



Commonwealth Department of  
Health and  
Aged Care

# *Day Only Procedures Manual*

**September 1999**

**Day Only**  
**Procedures Manual**

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## About this Manual

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This manual summarises details of the day only arrangements and is intended for use as a reference source for personnel who are involved in administering the day only procedure arrangements. **Please note that item descriptors are detailed in Department of Health and Aged Care HBF/PH circulars as distributed by the Department from time to time.** The current Medicare Benefits Schedule Book should be consulted for further detail on the item descriptions.

The first Day Only Procedures Manual was printed in November 1992. The second edition was printed in November 1993. The manual was not reprinted in November 1994 or November 1995. The third edition was printed in August 1996. **This, the fourth edition of the manual, is in a new format.** It is hoped that this short manual will serve as a useful reference, supplemented by up-to-date HBF/PH circulars.

Information contained in this manual is correct at the time of going to print. All components are subject to change at any time. Circulars will be issued to notify changes.

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## Background to Day Arrangements

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On 29 December 1989, the Commonwealth introduced new arrangements concerning day only procedures.

Health Insurance Basic Table differential facility benefits were introduced for procedures carried out on a day only basis for admitted patients in a public or private hospital or a licensed free standing day hospital facility. The procedures where the patient was privately insured qualified for at least a day only facility basic table benefit. These basic insurance benefits have been replaced by further Commonwealth arrangements. The declared minimum benefits are known as Default Table Benefits. (The authority to declare these benefits is found in paragraph (bj) of Schedule 1 of the *National Health Act 1953*).

The Default Table Benefits identify three types of categories of professional attention. Basically these types are:

- Type A: professional attention normally requiring admitted overnight hospital stays;
- Type B: professional attention normally requiring admitted hospital treatment, but does not include part of an overnight stay;
- Type C: professional attention that does not normally require admitted hospital treatment.

Professional attention is defined in the *Health Insurance Act 1973* as meaning:

- (a) medical or surgical treatment by or under the supervision of a medical practitioner;
- (b) obstetric treatment by or under the supervision of a medical practitioner or a registered nurse with obstetric qualifications; or
- (c) dental treatment by or under the supervision of a dental practitioner.

The day arrangements focus on Type B and Type C procedures.

There is no legislative requirement that a patient must occupy a bed in order to qualify for day facility benefits.

## Type B Procedures

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As stated previously, Type B procedures are recognised as requiring admitted hospital treatment but patients would not 'normally' be admitted to hospital for an overnight stay.

It is recognised that there will be instances where it is necessary to admit a patient overnight who is undergoing a Type B procedure. However, if a patient undergoing a Type B procedure is admitted to hospital overnight it will be necessary for the treating doctor to complete 'overnight certification' outlining why the patient required an overnight admission.

If certification is not completed, health insurance benefits will be paid at the day benefit rate only. It should be noted that patients who are operated on late in the day, necessitating 'overnight' recovery will not automatically be entitled to receive an overnight benefit. This is because benefits are based on the procedure performed and whether there were complications or other matters rather than the time of admission and discharge.

Overnight stays may be certified by using Form 1830 Day Only Procedures (page 11), where stocks are still available. Please note that Form 1830 is no longer being printed, instead hospitals and day hospital facilities should use the Private Patient Hospital Claim Form (page 9) as it incorporates all information required by Form 1830.

**Note:** If a Type B procedure is performed in conjunction with a Type A procedure (recognised as requiring overnight hospitalisation) then overnight certification will not be necessary.

Four bands classify procedures undertaken on a Type B day only basis for benefit purposes:

- Band 1(a) is a definitive list of procedures with **no flexibility** for re-classification to another band;
- Band 1(b) is for professional attention that embraces all other day only admissions to hospital not related to Bands 2, 3 or 4 (this category applies primarily to psychiatric and rehabilitation day patients).

See page 4 for full descriptions for Bands 1, 2, 3 and 4.

## Same Day Band Descriptors

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- (i) **Band 1** which includes gastrointestinal endoscopy, certain minor surgical items and non-surgical procedures that do not normally require anaesthetic.
  - (a) is a definitive list of procedures with no flexibility for re-classifications to another band
  - (b) professional attention that embraces all other day only admission to hospital not related to Bands 2, 3, or 4.
- (ii) **Band 2** means procedures (other than Band 1) carried out under local anaesthetic, no sedation.
- (iii) **Band 3** means procedures (other than Band 1) carried out under general or regional anaesthesia or intravenous sedation. Theatre time less than one hour.
- (iv) **Band 4** means procedures (other than Band 1) carried out under general or regional anaesthesia or intravenous sedation. Theatre time one hour or more.

