Explanatory Statement

Health (Fees) Determination 2015 (No 1)

Disallowable Instrument DI2015-204

made under the

Health Act 1993, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2014-320, dated 18 December 2014.

The Determination comes into effect on 1 July 2015 and reproduces Determination DI2014-320 except for:

- items on Attachment A, which have increased by the Wage Price Index of 2.75% (subject to rounding);
- items on Attachment B, which have increased by the National Consumer Price Index of 1.30% (subject to rounding);
- items on Attachment C, which have increased or decreased by other factors;
- items on Attachment D, which are new or deleted fees;
- minor wording and formatting changes; and
- the date of effect.

2 (2 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	Accommod Compensa a i) ii) b i) ii) c	lation Fees - Standard Patients able Critical Care ¹ First 21 days per episode Over 21 Days Other Inpatient ² First 21 days per episode Over 21 Days Hospital in the Home Operating Room Charges	per day per day per day per day	\$3,606.00 \$1,577.00 \$1,756.00	ex. GST \$3,705.00 \$1,620.00	n/a n/a
· 2 (2 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	Compensa a i) ii) b i) ii) c	able Critical Care ¹ First 21 days per episode Over 21 Days Other Inpatient ² First 21 days per episode Over 21 Days Hospital in the Home	per day	\$1,577.00		
; ; ;	a i) ii) b ii) c	Critical Care ¹ First 21 days per episode Over 21 Days Other Inpatient ² First 21 days per episode Over 21 Days Hospital in the Home	per day	\$1,577.00		
i 1	i) ii) b i) ii) c	First 21 days per episode Over 21 Days Other Inpatient ² First 21 days per episode Over 21 Days Hospital in the Home	per day	\$1,577.00		
i 1	ii) b i) ii) c	Over 21 Days Other Inpatient ² First 21 days per episode Over 21 Days Hospital in the Home	per day	\$1,577.00		
i 1	b i) ii) c	Other Inpatient ² First 21 days per episode Over 21 Days Hospital in the Home	per day		\$1,620.00	n/a
i 1	i) ii) c	First 21 days per episode Over 21 Days Hospital in the Home		\$1,756.00		
i 1	ii) C	Over 21 Days Hospital in the Home		\$1,756.00		
i 1	c	Hospital in the Home	per day		\$1,804.00	n/a
i 1		•		\$978.00	\$1,005.00	n/a
i 1	a	Operating Room Charges	per day	\$430.00	\$442.00	n/a
1						
ı	ťhan 1 hoι	atment 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	\$2,678.00	\$2,752.00	n/a
	, .	rocedures (including day only surgical patients)	per treatment	\$938.00	\$964.00	n/a
	Non- Eligible					
	a	Critical Care1				
·	i)	First 21 days per episode	per day	\$4,882.00	\$5,016.00	n/a
	ii)	Over 21 Days	per day	\$2,796.00	\$2,873.00	n/a
1	b	Other Inpatient2				
i	i)	First 21 days per episode	per day	\$1,926.00	\$1,979.00	n/a
i	ii)	Over 21 Days	per day	\$1,128.00	\$1,159.00	n/a
(С	Hospital in the Home	per day	\$430.00	\$442.00	n/a
(d	Operating Room Charges				
t	than 1 hou	atment 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	\$2,678.00	\$2,752.00	n/a
i	ii) Other p	rocedures (including day only surgical patients)	per treatment	\$938.00	\$964.00	n/a
D Hostel Fee						
2 (Group Ho	use - Maintenance Fee	per fortnight	\$13.20	\$13.60	n/a
F Pathology						
	d	care Testing DNA Extraction and Storage	nor toot	\$93.00	\$95.50	n/a
	g g	Spore Testing	per test per ampoule	\$93.00 \$12.00	\$95.50 \$12.50	\$13.75
,	9	,	per ampodie per post			
j	j	Histology testing on Coronial post mortems	mortem	\$341.00	\$341.00	\$375.10
G Incidental				A		
	PAP Mach		per hire	\$212.00	\$218.00	n/a
		sis Testing		#00 =0	# 00 =0	,
	C	Standard Test and Medical Review	per test	\$66.50	\$68.50	n/a
(d	Standard Test and Medical Review - Students	per test	\$53.50	\$55.00	n/a
H Non Eligib	ole or Com	pensable Outpatient Service Fee				
		Medical Practitioner	per visit	\$300.00	\$308.00	n/a
2	Second &	Subsequent Visits Medical Practitioner	per visit	\$138.00	\$142.00	n/a

