# **Explanatory Statement**

## Health (Fees) Determination 2010 (No 2)

#### **Disallowable Instrument DI2010-142**

made under the

Health Act 1993, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2010-86, dated 18 May 2010.

The Determination comes into effect on 1 July 2010 and reproduces Determination DI2010-86 except for:

- Updates to definitions where appropriate;
- Inclusion of Section 8 (HIV Medication for Medicare Ineligible Patients);
- Items on Attachment A, which have increased by the Wage Price Index of 3.5% (subject to rounding);
- Items on Attachment B, which have increased by the National Consumer Price Index of 2.9% (subject to rounding);
- Items on Attachment C, which have been deleted.
- Items on Attachment D, which have increased by other factors as outlined in the attachment;
- Item L (Audiometry), which has moved from Item U and Item U (Other Community Health & Acute Support Fees), which has moved from Item V; and
- The date of effect.

lt-a	em Frequency 2009-10 2010-11 2010							
iten	n		Frequency	Charge ex. GST	Charge Ex GST	2010-11 Charge Inc GST		
Α	Hospital Accor	nmodation Fees - Standard Patients						
	2 Co	mpensable/Non-eligible						
	а	Critical Care						
	i)	ICU	per day	\$4,370.00	\$4,523.00	n/a		
	ii)	NICU	per day	\$2,396.00	\$2,480.00	n/a		
	iii)	CCU	per day	\$1,256.00	\$1,300.00	n/a		
	b	Inpatient (other than critical care)	per day	\$905.00	\$937.00	n/a		
	С	Hospital in the Home	per day	\$365.00	\$378.00	n/a		
	d	Operating Room Charges						
	tha	f the treatment involves undergoing procedures that take longer in 1 hour carried out under general or regional anaesthetic or ravenous sedation and the patient is not a day only patient	per treatment	\$2,277.00	\$2,357.00	n/a		
	ii) (	Other procedures (including day only surgical patients)	per treatment	\$797.00	\$825.00	n/a		
D	Hostel Fees							
	2 Gro	oup House - Maintenance Fee	per fortnight	\$11.20	\$11.60	n/a		
G	Pathology Serv							
		n-Medicare Testing		***	<b>A</b>			
	a	MLPA DNA Testing	per panel	\$88.50	\$91.50	\$100.65		
	b	Sequence Analysis	per test	\$208.00	\$215.00	\$236.50		
	С	Collection fee for collection of research trials that do not have a current agreement (plus freight costs at cost recovery only)	per test	\$22.00	\$23.00	\$25.30		
	d	DNA Extraction and Storage	per test	\$79.00	\$82.00	n/a		
	е	IgH & TCR gamma Gene rearrangements	per test	\$233.00	\$241.00	n/a		
	f	ThinPrep Pap Test	per test	\$28.10	\$29.10	n/a		
	g	Spore Testing	per ampoule	\$9.50	\$10.00	\$11.00		
	h	FiSH - Haematology Oncology	per test	\$282.00	\$292.00	n/a		
	1	Prenatal - Interphase Fish	per test	\$282.00	\$292.00	n/a		
	J	Collection and transport of specimens for Paternity Testing	per test	\$34.00	\$35.00	\$38.50		
	k	Histology testing on Coronial post mortems	per post mortem	\$320.00	\$331.00	\$364.10		
Н	Non Eliaible or	Compensable Outpatient Service Fee						
• •	•	st visit	per visit	\$172.00	\$178.00	n/a		
		cond & subsequent visits	per visit	\$112.00	\$116.00	n/a		
		mpulsory Third Party Motor Vehicle Insurance - Continuing Care P		•	,			
	а	Initial Consultation (standard)	per visit	\$71.00	\$73.00	\$80.30		
	b	Initial Consultation (complex)	per visit	\$106.00	\$110.00	\$121.00		
	С	Initial Consultation Home Visit (standard)	per visit	\$86.00	\$89.00	\$97.90		
	d	Initial Consultation Home Visit (complex)	per visit	\$128.00	\$132.00	\$145.20		
	е	Review (standard)	per visit	\$59.00	\$61.00	\$67.10		
	f	Review (complex)	per visit	\$96.00	\$99.00	\$108.90		
	g	Review Home Visit (standard)	per visit	\$86.00	\$89.00	\$97.90		
	h	Review Home Visit (complex)	per visit	\$109.00	\$113.00	\$124.30		

