#### **Explanatory Statement**

#### Health (Fees) Determination 2016 (No 2)

**Disallowable Instrument DI2016-73** 

made under the

Health Act 1993, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2016-8, dated 18 February 2016.

The Determination comes into effect on 1 July 2016 and reproduces Determination DI2016-8 except for:

- items on Attachment A, which have increased by the Wage Price Index of 1.6% (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;
- items on Attachment E, which are other amendments;
- additions and amendments to definitions;
- minor wording and formatting changes; and
- the date of effect.

1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES	<b>;</b>
ITEMS INCREASING BY WAGE PRICE INDEX (1.6% ROUND)	ΞD)

Ite	m		ITEMS INCREASING BY WAGE PRICE	Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
Α	Hospital 2	Accommo Compens	dation Fees - Standard Patients sable				
	_	a	Critical Care <sup>1</sup>				
		i)	First 21 days per episode	per day	\$3,705.00	\$3,764.00	n/a
		ii)	Over 21 Days	per day	\$1,620.00	\$1,646.00	n/a
		b	Other Inpatient <sup>2</sup>	. ,	, ,	. ,	
		i)	First 21 days per episode	per day	\$1,804.00	\$1,833.00	n/a
		ii)	Over 21 Days	per day	\$1,005.00	\$1,021.00	n/a
		c	Hospital in the Home	per day	\$442.00	\$449.00	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	\$2,752.00	\$2,796.00	n/a
	3	Non-	procedures (including day only surgical patients)	per treatment	\$964.00	\$979.00	n/a
	O	Eligible	0.111.1.0				
		a 	Critical Care1				,
		i)	First 21 days per episode	per day	\$5,016.00	\$5,096.00	n/a
		ii)	Over 21 Days	per day	\$2,873.00	\$2,919.00	n/a
		b	Other Inpatient2				
		i) 	First 21 days per episode	per day	\$1,979.00	\$2,011.00	n/a
		ii)	Over 21 Days	per day	\$1,159.00	\$1,178.00	n/a
		c d	Hospital in the Home Operating Room Charges	per day	\$442.00	\$449.00	n/a
		u	Operating Nooni 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	\$2,752.00	\$2,796.00	n/a
		ii) Other p	procedures (including day only surgical patients)	per treatment	\$964.00	\$979.00	n/a
D	Hostel F	ees					
	2	Group Ho	ouse - Maintenance Fee	per fortnight	\$13.60	\$13.80	n/a
F	Patholo	gy Service					
	1	Non-Med	icare Testing				
		C	Collection fee for collection of research trials	per test	\$27.50	\$28.00	n/a
		d	DNA Extraction and Storage	per test	\$95.50	\$97.00	n/a
		g	Spore Testing	per ampoule	\$12.50	\$12.50	\$13.75
		j	Histology testing on Coronial post mortems	per post mortem	\$341.00	\$346.00	\$380.60
		V	Surveillance Screening	per test	\$33.75	\$34.30	n/a
G	Incident	al Outpatie	nt Charges				
	4	PAP Mac	hine Hire	per hire	\$218.00	\$221.00	n/a
	5	Tuberculo	osis Testing				
		С	Standard Test and Medical Review	per test	\$68.50	\$69.50	n/a
		d	Standard Test and Medical Review - Students	per test	\$55.00	\$56.00	n/a
	Non Elic	gible or Cor	npensable Outpatient Service Fee				
Н							
Н	1	First Visit	Medical Practitioner	per visit	\$308.00	\$313.00	n/a
Н	-		Medical Practitioner  Subsequent Visits Medical Practitioner	per visit per visit	\$308.00 \$142.00	\$313.00 \$144.00	n/a n/a

1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES ITEMS INCREASING BY WAGE PRICE INDEX (1.6% ROUNDED)