Ite	m		ITEMS INCREASING BY WAGE PRICE IN	Frequency	2014-15 Charge ex. GST	2015-16 Charge ex. GST	2015-16 Charge inc. GST
	8		ory Third Party Motor Vehicle Insurance - Continuing Care				
	Ü	Program					
		а	Initial Consultation (standard)	per visit	\$83.00	\$85.00	\$93.50
		b	Initial Consultation (complex)	per visit	\$126.00	\$129.00	\$141.90
		С	Initial Consultation Home Visit (standard)	per visit	\$101.00	\$104.00	\$114.40
		d	Initial Consultation Home Visit (complex)	per visit	\$150.00	\$154.00	\$169.40
		е	Review (standard)	per visit	\$69.00	\$71.00	\$78.10
		f	Review (complex)	per visit	\$112.00	\$115.00	\$126.50
		g	Review Home Visit (standard)	per visit	\$101.00	\$104.00	\$114.40
		h	Review Home Visit (complex)	per visit	\$129.00	\$133.00	\$146.30
	9	Tuberculo	sis Testing				
		а	Standard Test and Medical Review	per test	\$228.00	\$234.00	n/a
		b	Standard Test and Medical Review - Students	per test	\$182.00	\$187.00	n/a
J	Capital	Region Can	cer Service				
	1	Copies of	mammograms	per set	\$41.20	\$42.30	n/a
K	Staff Va	ccinations fo	or Private Purposes				
			s attract a service fee plus the following vaccine cost -				
	1		Service Fee	per visit	\$14.00	\$14.40	n/a
	2		Vaccinations				
		а	ADT	per vaccine	\$13.60	\$14.00	n/a
		b	Flu	per vaccine	\$17.20	\$17.70	n/a
		С	Hepatitis A	per vaccine	\$71.00	\$73.00	n/a
		d	Hepatitis B	per vaccine	\$22.60	\$23.20	n/a
		е	Hepatitis A & B	per vaccine	\$62.50	\$64.00	n/a
		f	MMR	per vaccine	\$30.80	\$31.60	n/a
		g	Meningococcal C	per vaccine	\$77.50	\$79.50	n/a
		h	Meningococcal A, C, W, Y	per vaccine	\$42.60	\$43.80	n/a
		1	Rabies	per vaccine	\$115.00	\$118.00	n/a
		i	Pertussis (Whooping Cough)	per vaccine	\$36.70	\$37.70	n/a
		k	Typhoid	per vaccine	\$42.60	\$43.80	n/a
		i.	Varicella (Chicken Pox)	per vaccine	\$65.50	\$67.50	n/a
		m	Cholera	per vaccine	\$56.40	\$58.00	n/a
		n	Hepatitis A & Typhoid	per vaccine	\$129.00	\$132.50	n/a
		_	•	pack for 3	\$361.30		
		0	Japanese Encephalitis	doses	\$361.30	\$371.25	n/a
		p	Yellow Fever	per vaccine	\$56.40	\$58.00	n/a
L		Support					
	Fees 1	Medical P	hysics Services	per hour	\$171.00	\$176.00	n/a
	2		al Engineering Services	per hour	\$130.00	\$134.00	n/a
N 4	Madiaal	December on	od Haalik Dagania				
M	iviedicai		nd Health Reports ractitioner / Health Professional Reports				
	•	а	No further examination of the patient		\$243.00	\$250.00	n/a
		b	As "a" by practitioner who has not previously treated patie	ent	\$283.00	\$291.00	n/a
		C	Where a re-examination is required		\$324.00	\$333.00	n/a
		d	As "c" by practitioner who has not previously treated patie	ent	\$403.00	\$414.00	n/a
	2		ees - includes cancellation fee, admin fee if nil records, medica	I certs not at time	\$49.00	\$50.50	\$55.55
	_	ot consulta	ation and time of birth.		Ţ 0	4-3.00	+-3.00
	3	Health Re	cords provided to patient's solicitor		\$178.00	\$183.00	\$201.30