Item				Frequency	2009-10 Charge ex. GST	2010-11 Charge Ex GST	2010-11 Charge Inc GST
J	Capital F	Region	Cancer Service				
	1	Copie	es of mammograms	per set	\$35.00	\$36.20	n/a
K	Staff Vac	ccinatio	ons for Private Purposes				
			ations attract a service fee plus the following vaccine cost -				
	1		Service Fee	per visit	\$12.00	\$12.40	n/a
	2		Vaccinations	·			
		а	ADT	per vaccine	\$11.60	\$12.00	n/a
		b	Flu	per vaccine	\$14.70	\$15.20	n/a
		С	Hepatitis A	per vaccine	\$60.50	\$62.50	n/a
		d	Hepatitis B	per vaccine	\$19.20	\$19.90	n/a
		е	Hepatitis A & B	per vaccine	\$52.50	\$54.50	n/a
		f	MMR	per vaccine	\$26.20	\$27.10	n/a
		g	Meningococcal C	per vaccine	\$65.50	\$68.00	n/a
		h	Meningococcal A, C, W, Y	per vaccine	\$36.20	\$37.50	n/a
		I	Rabies	per vaccine	\$98.00	\$101.50	n/a
		i	Pertussis (Whooping Cough)	per vaccine	\$31.20	\$32.30	n/a
		k	Typhoid	per vaccine	\$36.20	\$37.50	n/a
		1	Varicella (Chicken Pox)	per vaccine	\$55.50	\$57.50	n/a
		m	Cholera	per vaccine	\$48.00	\$49.70	n/a
		n	Hepatitis A & Typhoid	per vaccine	\$109.70	\$113.50	n/a
			Japanese Encephalitis	pack for 3	\$307.20	\$317.95	n/a
		0		doses			
		р	Yellow Fever	per vaccine	\$48.00	\$49.70	n/a
L	Audiome	etry					
	Adult He	aring T	ests	per consultation	\$35.50	\$36.70	n/a
М	Medical	Record	ds and Health Reports				
	1	Medi	cal Practitioner / Health Professional Reports				
		а	No further examination of the patient		\$207.00	\$214.00	n/a
		b	As "a" by practitioner who has not previously treated patient		\$241.00	\$249.00	n/a
		С	Where a re-examination is required		\$276.00	\$286.00	n/a
		d	As "c" by practitioner who has not previously treated patient		\$343.00	\$355.00	n/a
	2		ch Fees - includes cancellation fee, admin fee if nil records, cal certs not at time of consultation and time of birth.		\$41.50	\$43.00	n/a
	3		h Records provided to patient's solicitor porated into 3.		\$152.00	\$157.00	n/a
	4	Healt	h Records provided to insurer		\$152.00	\$157.00	n/a

Item		Frequency	2009-10	2010-11	2010-11
			Charge	Charge	Charge
			ex. GST	Ex GST	Inc GST
0	Emergency Department				
	1 Emergency Department Treatment	per visit	\$404.00	\$418.00	n/a
	Non-eligible or Compensable Patients				
	- Following administrative registration as a patient all further clinical inte	rvention will be cl	harged.		
Р	Dental Services				
	Group 0 - Examination/Diagnostic				
	Comprehensive Oral Exam		\$8.50	\$9.00	n/a
	Periodic Exam		\$6.00	\$6.00	n/a
	Emergency Restorative Course of Care		\$34.00	\$35.00	n/a
	Emergency Prosthodontic Course of Care		\$34.00	\$35.00	n/a
	Consult (incl Exam)		\$9.50	\$10.00	n/a
	Consult Ext + 30 (incl Exam)		\$14.50	\$15.00	n/a
	X-Ray -1 film PA or BW		\$6.00	\$6.00	n/a
	Intraoral radiograph - occlusal, maxillary or mandibular - single film		\$9.00	\$9.50	n/a
	Extraoral radiograph - maxillary and/or mandibular - single film		\$10.00	\$10.50	n/a
	Caries activity screening test		\$5.50	\$5.50	n/a
	Biopsy of Tissue		\$17.00	\$17.50	n/a
	Diagnostic cast		nil	nil	n/a
	Photographic records - intraoral		\$9.00	\$9.50	n/a
	Group 1 - Preventative Services				
	Removal of Plaque and / or stain		\$8.50	\$9.00	n/a
	Calculus (supra & subging.) & Plaque Removal 1st visit		\$2.50	\$2.50	n/a
	Calculus (supra & subging.) & Plaque Removal Addit. visit		\$11.00	\$11.50	n/a
	Bleaching, internal - per tooth		\$8.50	\$9.00	n/a
	Bleaching, external - per tooth		\$7.00	\$7.00	n/a
	Fluoride - Topical (including tooth mousse)		\$38.50	\$40.00	n/a
	Concentrated fluoride, application single tooth		\$34.00	\$35.00	n/a
	Dietary advice. Analysis and advice		\$5.00 \$4.00	\$5.00 \$4.00	n/a
	Fissure Sealant - per tooth Apply Desensitising Agent		\$4.00 \$5.00	\$4.00 \$5.00	n/a n/a
	Odontoplasty - per tooth		\$7.00 \$7.00	\$7.00	n/a
	Group 2 - Periodontics				
	Treatment of acute Periodontal Infection		\$10.00	\$10.50	n/a
	Root Planing & Curettage (per 8 teeth or less)		\$18.50	\$19.00	n/a
	Non-surgical periodontal treatment not otherwise specified - per visit		\$14.50	\$15.00	n/a
	Gingivectomy (per 8 teeth or less)		\$27.50	\$28.50	n/a
	Periodontal flap surgery (per 8 teeth or less)		\$49.00	\$50.50	n/a
	Osseous surgery (per 8 teeth or less)		\$59.00	\$61.00	n/a
	Root resection - per root		\$31.00	\$32.00	n/a
	Periodontal surgery involving one tooth or an implant		\$11.50	\$12.00	n/a
	Group 3 - Oral Surgery				
	Removal of tooth or parts		\$17.00	\$17.50	n/a
	Sectional removal of tooth. Bone removal maybe necessary		\$23.50	\$24.50	n/a
	Surgical removal of tooth or tooth fragment not including bone		\$29.50	\$30.50	n/a
	Surgical removal of tooth or tooth fragment including bone		\$37.00	\$38.50	n/a

