Australian Capital Territory

Explanatory Statement

Health (Fees) Determination 2020 (No 2)

**Disallowable Instrument DI2020-195**

made under the

*Health Act 1993*, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2020-55, dated

23 April 2020.

The Determination comes into effect on 1 July 2020 and reproduces Determination DI2020-55 except for:

* items on Attachment A, which have increased by the Wage Price Index of 2.0% (subject to rounding);
* items on Attachment B, which have increased by indexation rates as advised by the Commonwealth;
* items on Attachment C, which have either been removed or added to the fee determination;
* minor wording and numbering changes; and
* the date of effect.

|  |  | |  | |  | | |  | | | |  | |  | | **ATTACHMENT A** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1 JULY 2020 - ANNUAL REVIEW OF FEES & CHARGES** | | | | | | | | | | | | | | | | | | | | |
| **ITEMS INCREASING BY WAGE PRICE INDEX (2.0%)** | | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | | |  | | | | **Frequency** | | **2019-20 Charge  ex. GST** | | **2020-21 Charge  ex. GST** | | | **2020-21 Charge  inc. GST** | | |
|
|  |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| A | Hospital Accommodation Fees and Other Admitted Patient Fees - Standard Patients | | | | | | | | | | | | |  | |  | | |  | | |
|  |  | | 1 | | c | | | In single room at patients request | | | | per day | | $639.80 | | $652.60 | | | n/a | | |
|  |  | |  | | d | | | Hospital in the Home | | | | $0.00 | | $222.75 | | $227.20 | | | n/a | | |
|  |  | | 2 | | Compensable | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Critical Care1 | | | |  | |  | |  | | |  | | |
|  |  | |  | | i) | | | First 21 days per episode | | | | per day | | $4,033.30 | | $4,113.95 | | | n/a | | |
|  |  | |  | | ii) | | | Over 21 Days | | | | per day | | $1,763.95 | | $1,799.25 | | | n/a | | |
|  |  | |  | | b | | | Other Inpatient2 | | | |  | |  | |  | | |  | | |
|  |  | |  | | i) | | | First 21 days per episode | | | | per day | | $1,964.65 | | $2,003.95 | | | n/a | | |
|  |  | |  | | ii) | | | Over 21 Days | | | | per day | | $1,093.65 | | $1,115.50 | | | n/a | | |
|  |  | |  | | c | | | Hospital in the Home | | | | per day | | $481.20 | | $490.80 | | | n/a | | |
|  |  | |  | | d | | | Operating Room Charges | | | |  | |  | |  | | |  | | |
|  |  | |  | | i) If the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation and the patient is not a day only patient | | | | | | | per treatment | | $2,996.40 | | $3,056.35 | | | n/a | | |
|  |  | |  | | ii) Other procedures (including day only surgical patients) | | | | | | | per treatment | | $1,049.55 | | $1,070.55 | | | n/a | | |
|  |  | | 3 | | Non-Eligible | | |  | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Critical Care1 | | | |  | |  | |  | | |  | | |
|  |  | |  | | i) | | | First 21 days per episode | | | | per day | | $5,461.15 | | $5,570.35 | | | n/a | | |
|  |  | |  | | ii) | | | Over 21 Days | | | | per day | | $3,127.70 | | $3,190.25 | | | n/a | | |
|  |  | |  | | b | | | Other Inpatient2 | | | |  | |  | |  | | |  | | |
|  |  | |  | | i) | | | First 21 days per episode | | | | per day | | $2,154.80 | | $2,197.90 | | | n/a | | |