Ite	em	Frequency	2014-15 Charge ex. GST	2015-16 Charge ex. GST	2015-16 Charge inc. GST
	incorporated into 3.				
	4 Health Records provided to insurer		\$178.00	\$183.00	\$201.30
0	Emergency Department				
	Non-eligible, Compensable and Defence Patients:				
	1 Emergency Department Treatment	per visit	\$475.00	\$488.00	n/a
Р	Dental Services				
	Group 0 - Examination/Diagnostic				
	Comprehensive Oral Exam		\$11.00	\$11.50	n/a
	Periodic Exam		\$7.00	\$7.50	n/a
	Emergency Restorative Course of Care		\$39.50	\$40.50	n/a
	Emergency Prosthodontic Course of Care		\$39.50	\$40.50	n/a
	Consult (incl Exam)		\$12.00	\$12.50	n/a
	Consult Ext + 30 (incl Exam)		\$17.00	\$17.50	n/a
	Consult by Ref (incl Exam)		nil	nil	n/a
	Consult by Ref Ext +30 (incl Exam)		nil	nil	n/a
	Letter of Referral		nil	nil	n/a
	X-Ray -1 film PA or BW		\$7.00	\$7.50	n/a
	Intraoral radiograph - occlusal, maxillary or i - single film	mandibular	\$11.50	\$12.00	n/a
	Extraoral radiograph - maxillary and/or man	dibular -	\$12.50	\$13.00	n/a
	single film				• • •
	Caries activity screening test		\$6.50	\$6.50	n/
	Biopsy of Tissue		\$19.50	\$20.00	n/
	Pulp Test Per visit		nil	nil	n/a
	Diagnostic cast Photographic records - intraoral		\$11.50 \$7.00	\$12.00 \$7.50	n/a n/a
	• .		·	·	
	Group 1 - Preventative Services		£44.00	\$11.50	n/a
	Removal of Plaque and / or stain		\$11.00 \$3.00	\$11.50 \$3.50	n/a
	Recontouring - pre existing restoration/s Calculus (supra & subging.) & Plaque Remo	oval 1 at viait	\$3.00 \$13.50	\$3.50 \$14.00	n/a
	Calculus (supra & subging.) & Plaque Rend		\$13.30	\$14.00	n/a
	Enamel micro- abrasion - per tooth	Oval Addit. Visit	\$7.50	\$8.00	n/a
	Bleaching, internal - per tooth		<u> </u>	<u> </u>	
	Bleaching, external - per tooth		\$46.00 \$39.50	\$47.50 \$40.50	n/a n/a
	Fluoride - Topical (including tooth mousse)		\$6.00	\$6.00	n/a
	Concentrated fluoride, application single too	ath	\$4.50	\$4.50	n/
	Dietary advice. Analysis and advice	ou i	\$6.00	\$6.00	n/a
	Oral Hygiene Instr. (if more than 10 mins.)		\$7.50	\$8.00	n/
	Fissure Sealant - per tooth		\$10.50	\$11.00	n/
	Apply Desensitising Agent		\$4.50	\$4.50	n/
	Odontoplasty - per tooth		\$10.50	\$11.00	n/
	Group 2 Pariodoptics				
	Group 2 - Periodontics Treatment of acute Periodontal Infection		\$12.50	\$13.00	n/
	Root Planing & Curettage (per 8 teeth or les	(2)	\$21.00	\$13.00 \$21.50	n/a
	Non-surgical periodontal treatment not othe	,	\$17.00	\$21.50 \$17.50	n/a
	Gingivectomy (per 8 teeth or less)	Twice apoomed - per visit	\$32.50	\$33.50	n/a
	Periodontal flap surgery (per 8 teeth or less)	1	\$52.50 \$57.50	\$55.50 \$59.00	n/
		,	\$69.00		
	Osseous surgery (per 8 teeth or less)		\$36.00	\$71.00 \$37.00	n/a n/a
	Root resection - per root Periodontal surgery involving one tooth or a	n implant	\$36.00 \$14.00	\$37.00 \$14.50	
	Periodontal surgery involving one tooth or a	піпрапі	φ14.00	\$14.50	n/a

	Frequency	2014-15 Charge ex. GST	2015-16 Charge ex. GST	2015-1 Charg inc. GS
Group 3 - Or				
	Removal of tooth or parts	\$19.50	\$20.00	n,
	Sectional removal of tooth. Bone removal maybe necessary	\$28.50	\$29.50	n,
	Surgical removal of tooth or tooth fragment not including bone	\$34.50	\$35.50	n,
	Surgical removal of tooth or tooth fragment including bone	\$44.00	\$45.00	n
	Surgical removal of tooth or tooth fragment requiring both bone and tooth division	\$53.50	\$55.00	n
	Alveolectomy per segment	\$20.50	\$21.00	n
	Ostectomy	\$88.00	\$90.50	n
	Reduction of fibrous tuberosity	\$31.00	\$32.00	r
	Reduction of flabby ridge - per segment	\$17.00	\$17.50	r
	Removal of fibrous hyperplasia	\$45.00	\$46.00	r
	Removal of tumour, cyst or scar	\$33.50	\$34.50	r
	Removal of tumour, cyst or scar involving muscle, bone or deep tissue	\$119.00	\$122.50	n
	Surgery to salivary duct	\$104.50	\$107.50	r
	Surgery to salivary gland	\$35.00	\$36.00	r r
	Removal or repair of soft tissue (not elsewhere defined)	\$33.00	\$34.00	r
	Surgical removal of foreign body	\$18.00	\$18.50	r
	Marsupialization of cyst	\$62.50	\$64.00	
	Surgical exposure to unerupted tooth	\$138.50	\$142.50	
	Reposition tooth / Splint	\$31.50	\$32.50	
	Replantation of /& Splinting of tooth	\$63.50	\$65.00	
	Frenectomy	\$30.00	\$31.00	
	Drainage of abscess or cyst	\$16.00	\$16.50	
	Surgery involving the maxially antrum	\$138.50	\$142.50	
	Control of reactionary or secondary post operative haemorrhage	\$11.50	\$12.00	·
Group 4 - Er	ndodontics			
	Direct pulp capping	\$6.00	\$6.00	ı
	Pulpotomy	\$13.50	\$14.00	ı
	Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$74.00	\$76.00	1
	Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$107.00	\$110.00	1
	Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	\$140.00	\$144.00	
	Extirpation of pulp and debridement of root canal(s) - emerg	\$21.00	\$21.50	1
	Resorbable root canal filling - primary tooth	\$46.50	\$48.00	
	Periapical curettage - per root	\$46.50	\$48.00	ı
	Apicectomy- per root	\$48.00	\$49.50	
	Apical seal - per canal	\$19.50	\$20.00	ı
	Sealing of perforation	\$56.00	\$57.50	1
	Surgical treatment or repair of external root resorption	\$74.00	\$76.00	ı
	Exploration and/or negotiation of calcified canal -per canal, per visit	\$17.00	\$17.50	
	Removal of root filling, per canal	\$17.00	\$17.50	·
	Removal of cemented root canal post or post crown	\$17.00	\$17.50	
	Removing or bypassing fractured endodontic instrument	\$15.00	\$15.50	
	Additional visit for irrigation and/or dressing of the root canal system - per	\$17.00	\$17.50	r
	tooth Interim therapeutic root filling - per tooth	\$22.50	\$23.00	r
Group 5 B				
Group 5 - Re	estorative Services Motallic rectoration 1 surface direct	¢17.00	¢47.50	
	Metallic restoration - 1 surface - direct	\$17.00	\$17.50	1
	Metallic restoration - 2 surface - direct	\$20.00	\$20.50	r
	Metallic restoration - 3 surface - direct	\$27.50	\$28.50	