Surgical removal of tooth or tooth fragment requiring both bone and tooth division  Alveolectomy per segment Ostectomy Reduction of fibrous tuberosity Reduction of flabby ridge - per segment Removal of fibrous hyperplasia Removal of tumour, cyst or scar Removal of tumour, cyst or scar involving muscle, bone or deep tissue Surgery to salivary duct	\$46.00 \$18.00 \$75.00 \$26.00 \$14.50	\$47.50 \$18.50 \$77.50	n/a n/a
bone and tooth division Alveolectomy per segment Ostectomy Reduction of fibrous tuberosity Reduction of flabby ridge - per segment Removal of fibrous hyperplasia Removal of tumour, cyst or scar Removal of tumour, cyst or scar involving muscle, bone or deep tissue	\$18.00 \$75.00 \$26.00 \$14.50	\$18.50	
Ostectomy Reduction of fibrous tuberosity Reduction of flabby ridge - per segment Removal of fibrous hyperplasia Removal of tumour, cyst or scar Removal of tumour, cyst or scar involving muscle, bone or deep tissue	\$75.00 \$26.00 \$14.50		n/o
Ostectomy Reduction of fibrous tuberosity Reduction of flabby ridge - per segment Removal of fibrous hyperplasia Removal of tumour, cyst or scar Removal of tumour, cyst or scar involving muscle, bone or deep tissue	\$26.00 \$14.50	\$77.50	11/0
Reduction of flabby ridge - per segment Removal of fibrous hyperplasia Removal of tumour, cyst or scar Removal of tumour, cyst or scar involving muscle, bone or deep tissue	\$14.50		n/a
Reduction of flabby ridge - per segment Removal of fibrous hyperplasia Removal of tumour, cyst or scar Removal of tumour, cyst or scar involving muscle, bone or deep tissue	·	\$27.00	n/a
Removal of tumour, cyst or scar  Removal of tumour, cyst or scar involving muscle, bone or deep tissue		\$15.00	n/a
Removal of tumour, cyst or scar  Removal of tumour, cyst or scar involving muscle, bone or deep tissue	\$37.50	\$39.00	n/a
deep tissue	\$28.50	\$29.50	n/a
Surgery to salivary duct	\$101.00	\$104.50	n/a
	\$89.00	\$92.00	n/a
Surgery to salivary gland	\$30.00	\$31.00	n/a
Removal or repair of soft tissue (not elsewhere defined)	\$28.00	\$29.00	n/a
Surgical removal of foreign body	\$15.50	\$16.00	n/a
Marsupialization of cyst	\$52.50	\$54.50	n/a
Surgical exposure to unerupted tooth	\$117.50	\$121.50	n/a
Reposition tooth / Splint	\$26.50	\$27.50	n/a
Replantation of /& Splinting of tooth	\$53.50	\$55.50	n/a
Frenectomy	\$25.00	\$26.00	n/a
Drainage of abscess or cyst	\$13.50	\$14.00	n/a
Surgery involving the maxially antrum	\$117.50	\$121.50	n/a
Control of reactionary or secondary post operative haemorrhage	\$9.00	\$9.50	n/a
<b>C</b>			
Group 4 - Endodontics			
Direct pulp capping	\$5.00	\$5.00	n/a
Pulpotomy	\$11.00	\$11.50	n/a
Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$63.00	\$65.00	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$91.00	\$94.00	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	\$119.00	\$123.00	n/a
Extirpation of pulp and debridement of root canal(s) - emerg	\$18.50	\$19.00	n/a
Resorbable root canal filling - primary tooth	\$39.00	\$40.50	n/a
Periapical curettage - per root	\$39.00	\$40.50	n/a
Apicectomy- per root	\$40.50	\$42.00	n/a
Apical seal - per canal	\$17.00	\$17.50	n/a
Sealing of perforation	\$48.00	\$49.50	n/a
Surgical treatment or repair of external root resorption	\$63.00	\$65.00	n/a
Exploration and/or negotiation of calcified canal -per canal, per visit	\$14.50	\$15.00	n/a
Removal of root filling, per canal	\$14.50	\$15.00	n/a
Removal of cemented root canal post or post crown	\$14.50	\$15.00	n/a
Removing or bypassing fractured endodontic instrument	\$12.50	\$13.00	n/a
Additional visit for irrigation and/or dressing of the root canal system - per tooth	\$14.50	\$15.00	n/a
Interim therapeutic root filling - per tooth	\$20.00	\$20.50	n/a
Group 5 - Restorative Services			
Metallic restoration - 1 surface - direct	\$14.50	\$15.00	n/a
Metallic restoration - 2 surface - direct	\$17.50	\$18.00	n/a
Metallic restoration - 3 surface - direct	\$22.50	\$23.50	n/a
	\$26.00	\$27.00	n/a