Ite	m		ITEMS INCREASING BY WAGE PRICE	Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
	5	ū	or Allied Health Consult - Standard (30 to 60 minutes)	per visit	\$69.00	\$70.00	n/a
	6	Nursing	or Allied Health Consult - Short (less than 30 minutes)	per visit	\$43.00	\$43.70	n/a
	7	Nursing	or Allied Health Education Services - Group	per visit/per attendee	\$25.80	\$26.20	n/a
	8	Compuls Program	sory Third Party Motor Vehicle Insurance - Continuing Care				
		а	Initial Consultation (standard)	per visit	\$85.00	\$86.00	\$94.60
		b	Initial Consultation (complex)	per visit	\$129.00	\$131.00	\$144.10
		С	Initial Consultation Home Visit (standard)	per visit	\$104.00	\$106.00	\$116.60
		d	Initial Consultation Home Visit (complex)	per visit	\$154.00	\$156.00	\$171.60
		е	Review (standard)	per visit	\$71.00	\$72.00	\$79.20
		f	Review (complex)	per visit	\$115.00	\$117.00	\$128.70
		g g	Review Home Visit (standard)	per visit	\$104.00	\$106.00	\$116.60
		h h	Review Home Visit (complex)	per visit	\$133.00	\$135.00	\$148.50
	9		losis Testing	per visit	ψ100.00	ψ100.00	Ψ140.00
		а	Standard Test and Medical Review	per test	\$234.00	\$238.00	n/a
		b	Standard Test and Medical Review - Students	per test	\$187.00	\$190.00	n/a
J	Capital	•	ancer Service of mammograms	per set	\$42.30	\$43.00	n/a
	'	Copies	or maining rains	per ser	Ψ42.30	ψ43.00	11/4
K			for Private Purposes ns attract a service fee plus the following vaccine cost -				
	1	vaccinatio	Service Fee	per visit	\$14.40	\$14.60	n/a
	2		Vaccinations	per visit	Ψ14.40	Ψ14.00	11/a
	2	а	ADT	per vaccine	\$14.00	\$14.20	n/a
		b	Flu	per vaccine	\$17.70	\$18.00	n/a
		C	Hepatitis A	•	\$73.00	\$74.00	n/a
		d	Hepatitis B	per vaccine per vaccine	\$23.20	\$23.60	n/a
			Hepatitis A & B	•	\$64.00	\$65.00	n/a
		e f	MMR	per vaccine	\$31.60	\$32.10	n/a
				per vaccine			
		g	Meningococcal C	per vaccine	\$79.50	\$81.00	n/a
		h	Meningococcal A, C, W, Y	per vaccine	\$43.80	\$44.50	n/a
		:	Rabies	per vaccine	\$118.00	\$120.00	n/a
		J	Pertussis (Whooping Cough)	per vaccine	\$37.70	\$38.30	n/a
		k	Typhoid	per vaccine	\$43.80	\$44.50	n/a
		I	Varicella (Chicken Pox)	per vaccine	\$67.50	\$68.50	n/a
		m	Cholera	per vaccine	\$58.00	\$58.90	n/a
		n	Hepatitis A & Typhoid	per vaccine	\$132.50	\$134.60	n/a
		o p	Japanese Encephalitis Yellow Fever	pack for 3 doses per vaccine	\$371.25 \$58.00	\$377.20 \$58.90	n/a n/a
L	Clinical Fees	Support					
	1	Medical	Physics Services	per hour	\$176.00	\$179.00	n/a
	2		cal Engineering Services	per hour	\$134.00	\$136.00	n/a
М	Medical		and Health Reports				
	1	Medical	Practitioner / Health Professional Reports				
		а	No further examination of the patient		\$250.00	\$254.00	n/a
		b	As "a" by practitioner who has not previously treated pat	ient	\$291.00	\$296.00	n/a
		С	Where a re-examination is required		\$333.00	\$338.00	n/a
		d	As "c" by practitioner who has not previously treated pat	ient	\$414.00	\$421.00	n/a

1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES	
ITEMS INCREASING BY WAGE PRICE INDEX (1.6% ROUNDED	)

lte	em	ITEMS INCREASING BY WAGE PRICE INDEX (1.	quency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
	2	Search Fees - includes cancellation fee, admin fee if nil records, medical certs not a of consultation and time of birth.	t time	\$50.50	\$51.50	\$56.65
	3	Health Records provided to patient's solicitor incorporated into 3.		\$183.00	\$186.00	\$204.60
	4	Health Records provided to insurer		\$183.00	\$186.00	\$204.60
0	-	ency Department				
	Non-eli	gible, Compensable and Defence Patients:				
	1	Emergency Department Treatment	per visit	\$488.00	\$496.00	n/a
Р		Services				
	Gr	oup 0 - Examination/Diagnostic				
		Comprehensive Oral Exam		\$11.50	\$11.50	n/a
		Periodic Exam		\$7.50	\$7.50	n/a
		Emergency Restorative Course of Care		\$40.50	\$41.00	n/a
		Emergency Prosthodontic Course of Care		\$40.50	\$41.00	n/a
		Consult (incl Exam)		\$12.50	\$12.50	n/a
		Consult Ext + 30 (incl Exam)		\$17.50	\$18.00	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		\$7.50	\$7.50	n/a
		Intraoral radiograph - occlusal, maxillary or mandibular - single film		\$12.00	\$12.00	n/a
		Extraoral radiograph - maxillary and/or mandibular - single film		\$13.00	\$13.00	n/a
		Caries activity screening test		\$6.50	\$7.00	n/a
		Biopsy of Tissue		\$20.00	\$20.50	n/a
		Pulp Test Per visit		nil	nil	n/a
		Diagnostic cast		\$12.00	\$12.00	n/a
		Photographic records - intraoral		\$7.50	\$7.50	n/a
	Gr	oup 1 - Preventative Services				
		Removal of Plaque and / or stain		\$11.50	\$11.50	n/a
		Recontouring - pre existing restoration/s		\$3.50	\$3.50	n/a
		Calculus (supra & subging.) & Plaque Removal 1st visit		\$14.00	\$14.00	n/a
		Calculus (supra & subging.) & Plaque Removal Addit. visit		\$11.50	\$11.50	n/a
		Enamel micro- abrasion - per tooth		\$8.00	\$8.00	n/a
		Bleaching, internal - per tooth		\$47.50	\$48.50	n/a
		Bleaching, external - per tooth		\$40.50	\$41.00	n/a
		Fluoride - Topical (including tooth mousse)		\$6.00	\$6.00	n/a
		Concentrated fluoride, application single tooth		\$4.50	\$5.00	n/a
		Dietary advice. Analysis and advice		\$6.00	\$6.00	n/a
		Oral Hygiene Instr. (if more than 10 mins.)		\$8.00	\$8.00	n/a
		Fissure Sealant - per tooth		\$11.00	\$11.00	n/a
		Apply Desensitising Agent		\$4.50	\$5.00	n/a
		Odontoplasty - per tooth		\$11.00	\$11.00	n/a
	Gr	oup 2 - Periodontics				
		Treatment of acute Periodontal Infection		\$13.00	\$13.00	n/a
		Root Planing & Curettage (per 8 teeth or less)		\$21.50	\$22.00	n/a