Item	Frequen	cy 2014-15 Charge ex. GST	2015-16 Charge ex. GST	2015-16 Charge inc. GST
	Metallic restoration - 4 surface - direct	\$31.00	\$32.00	n/a
	Metallic restoration - 4 surface - direct	\$31.00 \$34.50	\$35.50	n/a
	Adhesive restoration - 1 surface - Anterior tooth - direct	\$19.00	\$19.50	n/a
	Adhesive restoration - 2 surface - Anterior tooth - direct	\$23.50	\$24.00	n/a
	Adhesive restoration - 3 surface - Anterior tooth - direct	\$29.00	\$30.00	n/a
	Adhesive restoration - 4 surface - Anterior tooth - direct	\$32.50	\$33.50	n/a
	Adhesive restoration - 5 surface - Anterior tooth - direct	\$37.00	\$38.00	n/a
	Adhesive restoration - 1 surface Posterior tooth - direct	\$20.00	\$20.50	n/a
	Adhesive restoration - 2 surface Posterior tooth - direct	\$28.50	\$29.50	n/a
	Adhesive restoration - 3 surface Posterior tooth - direct	\$33.00	\$34.00	n/a
	Adhesive restoration - 4 surface Posterior tooth - direct	\$38.00	\$39.00	n/a
	Adhesive restoration - 5 surface Posterior tooth - direct	\$44.00	\$45.00	n/a
	Provisional (Intermediate / temporary) restoration	\$7.50	\$8.00	n/a
	Provisional (Intermediate / temporary) restoration Endo	nil	nil	n/a
	Metal band	\$6.50	\$6.50	n/a
	Pin restoration -per pin	\$5.00	\$5.50	n/a
	Stainless Steel Crown	\$48.50	\$50.00	n/a
	Cusp capping - per cusp	\$5.00	\$5.50	n/a
	Restoration of an incisal corner - per corner	\$5.00	\$5.50	n/a
	Removal of inlay/onlay	\$16.00	\$16.50	n/a
	Recementing onlay/inlay	\$14.00	\$14.50	n/a
	Post - direct	\$24.50	\$25.00	n/a
Group 6 -	Crown and Bridge			
	Provisional Crown	\$27.00	\$27.50	n/a
	Recrement Crown or veneer	\$15.00	\$15.50	n/a
	Recrement bridge or splint	\$16.50	\$17.00	n/a
	Removal of crown	\$11.50	\$12.00	n/a
	Removal of bridge or splint	\$31.00	\$32.00	n/a
Group 7 -	Prosthodontics	4407.50	# 404.00	,
	Full Maxillary denture	\$127.50	\$131.00	n/a
	Full Mandibular denture	\$127.50	\$131.00	n/a
	Metal plate or mesh	\$244.50	\$251.00	n/a
	Full Maxillary & Full Mandibular dentures	\$228.50	\$235.00	n/a
	Partial Max Denture - resin base	\$103.50 \$103.50	\$106.50	n/a
	Partial Mand Denture - resin base		\$106.50 \$372.00	n/a
	Partial Max Denture - cast CO/CR base Partial Mand Denture - cast CO/CR base	\$362.00		n/a
	Resilient Lining in addit'n to new denture	\$362.00 \$28.00	\$372.00 \$29.00	n/a
	Wrought Bar	\$30.00	\$31.00	n/a n/a
	Metal Backing - per backing	\$28.00	\$29.00	n/a
	Denture Adjustment (not new)	\$28.00 \$39.50	\$40.50	n/a
	Reline -Complete denture	\$51.00	\$52.50	n/a
	Reline -Part denture	\$39.50	\$40.50	n/a
	Remodel - complete denture	\$39.30 \$94.00	\$96.50	n/a
	Remodel - Partial denture	\$74.00	\$76.00	n/a
	Clean and polish of pre-existing denture	\$39.50	\$40.50	n/a
	Denture base modification	\$47.50	\$49.00	n/a
	Repair to metal casting: one point	\$119.50	\$123.00	n/a
	Tissue conditioning preparatory to impressions - per application	\$11.00	\$11.50	n/a
	Identification	\$6.00	\$6.00	n/a
Group 9 -	General Services			
	Palliative care	\$7.50	\$8.00	n/a