Item	Frequency	2009-10 Charge ex. GST	2010-11 Charge Ex GST	2010-11 Charge Inc GST
			400 -0	
Metallic restoration - 5 surface - direct		\$29.50	\$30.50	n/a
Adhesive restoration - 1 surface - Anterior tooth - direct		\$16.50	\$17.00	n/a
Adhesive restoration - 2 surface - Anterior tooth - direct		\$20.50	\$21.00	n/a
Adhesive restoration - 3 surface - Anterior tooth - direct		\$24.00	\$25.00	n/a
Adhesive restoration - 4 surface - Anterior tooth - direct		\$27.50	\$28.50	n/a
Adhesive restoration - 5 surface - Anterior tooth - direct		\$32.00	\$33.00	n/a
Adhesive restoration - 1 surface Posterior tooth - direct		\$17.50	\$18.00	n/a
Adhesive restoration - 2 surface Posterior tooth - direct		\$23.50	\$24.50	n/a
Adhesive restoration - 3 surface Posterior tooth - direct		\$28.00	\$29.00	n/a
Adhesive restoration - 4 surface Posterior tooth - direct		\$33.00	\$34.00	n/a
Adhesive restoration - 5 surface Posterior tooth - direct	t	\$37.00	\$38.50	n/a
Provisional (Intermediate / temporary) restoration		\$7.00	\$7.00	n/a
Provisional (Intermediate / temporary) restoration Endo	)	nil	nil	n/a
Metal band		\$5.50	\$5.50	n/a
Pin restoration -per pin		\$4.50	\$4.50	n/a
Stainless Steel Crown		\$41.00	\$42.50	n/a
Cusp capping - per cusp		\$4.50	\$4.50	n/a
Restoration of an incisal corner - per corner		\$4.50	\$4.50	n/a
Removal of inlay/onlay		\$13.50	\$14.00	n/a
Recementing onlay/inlay		\$11.50	\$12.00	n/a
Post - direct		\$21.00	\$21.50	n/a
Group 6 - Crown and Bridge				
Provisional Crown		\$22.00	\$23.00	n/a
Recrement Crown or veneer		\$12.50	\$13.00	n/a
Recrement bridge or splint		\$14.00	\$14.50	n/a
Removal of crown		\$9.00	\$9.50	n/a
Removal of bridge or splint		\$26.00	\$27.00	n/a
Group 7 - Prosthodontics				
Full Maxillary denture		\$108.50	\$112.50	n/a
Full Mandibular denture		\$108.50	\$112.50	n/a
Metal plate or mesh		\$207.50	\$215.00	n/a
Full Maxillary & Full Mandibular dentures		\$194.00	\$201.00	n/a
Partial Max Denture - resin base		\$88.00	\$91.00	n/a
Partial Mand Denture - resin base		\$88.00	\$91.00	n/a
Partial Max Denture - cast CO/CR base		\$308.00	\$319.00	n/a
Partial Mand Denture - cast CO/CR base		\$308.00	\$319.00	n/a
Resilient Lining in addit'n to new denture		\$23.00	\$24.00	n/a
Wrought Bar		\$25.00	\$26.00	n/a
Metal Backing - per backing		\$23.00	\$24.00	n/a
Denture Adjustment (not new)		\$34.00	\$35.00	n/a
Reline -Complete denture		\$43.50	\$45.00	n/a
Reline -Part denture		\$34.00	\$35.00	n/a
Remodel - complete denture		\$80.00	\$83.00	n/a
Remodel - Partial denture		\$63.00	\$65.00	n/a
Clean and polish of pre-existing denture		\$34.00	\$35.00	n/a
Denture base modification		\$40.00	\$41.50	n/a
Repair to metal casting: one point		\$101.50	\$105.00	n/a
Tissue conditioning preparatory to impressions - per				
application		\$8.50	\$9.00	n/a
Identification		\$5.00	\$5.00	n/a

