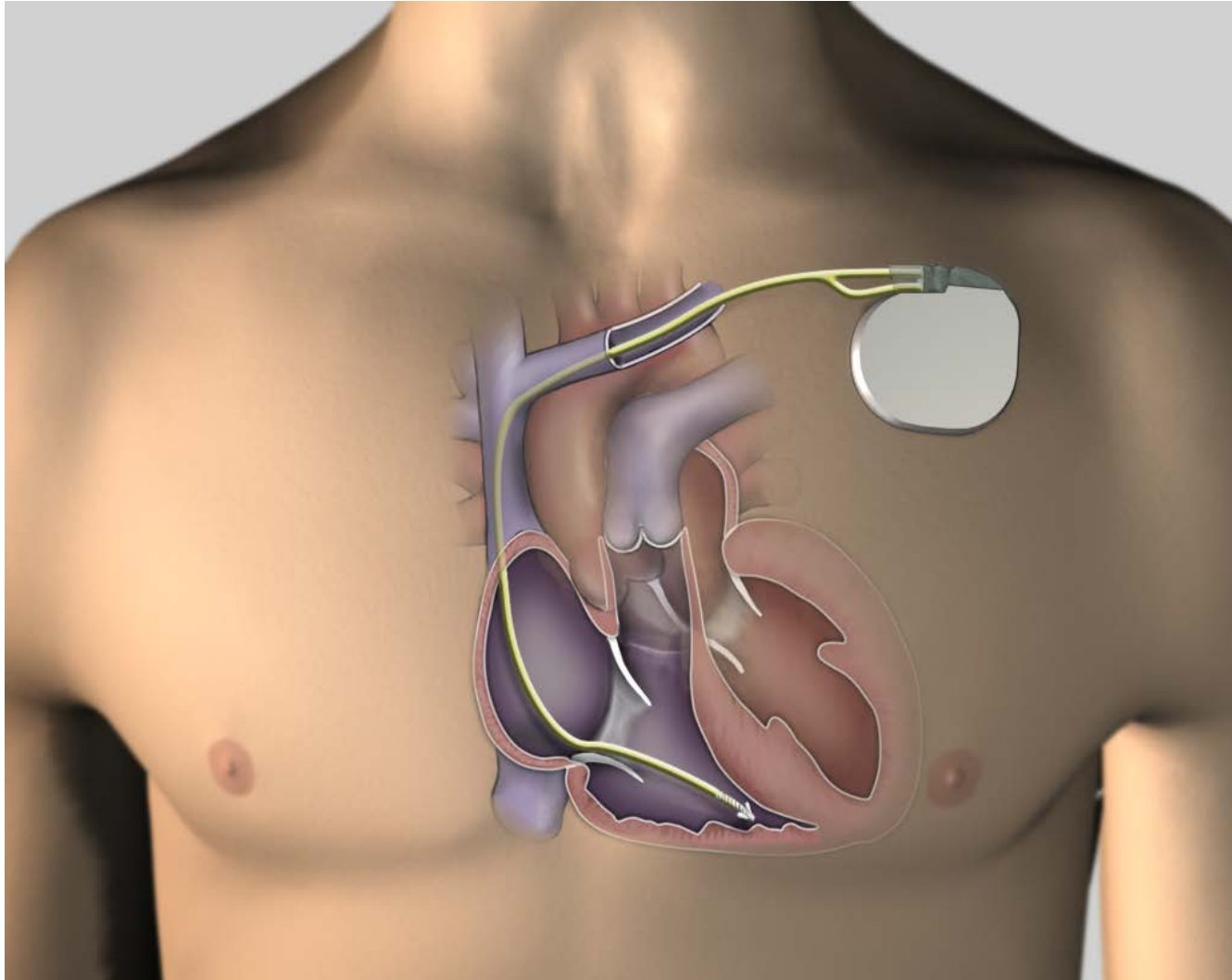
## PROSTHESIS - PLATE/SCREWS

REBATE CODE	DESCRIPTION	BILLED AMOUNT	NUMBER OF ITEMS	DRG
SL012	Peri-Loc And Peri-Loc Vlp Cortical And Osteopenia Screws 2.7	\$91.00	1	I28B
SL012	Peri-Loc And Peri-Loc Vlp Cortical And Osteopenia Screws 2.7	\$182.00	2	I28B
SN915	Peri-Loc Clavicle Plates =7 To =15 Holes	\$1,770.00	1	I28B
SN944	Peri-Loc Locking Screws 2.71mm - 4.49mm	\$322.00	2	I28B
SN944	Peri-Loc Locking Screws 2.71mm - 4.49mm	\$161.00	1	I28B
SN944	Peri-Loc Locking Screws 2.71mm - 4.49mm	\$322.00	2	I28B
SN968	Peri-Loc Locking Screws 2.01mm - 2.7mm	\$815.00	5	I28B
WR015	Osteoset Pellets - Bone Graft Substitute Calcium Sulphate 4.	\$1,500.00	1	I28B

