Explanatory Statement

Health (Fees) Determination 2019 (No 1)

Disallowable Instrument DI2019-180

made under the

Health Act 1993, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2018-153, dated 28 June 2018.

The Determination comes into effect on 1 July 2019 and reproduces Determination DI2018-153 except for:

- items on Attachment A, which have increased by the Wage Price Index of 2.5% (subject to rounding);
- items on Attachment B, which have increased by indexation rates as advised by the Commonwealth;
- items on Attachment C, which have either been removed or added to the fee determination;
- minor amendments to the clauses (1), (5) and (9);
- minor wording and numbering changes; and
- the date of effect.

| Ite | em | | ITEMS INCREASING BY WAGE PRICE | Frequency | 2018-19 Charge ex. GST | 2019-20 Charge ex. GST | 2019-20 Charge inc. GST |
|-----|----------|----------------|---|---------------|------------------------------|------------------------------|-------------------------------|
| | | | | | | | |
| Α | Hospita | l Accommod | dation Fees and Other Admitted Patient Fees - Standard Patients | | | | |
| | 1 | С | In single room at patients request | per day | \$624.20 | \$639.80 | n/a |
| | | d | Hospital in the Home | \$0.00 | \$217.30 | \$222.75 | n/a |
| | 2 | Compens | able | | | | |
| | | а | Critical Care ¹ | | | | |
| | | i) | First 21 days per episode | per day | \$3,934.95 | \$4,033.30 | n/a |
| | | ii) | Over 21 Days | per day | \$1,720.95 | \$1,763.95 | n/a |
| | | b | Other Inpatient ² | | | | |
| | | i) | First 21 days per episode | per day | \$1,916.75 | \$1,964.65 | n/a |
| | | ii) | Over 21 Days | per day | \$1,067.00 | \$1,093.65 | n/a |
| | | С | Hospital in the Home | per day | \$469.45 | \$481.20 | n/a |
| | | d | Operating Room Charges | | | | |
| | | than 1 ho | eatment involves undergoing procedures that take longer ur carried out under general or regional anaesthetic or us sedation and the patient is not a day only patient | per treatment | \$2,923.30 | \$2,996.40 | n/a |
| | 3 | | orocedures (including day only surgical patients) | per treatment | \$1,023.95 | \$1,049.55 | n/a |
| | J | Eligible | | | | | |
| | | а | Critical Care ¹ | | | | |
| | | i) | First 21 days per episode | per day | \$5,327.95 | \$5,461.15 | n/a |
| | | ii) | Over 21 Days | per day | \$3,051.40 | \$3,127.70 | n/a |
| | | b | Other Inpatient ² | | | | |
| | | i) | First 21 days per episode | per day | \$2,102.25 | \$2,154.80 | n/a |
| | | ii) | Over 21 Days | per day | \$1,232.05 | \$1,262.85 | n/a |
| | | С | Hospital in the Home | per day | \$469.45 | \$481.20 | n/a |
| | | than 1 ho | Operating Room Charges eatment involves undergoing procedures that take longer ur carried out under general or regional anaesthetic or | per treatment | \$2,923.30 | \$2,996.40 | n/a |
| | | | us sedation and the patient is not a day only patient procedures (including day only surgical patients) | per treatment | \$1,023.95 | \$1,049.55 | n/a |
| | | | | | | | |
| С | - | I Accommod | dation Fees - Nursing Home Type Patients | | | | |
| | 2 | Private pa | atient | per day | \$185.05 | \$189.45 | n/a |
| D | Hostel F | ees | | | | | |
| | 1 | Hostel Ac | commodation Fees | per day | \$45.90 | \$47.05 | n/a |
| | 2 | Group Ho | ouse - Maintenance Fee | per fortnight | \$14.45 | \$14.80 | n/a |
| E | | ccommodat | | | | | |
| | 1 | | nces - Patients | | 04440 | Ф4F 00 | I |
| | | a | Room Only (single) | per day | \$44.10 | \$45.20 | n/a |
| | 0 | b In Decide | Room Only (Double) | per day | \$61.50 | \$63.05 | n/a |
| | 2 | | nces – Non-Patients | | ¢40.40 | \$44.40 | Ф4F 00 |
| | | a | Room Only (single) | per day | \$40.10 | \$41.10 | \$45.20 |
| | | b | Room Only (Double) | per day | \$55.90 | \$57.30 | \$63.00 |
| F | | gy Service I | | | | | |
| | 1 | | icare Testing | | #00.00 | #00.05 | #00.0 = |
| | | C | Collection fee for collection of research trials | per test | \$29.20 \$101.45 | \$29.95 \$104.00 | \$32.95 |
| | | d • | DNA Extraction and Storage | per test | \$101.45 | \$104.00 | n/a |
| | | f | Spore Testing | per ampoule | \$13.30 \$53.30 | \$13.65 | \$15.02 |
| | | 0 | Environmental Testing | per request | \$53.30 | \$54.65 | \$60.12 |
| | | u | Surveillance Screening | per test | \$35.90 | \$36.80 | n/a |
| G | | tal Outpatier | • | | | | |
| | 4 | PAP Mac | hine Hire | per hire | \$230.60 | \$236.35 | n/a |
| | | | | | | | |