Item	1	Frequency	2009-10 Charge ex. GST	2010-11 Charge Ex GST	2010-11 Charge Inc GST
	Group 9 - General Services				
	Palliative care		\$7.00	\$7.00	n/a
	After hours emergency		nil	nil	n/a
	Travel to provide service		\$10.00	\$10.50	n/a
	Provision of medication/ medicaments		\$4.00	\$4.00	n/a
	Local anaesthesia (diagnosis or pain relief)		\$2.50	\$2.50	n/a
	Minor Occlusal adjustment		\$8.00	\$8.50	n/a
	Occlusal splint		\$73.50	\$76.00	n/a
	Adjust occlusal splint		\$11.00	\$11.50	n/a
	Repair/addition - occlusal splint		\$42.00	\$43.50	n/a
	Splinting and stabilization - direct - per tooth		\$13.50	\$14.00	n/a
	Post-operative care not elsewhere included		\$10.00	\$10.50	n/a
	Treatment not otherwise included		\$7.00	\$7.00	n/a
	Group A - Restorative Referal Scheme (No ADA Item Numbe	ers)			
	Complete Endodontic treatment, incisor or canin 417)	ne tooth (415 &	\$77.00	\$79.50	n/a
	Complete Endodontic treatment, premolar tooth (415,417,416,& 418)		\$91.00	\$94.00	n/a
	Complete Endodontic treatment, molar tooth(41: 2x418])	5,417[2x416 &	\$119.00	\$123.00	n/a
	Group B - Child & Youth Dental				
	Standard Annual Fee		\$51.00	\$53.00	n/a
	Group C - Child and Youth Extra Fee Services				
	Passive/Active removable appliance - one arch		\$50.50	\$52.50	n/a
	Functional orthopaedic appliance		\$39.50	\$41.00	n/a
	Passive fixed appliance		\$33.00	\$34.00	n/a
	Extra-oral appliance		\$130.00	\$134.50	n/a
	Repair removable appliance		\$11.50	\$12.00	n/a
	Repair removable appliance - clasp, spring or to	oth	\$11.00	\$11.50	n/a
	additional to removable appliance		\$11.50	\$12.00	n/a
	Relining removable appliance		\$20.50	\$21.00	n/a
	Occlusal splint		\$39.50	\$41.00	n/a
Q	Medical Imaging Services				
	1 Services to patients - Copies of films to patients/solicitors	s/coroner/police/insurers etc.			
	a 18cm x 24cm sheet	per sheet	\$5.90	\$6.10	n/a
	b 24cm x 30cm sheet	per sheet	\$6.95	\$7.20	n/a
	c 35cm x 43cm sheet	per sheet	\$9.35	\$9.70	n/a
	d 35mm slides	each	\$8.15	\$8.45	n/a
	e Digital slides	each	\$2.35	\$2.45	n/a
	f Laminating	each	\$2.35	\$2.45	n/a
	g CDs	each	\$2.35	\$2.45	n/a
	h OPG sheets	per sheet	\$6.95	\$7.20	n/a
	I DVB Laser Film	per sheet	\$9.35	\$9.70	n/a
	j Service Fee	per order processed	\$29.00	\$30.00	\$33.00