REBATE CODE	DESCRIPTION	BILLED AMOUNT	NUMBER OF ITEMS	DRG
SK073	Matta Pelvic System Curved Pelvic Plate Radius 88 10-14 Hole	\$4,000.00	5	I13B
SK528	'stryker Cannulated Screw System Asnis Iii Cannulated Screws	\$693.00	3	I13B
SK580	Stryker Locked Plate System Periarticular Variable Angle Loc	\$1,730.00	1	I13B

## Prosthesis – Defibrillator / Leads

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# Prosthesis - Reports

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## PROSTHESIS - MISMATCH WITH DRG

REBATE CODE	DESCRIPTION	BILLED AMOUNT	NUMBER OF ITEMS	DRG
MI023	Shunt Component Catheter Ventricular Catheter, Csf Catheter	\$185.00	1	F02Z
MI024	Protecta Xt Vr D354vrm Single Chamber Implantable Cardiovert	\$44,670.00	1	F02Z

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Questions / Comments?

# Type C Item Numbers

THE XXXXX HOSPITAL - OVERPAID TYPE C CLAIMS DRG: -  
G64Z (Inflammatory Bowel Disease)

Diagnosis-ICD10 Codes= K50.0 (Crohn's disease of small intestine); K50.1(Crohn's disease of large intestine)  
K50.8 (Other Crohn's disease); K50.9(Crohn's disease, unspecified)

MBS Item 14245 (Type C)

Procedure Code: -96199-03 (Intravenous administration of pharmacological agent, steroid)

Procedure Code: -96199-09 (Intravenous administration of pharmacological agent, other and unspecified pharmacological agent)

Date of Birth	Date of Service	DRG	ICD10 Code	Medical MBS Item	Procedure Code	Overpaid Amount
18/11/1973	02/08/10	G64Z	K50.9	14245	96199-09	\$3,795
"	03/11/10	G64Z	K50.9	13706	96199-09	\$3,795
"	10/02/11	G64Z	K50.9	14245	96199-09	\$3,795
"	13/05/11	G64Z	K50.9	14245	96199-09	\$3,927
"	25/07/11	G64Z	K50.9	14245	96199-09	\$3,927
"	10/10/11	G64Z	K50.9	14245	96199-09	\$3,927
"	09/12/11	G64Z	K50.9	14245	96199-09	\$3,927
"	17/02/12	G64Z	K50.9	14245	96199-09	\$3,927
"	27/04/12	G64Z	K50.9	14245	96199-09	\$4,064
"	06/07/12	G64Z	K50.9	14245	96199-09	\$4,064
15/10/1961	16/07/10	G64Z	K50.9	14245	96199-09	\$3,795

## Acute Care Treatments

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If it wasn't written.... then it didn't happen.

### Evidence in Clinical Records

- Visited by medical doctor daily – with clinical notes written by doctor
- Nursing entries into clinical records a minimum of once per shift
- 6/24hr (QID) or 8/24hr(TDS) observations documented
- Intravenous Therapy (IV), IV antibiotics
  
- Check the dates – the IV antibiotics may have been administered in the 1<sup>st</sup> week of the admission.
- ACAT – Date is all that is required

# Acute Care Certificate – The easy ones

Telephone No \_\_\_\_\_

Of \_\_\_\_\_

certify that the above patient

(A) is or will be in need of Acute Care for at least the period commencing 25/7/11 (no later than 14 days after signing Certificate) and ending 24/8/11 (no later than 30 days from the commencement), OR

(B) has been, or has been and remains in need of Acute Care for at least the period commencing / / (date prior to signing Certificate) and ending / / (no later than 30 days from commencement)