Item		TEMS INCREASING BY WAGE PRICE IN	Frequency	2014-15	2015-16	2015-16
				Charge ex. GST	Charge ex. GST	Charge inc. GST
		Travel to provide service		\$12.50	\$13.00	n/a
		Provision of medication/ medicaments		\$4.50	\$4.50	n/a
		Local anaesthesia (diagnosis or pain relief)		\$3.00	\$3.50	n/a
		Minor Occlusal adjustment		\$10.50	\$11.00	n/a
		Occlusal splint		\$86.00	\$88.50	n/a
		Adjust occlusal splint		\$13.50	\$14.00	n/a
		Repair/addition - occlusal splint		\$49.50	\$51.00	n/a
		Splinting and stabilization - direct - per tooth		\$16.00	\$16.50	n/a
		Post-operative care not elsewhere included		\$12.50	\$13.00	n/a
		Treatment not otherwise included		\$7.50	\$8.00	n/a
Gr	roup Δ - Restors	ative Referal Scheme (No ADA Item Numbers)				
Oi	oup A - Nestore	Complete Endodontic treatment, incisor or canine tooth (4	115 8 /17\	\$90.50	\$93.00	n/a
					·	
		Complete Endodontic treatment, premolar tooth (415,417		\$107.00 \$440.00	\$110.00	n/a
		Complete Endodontic treatment, molar tooth(415,417[2x4	116 & 2X418J)	\$140.00	\$144.00	n/a
Gr	oup B - Child &			# 00 F0	# 60.00	/
		Standard Annual Fee		\$60.50	\$62.00	n/a
Gr	roup C - Child a	nd Youth Extra Fee Services				
		Passive/Active removable appliance - one arch		\$59.50	\$61.00	n/a
		Functional orthopaedic appliance		\$47.00	\$48.50	n/a
		Passive fixed appliance		\$38.00	\$39.00	n/a
		Extra-oral appliance		\$153.00	\$157.00	n/a
		Repair removable appliance		\$14.00	\$14.50	n/a
		Repair removable appliance - clasp, spring or tooth		\$13.50	\$14.00	n/a
		additional to removable appliance		\$14.00	\$14.50	n/a
		Relining removable appliance		\$23.50	\$24.00	n/a
		Occlusal splint		\$47.00	\$48.50	n/a
Q Medica	ıl Imaging Servi	ces				
1	Services to p	patients - Copies of films to patients/solicitors/coroner/police	/insurers etc.			
	а	35cm x 43cm sheet	per sheet	\$11.00	\$11.30	n/a
	b	CDs	each	\$2.85	\$2.95	n/a
	C	DVB Laser Film	per sheet	\$11.00	\$11.30	n/a
	C	DVD Laser Film	•	φ11.00	φ11.50	II/a
	d	Service Fee	per order processed	\$34.00	\$35.00	\$38.50
	е	Research MRI - Non funded pilot project	each	\$196.00	\$201.00	n/a
	f	Research MRI - Funded project without radiologist input	each	\$270.00	\$277.00	n/a
	g	Research MRI - PPTF Funded project without Radiologist input	each	\$220.00	\$226.00	n/a
	h	Research MRI - PPTF Funded project with Radiologist input	each	\$343.00	\$352.00	n/a
	i	Aged Pensioner Service and Film Fee	each	\$33.00	\$34.00	\$37.40
	j	Coroners Fee	each	\$192.00	\$197.00	n/a
2	Radiographe	er services to external agencies				
_	а	Monday to Friday	per hour	\$156.00	\$160.00	\$176.00
	b	Saturday and Sunday	per hour	\$170.00	\$175.00	\$192.50
	C	Public Holidays	per hour	\$227.00	\$233.00	\$256.30
	C	i ubile i lolluays	•	ΨΖΖ1.00	ψ233.00	ψ230.30
	е	Processing	per occasion of service	\$54.50	\$56.00	\$61.60

Ite	m		TEMS INCREASING BY WAGE PRICE IN	Frequency	2014-15	2015-16	2015-16
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Charge ex. GST	Charge ex. GST	Charge inc. GST
	3	Non-rebatab	ole services to outpatients				
		а	MRI	per scan	\$364.00	\$374.00	n/a
		b	MRI - Breast	per scan	\$511.00	\$525.00	n/a
		С	MRI - Breast Core Biopsy	per session	\$396.00	\$407.00	n/a
		d	Non-rebateable Sedation in MRI	each	\$54.50	\$56.00	n/a
		е	Non-rebateable Contrast in MRI	each	\$54.50	\$56.00	n/a
		f	Positron Emission Tomography Scan	per scan	\$966.00	\$993.00	n/a
		g	Non-refundable CT Colonography	each	\$734.00	\$754.00	n/a
		h	Non-refundable Bone Density Scan (DEXA)	each	\$113.00	\$116.00	n/a
R	Pain Ma	ınagement Se	rvice				
	1	Multidisciplin	nary Assessment	per assessment	\$1,216.00	\$1,249.00	n/a
	2	Cognitive Be	ehaviour Therapy program (2 week program)	per program	\$5,161.00	\$5,303.00	n/a
	3 4	One-day Ed Psychology	ucation Program for Chronic Pain (JUMP)	per program	\$517.00	\$531.00	n/a
		а	Psychology Assessment	per assessment	\$375.00	\$385.00	n/a
		b	Group Psychology Session	per session	\$104.00	\$107.00	n/a
	5	Medical Ass	essment and Follow-ups				
		а	First Visit	per visit	\$300.00	\$308.00	n/a
		b	Second & Subsequent Visits	per visit	\$138.00	\$142.00	n/a
					270% of Medicare	270% of Medicare	
	6	Therapeutic	Injection/Procedure under Diagnostic guidance	per service	Benefits Schedule Fee	Benefits Schedule Fee	n/a
		а	General services to whom fees apply and commercial consultancy services Allied Health Staff				
		_	i) Appointment		\$69.00	\$71.00	\$78.10
		b	Education and/or Training (for student groups, private an staff groups)	d public sector			
			i) Per facilitator - Business hours	per hour (half hr min)	\$69.00	\$71.00	\$78.10
			ii) Per facilitator - After hours	per hour (half hr min)	\$108.00	\$111.00	\$122.10
		С	Maintenance Exercise Therapy Session	Per Session	\$8.00	\$8.00	n/a
	2	Independent	t Living Centre				
		а	Appointment fee for clients with third party payer				
			i) Assisted appointment and/or report writing	per hour (half hr min)	\$69.00	\$71.00	n/a
			ii) Non attendance at appointment	per occasion	\$18.50	\$19.00	\$20.90
		b	Unassisted appointments - service provided by third party agency with ILC facilities used	per hour (half hr min)	\$41.00	\$42.00	\$46.20
			Education and/or Training (for private organisations and				
		С	interstate government staff)				
		С		per half day	\$89.00	\$91.50	\$100.65
		С	interstate government staff)	per half day per full day	\$89.00 \$164.00	\$91.50 \$169.00	\$100.65 \$185.90