|  |  | |  | | ii) | | | Over 21 Days | | | | per day | | $1,262.85 | | $1,288.10 | | | n/a | | |
|  |  | |  | | c | | | Hospital in the Home | | | | per day | | $481.20 | | $490.80 | | | n/a | | |
|  |  | |  | | d | | | Operating Room Charges | | | |  | |  | |  | | |  | | |
|  |  | |  | | i) If the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation and the patient is not a day only patient | | | | | | | per treatment | | $2,996.40 | | $3,056.35 | | | n/a | | |
|  |  | |  | | ii) Other procedures (including day only surgical patients) | | | | | | | per treatment | | $1,049.55 | | $1,070.55 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| C | Hospital Accommodation Fees - Nursing Home Type Patients | | | | | | | | | | |  | |  | |  | | |  | | |
|  |  | | 2 | | Private patient | | | | | | | per day | | $189.45 | | $193.20 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| D | Hostel Fees | | | | | | |  | | | |  | |  | |  | | |  | | |
|  |  | | 1 | | Hostel Accommodation Fees | | | | | | | per day | | $47.05 | | $48.00 | | | n/a | | |
|  |  | | 2 | | Group House - Maintenance Fee | | | | | | | per fortnight | | $14.80 | | $15.10 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| E | | Other Accommodation | | | | | | | |  | | | |  | | |  | | |  | | |
|  | |  | | 1 | | In Residences - Patients | | | |  | | | |  | | |  | | |  | | |
|  | |  | |  | | a | | | Room Only (single) | per day | | | | $45.20 | | | $46.10 | | | n/a | | |
|  | |  | |  | | b | | | Room Only (Double) | per day | | | | $63.05 | | | $64.30 | | | n/a | | |
|  | |  | | 2 | | In Residences - Non-Patients | | | |  | | | |  | | |  | | |  | | |
|  | |  | |  | | a | | | Room Only (single) | per day | | | | $41.10 | | | $41.90 | | | $46.10 | | |
|  | |  | |  | | b | | | Room Only (Double) | per day | | | | $57.30 | | | $58.45 | | | $64.30 | | |
|  |  | | | | | | | | | | |  | |  | |  | | |  | | |
| F | Pathology Service Fees | | | | | | | | | | |  | |  | |  | | |  | | |
|  |  | | 1 | | Non-Medicare Testing | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | c | | | Collection fee for collection of research trials | | | | per test | | $29.95 | | $30.55 | | | $33.61 | | |
|  |  | |  | | d | | | DNA Extraction and Storage | | | | per test | | $104.00 | | $106.10 | | | n/a | | |
|  |  | |  | | f | | | Spore Testing | | | | per ampoule | | $13.65 | | $13.90 | | | $15.29 | | |
|  |  | |  | | o | | | Environmental Testing | | | | per request | | $54.65 | | $55.75 | | | $61.33 | | |
|  |  | |  | | u | | | Surveillance Screening | | | | per test | | $36.80 | | $37.55 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| G | Incidental Outpatient Charges | | | | | | | | | | |  | |  | |  | | |  | | |
|  |  | | 2 | | PAP Machine Hire | | | | | | | per hire | | $236.35 | | $241.10 | | | n/a | | |
|  |  | | 3 | | Tuberculosis Testing | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Standard Test and Medical Review | | | | per test | | $74.55 | | $76.05 | | | n/a | | |
|  |  | |  | | b | | | Standard Test and Medical Review - Students | | | | per test | | $59.85 | | $61.05 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| H | Non Eligible or Compensable Outpatient Service Fee | | | | | | | | | | |  | |  | |  | | |  | | |