| Ite | m | | TIEMS INCREASING BY WAGE PR | Frequency | 2018-19 Charge ex. GST | 2019-20 Charge ex. GST | 2019-20 Charge inc. GST |
|-----|----------|-------------|---|---------------------------|------------------------------|------------------------------|-------------------------------|
| | | | | | | | |
| | 5 | Tubercu | ulosis Testing | | | | |
| | | а | Standard Test and Medical Review | per test | \$72.75 | \$74.55 | n/a |
| | | b | Standard Test and Medical Review - Students | per test | \$58.40 | \$59.85 | n/a |
| Н | Non-Eli | gible or C | ompensable Outpatient Service Fee | | | | |
| | 1 | | sit Medical Practitioner | per visit | \$326.95 | \$335.10 | n/a |
| | 2 | Second | & Subsequent Visits Medical Practitioner | per visit | \$150.65 | \$154.40 | n/a |
| | 4 | Nursing | or Allied Health Consult - Long (60 minutes or longer) | per visit | \$137.35 | \$140.80 | n/a |
| | 5 | Nursing | or Allied Health Consult - Standard (30 to 60 minutes) | per visit | \$73.30 | \$75.15 | n/a |
| | 6 | Nursing | or Allied Health Consult - Short (less than 30 minutes) | per visit | \$45.70 | \$46.85 | n/a |
| | 7 | Nursing | or Allied Health Education Services - Group | per visit/per attendee | \$27.35 | \$28.05 | n/ |
| | 8 | Compul | Isory Third-Party Motor Vehicle Insurance - Community Care Pr | | | | |
| | | а | RACS Nursing - Business Hours | | \$85.85 | \$88.00 | \$96.80 |
| | | b | RACS Nursing - Evening Shift - Mon-Fri | | At cost | At cost | At cost - |
| | | С | RACS Nursing - Night Shift - Mon-Fri | | At cost | At cost | At cost + |
| | | d | RACS Nursing - After Hours (midnight Fri - Sat) | | At cost | At cost | At cost - 10% |
| | | е | RACS Nursing - After Hours (midnight Sat - Sun) | | At cost | At cost | At cost + |
| | | f | Allied Health | | \$160.40 | \$164.40 | \$180.8 |
| | 9 | | ulosis Testing | | | | |
| | | a | Standard Test and Medical Review | per test | \$249.05 | \$255.30 | n/a |
| | | b | Standard Test and Medical Review - Students | per test | \$198.85 | \$203.80 | n/a |
| | • | J | ancer Service | | | | |
| | 1 | Copies | of mammograms | per set | \$45.00 | \$46.10 | n/a |
| < | Staff Va | accinations | s for Private Purposes | | | | |
| | All | vaccination | ons attract a service fee plus the following vaccine cost - | | | | |
| | 1 | | Service Fee | per visit | \$15.25 | \$15.65 | n/a |
| | 2 | | Vaccinations | | | | |
| | | а | ADT | per vaccine | \$14.85 | \$15.20 | n/a |
| | | b | Flu | per vaccine | \$18.85 | \$19.30 | n/a |
| | | С | Hepatitis A | per vaccine | \$77.40 | \$79.35 | n/a |
| | | d | Hepatitis B | per vaccine | \$24.70 | \$25.30 | n/a |
| | | е | Hepatitis A & B | per vaccine | \$68.15 | \$69.85 | n/a |
| | | f | MMR | per vaccine | \$33.50 | \$34.35 | n/a |
| | | g | Meningococcal C | per vaccine | \$84.55 | \$86.65 | n/ |
| | | h | Meningococcal A, C, W, Y | per vaccine | \$46.55 | \$47.70 | n/a |
| | | 1 | Rabies | per vaccine | \$125.05 | \$128.20 | n/a |
| | | j | Pertussis (Whooping Cough) | per vaccine | \$40.10 | \$41.10 | n/a |
| | | k | Typhoid | per vaccine | \$46.55 | \$47.70 | n/s |
| | | 1 | Varicella (Chicken Pox) | per vaccine | \$71.75 | \$73.55 | n/a |
| | | m | Cholera | per vaccine | \$61.60 | \$63.15 | n/a |
| | | n | Hepatitis A & Typhoid | per vaccine | \$140.75 | \$144.25 | n/a |
| | | 0 | Japanese Encephalitis | pack for 3 doses | \$394.35 | \$404.20 | n/a |
| | | р | Yellow Fever | per vaccine | \$61.60 | \$63.15 | n/a |
| _ | Clinical | Support F | - Fees | | | | |
| - | 1 | | I Physics Services | per hour | \$187.55 | \$192.25 | n/a |
| | 2 | | lical Engineering Services | per hour | \$142.45 | \$146.00 | n/a |
| | 2 | PIOITIEU | noar Engineering Corvices | per noul | ψ142.40 | ψ140.00 | 11/6 |