	TIEMS INCREASING BY WAGE PRICE INDEX (2.75% ROUNDED)									
em				Frequency	2014-15 Charge ex. GST	2015-16 Charge ex. GST	2015-16 Charge inc. GST			
			i) for items over \$500		\$24.50	\$25.00	\$27.50			
			ii) for items under \$500		\$13.00	\$13.50	\$14.85			
			iii) for more than 1 item		\$24.50	\$25.00	\$27.50			
		е	Room Hire							
			i) Room Hire - Commercial Sector rate	per hour (half hr min)	\$34.50	\$35.50	\$39.05			
			ii) Room Hire - Public Sector and Community rate	per hour (half hr min)	\$24.50	\$25.00	\$27.50			
			iii) Cancellation of Room Hire within seven days of	haradan haras	50% of	50% of	50% of			
			booked date - Commercial Sector and Public Sector	based on hours booked	total	total	total booking			
			and Community Hirers	booked	booking fee	booking fee	fee			
4	4	Prosthetic and	d Orthotic Services							
		2	New prosthesis for compensable and private clients -	per hour (half hr	\$69.00	\$71.00	n/a			
		a	labour	min)	\$69.00	\$71.00	п/а			
		С	Repair prosthesis for compensable and private clients-	per hour (half hr	\$69.00	\$71.00	n/a			
			labour	min)						
		I	New orthoses	per hour (half hr min)	\$69.00	\$71.00	n/a			
					+	+				
					Component costs	Component costs				
		j	Repairs to Orthoses	per hour (half hr min)	\$69.00	\$71.00	n/a			
					+ Component costs	+ Component costs				
			Orthotics assessments for private and compensable	per hour (half hr						
		k	clients	min)	\$69.00	\$71.00	n/a			
					Component costs	Component costs				
5			ilitation Service sable Patients							
			Initial Assessment and Report by Occupational							
		а	Therapist	per assessment	\$557.00	\$572.00	n/a			
		b	Initial Assessment by Driving Instructor	per assessment	\$225.00	\$231.00	\$254.10			
		С	Re-Assessment by Occupational Therapist	per assessment	\$137.00	\$141.00	n/a			
		d	Lesson	per lesson	\$119.00	\$122.00	\$134.20			
		Compensable								
		е	Initial Assessment and Report by Occupational	per assessment	\$764.00	\$785.00	n/a			
		f	Therapist Re-Assessment by Occupational Therapist	•	\$332.00	\$341.00				
		g	Lesson	per assessment per lesson	\$119.00	\$122.00	n/a \$134.20			
6	3	Specialised V	Wheelchair and Posture Seating (SWAPS)							
		a	For compensable and private clients:							
			i) Seating Therapist	per hour (half hr min)	\$69.00	\$71.00	n/a			
			ii) Technician (Non manufacture)	per hour (half hr min)	\$69.00	\$71.00	n/a			
					+	+				
					Component costs	Component costs				