1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES ITEMS INCREASING BY WAGE PRICE INDEX (1.6% ROUNDED)

Freque	•	2016-17	2016-17
	Charge ex. GST	Charge ex. GST	Charge inc. GST
Non curaical periodental treatment not otherwise specified per visit	¢17.50	\$19.00	n/a
Non-surgical periodontal treatment not otherwise specified - per visit	\$17.50	\$18.00	
Gingivectomy (per 8 teeth or less)	\$33.50	\$34.00	n/a
Periodontal flap surgery (per 8 teeth or less)	\$59.00	\$60.00	n/a
Osseous surgery (per 8 teeth or less)	\$71.00	\$72.00	n/a
Root resection - per root	\$37.00	\$37.50	n/a
Periodontal surgery involving one tooth or an implant	\$14.50	\$14.50	n/a
Group 3 - Oral Surgery			
Removal of tooth or parts	\$20.00	\$20.50	n/a
Sectional removal of tooth. Bone removal maybe necessary	\$29.50	\$30.00	n/a
Surgical removal of tooth or tooth fragment not including bone	\$35.50	\$36.00	n/a
Surgical removal of tooth or tooth fragment including bone	\$45.00	\$45.50	n/a
Surgical removal of tooth or tooth fragment requiring both bone and tooth division	\$55.00	\$56.00	n/a
Alveolectomy per segment	\$21.00	\$21.50	n/a
Ostectomy	\$90.50	\$92.00	n/a
Reduction of fibrous tuberosity	\$32.00	\$32.50	n/a
Reduction of flabby ridge - per segment	\$17.50	\$18.00	n/a
Removal of fibrous hyperplasia	\$46.00	\$46.50	n/a
Removal of tumour, cyst or scar	\$34.50	\$35.00	n/a
Removal of tumour, cyst or scar involving muscle, bone or deep tissue	\$122.50	\$124.50	n/a
Surgery to salivary duct	\$107.50	\$109.00	n/a
Surgery to salivary gland	\$36.00	\$36.50	n/a
Removal or repair of soft tissue (not elsewhere defined)	\$34.00	\$34.50	n/a
Surgical removal of foreign body	\$18.50	\$19.00	n/a
Marsupialization of cyst	\$64.00	\$65.00	n/a
	\$142.50	\$145.00	
Surgical exposure to unerupted tooth			n/a
Reposition tooth / Splint	\$32.50	\$33.00	n/a
Replantation of /& Splinting of tooth	\$65.00	\$66.00	n/a
Frenectomy	\$31.00	\$31.50	n/a
Drainage of abscess or cyst	\$16.50	\$17.00	n/a
Surgery involving the maxially antrum	\$142.50	\$145.00	n/a
Control of reactionary or secondary post operative haemorrhage	\$12.00	\$12.00	n/a
Group 4 - Endodontics			
Direct pulp capping	\$6.00	\$6.00	n/a
Pulpotomy	\$14.00	\$14.00	n/a
Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$76.00	\$77.00	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$110.00	\$112.00	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	\$144.00	\$146.50	n/a
Extirpation of pulp and debridement of root canal(s) - emerg	\$21.50	\$22.00	n/a
Resorbable root canal filling - primary tooth	\$48.00	\$49.00	n/a
Periapical curettage - per root	\$48.00	\$49.00	n/a
Apicectomy- per root	\$49.50	\$50.50	n/a
Apicectomy- per root Apical seal - per canal	\$20.00	\$20.50	n/a
Sealing of perforation	\$57.50 \$76.00	\$58.50 \$77.00	n/a
Surgical treatment or repair of external root resorption	\$76.00	\$77.00	n/a
Exploration and/or negotiation of calcified canal -per canal, per visit	\$17.50	\$18.00	n/a
Removal of root filling, per canal	\$17.50	\$18.00	n/a
Removal of cemented root canal post or post crown	\$17.50	\$18.00	n/a
Removing or bypassing fractured endodontic instrument	\$15.50	\$15.50	n/a
Additional visit for irrigation and/or dressing of the root canal system - per	\$17.50	\$18.00	n/a

1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES	
ITEMS INCREASING BY WAGE PRICE INDEX (1.6% ROUNDED	))