| lte | m | Frequency | 2018-19 Charge ex. GST | 2019-20 Charge ex. GST | 2019-20 Charge inc. GST |
|-----|---------|---|------------------------------|------------------------------|-------------------------------|
| М | Modica | Records and Health Reports | | | |
| IVI | 1 | Medical Practitioner / Health Professional Reports | | | |
| | | a No further examination of the patient | \$265.45 | \$272.10 | n/a |
| | | b As "a" by practitioner who has not previously treated patient | \$309.55 | \$317.30 | n/a |
| | | c Where a re-examination is required | \$353.60 | \$362.45 | n/a |
| | | d As "c" by practitioner who has not previously treated patient | \$439.70 | \$450.70 | n/a |
| | 2 | Search Fees - includes cancellation fee, admin fee if nil records, medical certs not at time of consultation and time of birth. | \$53.80 | \$55.15 | \$60.67 |
| | 3 | Health Records provided to patient's solicitor | \$194.75 | \$199.60 | \$219.56 |
| | 4 | Health Records provided to insurer | \$194.75 | \$199.60 | \$219.56 |
| 0 | - | ency Department | | | |
| | Non-eli | gible, Compensable and Defence Patients: | 0 540.05 | 0 504.00 | , |
| | 1 | Emergency Department Treatment per visit | \$518.65 | \$531.60 | n/a |
| Р | | Services oup 0 - Examination/Diagnostic | | | |
| | Oil | Comprehensive Oral Exam | \$12.30 | \$12.60 | n/a |
| | | Periodic Exam | \$7.70 | \$7.90 | n/a |
| | | Emergency Restorative Course of Care | \$43.05 | \$44.15 | n/a |
| | | Emergency Prosthodontic Course of Care | \$43.05 | \$44.15 | n/a |
| | | Consult (incl Exam) | \$13.30 | \$13.65 | n/a |
| | | Consult Ext + 30 (incl Exam) | \$18.95 | \$19.40 | n/a |
| | | Written report (not elsewhere included) | \$9.50 | \$9.75 | \$10.73 |
| | | X-Ray -1 film PA or BW | \$7.70 | \$7.90 | n/a |
| | | Intraoral radiograph - occlusal, maxillary or mandibular - single film | \$12.80 | \$13.10 | n/a |
| | | Extraoral radiograph - maxillary and/or mandibular - single film | \$13.85 | \$14.20 | n/a |
| | | Caries activity screening test | \$7.15 | \$7.35 | n/a |
| | | Biopsy of Tissue | \$21.50 | \$22.05 | n/a |
| | | Diagnostic cast | \$12.80 | \$13.10 | n/a |
| | | Photographic records - intraoral | \$7.70 | \$7.90 | n/a |
| | | Photographic records - extraoral | \$7.65 | \$7.85 | n/a |
| | Gr | oup 1 - Preventative Services | | | |
| | | Removal of Plaque and / or stain | \$12.30 | \$12.60 | n/a |
| | | Recontouring – pre-existing restoration/s | \$3.60 | \$3.70 | n/a |
| | | Calculus (supra & subging.) & Plaque Removal 1st visit | \$14.85 | \$15.20 | n/a |
| | | Calculus (supra & subging.) & Plaque Removal Addit. visit | \$12.30 | \$12.60 | n/a |
| | | Enamel micro- abrasion - per tooth Bleaching, internal - per tooth | \$8.70 \$50.75 | \$8.90 \$52.00 | n/a n/a |
| | | Bleaching, internal - per tooth | \$43.05 | \$32.00 \$44.15 | n/a |
| | | Fluoride - Topical (including tooth mousse) | \$6.15 | \$6.30 | n/a |
| | | Concentrated fluoride, application single tooth | \$5.15 | \$5.30 | n/a |
| | | Dietary advice. Analysis and advice | \$6.15 | \$6.30 | n/a |
| | | Oral Hygiene Instr. (if more than 10 mins.) | \$8.70 | \$8.90 | n/a |
| | | Fissure Sealant - per tooth | \$11.80 | \$12.10 | n/a |
| | | Apply Desensitising Agent | \$5.15 | \$5.30 | n/a |
| | | Odontoplasty - per tooth | \$11.80 | \$12.10 | n/a |
| | Gr | oup 2 - Periodontics | | | |
| | | Treatment of acute Periodontal Infection | \$13.85 | \$14.20 | n/a |
| | | Periodontal Debridement - per tooth | \$2.80 | \$2.85 | n/a |
| | | Non-Surgical Treatment of Peri Implant Disease | \$18.95 | \$19.40 | n/a |
| | | Gingivectomy - per tooth | \$4.40 | \$4.50 | n/a |