Please state (1) the condition(s) requiring Acute Care

Bipolar Disorder  
Depression

(2) Details of Hospital Treatment required and provided (e.g. medication or treatment not available in a nursing home, nature and frequency of rehabilitation treatment received, date and nature of surgery or acute medical episodes or complications, prognosis and opinion of probable duration continuing need for Acute care)

Acute Care + Placement

Signature \_\_\_\_\_ Date 22/7/11

*Audited by RCG*

# Acute Care – Clinical Records

03-03-2012 10:40 hrs	<p>Nursing: Patient mobilised to the bathroom x 2 assist using PUF and walkbelt. Incontinent of urine and faeces. Pad in situ - <del>bat</del><sup>enok</sup> showered x 1 assist. Eating and drinking with set up assist. Pt needs prompting for ADLs. All meds given as per med chart. Obs stable. Sat out of bed most time during shift. _____</p>
04-03-2012 11:10 hrs	<p>NURSING: Patient showered x 1 assist, using PUF and walkbelt. Sat him out <sup>(near)</sup> nursing station for breakfast. Pt. needs prompting with his mobility. Eating and drinking well. Obs. within normal range. Pt. seems confused in the morning. Asking for his father. He opened his bowel this morning. Dual incontinent, pad in situ. Sat out of bed in front of nursing station. No complaints arisen _____</p>
05-03-2012	<p>Nursing: Patient mobilised to bathroom x 1 assist using PUF and wlbelt. Showered x 1 assist. Incontinent of urine. Pad in situ. Eating and drinking with set up assist. Mobilised to the dining room for meals. All meds given as per med chart. Obs as charted. Sat out of bed most time during _____</p>

# Acute Care – ICD codes

## ACUTE CARE/NURSING HOME TYPE - PRINCIPAL CODE

DRG	PRINCIPAL ICD10 CODE	KEY PROCEDURE CODE	DAYS	SECONDARY ICD10 CODES	BILLED AMOUNT
Z64A	Z7511	9555001	5	S3205,S3205,W189,U739,M2555,N390,F059,Z740,Z9664,Z9665,Z602	\$1,600.00
Z64A	Z7511	9555001	14	S3205,S3205,W189,U739,M2555,N390,F059,Z740,Z9664,Z9665,Z602	\$4,480.00
Z64A	Z7511	9555001	28	S3205,S3205,W189,U739,M2555,N390,F059,Z740,Z9664,Z9665,Z602	\$8,960.00

## ACUTE CARE/NURSING HOME TYPE - SECONDARY CODE

DRG	PRINCIPAL ICD10 CODE	KEY PROCEDURE CODE	DAYS	SECONDARY ICD10 CODES	BILLED AMOUNT
B67B	G313	9555009	2	F028,G20,J22,B978,E119,Z7511	\$636.00
B67B	G313	9555009	6	F028,G20,J22,B978,E119,Z7511	\$3,282.00

# Special Care Nursery

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Treatments associated with SCN admissions:

- Oxygen therapy
- Pulse oximetry
- Cardiac and / or respiratory monitoring
- Intravenous therapy



# Special Care Nursery

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## What's not Special Care Nursery

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# What's not Special Care Nursery

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- Rooming in with parents or mum
- Pulse oximetry only whilst establishment of sucking feeds
- Apnoea pad on mattress with no other treatment from the SCN list
- Travelling across town in parents car for medical appointment
- Day or weekend leave

## Intensive Care – Specific Item Numbers

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### Item Numbers associated with ICU treatments

- 13870 – management of a patient in ICU – First day
- 13873 - management of a patient in ICU – Subsequent day
- 13876 – CVP, PAP, Systemic Arterial pressure or CAP once only for each type of pressure on any calendar day (up to a max. of 4 pressures)
- 13881 – Airway Access , establishment of and initiation of Mech Vent in ICU
- 13882 – Ventilatory Support in ICU
- 13885 – Continuous A/V or V/V Haemofiltration in ICU – First day
- 13888 - Continuous A/V or V/V Haemofiltration in ICU – Subsequent day

# Intensive Care – ICU Certificate

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- Intensive Care Certificates – A, B, C level of care

A level – Nursing ratio 1:1

B level – Nursing ratio 1:2

C level – Nursing ratio 1:3

# Public Hospital – Patient Election Status – Public Election

**Queensland Government**  
**Patient Election Form**

UNIT: [REDACTED]  
 SINGLE  MULTIPLE → Valid for up to 3 months for the same condition