Item				Frequency	2009-10 Charge ex. GST	2010-11 Charge Ex GST	2010-11 Charge Inc GST
		k	Non-refundable CT Colonography	each	\$624.00	\$646.00	n/a
		I	Non-refundable Bone Density Scan (DEXA)	each	\$96.00	\$99.50	n/a
		m	Research MRI - Non funded pilot project	each	\$166.00	\$172.00	n/a
		n	Research MRI - Funded project without radiologist input	each	\$229.00	\$237.00	n/a
		0	Research MRI - PPTF Funded project with Radiologist input	each	\$291.00	\$301.00	n/a
	2	Radio	grapher services to external agencies				
		а	Monday to Friday	per hour	\$132.00	\$137.00	\$150.70
		b	Saturday and Sunday	per hour	\$145.00	\$150.00	\$165.00
		С	Public Holidays	per hour	\$193.00	\$200.00	\$220.00
		е	Processing	per occasion of service	\$47.00	\$48.50	\$53.35
	3	Non-re	ebatable MRI services to outpatients				
		а	MRI	per scan	\$309.00	\$320.00	n/a
		b	MRI - Breast	per scan	\$450.00	\$450.00	n/a
		С	MRI - Breast Core Biopsy	per session	\$347.70	\$347.70	n/a
		d	Non-rebateable Sedation in MRI	each	\$46.60	\$48.20	n/a
		е	Non-rebateable Contrast in MRI	each	\$46.60	\$48.20	n/a
R	Pain Ma	anageme	nt Service				per scan
	1	Multid	sciplinary Assessment	per assessment	\$1,035.0 0	\$1,071.0 0	n/a
	2	Cogni	ive Behaviour Therapy program	per program	\$4,387.0 0	\$4,541.0 0	n/a
	3	Conin	g and Lifeskills Program	per program	\$440.00	\$455.00	n/a
	4		se Program	per program	\$7.60	\$7.85	n/a
	5		ology Assessment	per program per	\$199.00	\$206.00	n/a
	3	FSycii	ology Assessment	assessment	φ199.00	φ200.00	II/a
	6	Medic	al Assessment and Follow-ups				
		а	First Visit	per visit	\$226.00	\$234.00	n/a
		b	Second & Subsequent Visits	per visit	\$112.00	\$116.00	n/a
S	Aged Ca	are and I	Rehabilitation Service				
	1	Comm	unity - Based Rehabilitation Services				
			General services to whom fees apply and commercial consulta	ancy services			
		b	Education and/or Training (for student groups, private and pub	olic sector staff grou	ups)		
			i) Per facilitator - business hours	per hour (half hr min)	\$61.00	\$63.00	\$69.30
			ii) Per facilitator - after hours	per hour	\$92.00	\$95.00	\$104.50
				(half hr min)			
		С	Maintenance Exercise Therapy Session	Per Session	\$6.00	\$6.00	n/a
	0		,,	Per Session	\$6.00	\$6.00	n/a
	2	Indepe	endent Living Centre	Per Session	\$6.00	\$6.00	n/a
	2		endent Living Centre Appointment fee for clients with third party payer	Per Session		·	
	2	Indepe	endent Living Centre Appointment fee for clients with third party payer ii) Non attendance at appointment		\$6.00 \$16.00	\$6.00 \$16.50	n/a \$18.15
	2	Indepe	endent Living Centre Appointment fee for clients with third party payer	Per Session  per hour (half hr min)		·	
	2	Indepe a	endent Living Centre Appointment fee for clients with third party payer ii) Non attendance at appointment Unassisted appointments - service provided by third party	per hour (half hr min)	\$16.00 \$35.00	\$16.50	\$18.15
	2	Indepe a b	endent Living Centre Appointment fee for clients with third party payer ii) Non attendance at appointment Unassisted appointments - service provided by third party agency with ILC facilities used	per hour (half hr min)	\$16.00 \$35.00	\$16.50	\$18.15

Item				Frequency	2009-10 Charge ex. GST	2010-11 Charge Ex GST	2010-11 Charge Inc GST
		d	Second hand register				
			i) for items over \$500		\$21.00	\$21.50	\$23.65
			ii) for items under \$500		\$10.50	\$11.00	\$12.10
		е	iii) for more than 1 item Room Hire		\$21.00	\$21.50	\$23.65
			i) Room Hire - Commercial Sector rate	per hour (half hr min)	\$28.50	\$29.50	\$33.55
			ii) Room Hire - Public Sector and Community rate	per hour (half hr min)	\$20.00	\$20.50	\$23.65
			iii) Cancellation of Room Hire within seven days of booked date - Commercial Sector and Public Sector and Community Hirers	based on hours booked	50% of total booking fee		
	4	ACT E	quipment Scheme				
		а	Continence pads and aids for incontinence	Per carton of continence pads or order of incontinence aids	\$25.50	\$26.50	n/a
		b	Orthopaedic footwear		10% of total cost	10% of total cost	
					min \$64.50	min \$67.00	n/a
		С	Orthoses		10% of total cost	10% of total cost	
					min \$25.50	min \$26.50	n/a
		d	Repairs to ACTES Equipment		1/3 of total cost	1/3 of total cost	
					min \$25.50	min \$26.50	n/a
		е	Home modifications		10% of total cost	10% of total cost	
					min \$25.50	min\$26.50	
		f	Walking aids		10% of total cost	10% of total cost	
					min \$25.50	min\$26.50	
		g	Equipment and appliances for personal use		10% of total cost	10% of total cost	
					min \$25.50	min\$26.50	
		h i	Wigs Breast Prostheses Replacement		\$25.50 \$25.50	\$26.50 \$26.50	n/a n/a
Т	Health F	Protection	n Services				
	1		fic Services				
		a	Other than the ACT Coroner's Office	per hour	\$150.00 \$054.00	\$155.00	\$170.50
	0	b Other	ACT Coroner's Office (Attorney-General's Dept)	per matter	\$954.00	\$987.00	\$1,085.70
	2	Other a	Consultation - Business Hours	per hour	\$105.00	\$109.00	\$119.90
		a b	Consultation - After Hours	per hour	\$105.00	\$109.00	\$119.90 \$148.50
		С	Exhumations	per matter	\$375.00	\$388.00	\$426.80
		-		1	,	,	,