| ITEMS INCREASING BY WAGE PRICE INDEX (2.50%) | | | | |
|--|--|-------------------|-------------------|-------------------|
| Item | Frequency | 2018-19 Charge | 2019-20 Charge | 2019-20 Charge |
| | | ex. GST | ex. GST | inc. GST |
| | | | | |
| | Periodontal flap surgery - per tooth | \$7.80 | \$8.00 | n/a |
| | Osseous surgery (per 8 teeth or less) | \$75.35 | \$77.25 | n/a |
| | Root resection - per root | \$39.45 | \$40.45 | n/a |
| | Periodontal surgery involving one tooth or an implant | \$15.35 | \$15.75 | n/a |
| Group 3 - | Oral Surgery | 004.50 | 000.05 | , |
| | Removal of tooth or parts | \$21.50 | \$22.05 | n/a |
| | Sectional removal of tooth. Bone removal maybe necessary | \$31.25 | \$32.05 | n/a |
| | Surgical removal of tooth or tooth fragment not including bone | \$37.40 | \$38.35 | n/a |
| | Surgical removal of tooth or tooth fragment including bone | \$47.65 | \$48.85 | n/a |
| | Surgical removal of tooth or tooth fragment requiring both bone and tooth division | \$58.40 | \$59.85 | n/a |
| | Alveolectomy per segment | \$22.55 | \$23.10 | n/a |
| | Ostectomy | \$96.35 | \$98.75 | n/a |
| | Reduction of fibrous tuberosity | \$33.80 | \$34.65 | n/a |
| | Reduction of flabby ridge - per segment | \$18.95 | \$19.40 | n/a |
| | Removal of fibrous hyperplasia | \$48.70 | \$49.90 | n/a |
| | Removal of tumour, cyst or scar | \$36.40 | \$37.30 | n/a |
| | Removal of tumour, cyst or scar involving muscle, bone or deep tissue | \$130.15 | \$133.40 | n/a |
| | Surgery to salivary duct | \$113.75 | \$116.60 | n/a |
| | Surgery to salivary gland | \$37.90 | \$38.85 | n/a |
| | Removal or repair of soft tissue (not elsewhere defined) | \$35.90 | \$36.80 | n/a |
| | Surgical removal of foreign body | \$20.00 | \$20.50 | n/a |
| | Marsupialization of cyst | \$68.15 | \$69.85 | n/a |
| | Surgical exposure to unerupted tooth | \$151.70 | \$155.50 | n/a |
| | Reposition tooth / Splint | \$34.35 | \$35.20 | n/a |
| | Replantation of /& Splinting of tooth | \$69.20 | \$70.95 | n/a |
| | Surgery to isolate and preserve neuro vascular tissue | \$38.25 | \$39.20 | n/a |
| | Frenectomy | \$32.80 | \$33.60 | n/a |
| | Drainage of abscess or cyst | \$17.95 | \$18.40 | n/a |
| | Surgery involving the maxially antrum | \$151.70 | \$155.50 | n/a |
| | Control of reactionary or secondary post-operative haemorrhage | \$12.80 | \$13.10 | n/a |
| Group 4 - | - Endodontics | | | |
| · · | Direct pulp capping | \$6.15 | \$6.30 | n/a |
| | Pulpotomy | \$14.85 | \$15.20 | n/a |
| | Incomplete endodontic therapy (tooth not suitable for further treatment) | \$24.30 | \$24.90 | n/a |
| | Complete chemo-mechanical preparation of root canal - one canal | \$43.55 | \$44.65 | n/a |
| | Complete chemo-mechanical preparation of root canal - each additional | \$20.75 | \$21.25 | n/a |
| | canal | \$42.45 | \$43.50 | n/o |
| | Root Canal obturation - one canal Root canal obturation - each additional canal | \$19.85 | \$20.35 | n/a n/a |
| | Extirpation of pulp and debridement of root canal(s) - emergency and | \$28.05 | \$28.75 | n/a |
| | palliative Resorbable root canal filling - primary tooth | \$51.25 | \$52.55 | n/a |
| | Periapical curettage - per root | \$51.25 | \$52.55 | n/a |
| | Apicectomy- per root | \$52.80 | \$54.10 | n/a |
| | Apical seal - per canal | \$21.50 | \$22.05 | n/a |
| | Sealing of perforation | \$61.00 | \$62.50 | n/a |
| | Surgical treatment or repair of external root resorption | \$80.45 | \$82.45 | n/a |
| | Exploration and/or negotiation of calcified canal -per canal, per visit | \$18.95 | \$19.40 | n/a |
| | Removal of root filling, per canal | \$18.95 | \$19.40 | n/a |
| | Removal of cemented root canal post or post crown | \$18.95 | \$19.40 | n/a |
| | Removing or bypassing fractured endodontic instrument | \$16.40 | \$16.80 | n/a |
| | Additional visit for irrigation and/or dressing of the root canal system - per | \$18.95 | \$19.40 | n/a |
| | tooth Interim therapeutic root filling - per tooth | \$24.60 | \$25.20 | n/a |
| | | | | |