|  |  | | 1 | | First Visit Medical Practitioner | | | | | | | per visit | | $335.10 | | $341.80 | | | n/a | | |
|  |  | | 2 | | Second & Subsequent Visits Medical Practitioner | | | | | | | per visit | | $154.40 | | $157.50 | | | n/a | | |
|  |  | | 4 | | Nursing or Allied Health Consult - Long (60 minutes or longer) | | | | | | | per visit | | $140.80 | | $143.60 | | | n/a | | |
|  |  | | 5 | | Nursing or Allied Health Consult - Standard (30 to 60 minutes) | | | | | | | per visit | | $75.15 | | $76.65 | | | n/a | | |
|  |  | | 6 | | Nursing or Allied Health Consult - Short (less than 30 minutes) | | | | | | | per visit | | $46.85 | | $47.80 | | | n/a | | |
|  |  | | 7 | | Nursing or Allied Health Education Services - Group | | | | | | | per visit/per attendee | | $28.05 | | $28.60 | | | n/a | | |
|  |  | | 8 | | Compulsory Third Party Motor Vehicle Insurance - Community Care Program | | | | | | | | |  | |  | | |  | | |
|  |  | |  | | a | | | RACS Nursing - Business Hours | | | | per hour | | $88.00 | | $89.75 | | | $98.73 | | |
|  |  | |  | | b | | | RACS Nursing - Evening Shift - Mon-Fri | | | | per hour | | At cost | | At cost | | | At cost + 10% | | |
|  |  | |  | | c | | | RACS Nursing - Night Shift - Mon-Fri | | | | per hour | | At cost | | At cost | | | At cost + 10% | | |
|  |  | |  | | d | | | RACS Nursing - After Hours (midnight Fri - Sat) | | | | per hour | | At cost | | At cost | | | At cost + 10% | | |
|  |  | |  | | e | | | RACS Nursing - After Hours (midnight Sat - Sun) | | | | per hour | | At cost | | At cost | | | At cost + 10% | | |
|  |  | |  | | f | | | Allied Health | | | | per hour | | $164.40 | | $167.70 | | | $184.47 | | |
|  |  | | 9 | | Tuberculosis Testing | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Standard Test and Medical Review | | | | per test | | $255.30 | | $260.40 | | | n/a | | |
|  |  | |  | | b | | | Standard Test and Medical Review - Students | | | | per test | | $203.80 | | $207.90 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| K | Staff Vaccinations for Private Purposes | | | | | | | | | | |  | |  | |  | | |  | | |
|  |  | | All vaccinations attract a service fee plus the following vaccine cost - | | | | | | | | | | |  | |  | | |  | | |
|  |  | | 1 | |  | | | Service Fee | | | | per visit | | $15.65 | | $15.95 | | | n/a | | |
|  |  | | 2 | |  | | | Vaccinations | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | ADT | | | | per vaccine | | $15.20 | | $15.50 | | | n/a | | |
|  |  | |  | | b | | | Flu | | | | per vaccine | | $19.30 | | $19.70 | | | n/a | | |
|  |  | |  | | c | | | Hepatitis A | | | | per vaccine | | $79.35 | | $80.95 | | | n/a | | |
|  |  | |  | | d | | | Hepatitis B | | | | per vaccine | | $25.30 | | $25.80 | | | n/a | | |
|  |  | |  | | e | | | Hepatitis A & B | | | | per vaccine | | $69.85 | | $71.25 | | | n/a | | |
|  |  | |  | | f | | | MMR | | | | per vaccine | | $34.35 | | $35.05 | | | n/a | | |
|  |  | |  | | g | | | Meningococcal C | | | | per vaccine | | $86.65 | | $88.40 | | | n/a | | |
|  |  | |  | | h | | | Meningococcal A, C, W, Y | | | | per vaccine | | $47.70 | | $48.65 | | | n/a | | |
|  |  | |  | | I | | | Rabies | | | | per vaccine | | $128.20 | | $130.75 | | | n/a | | |
|  |  | |  | | j | | | Pertussis (Whooping Cough) | | | | per vaccine | | $41.10 | | $41.90 | | | n/a | | |