_	ITEMS INCREASING BY WAGE PRICE INDEX (1.6% RO			
Item	Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
	Interim therapeutic root filling - per tooth	\$23.00	\$23.50	n/a
Groun	o 5 - Restorative Services			
	Metallic restoration - 1 surface - direct	\$17.50	\$18.00	n/a
	Metallic restoration - 2 surface - direct	\$20.50	\$21.00	n/a
	Metallic restoration - 3 surface - direct	\$28.50	\$29.00	n/a
	Metallic restoration - 4 surface - direct	\$32.00	\$32.50	n/a
	Metallic restoration - 5 surface - direct	\$35.50	\$36.00	n/a
	Adhesive restoration - 1 surface - Anterior tooth - direct	\$19.50	\$20.00	n/a
	Adhesive restoration - 2 surface - Anterior tooth - direct	\$24.00	\$24.50	n/a
	Adhesive restoration - 3 surface - Anterior tooth - direct	\$30.00	\$30.50	n/a
	Adhesive restoration - 4 surface - Anterior tooth - direct	\$33.50	\$34.00	n/a
	Adhesive restoration - 4 surface - Anterior tooth - direct	\$38.00	\$38.50	n/a
	Adhesive restoration - 1 surface Posterior tooth - direct	\$20.50	\$21.00	n/a
	Adhesive restoration - 2 surface Posterior tooth - direct	\$29.50	\$30.00	n/a
	Adhesive restoration - 3 surface Posterior tooth - direct	\$34.00	\$34.50	n/a
	Adhesive restoration - 4 surface Posterior tooth - direct	\$39.00	\$39.50	n/a
	Adhesive restoration - 5 surface Posterior tooth - direct	\$45.00	\$45.50	n/a
	Provisional (Intermediate / temporary) restoration	\$8.00	\$8.00	n/a
	Provisional (Intermediate / temporary) restoration Endo	nil	nil	n/a
	Metal band	\$6.50	\$7.00	n/a
	Pin restoration -per pin	\$5.50	\$5.50	n/a
	Stainless Steel Crown	\$50.00	\$51.00	n/a
	Cusp capping - per cusp	\$5.50	\$5.50	n/a
	Restoration of an incisal corner - per corner	\$5.50	\$5.50	n/a
	Removal of inlay/onlay	\$16.50	\$17.00	n/a
	Recementing onlay/inlay	\$14.50	\$14.50	n/a
	Post - direct	\$25.00	\$25.50	n/a
Group	o 6 - Crown and Bridge			
	Provisional Crown	\$27.50	\$28.00	n/a
	Recrement Crown or veneer	\$15.50	\$15.50	n/a
	Recrement bridge or splint	\$17.00	\$17.50	n/a
	Removal of crown	\$12.00	\$12.00	n/a
	Removal of bridge or splint	\$32.00	\$32.50	n/a
Group	o 7 - Prosthodontics			
	Full Maxillary denture	\$131.00	\$133.00	n/a
	Full Mandibular denture	\$131.00	\$133.00	n/a
	Metal plate or mesh	\$251.00	\$255.00	n/a
	Full Maxillary & Full Mandibular dentures	\$235.00	\$239.00	n/a
	Partial Max Denture - resin base	\$106.50	\$108.00	n/a
	Partial Mand Denture - resin base	\$106.50	\$108.00	n/a
	Partial Max Denture - cast CO/CR base	\$372.00	\$378.00	n/a
	Partial Mand Denture - cast CO/CR base	\$372.00	\$378.00	n/a
	Resilient Lining in addit'n to new denture	\$29.00	\$29.50	n/a
	Wrought Bar	\$31.00	\$31.50	n/a
	Metal Backing - per backing	\$29.00	\$29.50	n/a
	Denture Adjustment (not new)	\$40.50	\$41.00	n/a
	Reline -Complete denture	\$52.50	\$53.50	n/a
	Reline -Part denture	\$40.50	\$41.00	n/a
	Remodel - complete denture	\$96.50	\$98.00	n/a
	Remodel - Partial denture	\$76.00	\$77.00	n/a
	Clean and polish of pre-existing denture	\$40.50	\$41.00	n/a
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1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES	
ITEMS INCREASING BY WAGE PRICE INDEX (1.6% ROUNDED	)

140		ITEMS INCREASING BY WAGE PRICE INDE			2040 47	2040 47
Item			Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
		Denture base modification		\$49.00	\$50.00	n/a
		Repair to metal casting: one point		\$123.00	\$125.00	n/a
		Tissue conditioning preparatory to impressions - per applicatio	n	\$11.50	\$11.50	n/a
		Identification		\$6.00	\$6.00	n/a
	Group 9 - Gene	eral Services				
		Palliative care		\$8.00	\$8.00	n/a
		Travel to provide service		\$13.00	\$13.00	n/a
		Provision of medication/ medicaments		\$4.50	\$5.00	n/a
		Local anaesthesia (diagnosis or pain relief)		\$3.50	\$3.50	n/a
		Minor Occlusal adjustment		\$11.00	\$11.00	n/a
		Occlusal splint		\$88.50	\$90.00	n/a
		Adjust occlusal splint		\$14.00	\$14.00	n/a
		Repair/addition - occlusal splint		\$51.00	\$52.00	n/a
		Splinting and stabilization - direct - per tooth		\$16.50	\$17.00	n/a
		Post-operative care not elsewhere included		\$13.00	\$13.00	n/a
		Treatment not otherwise included		\$8.00	\$8.00	n/a
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	Group A - Rest	orative Referal Scheme (No ADA Item Numbers)				
		Complete Endodontic treatment, incisor or canine tooth (415 &	417)	\$93.00	\$94.50	n/a
		Complete Endodontic treatment, premolar tooth (415,417,416,8	k 418)	\$110.00	\$112.00	n/a
		Complete Endodontic treatment, molar tooth(415,417[2x416 &	2x418])	\$144.00	\$146.50	n/a
	Group B - Child	d & Youth Dental				
		Standard Annual Fee		\$62.00	\$63.00	n/a
	Group C - Child	d and Youth Extra Fee Services				
		Passive/Active removable appliance - one arch		\$61.00	\$62.00	n/a
		Functional orthopaedic appliance		\$48.50	\$49.50	n/a
		Passive fixed appliance		\$39.00	\$39.50	n/a
		Extra-oral appliance		\$157.00	\$159.50	n/a
		Repair removable appliance		\$14.50	\$14.50	n/a
		Repair removable appliance - clasp, spring or tooth		\$14.00	\$14.00	n/a
		additional to removable appliance		\$14.50	\$14.50	n/a
		Relining removable appliance		\$24.00	\$24.50	n/a
		Occlusal splint		\$48.50	\$49.50	n/a
Q Me	edical Imaging Se	rvices				
	1 Services t	o patients - Copies of films to patients/solicitors/coroner/police/insur-	ers etc.			
	а	35cm x 43cm sheet	per sheet	\$11.30	\$11.50	n/a
	b	CDs	each	\$2.95	\$3.00	n/a
	c	DVB Laser Film	per sheet	\$11.30	\$11.50	n/a
	d	Service Fee	per order	\$35.00	\$35.50	\$39.05
	е	Research MRI - Non funded pilot project	processed each	\$201.00	\$204.00	n/a
	f	Research MRI - Funded project without radiologist input	each	\$277.00	\$281.00	n/a
	a	Research MRI - PPTF Funded project without	each	\$226.00	\$230.00	n/a
	g	Radiologist input  Research MRI - PPTF Funded project with Radiologist				
	h	input	each	\$352.00	\$358.00	n/a
	i	Aged Pensioner Service and Film Fee	each	\$34.00	\$34.50	\$37.95
	j	Coroners Fee	each	\$197.00	\$200.00	n/a