**Note:** Time in theatre means the time entering theatre to time leaving theatre.

### Non-Band Specific Type B list

A number of items have been determined to be suitable to be undertaken on a day only basis. Items on this list can be banded according to anaesthetic and theatre time within Bands 2, 3 or 4. In the absence of anaesthetic and theatre, a Band 1 classification applies.

The 'overnight certification' arrangements described on page 3 also apply to the list.

A copy of the non-band specific items can be down loaded from:

<http://www.health.gov.au/pubs/circfinl>



## Type C Procedures

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Without a requirement for a patient to 'occupy a bed' it is recognised that this could open up the potential for facilities to claim same day benefits for procedures traditionally undertaken on an out-patient, accident/emergency or non admitted patient basis e.g. consultations, minor surgery, diagnostic/investigatory procedures. In an effort to clarify what usually constitutes such services the Commonwealth developed an 'exclusion list' of procedures.

Known as the Type C exclusion list, it is a list of services for which fund facility benefits will not normally be paid. However, there will be occasions when admission on a day only basis is warranted. These occasions require the completion of the 'Same Day Certification' section on the Private Patients Claim Form. (Form 1830 referred to on page 3 may also be used where stocks are still available.)

On completion of the box marked 'Day Only Procedure — Certification' this will enable the payment of a Band 1 accommodation benefit. A band 1 benefit ONLY is payable, regardless of anaesthetic type or theatre time. A second certification, 'Overnight Stay Admission — Certification' is required when a designated Band 1 patient is admitted for an overnight stay in hospital. It should be noted that as the Band 1 list is comprised essentially of minor procedures then overnight admission should not be a common occurrence.

**Note:** If a Type C procedure is performed in conjunction with a Type A or Type B procedure then certification for hospital admission will not be necessary.

## Health Benefit Fund (HBF) Private Hospital (PH) Circulars

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The Private Health Industry Branch of the Department of Health and Aged Care regularly sends out circulars to advise on changes to day arrangements and other default table amendments.

These circulars are issued directly to health insurance funds, private hospitals, day hospital facilities and a variety of other professional organisations and individuals.

These circulars can be down loaded from our internet site:

**<http://www.health.gov.au/pubs/circfinl>**

Circulars are also sent to State/Territory health authorities for distribution to the public sector. If you cannot locate a particular circular within your hospital please contact your local regional office or the State contact officers listed below:

### **New South Wales**

Catherine Katz  
Manager  
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Locked Bag 961  
NORTH SYDNEY NSW 2059  
Ph 02 9391 9469  
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### **Tasmania**

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Manager  
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HOBART TAS 7001  
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Fax 03 6233 2909

### **Queensland**

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Health Systems Strategy Branch  
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Fax (08) 9222 4014

**South Australia**

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Administration Officer  
Strategic Planning and Policy Division  
South Australian Department of Human  
Services  
PO Box 65, Rundle Mall  
ADELAIDE SA 5000  
Ph (08) 8226 6042  
Fax (08) 8226 6600

## Private Patient Hospital Claim Form

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The Australian Health Insurance Association (AHIA) guided the development of a single Private Patient Hospital Claim Form for use by hospitals and day hospital facilities with effect from 1 October 1995. The Form encompasses both overnight stay and day only stay details and includes provision for Hospital Casemix Protocol data. Hospitals should contact health funds to obtain copies of this form.

**Please note that completion of the AHIA form for private day only patients negates the need to complete Form 1830. It may also be used by public hospitals for their private patients.**

The Private Patient Claim Form is under review by the AHIA. Questions or comments on the design or content may be directed to:

Mr Peter McDonald  
AHIA  
4 Champion Street  
Deakin ACT 2600  
  
Ph (02) 6285 2977  
Fax (02) 6285 2959

# Private Patient Hospital Claim Form

<b>PRIVATE PATIENT HOSPITAL CLAIM FORM</b>		V1.0 1-10-96
FUND	HOSPITAL	PROVIDER NUMBER
		MEDICAL RECORD NUMBER
<b>Patient / Fund Membership Details (Please print)</b>		
Family Name of patient	Mr/Mrs/Miss/Ms	
Given names of patient		
Membership Number	Fund Cover	
Relationship of Patient to Member	Patient's date of birth	Age
Family Name Member	Mr/Mrs/Miss/Ms	
Given Names Member		
Address of member	( )	
	Postcode	( )
<b>Adding a Newborn Child to Your Membership:</b>		
Surname	Given names	Date of Birth / /
<b>Declaration Concerning Claim (The accurate answers to these questions are an essential part of this claim)</b>		
Do you have entitlement to claim compensation or damages (including previous settlements) ?	Yes / No	Yes / No
Have you lodged a claim for compensation or damages ?	Yes / No	Yes / No
Did the injury or condition occur at work, going to or from work or as a result of being at work ?	Yes / No	Yes / No
Did the hospitalisation result from a motor vehicle accident ?	Yes / No	Yes / No
Does the patient have an entitlement to free treatment under the Repatriation Act ?	Yes / No	Yes / No
Is the patient a full-time student dependant over 17 years and under 25 years ?	Yes / No	Yes / No
If yes, name of educational institution:		
Date patient was first aware of symptoms / /	Date patient first consulted doctor for symptoms / /	
Full name of admitting Medical Practitioner: _____		
(PUBLIC HOSPITAL PATIENTS ONLY)	Did you elect to be treated as a private patient ?	Yes / No
<i>I hereby declare and warrant that all the above information furnished in connection with this claim is true and correct. I authorise the hospital, or any other authorities concerned with my hospitalisation, injury, disease or ailment, or the treatment or diagnosis, to supply all relevant information to the fund, if required by the fund.</i>		
Patient's / Guardian's signature	Date	/ /
I authorise my health fund to pay benefits direct to the hospital		
Member's signature	Date	/ /

Hospital Accommodation Details (To be completed by hospital)											
Admission Code	Accom. Code	Date From	Date To	Discharge Code	Days Claimed	Episodic or Daily Bed Charge					
Same Day Patients Only											
Admission Time (24hr)	Separation Time (24hr)	Time in Theatre	From	To	Time in Facility	From	To	General	Regional	Same Day Band: (1-4)	
Theatre/MBS (* Principal MBS First) Other Services											
MBS Item No.	Date of Service	Amount Charged	Code	Date of Service	Number	Amount Charged					
Certificates attached: Acute Psych Rehab ICU NICU Same Day Certificate (Overleaf)											
AN-DRG Number	Version Number	Principal Diagnosis ICD9-CM	Principal Procedure ICD9-CM								
Secondary Diagnoses ICD9-CM											
Secondary Procedures ICD9-CM											
Admission Weight	Age in Days	Separation Mode	Same Day Status	Transfer In							
Acute Length of Stay	Non-Acute Length of Stay	Leave Days	Hours of Mech. Ventilation	Transfer Out							

*I certify the above information is true and correct according to our records and no other certificate has been issued for this period of hospitalisation. The hospital authorises the fund or its agent to inspect all records applicable to the patient.*

Authorising Hospital Officer's Signature \_\_\_\_\_ Date / /

SAME DAY CERTIFICATION	
<p style="text-align: center;"><b>Day Only Procedures - Certification</b> <i>Certificate for the purpose of sub-section 4(2), &amp; (3), National Health Act, 1953</i></p>	<p style="text-align: center;"><b>DATE OF SERVICE</b> / /</p>
<p style="text-align: center;"><b>Overnight Stay Admission - Certification</b> <i>Certificate for the purpose of sub-section 4(1), National Health Act, 1953</i></p>	
<p><i>Note: Overnight Certificate only required when a band 1 patient is admitted as an Overnight Stay Patient</i></p>	
CERTIFICATION	
<p>I certify that, this was necessary because of:</p>	
	<p>The medical condition of the patient named overleaf, namely ...</p>
	<p>Other special circumstances, namely... (Please specify condition or circumstances)</p>
Admitting medical practitioner providing the professional treatment	
Medical Practitioner's Signature	
	<p style="text-align: center;">Date / /</p>