|  |  | |  | | k | | | Typhoid | | | | per vaccine | | $47.70 | | $48.65 | | | n/a | | |
|  |  | |  | | l | | | Varicella (Chicken Pox) | | | | per vaccine | | $73.55 | | $75.00 | | | n/a | | |
|  |  | |  | | m | | | Cholera | | | | per vaccine | | $63.15 | | $64.40 | | | n/a | | |
|  |  | |  | | n | | | Hepatitis A & Typhoid | | | | per vaccine | | $144.25 | | $147.15 | | | n/a | | |
|  |  | |  | | o | | | Japanese Encephalitis | | | | pack for 3 doses | | $404.20 | | $412.30 | | | n/a | | |
|  |  | |  | | p | | | Yellow Fever | | | | per vaccine | | $63.15 | | $64.40 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| L | Clinical Support Fees | | | | | | |  | | | |  | |  | |  | | |  | | |
|  |  | | 1 | | Medical Physics Services | | | | | | | per hour | | $192.25 | | $196.10 | | | n/a | | |
|  |  | | 2 | | Biomedical Engineering Services | | | | | | | per hour | | $146.00 | | $148.90 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| M | Medical Records and Health Reports | | | | | | | | | | |  | |  | |  | | |  | | |
|  |  | | 1 | | Medical Practitioner / Health Professional Reports | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | No further examination of the patient | | | |  | | $272.10 | | $277.55 | | | n/a | | |
|  |  | |  | | b | | | As "a" by practitioner who has not previously treated patient | | | | | | $317.30 | | $323.65 | | | n/a | | |
|  |  | |  | | c | | | Where a re-examination is required | | | |  | | $362.45 | | $369.70 | | | n/a | | |
|  |  | |  | | d | | | As "c" by practitioner who has not previously treated patient | | | | | | $450.70 | | $459.70 | | | n/a | | |
|  |  | | 2 | | Search Fees - includes cancellation fee, admin fee if nil records, medical certs not at time of consultation and time of birth. | | | | | | | | | $55.15 | | $56.25 | | | $61.88 | | |
|  |  | | 3 | | Health Records provided to patient's solicitor | | | | | | |  | | $199.60 | | $203.60 | | | $223.96 | | |
|  |  | | 4 | | Health Records provided to insurer | | | | | | |  | | $199.60 | | $203.60 | | | $223.96 | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| O | Emergency Department | | | | | | | | | | |  | |  | |  | | |  | | |
|  | Non-eligible, Compensable and Defence Patients: | | | | | | | | | | |  | |  | |  | | |  | | |
|  |  | | 1 | | Emergency Department Treatment | | | | | | | per visit | | $531.60 | | $542.25 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| P | Dental Services | | | | | | |  | | | |  | |  | |  | | |  | | |
|  |  | | Group 0 - Examination/Diagnostic | | | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | | Comprehensive Oral Exam | | | |  | | $12.60 | | $12.85 | | | n/a | | |
|  |  | |  | |  | | | Periodic Exam | | | |  | | $7.90 | | $8.05 | | | n/a | | |
|  |  | |  | |  | | | Emergency Restorative Course of Care | | | |  | | $44.15 | | $45.05 | | | n/a | | |
|  |  | |  | |  | | | Emergency Prosthodontic Course of Care | | | |  | | $44.15 | | $45.05 | | | n/a | | |
|  |  | |  | |  | | | Consult (incl Exam) | | | |  | | $13.65 | | $13.90 | | | n/a | | |
|  |  | |  | |  | | | Consult Ext + 30 (incl Exam) | | | |  | | $19.40 | | $19.80 | | | n/a | | |
|  |  | |  | |  | | | Written report (not elsewhere included) | | | |  | | $9.75 | | $9.95 | | | $10.95 | | |