1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES	
ITEMS INCREASING BY WAGE PRICE INDEX (1.6% ROUNDED	)

Item			Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
2	2 Radi	ographer services to external agencies				
	а	Monday to Friday	per hour	\$160.00	\$163.00	\$179.30
	b	Saturday and Sunday	per hour	\$175.00	\$178.00	\$195.80
	С	Public Holidays	per hour	\$233.00	\$237.00	\$260.70
	е	Processing	per occasion of service	\$56.00	\$57.00	\$62.70
3	3 Non-	rebatable services to outpatients				
	а	MRI	per scan	\$374.00	\$380.00	n/a
	b	MRI - Breast	per scan	\$525.00	\$533.00	n/a
	С	MRI - Breast Core Biopsy	per session	\$407.00	\$414.00	n/a
	d	Non-rebateable Sedation in MRI	each	\$56.00	\$57.00	n/a
	е	Non-rebateable Contrast in MRI	each	\$56.00	\$57.00	n/a
	f	Positron Emission Tomography Scan	per scan	\$993.00	\$1,009.00	n/a
	g	Non-refundable CT Colonography	each	\$754.00	\$766.00	n/a
	h	Non-refundable Bone Density Scan (DEXA)	each	\$116.00	\$118.00	n/a
	•	nent Service disciplinary Assessment	per assessment	\$1,249.00	\$1,269.00	n/a
		uiscipilitary Assessment uitive Behaviour Therapy program (2 week program)	per assessment	\$5,303.00	\$5,388.00	n/a
	_	day Education Program for Chronic Pain (JUMP)	per program	\$531.00	\$539.00	n/a
		hology			•	
	a	Psychology Assessment	per assessment	\$385.00	\$391.00	n/a
_	b	Group Psychology Session	per session	\$107.00	\$109.00	n/a
5		cal Assessment and Follow-ups		<b>#200.00</b>	<b>#242.00</b>	-/-
	a	First Visit	per visit	\$308.00	\$313.00	n/a
	b	Second & Subsequent Visits	per visit	\$142.00 270% of	\$144.00 270% of	n/a
6	6 Thera	apeutic Injection/Procedure under Diagnostic guidance	per service	Medicare Benefits Schedule Fee	Medicare Benefits Schedule Fee	n/a
S Reha	bilitation,	Aged & Community Care				
1	1 Com	munity - Based Rehabilitation Services				
		General services to whom fees apply and commercial consultancy services				
	а	Allied Health Staff				
		i) Appointment		\$71.00	\$71.00	\$78.10
	b	Education and/or Training (for student groups, private a groups)	nd public sector staff			
		i) Per facilitator - Business hours	per hour (half hr min)	\$71.00	\$71.00	\$78.10
		ii) Per facilitator - After hours	per hour (half hr min)	\$111.00	\$111.00	\$122.10
	С	Maintenance Exercise Therapy Session	Per Session	\$8.00	\$8.00	n/a
-	2 Inder	pendent Living Centre				
2	z inde <sub>l</sub>	Appointment fee for clients with third party payer				
	<b>u</b>	ii) Non attendance at appointment	per occasion	\$19.00	\$19.50	\$21.45
		Unassisted appointments - service provided by third	per hour (half hr		ψισισυ	Ψ∠ 1.43
	b	party agency with ILC facilities used	min)	\$42.00	\$42.50	\$46.75

1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES
ITEMS INCREASING BY WAGE PRICE INDEX (1.6% ROUNDED)