| | ITEMS INCREASING BY WAGE PRICE IND | | 2018-19 | 2019-20 | 2019-2 |
|-------------|---|----------|----------------------|----------------------|----------|
| | r | requency | 2018-19 Charge | Charge | Charg |
| | | | ex. GST | ex. GST | inc. GS |
| Croup 5 P | octorativo Convigos | | | | |
| Gloup 5 - K | estorative Services Metallic restoration - 1 surface - direct | | \$18.95 | \$19.40 | n/ |
| | Metallic restoration - 1 surface - direct | | \$22.05 | \$22.60 | n/ |
| | Metallic restoration - 2 surface - direct | | \$30.25 | \$31.00 | n/ |
| | Metallic restoration - 3 surface - direct | | \$33.80 | \$34.65 | n/ |
| | Metallic restoration - 5 surface - direct | | \$33.60 \$37.40 | \$38.35 | n/ |
| | Adhesive restoration - 1 surface - Anterior tooth - direct | | \$37.40 \$21.00 | \$30.33 \$21.50 | n/ |
| | Adhesive restoration - 2 surface - Anterior tooth - direct | | \$25.60 | \$26.25 | n/ |
| | Adhesive restoration - 3 surface - Anterior tooth - direct | | \$31.75 | \$32.55 | n/ |
| | Adhesive restoration - 4 surface - Anterior tooth - direct | | \$35.35 | \$36.25 | n, |
| | Adhesive restoration - 5 surface - Anterior tooth - direct | | \$40.50 | \$41.50 | n/ |
| | Adhesive restoration - 1 surface - Posterior tooth - direct | | \$22.05 | \$22.60 | n/ |
| | Adhesive restoration - 2 surface - Posterior tooth - direct | | \$31.25 | \$32.05 | n/ |
| | Adhesive restoration - 2 surface - Posterior tooth - direct | | \$35.90 | \$36.80 | n/ |
| | Adhesive restoration - 4 surface - Posterior tooth - direct | | \$33.90 \$41.50 | \$42.55 | n/ |
| | Adhesive restoration - 4 surface - Posterior tooth - direct | | | \$42.55 \$48.85 | |
| | | | \$47.65 | | n, |
| | Provisional (Intermediate / temporary) restoration | | \$8.70 | \$8.90 | n, |
| | Metal band | | \$7.15 \$5.65 | \$7.35 | n, |
| | Pin restoration -per pin | | \$5.65 | \$5.80 | n, |
| | Stainless Steel Crown | | \$53.30 | \$54.65 | n |
| | Restoration of an incisal corner - per corner | | \$5.65 | \$5.80 | n |
| | Removal of inlay/onlay | | \$17.95 | \$18.40 | n |
| | Recementing onlay/inlay | | \$15.35 | \$15.75 | n |
| | Post - direct Adhesive restoration - veneer - anterior - direct | | \$26.65 \$23.50 | \$27.30 \$24.10 | n n |
| Group 6 - C | rown and Bridge | | | | |
| | Provisional Crown | | \$29.20 | \$29.95 | n, |
| | Recrement Crown or veneer | | \$16.40 | \$16.80 | n, |
| | Recrement bridge or splint | | \$18.45 | \$18.90 | n, |
| | Removal of crown | | \$12.80 | \$13.10 | n, |
| | Removal of bridge or splint | | \$33.80 | \$34.65 | n. |
| Group 7 D | rosthodontics | | φου.σσ | ψο 1.00 | • • • |
| Gloup 7 - F | Full Maxillary denture | | \$138.90 | \$142.35 | n |
| | Full Mandibular denture | | \$138.90 | \$142.35 \$142.35 | n, n, |
| | Metal plate or mesh | | \$266.50 | \$273.15 | n, |
| | Full Maxillary & Full Mandibular dentures | | \$250.30 | \$256.35 | n, |
| | Partial Max Denture - resin base | | \$112.75 | \$115.55 | n, |
| | Partial Mand Denture - resin base Partial Mand Denture - resin base | | \$112.75 \$112.75 | | n. |
| | | | • | \$115.55 \$405.05 | |
| | Partial Mand Denture - cast CO/CR base | | \$395.15 | \$405.05 | n |
| | Partial Mand Denture - cast CO/CR base | | \$395.15 | \$405.05 | n |
| | Resilient Lining in addit'n to new denture | | \$30.75 | \$31.50 | n |
| | Wrought Bar | | \$32.80 | \$33.60 | n |
| | Metal Backing - per backing | | \$30.75 | \$31.50 | n |
| | Denture Adjustment (not new) | | \$43.05 | \$44.15 | n |
| | Reline -Complete denture | | \$55.85 | \$57.25 | n |
| | Reline -Part denture | | \$43.05 | \$44.15 | n |
| | Remodel - complete denture | | \$102.50 | \$105.05 | n |
| | Remodel - Partial denture | | \$80.45 | \$82.45 | r |
| | Clean and polish of pre-existing denture | | \$43.05 | \$44.15 | r |
| | Denture base modification | | \$52.30 | \$53.60 | n |
| | Repair to metal casting: one point | | \$130.70 | \$133.95 | n |
| | Tissue conditioning preparatory to impressions - per application | | \$12.30 | \$12.60 | n |
| | Identification | | \$6.15 | \$6.30 | n |
| | Obturator | | \$138.55 | \$142.00 | n, |

| Item | TILWIS INCREASING BT WAGE FRIC | Frequency | 2018-19 Charge ex. GST | 2019-20 Charge ex. GST | 2019-20 Charge inc. GST |
|------|---|----------------------------|------------------------------|------------------------------|-------------------------------|
| | | | | | |
| Gr | oup 9 - General Services | | | | |
| | Palliative care | | \$8.70 | \$8.90 | n/a |
| | Travel to provide service | | \$13.85 | \$14.20 | n/a |
| | Provision of medication/ medicaments | | \$5.15 | \$5.30 | n/a |
| | Local anaesthesia (diagnosis or pain relief) | | \$3.60 | \$3.70 | n/a |
| | Minor Occlusal adjustment | | \$11.80 | \$12.10 | n/a |
| | Occlusal splint | | \$94.30 | \$96.65 | n/a |
| | Adjust occlusal splint | | \$14.85 | \$15.20 | n/a |
| | Repair/addition - occlusal splint | | \$54.30 | \$55.65 | n/a |
| | Splinting and stabilization - direct - per tooth | | \$17.95 | \$18.40 | n/a |
| | Post-operative care not elsewhere included | | \$13.85 | \$14.20 | n/a |
| | Treatment not otherwise included | | \$8.70 | \$8.90 | n/a |
| | Sedation/Inhalation per appointment | | \$5.10 | \$5.25 | n/a |
| Gr | oup A - Child & Youth Dental | | | | |
| | Standard Fee per course of care | | \$66.10 | \$67.75 | n/a |
| Gr | oup B - Child and Youth Extra Fee Services | | | | |
| | Passive/Active removable appliance - one arch | | \$64.55 | \$66.15 | n/a |
| | Functional orthopaedic appliance | | \$51.75 | \$53.05 | n/a |
| | Passive fixed appliance | | \$41.50 | \$42.55 | n/a |
| | Extra-oral appliance | | \$166.55 | \$170.70 | n/a |
| | Repair removable appliance | | \$15.35 | \$15.75 | n/a |
| | Repair removable appliance - clasp, spring or tooth | | \$14.85 | \$15.20 | n/a |
| | additional to removable appliance | | \$15.35 | \$15.75 | n/a |
| | Relining removable appliance | | \$25.60 | \$26.25 | n/a |
| | Occlusal splint | | \$51.75 | \$53.05 | n/a |
| | I Imaging Services | | | | |
| 1 | Services to patients - Copies of films to patients/solicitors/coroner/police/ir | | | | |
| | a 35cm x 43cm sheet | per sheet | \$12.00 | \$12.30 | n/a |
| | b CDs | each | \$3.15 | \$3.25 | n/a |
| | c DVB Laser Film | per sheet | \$12.00 \$36.00 | \$12.30 | n/a \$41.58 |
| | d Service Fee | per order processed | \$36.90 | \$37.80 | φ41.50 |
| | e Research MRI - Non funded pilot project | each | \$213.20 | \$218.55 | n/a |
| | f Research MRI - Funded project without radiologist input | each | \$294.15 | \$301.50 | n/a |
| | g Research MRI - PPTF Funded project without | each | \$240.85 | \$246.85 | n/a |
| | Radiologist input | oooh | ¢274.40 | ¢202 4E | n/o |
| | h Research MRI - PPTF Funded project with Radiologist input | each | \$374.10 | \$383.45 | n/a |
| | i Aged Pensioner Service and Film Fee | each | \$35.90 | \$36.80 | \$40.48 |
| | j Coroners Fee | each | \$209.10 | \$214.35 | n/a |
| 2 | Radiographer services to external agencies | | | | |
| | a Monday to Friday | per hour | \$170.15 | \$174.40 | \$191.84 |
| | b Saturday and Sunday | per hour | \$186.55 | \$191.20 | \$210.32 |
| | c Public Holidays | per hour | \$248.05 | \$254.25 | \$279.68 |
| | e Processing | per occasion of service | \$59.45 | \$60.95 | \$67.05 |
| | | - 2 | | | |
| 3 | Non-rebatable services to outpatients | | фоо т = - | 0.407. 07 | |
| | a MRI | per scan | \$397.70 | \$407.65 | n/a |
| | b MRI - Breast | per scan | \$557.60 | \$571.55 | n/a |
| | c MRI - Breast Core Biopsy | per session | \$432.55 | \$443.35 | n/a |