Admission date: [REDACTED]  
 (Multiple only) ends: [REDACTED]

URN: [REDACTED] F: [REDACTED]  
 Fax: [REDACTED]  
 Give Ph (H): [REDACTED]  
 Add Ph (M): [REDACTED]  
 Date MC: [REDACTED] ID: 2 Exp: 10/2015

**SECTION A: If you need help, ask staff.**

Do you hold a Medicare card?  No  Yes → Card number: [REDACTED]  
 Is it a interim/reciprocal Medicare card?  No  Yes → Expiry date: [REDACTED] Ref no: [REDACTED]  
 Do you have private hospital insurance?  No  Yes → Health fund: [REDACTED]  
 Policy number: [REDACTED]  
 Healthcare card: No [REDACTED]  
 Pension card: No [REDACTED] Expiry date: 30/10/2012

Do you identify as Aboriginal and/or Torres Strait Islander origin?  No  Yes

Do you hold a Department of Veterans' Affairs card, and do you choose DVA to pay hospital expenses?  No  Yes  
 If yes, is it a:  Gold Repatriation Card  White Repatriation Card → Card number: [REDACTED]

Are you a member of the Australian Defence Force?  No  Yes → Service number: [REDACTED]

Is this hospital visit in relation to an injury arising out of a motor vehicle accident?  
 → If yes, were you on your way to or from work?  No  Yes  
 No  Yes

Is this hospital visit in relation to a work related injury or illness?  
 → If yes, do you have an existing claim for this?  No  Yes → Claim no: [REDACTED]  
 No  Yes

Is this hospital visit in relation to a personal injury claim (i.e. litigation)?  Unsure  No  Yes  
 → If yes, provide details: [REDACTED]

Are you an interstate visitor?  No  Yes → Permanent residential postcode: [REDACTED]  
 Are you an overseas visitor?  No  Yes → I normally live in (country): [REDACTED]  
 Interpreter required?  No  Yes → Interpreter booking number: [REDACTED]

If none of above apply:  Self funded or  Other → Details: [REDACTED]

**SECTION B: Please read the 'Private or Public Election - Your Choice (Your Election)' information for patients before completing this section.**

I understand while I may be eligible for Medicare benefits or private hospital insurance, I have a choice to be a private or a public patient. I elect to be treated as a (tick your choice):

PRIVATE PATIENT (It will be advised by Queensland Health staff of costs, estimated at time of admission, payable by me for this admission)  
 → I consent to Queensland Health contacting my health insurer to confirm eligibility for this admission:  No  Yes  
 → I choose to be treated as a private patient by Dr: [REDACTED]  
 I choose to have a single room (charges may apply) if one is available:  No  Yes

In certain circumstances, health fund payments may not fully cover my expenses, including where:  
 (a) I am accessing restricted or excluded services under my private hospital insurance;  
 (b) certain excesses / co-payments are payable under my private hospital insurance;  
 (c) Additional charges may apply, for example prosthetics, high cost consumables, medical charges, fees.

PUBLIC PATIENT → I choose to be treated as a public patient and a suitable doctor will be nominated by the hospital.  
 → I will not be charged for medical or hospital services unless I do not qualify for Medicare.

PRIVATE or PUBLIC → If my stay is greater than 35 days I may be charged a co-payment fee.

Declaration by:  Patient  Parent / Carer  Other (relationship) [REDACTED]

I, (name) [REDACTED] of (address) [REDACTED] AS ABOVE  
 have read, understood and agreed to:  
 - the Private or Public Election - Your Choice (Your Election) and the information on this form and declare my election being fully informed and understanding the consequences including knowing that my status if private can only be changed in the event of unforeseen circumstances.  
 - the Respecting Your Privacy brochure and authorize the hospital to release a copy of this form to my health fund if I elect to be private.  
 I agree that other information in relation to billing or debt recovery for services received may be sought from, or disclosed to, the appropriate funding agency.  
 I am aware that failure to sign this form may result in refusal of my health fund or agency to provide benefits if I have elected to be private.  
 I have not been directed by a Queensland Health employee, officer, agent or contractor to a decision about my election status.  
 I understand that if I have a representative who has been appointed to make decisions or sign documents on my behalf that I need to inform the hospital.