		ITEMS INCREASING BY WAGE PRICE IN				
Item			Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
	С	Education and/or Training (for private organisations and interstate government staff)				
		i) ILC Education	per half day	\$91.50	\$93.00	\$102.30
		ii) ILC Education	per full day	\$169.00	\$172.00	\$189.20
	d	Second hand register				
		i) for items over \$500		\$25.00	\$25.50	\$28.05
		ii) for items under \$500		\$13.50	\$13.50	\$14.85
		iii) for more than 1 item		\$25.00	\$25.50	\$28.05
	е	Room Hire				
		i) Room Hire - Commercial Sector rate	per hour (half hr min)	\$35.50	\$36.00	\$39.60
		ii) Room Hire - Public Sector and Community rate	per hour (half hr min)	\$25.00	\$25.50	\$28.05
		iii) Cancellation of Room Hire within seven days of	h	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
5	Driver Rehab	illitation Service				
	Non Compen	sable Patients				
	a	Initial Assessment and Report by Occupational Therapist	per assessment	\$572.00	\$581.00	n/a
	b	Initial Assessment by Driving Instructor	per assessment	\$231.00	\$235.00	\$258.50
	d	Re-Assessment by Occupational Therapist	per assessment	\$141.00	\$143.00	n/a
	е	Lesson	per lesson	\$122.00	\$124.00	\$136.40
	Compensable	e Patients				
	f	Initial Assessment and Report by Occupational Therapist	per assessment	\$785.00	\$798.00	n/a
	g h	Re-Assessment by Occupational Therapist Lesson	per assessment per lesson	\$341.00 \$122.00	\$346.00 \$124.00	n/a \$136.40
			·	·		
6	Specialised V a	Vheelchair and Posture Seating (SWAPS)  For compensable and private clients:				
		i) Seating Therapist	per hour (half hr	\$71.00	\$71.00	n/a
		in Joanny Morapiot	min)	ψ/ 1.00	ψ/ 1.00	11/4
		ii) Technician (Non manufacture)	per hour (half hr min)	\$71.00	\$71.00	n/a
				+	+	
				Component costs	Component costs	
9	Day Care					
	a	Day care meals	per meal	\$7.80	\$7.90	n/a
T Health P	rotection Servi	ices				
1	Scientific Ser					
	a	Other than the ACT Coroner's Office	per hour	\$181.00	\$184.00	\$202.40
	b	ACT Coroner's Office (Attorney-General's Dept)	per matter	\$1,154.00	\$1,172.00	\$1,289.20
	С	Asbestos Id single sample	per matter	\$86.36	\$88.18	\$97.00
	d	Asbestos Id additional samples	per matter	\$51.82	\$52.73	\$58.00
	е	Regular client Asbestos Fibre Count per Filter Counted	per matter	\$104.55	\$106.36	\$117.00
2	Other					
	а	Consultation - Business hours	per hour	\$128.00	\$130.00	\$143.00

1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES
ITEMS INCREASING BY WAGE PRICE INDEX (1.6% ROUNDED)

14		ITEMS INCREASING BY WAGE PRICE INI			2046.47	2040 47
Item			Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
				CX. <b>GG</b> 1	CX. 001	
	b	Consultation - After hours	per hour	\$157.00	\$160.00	\$176.00
	С	Exhumations	per matter	\$453.00	\$460.00	\$506.00
	d	Food Safety Training	per session	\$545.00	\$554.00	\$609.40
U Acute S	Support Fee	s				
2	Acute Su	pport and Other Medical Services				
	а	Chronic pain management course for compensation clients	per session	\$51.00	\$52.00	\$57.20
	b	Sale of infection control manual	per manual	\$97.50	\$99.00	\$108.90
	g	Hydrotherapy Pool (External Users)	per hour	\$109.00	\$111.00	\$122.10
	ar	"Replacement of Child Personal Health Record" (Blue Book)	per item	\$11.00	\$11.00	\$12.10
	au	Glucose Sensor	per item	\$82.25	\$83.55	n/a
3	Allied Health					
	Compens	sable non-inpatients and non-eligible clients:				
	а	Physiotherapy - Antenatal Exercise Classes	per visit	\$8.00	\$8.00	n/a
4	Home Er	nteral Nutrition Program				
	а	Equipment Only 0-6 years 11 months	per week	\$16.90	\$17.20	n/a
	b	Equipment Only 7-12 years 11 months	per week	\$16.90	\$17.20	n/a
	С	Equipment Only 13+ years	per week	\$16.90	\$17.20	n/a
	d	Supplementary Feeding 0-6 years 11 months	per week	\$28.20	\$28.70	n/a
	е	Supplementary Feeding 7-12 years 11 months	per week	\$49.50	\$50.30	n/a
	f	Supplementary Feeding 13+ years	per week	\$50.80	\$51.50	n/a
	g	Enteral Feeding 0-6 years 11 months	per week	\$35.20	\$35.80	n/a
	h	Enteral Feeding 7-12 yeas 11 months	per week	\$56.50	\$57.50	n/a
	i	Enteral Feeding 13+ years	per week	\$59.00	\$60.00	n/a

1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES ITEMS INCREASING BY NATIONAL CONSUMER PRICE INDEX (1.30% ROUNDED)

Ite	m		Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
A	Hospital	Accommodation Fees - Standard Patients				
	1	a In multiple-bed room	per day	\$339.00	\$343.00	n/a
		b In single room not at patients request	per day	\$339.00	\$343.00	n/a
		c In single room at patients request	per day	\$588.00	\$596.00	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	Accommodation Fees - Day Care Patients				
	а	Type B	per day	\$246.00	\$249.00	n/a
	b	Local anaesthetic, no sedation - < 1 hour	per day	\$275.00	\$279.00	n/a
	С	General or regional anaesthetic/intravenous sedation - < 1 hour	per day	\$302.00	\$306.00	n/a
	d	General or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$339.00	\$343.00	n/a