Item				Frequency	2008-09 Charge ex. GST	2009-10 Charge Ex GST	2009-10 Charge Inc GST
U	Other C	ommun	nity Health and Acute Support Fees				
	2		munity Health Care Program & Acute Support Fees				
		а	Chronic pain management course for compensation clients	per session	\$42.00	\$43.50	\$47.85
		b	Nursing and Allied Health education - business hours	per hour	\$81.50	\$84.50	\$92.95
		С	Nursing and Allied Health education - after hours	per hour	\$123.00	\$127.00	\$139.70
		d	Nursing and Allied Health education (tertiary standard) - business hours	per hour	\$175.00	\$181.00	\$199.10
		е	Nursing and Allied Health education (tertiary standard) - after hours	per hour	\$261.00	\$270.00	\$297.00
		f	Sale of infection control manual	per manual	\$80.50	\$83.50	\$91.85
		k	Day care meals	per meal	\$6.20	\$6.40	n/a
		1	Consultation in private hospitals	per hour	\$83.00	\$86.00	\$94.60
		m	Community Nursing and Diabetes Education:				
			Compensable non-inpatients and non-eligible clients of Community Health Service and Diabetes Services				
			i) Ordinary Hours	per hour	\$83.00	\$86.00	n/a
		n	Consultation overseas clients	per hour	\$80.50	\$83.50	n/a
	3	Allied	Health				
		а	Physiotherapy - Antenatal Exercise Classes	per visit	\$6.20	\$6.40	n/a
	4	Othe	r Medical Supplies				
		ар	"Replacement of Child Personal Health Record" (Blue Book)	per item	\$8.00	\$8.50	\$9.35
		as	Glucose Sensor	per item	\$70.45	\$70.45	n/a
		at	Elimination Diet Handbook	per item	\$20.00	\$20.00	\$22.00
	5	Home	e Enteral Nutrition Program				
		а	Equipment Only 0-6 years 11 months	per week	\$13.90	\$14.40	n/a
		b	Equipment Only 7-12 years 11 months	per week	\$13.90	\$14.40	n/a
		С	Equipment Only 13+ years	per week	\$13.90	\$14.40	n/a
		d	Supplementary Feeding 0-6 years 11 months	per week	\$23.30	\$24.10	n/a
		е	Supplementary Feeding 7-12 years 11 months	per week	\$41.00	\$42.40	n/a
		f	Supplementary Feeding 13+ years	per week	\$42.00	\$43.50	n/a
		g	Enteral Feeding 0-6 years 11 months	per week	\$29.10	\$30.10	n/a
		h	Enteral Feeding 7-12 yeas 11 months	per week	\$46.80	\$48.40	n/a
		i	Enteral Feeding 13+ years	per week	\$49.10	\$50.80	n/a

#### **Attachment B**

#### 1 JULY 2010 - ANNUAL INCREASE OF FEES & CHARGES

## ITEMS INCREASING BY NATIONAL CPI (2.9% ROUNDED)

			,			
Ite	m		Frequency	2009-10 Charge ex. GST	2010-11 Charge ex. GST	2010-11 Charge Inc GST
Α	Hospital Ac	commodation Fees - Standard Patients				
	1 a	In multiple-bed room	per day	\$294.00	\$303.00	n/a
	b	In single room not at patients request	per day	\$294.00	\$303.00	n/a
	С	In single room at patients request	per day	\$509.00	\$524.00	n/a
В	Hospital Ac	commodation Fees - Day Care Patients				
	а	Туре В	per day	\$213.00	\$219.00	n/a
	b	Local anaesthetic, no sedation - < 1 hour	per day	\$239.00	\$246.00	n/a
	С	General or regional anaesthetic/intravenous sedation - < 1 hour	per day	\$262.00	\$270.00	n/a
	d	General or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$294.00	\$303.00	n/a

DELETED FEES								
em				Frequency	2009-10 Charge ex. GST	2010-11 Charge ex. GST		
i P 1	athology Serv Non-Medic							
		j	Subtelomere FISH	per test	\$596.00	Deleted		
		k	Constitutional/Microdeletions	per test	\$282.00	Deleted		
6	Driver Reh	abilitatio	on Service					
		g	Re-assessment Report and Driving Instruction	per assessment	\$336.00	Deleted		
F	acilities Hire							
1	Use of Acc	ommod	dation Facilities at The Canberra Hospital					
		a	Use of Theatrette (after hours)	Per hour	\$172.00	Deleted		
		b	Use of Seminar Room (after hours)	Per 4 hour block		Deleted		
		(i)	Non Health Related	(min) or part thereof	\$159.00	Deleted		
		(ii)	Health Related	Per 4 hour block (min) or part thereof	\$135.00	Deleted		
		С	Conference and Meeting Rooms			Deleted		
		(i)	Non Health Related	Per 4 hour block (min) or part thereof	\$34.00	Deleted		
		(ii)	Health Related	Per 4 hour block (min) or part thereof	\$27.00	Deleted		
2	Facility Hire Rooms	e - Com	nmunity Health Conference, Meeting and Group					
	NOOHIO	а	Commercial Use					
		(i)	Non Health Related	Per hour	\$29.50	Deleted		
		(ii)	Sessional Health Related	Per hour	\$21.00	Deleted		
		b	Community Use					
		(i)	Non Health Related	Per hour	\$21.00	Deleted		
3	Facility Hire	(ii) e - Hea	Health Related  alth Protection Service Conference/Meeting EOC	Per hour	\$16.00	Deleted		
		а	Commercial Use					
		(i)	Non Health Related	Per hour	\$29.50	Deleted		
		(ii)	Sessional Health Related	Per hour	\$21.00	Deleted		
		b	Community Use			Deleted		
		(i)	Non Health Related	Per hour	\$21.00	Deleted		
		(ii)	Health Related	Per hour	\$16.00	Deleted		