**Patient or Representative**  
 Sign: [REDACTED]  
 Date: 10/10/12

**Queensland Health Staff Witness**  
 Name & position: [REDACTED]  
 Sign: [REDACTED] Date: 10/10/12

PATIENT ELECTION FORM - FUNDING AGENCY COPY

QHPEFS April 2011

# Public Hospital – Patient Election Status – Single Room



Queensland Government

## Patient Election Form

1. Complete Section A and Section B by ticking the relevant boxes.
2. Sign the patient declarations in both sections.

Ph (H) [redacted]  
Ph (M) [redacted]  
MC: [redacted] ID: 1 Exp: 02/2014



### SECTION A

Please read the *Public or Private – your choice* information attached to this form before you complete this section. If you need help, ask the hospital staff.

Yes  No **PUBLIC PATIENT** I choose to be treated as a public patient. This means I cannot choose my own doctor and that the hospital will provide me with a suitable doctor for my care. I will not be charged for accommodation, medical, diagnostic and allied health services or surgically implanted prostheses.

Yes  No **PRIVATE PATIENT** I choose to be treated as a private patient by Dr [redacted]. I understand that I may not be fully covered for my treatment costs and I may have to pay for out-of-pocket expenses.

Yes  No I want a private (single) room, if available; and I agree to pay the extra charges that will apply.

**DECLARATION BY PATIENT** I, (name) [redacted]  
of (address) [redacted]

have read the *Public or Private – your choice* information attached to this form. I understand I have a choice to be a public or private patient and have been fully informed of the consequences of my choice (election). I also understand that this choice can only be changed in the event of "unforeseen circumstances" as set out in the *Public or Private – your choice* information. A hospital employee has not directed me towards this decision.

**Signature (patient)** [redacted] **Date** 20 [redacted]

**Signature (or patient representative)** [redacted] **Relationship to patient** [redacted]  
of (address) [redacted] **Date** [redacted]

**DECLARATION BY HOSPITAL EMPLOYEE AS WITNESS** I, [redacted]

witnessed the patient or their representative make the election of their choice.  An interpreter was not required.

Queensland Health

# Public Hospital – Patient Election Status – Pre Populated

## INPATIENT ELECTION FORM

### Facility Name:

This form is to be completed by all inpatients except those who have completed one of the following forms: Overseas Residents Declaration, Workers Compensation, Third Party Insurance, Department of Veterans Affairs or Compensable Patient/Public Liability.

Please ensure that you read and understand the inpatient election information sheet prior to completing the Inpatient Election Form. Admissions staff are available to answer any questions you may have concerning the Inpatient Election Form and the Inpatient Election Information Sheet.

### Note:

The election is to be completed by the patient or by a legally authorised representative (spouse, parent or other relative).

Family Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

MRN: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

### Hospital (non chargeable) patient

I elect to be treated by a doctor or doctors nominated by the Hospital and I understand that I will NOT be charged for accommodation or clinical/diagnostic services or prosthetics.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Private (chargeable) patient

I elect to be treated by Dr. \_\_\_\_\_ or by the doctor on call and by doctors who may be called in to provide clinical/diagnostic services on my behalf. I may choose these doctors provided they hold formal appointments at this Hospital.

I understand that I will be billed for accommodation which will usually be covered by private health insurance if I hold such insurance.

I further understand that if I am not privately insured, I will be required to pay all relevant costs prior to my admission. I understand that if my health insurance cover includes an excess/co-payment, I am responsible for this amount. I understand that if I do not have private health insurance, I am responsible for all costs not covered by Medicare.

Health Fund name: \_\_\_\_\_

Membership number: \_\_\_\_\_

Other comments concerning health fund coverage \_\_\_\_\_

I request to be accommodated in a single room subject to availability.

I understand that I will be charged a higher accommodation rate per day for occupancy of a single room and that I am responsible for the payment of any fees not covered by my health fund. Please note that single rooms may be allocated to other patients based on clinical needs. If a patient's condition warrants a single room you may be required to move from your single room to assist with this clinical need.

### THIS ELECTION WILL COVER MULTIPLE FUTURE SHORT TERM TREATMENTS FOR THE SAME CONDITION

Effective from: \_\_\_\_\_

to \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Patient Declaration

I have received the Inpatient Election Information Sheet, which provides information on my election decision. I have read and understood this Election Form and the Inpatient Election Information Sheet, which explains how my election decision will affect me.

