



## **Appendix 1**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: Harper RW, Nasis A, Sundararajan V. How changes to the Medicare Benefits Schedule could improve the practice of cardiology and save taxpayer money. *Med J Aust* 2015; 203: 256-258. doi: 10.5694/mja15.00333.

## Appendix 1: Summary of Invasive Coronary Angiography Costs

	Non-Insured Outpatient	Public Hospital Inpatient	Private in Public Hospital	Private Hospital Inpatient
MBS Item Number 38218, 59925	\$894	–	\$894	\$894
Theatre Fee	–	–	-	\$2,006
Bed Charge				
– Day case	–	–	-	\$2,449
– Overnight	–			\$3,389
DRG Charge F142 a-c, average WIES = 1.3073	–	\$5,733	\$4,293	–
<b><u>Total</u></b>	<b>\$894</b>	<b>\$5,773</b>	<b>\$5,187</b>	<b>\$5,349 to \$6,289</b>
<b><u>Cost to tax-payer</u></b>	<b>\$759</b> (85% MBS)	<b>\$5,773</b>	<b>\$4,964</b>	<b>\$1,785 to \$2,020</b>

MBS = Medicare Benefits Schedule

DRG = Diagnosis-Related Group

WIES = Weighted Inlier Equivalent Separation