#### **INCREASES OTHER THAN WPI OR CPI**

Iter	m			Frequency	Adjustment based on	2008-09 Charge ex. GST	2009-10 Charge ex. GST	2009-10 Charge Inc GST
С	Hospit	al Acc	commodation Fees - Nursing Home Type Patients	1				
		1	Hospital patient	per day	Pension Rates	\$41.35	\$47.35	n/a
		2	Private patient	per day	Pension Rates	\$137.75	\$147.15	n/a
D	Hostel	Fees			ratoo			
		1	Hostel Accommodation Fees	per day	Pension Rates	\$31.50	\$36.10	n/a
Ε	Accom	nmoda	ation where the person is other than a patient					
	2	In R	esidences - Patients					
		а	Room Only (Single)	per day	Cost Recovery	\$33.00	\$36.30	n/a
		b	Room Only (Double)	per day	Cost Recovery	\$46.00	\$50.60	n/a
	3	In R	esidences - Non Patients					
		а	Room Only (Single)	per day	Cost Recovery	\$30.00	\$33.00	\$36.30
		b	Room Only (Double)	per day	Cost Recovery	\$41.82	\$46.00	\$50.60
S	Aged (	Care a	and Rehabilitation Service					
	1	Con	nmunity - Based Rehabilitation Services					
			eral services to whom fees apply and mercial consultancy services					
		а	Allied Health Staff		0 /			
			i) Appointment		Cost Recovery	\$105.00	\$61.00	\$67.10
	2	Inde	ependent Living Centre					
		а	Appointment fee for clients with third party payer					
			i) Assisted appointment and/or report writing	per hour (half hr min)	Cost Recovery	\$105.00	\$61.00	n/a
	5	Pros	sthetic and Orthotic Services	,	,	Cost Recovery		
		а	New prosthesis for compensable and private clients - labour	per hour (half hr min)	Cost Recovery	\$105.00	\$61.00	n/a
		С	Repair prosthesis for compensable and private clients- labour	per hour (half hr min)	Cost Recovery	\$104.50	\$61.00	n/a
		i	New orthoses	per hour (half hr min)	Cost Recovery	\$105.00	\$61.00	n/a
		j	Repairs to Orthoses	per hour (half hr min)	Cost Recovery	\$105.00	\$61.00	n/a
		k	Orthotics assessments for private and compensable clients	per hour (half hr min)	Cost Recovery	\$105.00	\$61.00	n/a
	6	Driv	er Rehabilitation Service					
		а	Initial Assessment - Non compensable	per assessment	Cost Recovery	\$68.50	\$198.00	\$217.80

### **INCREASES OTHER THAN WPI OR CPI**

Item			Frequency	Adjustment based on	2008-09 Charge ex. GST	2009-10 Charge ex. GST	2009-10 Charge Inc GST
	b	Initial Allied Health Assessment	per assessment	Cost Recovery	\$735.00	\$380.00	n/a
	С	Initial Assessment Report and Driving Instruction	per assessment	Cost Recovery	\$336.00	\$292.00	n/a
	d	Lesson (compensable and non compensable)	per lesson	Cost Recovery	\$62.50	\$105.00	\$115.50
	е	Re-assessment - Non compensable	per assessment	Cost Recovery	\$62.50	\$121.00	\$133.10
	f	Allied Health Re-assessment	per assessment	Cost Recovery	\$314.00	\$292.00	n/a
7		cialised Wheelchair and Posture Seating (APS)					
	b	For clients not meeting ACT HACC eligibility for:					
		i) Seating Therapist	per hour (half hr min)	Cost Recovery	\$123.60	\$61.00	n/a
		ii) Technician (Non manufacture)	per hour (half hr min)	Cost Recovery	\$104.00	\$61.00	n/a
				Cost Recovery	+ Component costs Cost	+ Component costs	
8	Clinical Technology Service Workshop				Recovery		
	а	Rehabilitation aids maintenance and repair	per hour (half hr min)	Cost Recovery	\$104.00 + component costs	\$61.00 + component costs	n/a
	b	Equipment componentry manufacture	per hour (half hr min)	Cost Recovery	\$104.00 + component costs	\$61.00 + component costs	n/a