I have also been provided with the opportunity to ask questions of Hospital staff concerning the Inpatient Election Information Sheet to assist with my understanding. A hospital employee has not directed me to a particular decision. I understand that I can only alter my election in the event of unforeseen circumstances.

In accordance with the Department of Health Privacy Policy, I authorise disclosure of information from my clinical records as necessary for my continuing care and if applicable agree that a copy of this election form may be released to my private health fund. I understand that without this authorisation, my health fund may refuse to provide benefits.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of person completing the election if not patient: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact number (Home): \_\_\_\_\_

FN: \_\_\_\_\_

### Witness to Election

I certify that this patient/legally authorised representative has received the Inpatient Election Information Sheet. I certify that I witnessed the patient/legally authorised representative make the above election.

Signature of Admission or Assessing Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

I have translated this election form and the Inpatient Election Information Sheet to the patient/legally authorised representative's native language and am satisfied that the patient understands the contents of these documents.

Interpreter Signature: \_\_\_\_\_

Date: / /



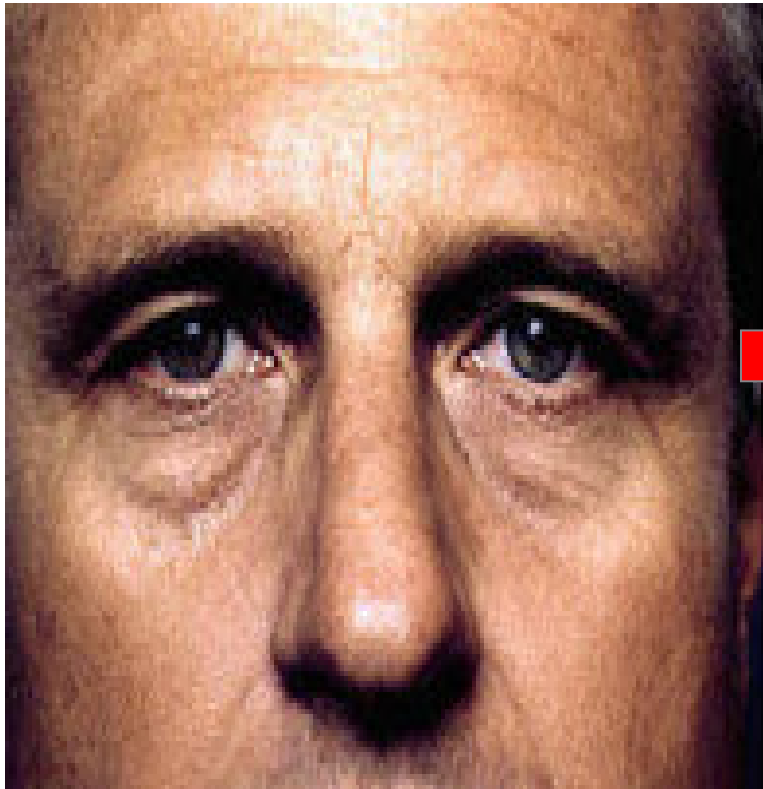
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Comments / Questions ?

## Medical – Cosmetic surgery admissions

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Eyelid lift (blepharoplasty) and Browlift



## Medical Item Numbers – Cosmetic Item Numbers

C11Z	45617	Ptosis of eyelid	4561400	Reconstruction of eyelid	4561400	Reconstruction of eyelid
C11Z	45617	Ptosis of eyelid	4561400	Reconstruction of eyelid	9251599	Sedation, ASA 99
J10Z	45617	Other plastic surgery for unacceptable cosmetic appearance	4561700	Reduction of upper eyelid	4561700	Reduction of upper eyelid
C11Z	45617	Blepharochalasis	4561700	Reduction of upper eyelid	4561700	Reduction of upper eyelid
C11Z	45617	Ptosis of eyelid	4561400	Reconstruction of eyelid	4561400	Reconstruction of eyelid