|  |  | |  | |  | | | X-Ray -1 film PA or BW | | | |  | | $7.90 | | $8.05 | | | n/a | | |
|  |  | |  | |  | | | Intraoral radiograph - occlusal, maxillary or mandibular - single film | | | | | | $13.10 | | $13.35 | | | n/a | | |
|  |  | |  | |  | | | Extraoral radiograph - maxillary and/or mandibular - single film | | | | | | $14.20 | | $14.50 | | | n/a | | |
|  |  | |  | |  | | | Caries activity screening test | | | |  | | $7.35 | | $7.50 | | | n/a | | |
|  |  | |  | |  | | | Biopsy of Tissue | | | |  | | $22.05 | | $22.50 | | | n/a | | |
|  |  | |  | |  | | | Diagnostic cast | | | |  | | $13.10 | | $13.35 | | | n/a | | |
|  |  | |  | |  | | | Photographic records - intraoral | | | |  | | $7.90 | | $8.05 | | | n/a | | |
|  |  | |  | |  | | | Photographic records - extraoral | | | |  | | $7.85 | | $8.00 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | Group 1 - Preventative Services | | | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | | Removal of Plaque and / or stain | | | |  | | $12.60 | | $12.85 | | | n/a | | |
|  |  | |  | |  | | | Recontouring - pre-existing restoration/s | | | |  | | $3.70 | | $3.75 | | | n/a | | |
|  |  | |  | |  | | | Calculus (supra & subging.) & Plaque Removal 1st visit | | | | | | $15.20 | | $15.50 | | | n/a | | |
|  |  | |  | |  | | | Calculus (supra & subging.) & Plaque Removal Addit. visit | | | | | | $12.60 | | $12.85 | | | n/a | | |
|  |  | |  | |  | | | Enamel micro- abrasion - per tooth | | | |  | | $8.90 | | $9.10 | | | n/a | | |
|  |  | |  | |  | | | Bleaching, internal - per tooth | | | |  | | $52.00 | | $53.05 | | | n/a | | |
|  |  | |  | |  | | | Bleaching, external - per tooth | | | |  | | $44.15 | | $45.05 | | | n/a | | |
|  |  | |  | |  | | | Fluoride - Topical (including tooth mousse) | | | |  | | $6.30 | | $6.45 | | | n/a | | |
|  |  | |  | |  | | | Concentrated fluoride, application single tooth | | | |  | | $5.30 | | $5.40 | | | n/a | | |
|  |  | |  | |  | | | Dietary advice. Analysis and advice | | | |  | | $6.30 | | $6.45 | | | n/a | | |
|  |  | |  | |  | | | Oral Hygiene Instr. (if more than 10 mins.) | | | |  | | $8.90 | | $9.10 | | | n/a | | |
|  |  | |  | |  | | | Fissure Sealant - per tooth | | | |  | | $12.10 | | $12.35 | | | n/a | | |
|  |  | |  | |  | | | Apply Desensitising Agent | | | |  | | $5.30 | | $5.40 | | | n/a | | |
|  |  | |  | |  | | | Odontoplasty - per tooth | | | |  | | $12.10 | | $12.35 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | Group 2 - Periodontics | | | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | | Treatment of acute Periodontal Infection | | | |  | | $14.20 | | $14.50 | | | n/a | | |
|  |  | |  | |  | | | Periodontal Debridement - per tooth | | | |  | | $2.85 | | $2.90 | | | n/a | | |
|  |  | |  | |  | | | Non-Surgical Treatment of Peri Implant Disease | | | |  | | $19.40 | | $19.80 | | | n/a | | |
|  |  | |  | |  | | | Gingivectomy - per tooth | | | |  | | $4.50 | | $4.60 | | | n/a | | |
|  |  | |  | |  | | | Periodontal flap surgery - per tooth | | | |  | | $8.00 | | $8.15 | | | n/a | | |
|  |  | |  | |  | | | Osseous surgery (per 8 teeth or less) | | | |  | | $77.25 | | $78.80 | | | n/a | | |
|  |  | |  | |  | | | Root resection - per root | | | |  | | $40.45 | | $41.25 | | | n/a | | |