# 1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES CHANGES OTHER THAN WPI OR CPI

Ite	em		CHANGES OTHER THAN V	Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
С	Hospital	Accommodation	n Fees - Nursing Home Type Patients				
C	1 103pitai 1	Hospital patie		per day	\$56.90	\$57.85	n/a
	2	Private patier		per day	\$174.55	\$177.40	n/a
D	Hostel F	ees					
	1	Hostel Accon	nmodation Fees	per day	\$43.35	\$44.10	n/a
F	Patholog	gy Service Fees	3				
	1	Non-Medicar	e Testing				
		k	Quantiferon	per test	\$35.00	\$45.00	n/a
s	Rehabili		Community Care				
	2		Living Centre				
		а	Appointment fee for clients with third party payer	per hour (half hr	Ф <b>74</b> 00	Φ4 <i>E</i> C <i>E</i> C	-/-
	4	Draethatia an	i) Assisted appointment and/or report writing     d Orthotic Services	min)	\$71.00	\$156.50	n/a
	4		New prosthesis for compensable and private clients -	per hour (half hr	<b>^-</b>	<b>*</b>	,
		а	labour	min)	\$71.00	\$156.50	n/a
		С	Repair prosthesis for compensable and private clients- labour	per hour (half hr min)	\$71.00	\$141.20	n/a
		i	New orthoses	per hour (half hr min)	\$71.00	\$156.50	n/a
					+ Component costs	Component costs	
		j	Repairs to Orthoses	per hour (half hr min)	\$71.00	\$141.20	n/a
					Component costs	Component costs	
		k	Orthotics assessments for private and compensable clients	per hour (half hr min)	\$71.00	\$156.50	n/a
	6	Specialised V	Wheelchair and Posture Seating (SWAPS)  For compensable and private clients:				
			i) Seating Therapist	per hour (half hr min)	\$71.00	\$156.50	n/a
			ii) Technician (Non manufacture)	per hour (half hr min)	\$71.00	\$141.20	n/a
					Component costs	Component costs	
	7	Clinical Tech	nology Service Workshop				
		а	Rehabilitation aids maintenance and repair	per hour (half hr min)	\$71.00	\$141.20	n/a
					+ Component	+ Component	
					costs	costs	

1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES
CHANGES OTHER THAN WPI OR CPI

Item		CHANGES OTHER TH	Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
			and have that the			
	b	Equipment componentry manufacture	per hour (half hr min)	\$71.00	\$141.20	n/a
				Component costs	Component costs	
8	Commur	nity Care Program				
	f	Community Nursing  Compensable non-inpatients and non-eligible cli	ents of Community Health Se	ervice		
		i) Business Hours	per hour	\$71.00	\$83.75	n/a
U Acute S	Support Fee	s upport and Other Medical Services				
2	C	Podiatric nail surgery (materials)	per intervention	At cost	At cost +	At cost
	d	Non moulded innersoles	per pair	At cost	15% At cost +	+ 26.5% n/a
					15% At cost +	
	е	Preformed Foot Orthoses	per pair	At cost	15% At cost +	n/a
	f	Custom made Foot Orthoses	per pair	At cost	15%	n/a
	h	Orthotic Modifications	per pair	At cost	At cost + 15%	n/a
	i	Foot Files	per item	At cost	At cost + 15%	At cost + 26.5%
	j	Tubular Bandage	per item	At cost	At cost + 15%	n/a
	k	Resistance Band	per metre	At cost	At cost + 15%	At cost + 26.5%
	I	Exercise Putty "Theraputty"	per container	At cost	At cost + 15%	n/a
	m	Sportstape	per roll	At cost	At cost + 15%	At cost + 26.5%
	n	Undertape	per metre	At cost	At cost + 15%	At cost + 26.5%
	0	Collar	per item	At cost	At cost + 15%	n/a
	р	Recognise Flash Cards	per item	At cost	At cost + 15%	n/a
	q	Mirror Box	per item	At cost	At cost + 15%	n/a
	r	Hinged Ankle Brace	per item	At cost	At cost + 15%	n/a
	s	Fixed Ankle Brace	per item	At cost	At cost + 15%	n/a
	t	Ankle Foot Orthosis	per item	At cost	At cost + 15%	n/a
	u	Formfit night ankle and foot resting splint	per item	At cost	At cost + 15%	n/a
	V	Limited motion brace (knee)	per item	At cost	At cost + 15%	n/a
	w	Limited motion brace (elbow)	per item	At cost	At cost + 15%	n/a

# 1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES CHANGES OTHER THAN WPI OR CPI

Item		CHANGES OTHER THAN WE	Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
	x	Limited motion brace replacement foam	per item	At cost	At cost + 15%	n/a
	у	Orthotics	per pair	At cost	At cost + 15%	n/a
	Z	Crutches	per pair	At cost	At cost + 15%	n/a
	aa	Crutch Tips and Handles	per item	At cost	At cost + 15%	n/a
	ab	Collar Cervical Rigid	per item	At cost	At cost + 15%	n/a
	ac	Collar Cervical Rigid (Miami J) Liner	per item	At cost	At cost + 15%	n/a
	ad	Walking Stick	per item	At cost	At cost + 15%	n/a
	ae	Wrist Splint Rigid	per item	At cost	At cost + 15%	n/a
	af	Wrist Splint Elastic	per item	At cost	At cost + 15%	n/a
	ag	Wrist Widget wrist stabilisation splint	per item	At cost	At cost + 15%	n/a
	ah	Neoprene Thumb Splints	per item	At cost	At cost + 15%	n/a
	ai	Foam Blocks	per item	At cost	At cost + 15%	At cost + 26.5%
	aj	Coban Small	per item	At cost	At cost + 15%	n/a
	ak	Coban Large	per item	At cost	At cost + 15%	n/a
	al	Pressure Garment - ready made	per item	At cost	At cost + 15%	n/a
	am	Pressure Garment - made to measure	per item	At cost	At cost + 15%	n/a
	an	Paediatric Feeding Consumables	per item	At cost	At cost + 15%	n/a
	ao	Voice Prostheses/consumables	per item	At cost	At cost + 15%	n/a
	ар	Simple Splints	per item	At cost	At cost +	n/a
	aq	Complex Splints	per item	At cost	At cost + 15%	n/a
	as	silicone foot products	per item	At cost	At cost + 15%	At cost + 26.5%
	at	sacro iliac supports	per item	At cost	At cost + 15%	n/a
	av	Elimination Diet Handbook	per item	At cost	At cost + 15%	n/a
	aw	Semi-rigid pre-fabricated wrist/thumb splint	per item	At cost	At cost + 15% At cost +	n/a
	ax	Pre-fabricated finger splint  Silicone scar products (sheets, moulds, gels, silicone-	per item	At cost	15% At cost +	n/a
	ay	lined products)	per item	At cost	15% At cost +	n/a
	az	Pavlik Harness	per item	At cost	15%	n/a