ADMISSION CODES	ACCOMMODATION CODES	OTHER SERVICE CODES
<ol style="list-style-type: none"> <li>1. Admission Claim</li> <li>2. Continuation Claim</li> <li>3. Re-Admission</li> <li>4. Same day</li> <li>5. Transfer from another hospital</li> </ol>	<ol style="list-style-type: none"> <li>1. Single Room</li> <li>2. Shared Room</li> <li>3. Shared Room +</li> <li>4. Coronary Care</li> <li>5. Intensive Care</li> <li>6. Other (ie HDU)</li> <li>7. Neonatal</li> <li>8. NHTP</li> <li>9. Rehabilitation Program</li> <li>10. Psychiatric Program</li> </ol>	<ol style="list-style-type: none"> <li>1. Labour Ward</li> <li>2. Theatre Fee</li> <li>3. Pharmaceuticals</li> <li>4. Nursery Fee</li> <li>5. Disposables</li> <li>6. Prostheses</li> <li>7. Other</li> </ol>
<b>DISCHARGE CODES</b> <ol style="list-style-type: none"> <li>1. Discharged</li> <li>2. Interim Claim</li> <li>3. Deceased</li> <li>4. On leave</li> <li>5. Transfer to another hospital</li> </ol>		<b>SAME DAY STATUS</b> <ol style="list-style-type: none"> <li>0. Overnight stay</li> <li>1. Procedure normally sameday</li> <li>2. Sameday Patient</li> <li>3. Overnight Patient</li> </ol>
<b>SEPARATION CODES</b> <ol style="list-style-type: none"> <li>01 Separation/Transfer to an Acute Hospital</li> <li>02 Separation/Transfer to a Nursing Home</li> <li>03 Separation/Transfer to a Psychiatric Hospital</li> <li>04 Separation/Transfer to another health facility</li> <li>05 Statistical separation - type change</li> <li>06 Patient left against medical advice</li> <li>07 Statistical separation from leave</li> <li>08 Patient Died</li> <li>09 To Home / other</li> </ol>		
<b>TRANSFER CODES - TRANSFER IN OR TRANSFER OUT</b> <ol style="list-style-type: none"> <li>U. <b>Up Transfer:</b> This / the next hospital stay is expected to be more resource intensive than the next / previous hospital stay</li> <li>D. <b>Down Transfer:</b> This / the next hospital stay is expected to be less resource intensive than the next / previous hospital stay</li> <li>L. <b>Lateral Transfer:</b> This / the next hospital stay is expected to be of similar resource intensity as the next / previous hospital stay</li> <li>X. Unknown</li> </ol>		

# Form 1830 Day Only Procedures

**Day Only Procedures**  
*Day Hospital Benefit Banding*

**Section 1 Patient and Facility Information**

• To be completed by Hospital or Registered Day Hospital

Facility name

Facility provider number

Patient's surname  Given name(s)

Patient's address

Postcode

Date of birth  /  /

Patient's sex  Male  Female

Patient's health insurance fund

Membership number

**Section 2 Procedure**

Procedure (brief description)

MBS item number

Procedure (brief description)

MBS item number

Date of service(s)  /  /

**Section 3 Banding**

Band 1  Band 2  Band 3  Band 4

Actual type of anaesthetic

No anaesthetic  Local  General  Regional  Intravenous sedation

Time in theatre  From  To

or

Time in facility  From  To

Name of treating medical practitioner (please print)

Name of authorised officer of facility (please print)

Date  /  /

**Day Only Procedures**  
*Day Hospital Benefit Banding*

**Section 4 Certifications (if necessary)**

(Incorporating Day Only Procedures Certification and Overnight Stay Certification)

• Indicate correct type (or both if applicable)

**Day Only Procedures - Certification**  
Certificate for the purpose of Schedule 1, paragraph (b) National Health Act 1953

Date of service  /  /

**Overnight Stay Admission - Certification**  
Certificate for the purpose of Schedule 1, paragraph (b) National Health Act 1953

Date of service  /  /

**Note**  
Overnight Certificate only required when a Band 1 or a "Non-Band Specific Type B" patient is admitted to hospital for an Overnight Stay.

**Section 5 Certification**

▶ I certify that, because of the medical condition of the abovenamed patient, namely.....  
(please specify condition)

**OR**

▶ Because of other special circumstances, namely.....  
(please specify circumstances)

• Indicate correct type (or both if applicable)

**Day Only Procedures**  
In accordance with accepted medical practice the patient is to be admitted to a facility for professional attention as a day only patient.

**Overnight Stay Admission**  
In accordance with accepted medical practice the patient is to be admitted to hospital for professional attention for a period which includes part of an overnight stay.

Admitting medical practitioner providing the professional attention (please print)

Signature of medical practitioner

Date  /  /

Original: Health Fund copy      Duplicate: Retain by Facility      1830 (9711)