| Ite | m | ITEMS INCREASING BY WAGE PRICE INDEX (2.50) Frequency | | | 2018-19 | | |
|-----|----------|---|---|----------------|-------------------|-------------------|-------------------------------|
| | | | | | Charge ex. GST | Charge ex. GST | 2019-20 Charge inc. GST |
| | | | | | | | |
| | | d | Non-rebateable Sedation in MRI | each | \$59.45 | \$60.95 | n/a |
| | | e | Non-rebateable Contrast in MRI | each | \$59.45 | \$60.95 | n/a |
| | | f | Positron Emission Tomography Scan | per scan | \$1,054.70 | \$1,081.05 | n/a |
| | | g | Non-refundable CT Colonography | each | \$800.50 | \$820.50 | n/a |
| | | h | Non-refundable Bone Density Scan (DEXA) | each | \$123.00 | \$126.05 | n/a |
| R | Pain Ma | nagement Serv | rice | | | | |
| | 1 | Multidisciplina | ary Assessment | per assessment | \$1,326.35 | \$1,359.50 | n/a |
| | 2 | Cognitive Bel | naviour Therapy program (2-week program) | per program | \$5,633.40 | \$5,774.25 | n/a |
| | 3 | One-day Edu | cation Program for Chronic Pain (JUMP) | per program | \$563.75 | \$577.85 | n/a |
| | 4 | Psychology | | | | | |
| | | а | Psychology Assessment | per assessment | \$408.95 | \$419.15 | n/a |
| | | b | Group Psychology Session | per session | \$113.75 | \$116.60 | n/a |
| | 5 | Medical Asse | ssment and Follow-ups | | | | |
| | | а | First Visit | per visit | \$326.95 | \$335.10 | n/a |
| | | b | Second & Subsequent Visits | per visit | \$150.65 | \$154.40 | n/a |
| S | Rehabili | tation, Aged & | Community Care | | | | |
| | 1 | RACS Nursin | g and Allied Health | | | | |
| | | а | Allied Health Staff | per hour | \$160.40 | \$164.40 | \$180.84 |
| | | b | Seating Technician (Non manufacture) | per hour | \$144.75 | \$148.35 | n/a |
| | | С | Nursing Staff | per hour | \$85.85 | \$88.00 | n/a |
| | | d | Education and/or Training (for student groups, private and public sector staff groups) - Business Hours | per hour | \$160.40 | \$164.40 | \$180.84 |
| | | f | Maintenance Exercise Therapy Session | per session | \$8.20 | \$8.40 | n/a |
| | 2 | Clinical Techr | nology Service Workshop | | | | |
| | | а | Rehabilitation aids maintenance and repair | per hour | \$144.75 | \$148.35 | n/a |
| | | b | Equipment componentry manufacture | per hour | \$144.75 | \$148.35 | n/a |
| | 4 | Prosthetic and | d Orthotic Services | | | | |
| | | а | New prosthesis for compensable and private clients - labour | per hour | \$160.40 | \$164.40 | n/a |
| | | С | Repair prosthesis for compensable and private clients- labour | per hour | \$144.75 | \$148.35 | n/a |
| | | i | New orthoses | per hour | \$160.40 | \$164.40 | n/a |
| | | j | Repairs to Orthoses | per hour | \$144.75 | \$148.35 | n/a |
| | | k | Orthotics assessments for private and compensable clients | per hour | \$160.40 | \$164.40 | n/a |
| | 5 | Driver Rehab | ilitation Service | | | | |
| | - | | sable Patients | | | | |
| | | а | Initial Assessment and Report by Occupational Therapist | per assessment | \$607.80 | \$623.00 | n/a |
| | | b | Initial Assessment by Driving Instructor | per assessment | \$246.00 | \$252.15 | \$277.37 |
| | | С | Joint Assessment and Report by Occupational Therapist and Driving Instructor | per assessment | \$562.65 | \$576.70 | \$634.37 |
| | | d | Re-Assessment by Occupational Therapist | per assessment | \$149.65 | \$153.40 | n/a |
| | | е | Lesson | per lesson | \$129.15 | \$132.40 | \$145.64 |
| | | Compensable | | | | | |
| | | f | Initial Assessment and Report by Occupational Therapist | per assessment | \$834.35 | \$855.20 | n/a |
| | | g | Re-Assessment by Occupational Therapist | per assessment | \$361.80 | \$370.85 | n/a |
| | | h | Lesson | per lesson | \$129.15 | \$132.40 | \$145.64 |
| | | | | | | | |