## Medical Item numbers – Anaesthetic Relative Value

Relative Value Guide Item Numbers					
Service Date	Time Billed	DRG Name	Theatre Time	Charge Should be	Overbilled
10Aug2011	23h 11m	Follow Up Aftr Treat+endoscopy	0h 20m	\$ 68.00	\$2,680.90
21Sep2011	23h 8m	Other Colonoscopy	0h 33m	\$ 93.00	\$ 2,272.90
07Sep2011	22h 59m	Inguinal&femoral Hernia Pr A>0	0h 52m	\$ 133.20	\$ 2,585.70
15Feb2012	22h 52m	Major Lens Procedures	0h 19m	\$ 69.80	\$ 2,721.90
13Apr2011	22h 16m	Dental Extract & Restorations	0h 35m	\$ 102.00	\$ 2,582.35
14Oct2011	22h 16m	Other Back & Neck Procs	1h 35m	\$ 238.00	\$ 2,621.80
11Jan2011	21h 49m	Transurethral Prostectomy	1h 22m	\$ 186.30	\$ 2,179.15

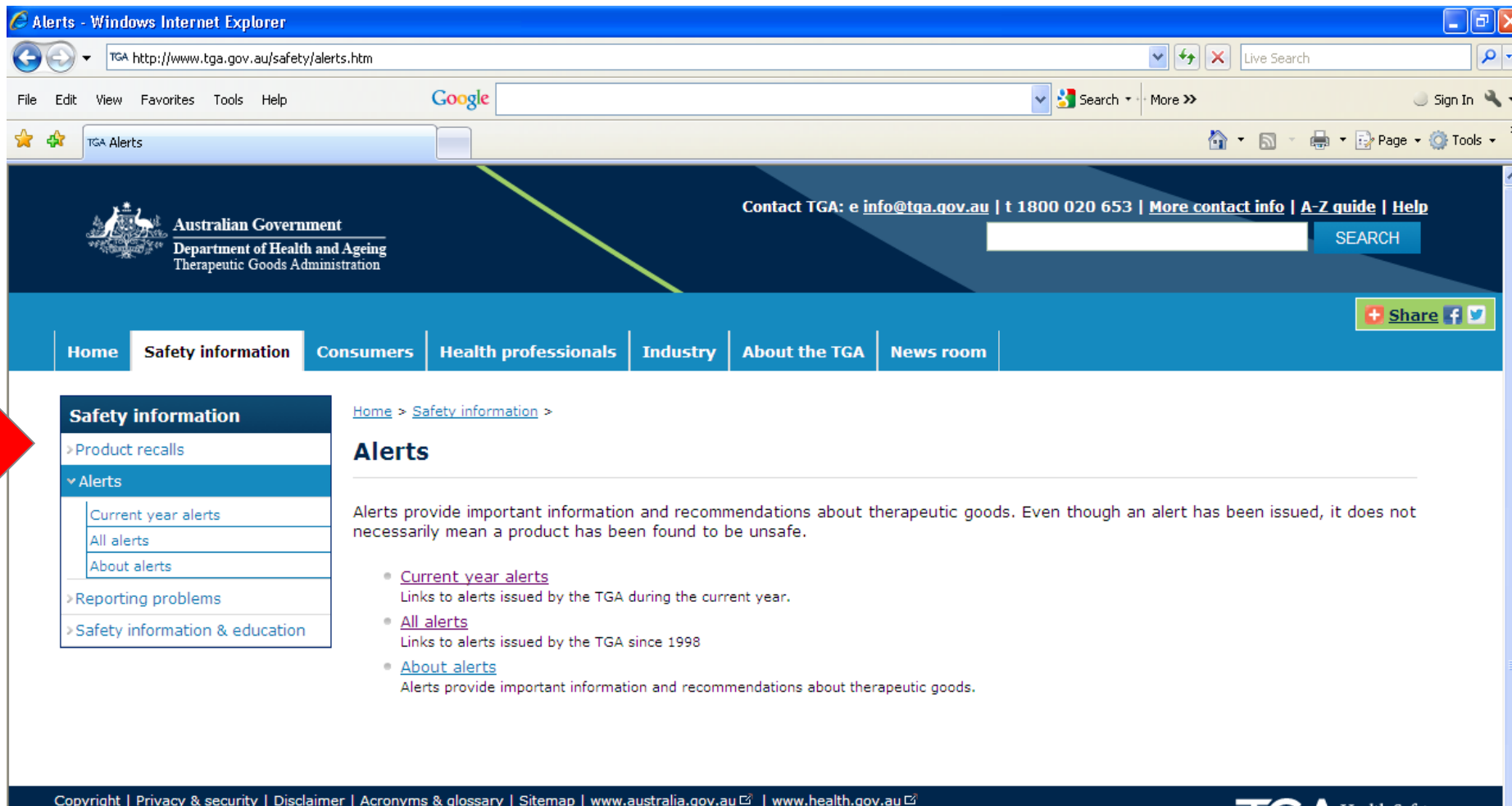
# Prosthesis – The World of Recalls - 2012