Ite	m		TEMS INCREASING BY WAGE PRICE IN	Frequency	2014-15 Charge ex. GST	2015-16 Charge ex. GST	2015-16 Charge inc. GST
	7	Clinical Techr	nology Service Workshop				
		а	Rehabilitation aids maintenance and repair	per hour (half hr min)	\$69.00	\$71.00	n/a
					Component costs	Component costs	
		b	Equipment componentry manufacture	per hour (half hr min)	\$69.00	\$71.00	n/a
					Component costs	Component costs	
	8	Community C	are Program				
		а	Nursing and Allied Health education - Business hours	per hour	\$69.00	\$71.00	\$78.10
		b	Nursing and Allied Health education - After hours	per hour	\$104.00	\$107.00	\$117.70
		С	Nursing and Allied Health education (tertiary standard) - business hours	per hour	\$206.00	\$212.00	\$233.20
		d	Nursing and Allied Health education (tertiary standard) - after hours	per hour	\$307.00	\$315.00	\$346.50
		e f	Consultation in private hospitals Community Nursing	per hour	\$69.00	\$71.00	\$78.10
			Compensable non-inpatients and non-eligible clients of C Service	ommunity Health			
		g	i) Business Hours Consultation overseas clients	per hour per hour	\$69.00 \$69.00	\$71.00 \$71.00	n/a n/a
	9	Day Care					
		а	Day care meals	per meal	\$7.60	\$7.80	n/a
т	Health F	Protection Servi	ces				
	1	Scientific Serv					
		а	Other than the ACT Coroner's Office	per hour	\$176.00	\$181.00	\$199.10
		b	ACT Coroner's Office (Attorney-General's Dept)	per matter	\$1,123.00	\$1,154.00	\$1,269.40
		С	Asbestos Id single sample	per matter	\$83.64	\$86.36	\$95.00
		d	Asbestos Id additional samples	per matter	\$50.00	\$51.82	\$57.00
		е	Regular client Asbestos Fibre Count per Filter Counted	per matter	\$101.82	\$104.55	\$115.00
	2	Other					
		а	Consultation - Business hours	per hour	\$125.00	\$128.00	\$140.80
		b	Consultation - After hours	per hour	\$153.00	\$157.00	\$172.70
		С	Exhumations	per matter	\$441.00	\$453.00	\$498.30
		d	Food Safety Training	per session	\$530.00	\$545.00	\$599.50
U	Acute S	upport Fees					
	2	Acute Suppor	t Fees				
		а	Chronic pain management course for compensation	per session	\$49.50	\$51.00	\$56.10
		b	clients Sale of infection control manual	•	\$95.00	\$97.50	\$107.25
		g	Hydrotherapy Pool (External Users)	per manual per hour	\$106.00	\$109.00	\$107.25
	3	Allied Health					
			non-inpatients and non-eligible clients:				
		а	Physiotherapy - Antenatal Exercise Classes	per visit	\$7.00	\$8.00	n/a

Item			Frequency	2014-15 Charge ex. GST	2015-16 Charge ex. GST	2015-16 Charge inc. GST
4	4 Othe	er Medical Supplies				
	ak	"Replacement of Child Personal Health Record" (Blue Book)	per item	\$10.50	\$11.00	\$12.10
	an	Glucose Sensor	per item	\$80.05	\$82.25	n/a
Ę	5 Hom	e Enteral Nutrition Program				
	а	Equipment Only 0-6 years 11 months	per week	\$16.40	\$16.90	n/a
	b	Equipment Only 7-12 years 11 months	per week	\$16.40	\$16.90	n/a
	С	Equipment Only 13+ years	per week	\$16.40	\$16.90	n/a
	d	Supplementary Feeding 0-6 years 11 months	per week	\$27.40	\$28.20	n/a
	е	Supplementary Feeding 7-12 years 11 months	per week	\$48.20	\$49.50	n/a
	f	Supplementary Feeding 13+ years	per week	\$49.40	\$50.80	n/a
	g	Enteral Feeding 0-6 years 11 months	per week	\$34.30	\$35.20	n/a
	h	Enteral Feeding 7-12 yeas 11 months	per week	\$55.00	\$56.50	n/a
	i	Enteral Feeding 13+ years	per week	\$57.50	\$59.00	n/a

1 JULY 2015 - ANNUAL INCREASE OF FEES & CHARGES ITEMS INCREASING BY NATIONAL CONSUMER PRICE INDEX (1.30% ROUNDED)

Iter	n		Frequency	2014-15 Charge ex. GST	2015-16 Charge ex. GST	2015-16 Charge inc. GST
Α	Hospital Acc	ommodation Fees - Standard Patients				
	1 c	In single room at patients request	per day	\$580.00	\$588.00	n/a
				Or Fee as specified in agreement between the relevant health fund and the relevant ACT Public Hospital	Or Fee as specified in agreement between the relevant health fund and the relevant ACT Public Hospital	
В	Hospital Acc	ommodation Fees - Day Care Patients				
	а Тур	pe B	per day	\$243.00	\$246.00	n/a
	b Loc	cal anaesthetic, no sedation - < 1 hour	per day	\$271.00	\$275.00	n/a
	c Ge	neral or regional anaesthetic/intravenous sedation - < 1 hour	per day	\$298.00	\$302.00	n/a
	d Ge	neral or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$335.00	\$339.00	n/a