# 1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES CHANGES OTHER THAN WPI OR CPI

Item			OHANGEO OHIEK HIMK W	Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
		ba	Paediatric Rhino Brace	per item	At cost	At cost + 15%	n/a
		bb	Correction Hip Abduction Brace (Paediatric)	per item	At cost	At cost + 15%	n/a
		bc	Thermoplastic Humeral Braces	per item	At cost	At cost + 15%	n/a
		bd	Mitchell Boots for CTEV	per item	At cost	At cost + 15%	n/a
		be	Inspiratory Muscle Trainer	per item	At cost	At cost + 15%	n/a
		bf	Therabubble (bubble PEP device)	per item	At cost	At cost + 15%	n/a
		bg	"Medifix" Garment Glue	per item	At cost	At cost + 15%	n/a
		bh	Mini-massager (hand therapy scar management)	per item	At cost	At cost + 15%	n/a
;	3	Allied Health Compensable	e non-inpatients and non-eligible clients:				
		b	Pelvic Joint Support Belt	per item	At cost	At cost + 15%	n/a
		С	Back Brace	per item	At cost	At cost + 15%	n/a
		d	Heel Wedge	per item	At cost	At cost + 15%	n/a
		е	Sling	per item	At cost	At cost + 15%	n/a
		f	Shoulder Pulley	per item	At cost	At cost + 15%	At cost + 26.5%
4	4	Home Entera	Nutrition Program				
		j	Equipment to support enteral feeding not covered by HENS	per item	At cost	At cost + 15%	n/a
		k	Nutrition support products (supplements and Tube feeds) not covered by HENS	per item	At cost	At cost + 15%	n/a
		I	Food/fluid thickening agents	per item	At cost	At cost + 15%	n/a

#### 1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES NEW AND DELETED FEES

			NEW AND DELETE	DFEES			
Ite	em			Frequency	2015-16 Charge ex. GST	2016-17 Charge ex. GST	2016-17 Charge inc. GST
F	Patholo	gy Service	Fees				
	1	Non-Med	dicare Testing				
		W	Pneumococcal Individual Antibody Testing	per panel	n/a	\$150.00	n/a
s	Rehabili	tation, Age	d & Community Care				
	5	Driver R	ehabilitation Service				
		Non Con	npensable Patients				
		С	Joint Assessment and Report by Occupational Therapist and Driving Instructor	per assessment	n/a	\$548.95	\$603.85
U	Acute S	upport Fee	s				
	2	Acute S	upport and Other Medical Services				
		bi	Aircast Boot	per item	At cost	At cost + 15%	n/a
		bj	Camboot	per item	At cost	At cost + 15%	n/a
		bk	Zimmer Splint	per item	At cost	At cost + 15%	n/a
		bl	Shoulder Pulley	per item	At cost	At cost + 15%	At cost + 26.5%

1 JULY 2016 - ANNUAL INCREASE OF FEES & CHARGES
OTHER AMENDMENTS

OTHER AMENDMENTS								
Item	1	Old Fee Name	Old Fee	Item	New Fee Name	Frequency	2016-17 Charge ex. GST	2016-17 Charge inc. GST
F		Pathology Service Fees						
	2 Where the Pathology Service provided involves Inpatient Services							
	а	a non-eligible person	270% of Medicare Benefits Schedule Fee		ii) with Student Cover		100% of Medicare Benefits Schedule Fee	n/a
	3	Where the Pathology Service provided involves Outpatient Services						
	а	a non-eligible person	270% of Medicare Benefits Schedule Fee		ii) with Student Cover		100% of Medicare Benefits Schedule Fee	n/a
S		Rehabilitation, Aged & Community	Care					
	1	Community - Based Rehabilitation	Services					
		General services to whom fees app	ly and commer	cial cons	ultancy services			
	а	Allied Health Staff						
		i) Appointment	\$71.00	а	Allied Health Staff - Appointment	per hour	\$156.50	\$172.15
	b	Education and/or Training (for stude public sector staff groups)	ent groups, priv	ate and				
		i) Per facilitator - Business hours	\$71.00					
		ii) Per facilitator - After hours	\$111.00	b	Education and/or Training (for student groups, private and public sector staff groups) - per Facilitator	per hour	\$156.50	\$172.15
	8	Community Care Program						
		, ,		а	Education			
	а	Nursing and Allied Health education - Business hours	\$71.00		i) Nursing	per hour	\$83.73	\$92.10
	b	Nursing and Allied Health education - After hours	\$107.00		ii)Allied Health	per hour	\$156.50	\$172.15
	е	Consultation in private hospitals	\$71.00	е	Consultation in private hospitals			
					i) Nursing	per hour	\$83.73	\$92.10
					ii) Allied Health	per hour	\$156.50	\$172.15
	g	Consultation overseas clients	\$71.00	g	Consultation overseas clients			
					i) Nursing	per hour	\$83.73	n/a
					ii) Allied Health	per hour	\$156.50	n/a