| 1 JULY 2019 - ANNUAL REVIEW OF FEES & CHARGES |
|---|
| ITEMS INCREASING BY WAGE PRICE INDEX (2.50%) |

| Iter | m | | TIEMS INCREASING BY WAGE PRICE | Frequency | 2018-19 Charge ex. GST | 2019-20 Charge ex. GST | 2019-20 Charge inc. GST |
|------|----------|---------------|---|-------------|------------------------------|------------------------------|-------------------------------|
| | | | | | | | |
| | 6 | Specialised | Wheelchair and Posture Seating (SWAPS) | | | | |
| | | а | For compensable and private clients: | | | | |
| | | | i) Seating Therapist | per hour | \$160.40 | \$164.40 | n/a |
| Т | Health F | Protection Se | rvices | | | | |
| | 1 | Scientific S | ervices | | | | |
| | | а | Other than the ACT Coroner's Office | per hour | \$192.70 | \$197.50 | \$217.25 |
| | | b | ACT Coroner's Office (Attorney-General's Dept) | per matter | \$1,224.90 | \$1,255.50 | \$1,381.05 |
| | | С | Asbestos Id single sample | per matter | \$91.82 | \$94.55 | \$104.00 |
| | | d | Asbestos Id additional samples | per matter | \$54.55 | \$56.36 | \$62.00 |
| | | е | Regular client Asbestos Fibre Count per Filter Counted | per matter | \$110.91 | \$113.64 | \$125.00 |
| | 2 | Other | | | | | |
| | | а | Consultation - Business hours | per hour | \$136.30 | \$139.70 | \$153.67 |
| | | b | Consultation - After hours | per hour | \$167.05 | \$171.25 | \$188.38 |
| | | С | Exhumations | per matter | \$480.70 | \$492.70 | \$541.97 |
| | | d | Food Safety Training | per session | \$579.15 | \$593.65 | \$653.02 |
| U | Acute S | upport Fees | | | | | |
| Ū | 2 | | port and Other Medical Services | | | | |
| | _ | а | Chronic pain management course for compensation clients | per session | \$54.30 | \$55.65 | \$61.22 |
| | | b | Sale of infection control manual | per manual | \$103.50 | \$106.10 | \$116.71 |
| | | g | Hydrotherapy Pool (External Users) | per hour | \$115.80 | \$118.70 | \$130.57 |
| | | ar | "Replacement of Child Personal Health Record" (Blue Book) | per item | \$11.80 | \$12.10 | \$13.31 |
| | | au | Glucose Sensor | per item | \$87.35 | \$89.55 | n/a |
| | | bn | Breast Pump Hire - per week | per item | \$8.20 | \$8.40 | n/a |
| | | | | · | · | · | |
| | 3 | Allied Healt | th ble non-inpatients and non-eligible clients: | | | | |
| | | a | Physiotherapy - Antenatal Exercise Classes | per visit | \$8.20 | \$8.40 | n/a |
| | 4 | Hama Esta | and Mustaiting Day areas | | | | |
| | 4 | | ral Nutrition Program | | #47.0 F | # 40.40 | -/- |
| | | a | Equipment Only 0-6 years 11 months | per week | \$17.95 | \$18.40 | n/a |
| | | b | Equipment Only 7-12 years 11 months | per week | \$17.95 | \$18.40 | n/a |
| | | C | Equipment Only 13+ years | per week | \$17.95 \$20.05 | \$18.40 | n/a |
| | | d | Supplementary Feeding 7-12 years 11 months | per week | \$30.05 | \$30.80 \$54.10 | n/a |
| | | e | Supplementary Feeding 7-12 years 11 months | per week | \$52.80 \$52.80 | \$54.10 | n/a |
| | | f | Supplementary Feeding 13+ years | per week | \$53.80 | \$55.15 | n/a |
| | | g | Enteral Feeding 0-6 years 11 months | per week | \$37.40 | \$38.35 | n/a |
| | | h | Enteral Feeding 7-12 yeas 11 months | per week | \$59.95 | \$61.45 | n/a |
| | | I | Enteral Feeding 13+ years | per week | \$62.50 | \$64.05 | n/a |

1 JULY 2019 - ANNUAL REVIEW OF FEES & CHARGES ITEMS INCREASING BY INDEXATION RATES ADVISED BY THE COMMONWEALTH

| Item | | Frequency | 2018-19 Charge ex. GST | 2019-20 Charge ex. GST | 2019-20 Charge inc. GST |
|------|---|-----------|------------------------------|------------------------------|-------------------------------|
| Α | Hospital Accommodation Fees - Standard Patients | | | | |
| | 1 a In multiple-bed room | per day | \$357.00 | \$362.00 | n/a |
| | b In single room not at patients request | per day | \$357.00 | \$362.00 | n/a |
| В | Hospital Accommodation Fees - Day Care Patients | | | | |
| | а Туре В | per day | \$259.00 | \$262.00 | n/a |
| | b Local anaesthetic, no sedation - < 1 hour | per day | \$290.00 | \$294.00 | n/a |
| | c General or regional anaesthetic/intravenous sedation - < 1 hour | per day | \$318.00 | \$322.00 | n/a |
| | d General or regional anaesthetic/intravenous sedation - > 1 hour | per day | \$357.00 | \$362.00 | n/a |
| С | Hospital Accommodation Fees - Nursing Home Type Patients | | | | |
| | 1 Hospital patient | per day | \$60.05 | \$61.30 | n/a |