1 JULY 2015 - ANNUAL INCREASE OF FEES & CHARGES CHANGES OTHER THAN WPI OR CPI

Ite	em		Freque		2014-15 Charge ex. GST	2015-16 Charge ex. GST	2015-16 Charge inc. GST
A	Hospita	I Accommo	odation and Other Admitted Patient Fees - Standard Patient	s			
	1	а	In multiple-bed room		\$335.00	\$339.00	n/a
		b	In single room not at patients request		\$335.00	\$339.00	n/a
С	Hoenita		odation Fees - Nursing Home Type Patients		φοσσ.σσ	φοσσ.σσ	11/4
Ü					Ф ГГ 00	\$50.00	- /-
	1 2	Hospital	•	per day	\$55.80	\$56.90	n/a n/a
	2	Private p	atient	per day	\$167.00	\$174.55	n/a
D	Hostel F	- ees					
	1	Hostel A	ccommodation Fees	per day	\$42.50	\$43.35	n/a
F	Patholo	gy Service	Fees				
	1	Non-Med	dicare Testing				
		а	Sequence Analysis	per test	\$223.00	\$300.00	n/a
		С	Collection fee for collection of research trials	per test	\$27.00	\$27.50	\$30.25
		е	IgH & TCR gamma Gene rearrangements	per test	\$249.00	\$300.00	n/a
		f	ThinPrep Pap Test	per test	\$31.00	\$35.00	n/a
		h	FiSH - Haematology Oncology	per test	\$302.00	\$302.00	n/a
		i	Prenatal - Interphase Fish	per test	\$302.00	\$265.00	n/a
		k	Quantiferon	per test	\$35.00	\$35.00	n/a
		1	BRAF Mutation Testing - If not Medicare eligible	per test	\$196.00	\$196.00	n/a
		m	Pneumococcal Testing	per test	\$30.00	\$30.00	n/a
		n	EGFR Mutation Testing - If not Medicare eligible	per test	\$338.00	\$338.00	n/a
		0	RAS Mutation Testing - If not Medicare eligible	per test	\$196.00	\$308.00	n/a
		р	Environmental Testing	per request	\$52.00	\$52.00	\$57.20
		q	Supervised Urine Drug Screen	per request	\$45.00	\$45.00	\$49.50
U	Acute S	Support Fee	es				
	4	Other Me	edical Supplies				
		ao	Elimination Diet Handbook	per item	\$22.00	At cost	n/a

1 JULY 2015 - ANNUAL INCREASE OF FEES & CHARGES
NEW AND DELETED FEES

Iter	m						
F				Frequency	2014-15 Charge ex. GST	2015-16 Charge ex. GST	2015-16 Charge inc. GST
•	Patholog	gy Service Fee	es				
	1	Non-Medicar a	re Testing MLPA DNA Testing	per panel	\$94.50	DELETED	n/a
		b	Additional Genetic Analysis by Sequencing - Per Region	per request	NA	\$100.00	n/a
		j	Collection and transport of specimens for Paternity Testing	per test	\$39.50	DELETED	\$44.55
		r	16S rRNA Sequencing	per test	NA	\$75.00	n/a
		S	Microsatellite Analysis (5-plex, trio)	per test	NA	\$150.00	n/a
		t	Folate - Serum/Red Cell	per test	NA	\$20.10	n/a
		u	Vitamin D Testing	per test	NA	\$25.55	n/a
		V	Surveillance Screening	per test	NA	\$33.75	\$37.13
G	Incident	Incidental Outpatient Charges					
	5	Tuberculosis	<u> </u>				
		а	Standard Test	per test	\$49.30	DELETED	n/a
		b	Standard Test - Students	per test	\$39.40	DELETED	n/a
	6		Aids, Appliances, Home Modifications, Surgical Supplies and Prosthesis (Excludes artificial limbs and surgically implanted prosthesis, either permanent or temporary or are directly related to a clinically necessary surgical procedure).	per item	NA	cost + 10%	n/a
Н	Non Elig	Non Eligible or Compensable Outpatient Service Fee					
	4		Nursing or Allied Health Consult - Long (60 minutes or longer)	per visit	NA	\$129.00	n/a
	5		Nursing or Allied Health Consult - Standard (30 to 60 minutes)	per visit	NA	\$69.00	n/a
	6		Nursing or Allied Health Consult - Short (less than 30 minutes)	per visit	NA	\$43.00	n/a
	7		Nursing or Allied Health Education Services - Group	per visit/per attendee	NA	\$25.80	n/a
U	Acute S	upport Fees					
	3	Allied Health					
			e non-inpatients and non-eligible clients:				
		•	Diabetes Education:				
		g	Compensable non-inpatients and non-eligible clients of Diabetes Service:				
			i) Business Hours	per hour	\$69.00	DELETED	n/a
			ii) Evening shift Mon-Fri (excluding public	portioui	ψου.ου		11/a
			holidays)	per hour	At cost	DELETED	n/a
			iii) Night shift Mon Fri. (excluding public holidays)	per hour	At cost	DELETED	n/a
			iv) After hours (midnight Fri midnight - Saturday)	per hour	At cost	DELETED	n/a
			v) After hours - (midnight Sat. to midnight Sunday)	per hour	At cost	DELETED	n/a

1 JULY 2015 - ANNUAL INCREASE OF FEES & CHARGES

NEW AND DELETED FEES									
Item			Frequency	2014-15 Charge ex. GST	2015-16 Charge ex. GST	2015-16 Charge inc. GST			
4	Other M	ledical Supplies							
	i	PFX Probe	per Item	At cost	DELETED	n/a			
	j	Vaginal Cone	per item	At cost	DELETED	n/a			
	k	TYOB Book	per item	At cost	DELETED	At cost + 10%			
	I	TYON Book	per item	At cost	DELETED	At cost + 10%			
	m	Women's Waterworks Book	per item	At cost	DELETED	At cost + 10%			
	n	Let's Get Things Moving Book	per item	At cost	DELETED	At cost + 10%			
	0	One Step at a time Book	per item	At cost	DELETED	At cost + 10%			