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- Orthopaedic – Metal on Metal (MOM)
- Breast Implants
- Cardiac Leads
- Implanted Defibrillators

# Prosthesis – The World of Recalls and Alerts

- TGA website : <http://www.tga.gov.au/safety/recalls.htm>



The screenshot shows the TGA website in Internet Explorer. The browser title is "Alerts - Windows Internet Explorer" and the address bar shows "TGA http://www.tga.gov.au/safety/alerts.htm". The page header includes the Australian Government logo and the text "Department of Health and Ageing Therapeutic Goods Administration". A search bar is visible with the text "SEARCH". The navigation menu includes "Home", "Safety information", "Consumers", "Health professionals", "Industry", "About the TGA", and "News room". The "Safety information" menu is expanded, showing "Product recalls", "Alerts", "Reporting problems", and "Safety information & education". The "Alerts" section is highlighted with a red arrow. The main content area is titled "Alerts" and contains the following text: "Alerts provide important information and recommendations about therapeutic goods. Even though an alert has been issued, it does not necessarily mean a product has been found to be unsafe." Below this text are three bullet points: "Current year alerts" (Links to alerts issued by the TGA during the current year.), "All alerts" (Links to alerts issued by the TGA since 1998), and "About alerts" (Alerts provide important information and recommendations about therapeutic goods.). The footer contains copyright information and links to "Privacy & security", "Disclaimer", "Acronyms & glossary", "Sitemap", "www.australia.gov.au", and "www.health.gov.au".

Alerts - Windows Internet Explorer

TGA http://www.tga.gov.au/safety/alerts.htm

File Edit View Favorites Tools Help

Australian Government  
Department of Health and Ageing  
Therapeutic Goods Administration

Contact TGA: e [info@tga.gov.au](mailto:info@tga.gov.au) | t 1800 020 653 | [More contact info](#) | [A-Z guide](#) | [Help](#)

SEARCH

Home Safety information Consumers Health professionals Industry About the TGA News room

Safety information

- Product recalls
- Alerts
  - Current year alerts
  - All alerts
  - About alerts
- Reporting problems
- Safety information & education

Home > [Safety information](#) >

## Alerts

Alerts provide important information and recommendations about therapeutic goods. Even though an alert has been issued, it does not necessarily mean a product has been found to be unsafe.

- [Current year alerts](#)  
Links to alerts issued by the TGA during the current year.
- [All alerts](#)  
Links to alerts issued by the TGA since 1998
- [About alerts](#)  
Alerts provide important information and recommendations about therapeutic goods.

Copyright | Privacy & security | Disclaimer | Acronyms & glossary | Sitemap | [www.australia.gov.au](http://www.australia.gov.au) | [www.health.gov.au](http://www.health.gov.au)

# Prosthesis – The World of Discontinued/ Cancelled Devices

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- 30 OCT 2012: THERAPEUTIC GOODS ADMINISTRATION TGA: SMR L2 Metal Back Glenoid Component (used in shoulder replacements) - Product discontinued - The Shoulder Modular Replacement (SMR), sponsored by Lima Orthopaedics Australia, is an implant used in shoulder replacements
- 30 OCT 2012: THERAPEUTIC GOODS ADMINISTRATION TGA: Apex K2 Femoral Stem (used in hip replacements) - Cancelled due to high revision rate - The Apex K2 Femoral Stem, manufactured by Global Orthopaedic Technology, is a component used in hip replacements
- 30 OCT 2012: THERAPEUTIC GOODS ADMINISTRATION TGA: Birmingham Hip Modular Head (used in hip replacements) - High revision rate - The Birmingham Hip Modular Head (BHMH), manufactured by Smith & Nephew, is a component of a metal-on-metal (MoM) total conventional hip replacement system
- 30 OCT 2012: THERAPEUTIC GOODS ADMINISTRATION TGA: Durom Acetabular Component (used in hip replacements) - Cancelled due to high revision rate - The Durom Acetabular Component, manufactured by Zimmer, is an implant used in metalon-metal (MoM) hip replacements

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Thank You  
Questions / Comments?