1 JULY 2019 - ANNUAL REVIEW OF FEES & CHARGES **NEW AND DELETED FEES**

| | | NEW AND DELETED FEES | | | |
|------|--------|--|------------------------------|------------------------------|-------------------------------|
| Item | | | 2018-19 Charge ex. GST | 2019-20 Charge ex. GST | 2019-20 Charge inc. GST |
| | | | | | |
| S | | on, Aged & Community Services CS Nursing and Allied Health | | | |
| | е | Education and/or Training (for student groups, private and public sector staff groups) - After Hours | n/a | At cost | At cost + 10% |
| ٧ | | cy and Research | -/- | ФСО Г О | #60.75 |
| | 1 Stu | dent Clinical Placement cancellation fee | n/a | \$62.50 | \$68.75 |
| Н | | e or Compensable Service Fee npulsory Third-Party Motor Vehicle Insurance - Community Care Program | | | |
| | а | Initial Consultation (standard) | \$90.20 | n/a | n/a |
| | b | Initial Consultation (complex) | \$137.35 | n/a | n/a |
| | C | Initial Consultation Home Visit (standard) | \$110.70 | n/a | n/a |
| | d e | Initial Consultation Home Visit (complex) | \$162.95 \$74.80 | n/a n/a | n/a |
| | f | Review (standard) | \$74.60 \$121.95 | n/a n/a | n/a n/a |
| | g g | Review (complex) Review Home Visit (standard) | \$110.70 | n/a | n/a |
| | h | Review Home Visit (complex) | \$141.45 | n/a | n/a |
| S | | on, Aged & Community Care ependent Living Centre | | | |
| | a a | Appointment fee for clients with third party payer | | | |
| | u | i) Assisted appointment and/or report writing | \$160.40 | n/a | n/a |
| | | ii) Non-attendance at appointment | \$20.50 | n/a | n/a |
| | b | Unassisted appointments - service provided by third party agency with ILC facilities used | \$44.60 | n/a | n/a |
| | С | Education and/or Training (for private organisations and interstate government staff) | | | |
| | | i) ILC Education | \$97.35 | n/a | n/a |
| | | ii) ILC Education | \$179.35 | n/a | n/a |
| | d | Second hand register i) for items over \$500 | \$26.65 | n/o | n/o |
| | | ii) for items under \$500 | \$26.65 \$14.35 | n/a n/a | n/a n/a |
| | | iii) for more than 1 item | \$26.65 | n/a | n/a |
| | е | Room Hire | · | | |
| | | i) Room Hire - Commercial Sector rate | \$37.40 | n/a | n/a |
| | | ii) Room Hire - Public Sector and Community rate | \$26.65 | n/a | n/a |
| | | iii) Cancellation of Room Hire within seven days of booked date - Commercial Sector and Public Sector and Community Hirers | 50% of total booking fee | n/a | n/a |
| | 8 Cor | nmunity Care Program | | | |
| | a | Education | 00 | | |
| | | i) Nursing | \$85.80 | n/a | n/a |
| | _ | ii)Allied Health | \$160.40 | n/a | n/a |
| | b | Nursing and Allied Health education (tertiary standard) - business hours | \$224.50 | n/a | n/a |
| | c d | Nursing and Allied Health education (tertiary standard) - after hours Consultation in private hospitals | \$334.15 | n/a | n/a |
| | - | i) Nursing | \$85.80 | n/a | n/a |
| | | ii) Allied Health | \$160.40 | n/a | n/a |
| | | | | | |

1 JULY 2019 - ANNUAL REVIEW OF FEES & CHARGES NEW AND DELETED FEES

| | NEW AND DELETED FEES | | | | | | | | |
|------|----------------------|--|------------------------------|------------------------------|-------------------------------|--|--|--|--|
| Item | | | 2018-19 Charge ex. GST | 2019-20 Charge ex. GST | 2019-20 Charge inc. GST | | | | |
| | • | Community Nursing | | | | | | | |
| | е | Community Nursing Compensable non-inpatients and non-eligible clients of Community Health | | | | | | | |
| | | Service | | | | | | | |
| | | i) Business Hours | \$85.85 | n/a | n/a | | | | |
| | | ii) Evening shift Mon-Fri (excluding public holidays) | At cost | n/a | n/a | | | | |
| | | iii) Night shift Mon Fri. (excluding public holidays) | At cost | n/a | n/a | | | | |
| | | iv) After hours (midnight Fri midnight - Saturday) | At cost | n/a | n/a | | | | |
| | | v) After hours - midnight Sat. to midnight Sunday) | At cost | n/a | n/a | | | | |
| | f | Consultation overseas clients | | | | | | | |
| | | i) Nursing | \$85.85 | n/a | n/a | | | | |
| | | ii) Allied Health | \$160.40 | n/a | n/a | | | | |
| 9 |) Da | y Care | | | | | | | |
| | а | Day care meals | \$8.25 | n/a | n/a | | | | |