|  |  | |  | |  | | | Periodontal surgery involving one tooth or an implant | | | | | | $15.75 | | $16.05 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | Group 3 - Oral Surgery | | | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | | Removal of tooth or parts | | | |  | | $22.05 | | $22.50 | | | n/a | | |
|  |  | |  | |  | | | Sectional removal of tooth. Bone removal may be necessary | | | | | | $32.05 | | $32.70 | | | n/a | | |
|  |  | |  | |  | | | Surgical removal of tooth or tooth fragment not including bone | | | | | | $38.35 | | $39.10 | | | n/a | | |
|  |  | |  | |  | | | Surgical removal of tooth or tooth fragment including bone | | | | | | $48.85 | | $49.85 | | | n/a | | |
|  |  | |  | |  | | | Surgical removal of tooth or tooth fragment requiring both bone and tooth division | | | | | | $59.85 | | $61.05 | | | n/a | | |
|  |  | |  | |  | | | Alveolectomy per segment | | | |  | | $23.10 | | $23.55 | | | n/a | | |
|  |  | |  | |  | | | Ostectomy | | | |  | | $98.75 | | $100.75 | | | n/a | | |
|  |  | |  | |  | | | Reduction of fibrous tuberosity | | | |  | | $34.65 | | $35.35 | | | n/a | | |
|  |  | |  | |  | | | Reduction of flabby ridge - per segment | | | |  | | $19.40 | | $19.80 | | | n/a | | |
|  |  | |  | |  | | | Removal of fibrous hyperplasia | | | |  | | $49.90 | | $50.90 | | | n/a | | |
|  |  | |  | |  | | | Removal of tumour, cyst or scar | | | |  | | $37.30 | | $38.05 | | | n/a | | |
|  |  | |  | |  | | | Removal of tumour, cyst or scar involving muscle, bone or deep tissue | | | | | | $133.40 | | $136.05 | | | n/a | | |
|  |  | |  | |  | | | Surgery to salivary duct | | | |  | | $116.60 | | $118.95 | | | n/a | | |
|  |  | |  | |  | | | Surgery to salivary gland | | | |  | | $38.85 | | $39.65 | | | n/a | | |
|  |  | |  | |  | | | Removal or repair of soft tissue (not elsewhere defined) | | | | | | $36.80 | | $37.55 | | | n/a | | |
|  |  | |  | |  | | | Surgical removal of foreign body | | | |  | | $20.50 | | $20.90 | | | n/a | | |
|  |  | |  | |  | | | Marsupialization of cyst | | | |  | | $69.85 | | $71.25 | | | n/a | | |
|  |  | |  | |  | | | Surgical exposure to unerupted tooth | | | |  | | $155.50 | | $158.60 | | | n/a | | |
|  |  | |  | |  | | | Reposition tooth / Splint | | | |  | | $35.20 | | $35.90 | | | n/a | | |
|  |  | |  | |  | | | Replantation of /& Splinting of tooth | | | |  | | $70.95 | | $72.35 | | | n/a | | |
|  |  | |  | |  | | | Surgery to isolate and preserve neuro vascular tissue | | | | | | $39.20 | | $40.00 | | | n/a | | |
|  |  | |  | |  | | | Frenectomy | | | |  | | $33.60 | | $34.25 | | | n/a | | |
|  |  | |  | |  | | | Drainage of abscess or cyst | | | |  | | $18.40 | | $18.75 | | | n/a | | |
|  |  | |  | |  | | | Surgery involving the maxially antrum | | | |  | | $155.50 | | $158.60 | | | n/a | | |
|  |  | |  | |  | | | Control of reactionary or secondary post-operative haemorrhage | | | | | | $13.10 | | $13.35 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | Group 4 - Endodontics | | | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | | Direct pulp capping | | | |  | | $6.30 | | $6.45 | | | n/a | | |
|  |  | |  | |  | | | Pulpotomy | | | |  | | $15.20 | | $15.50 | | | n/a | | |
|  |  | |  | |  | | | Incomplete endodontic therapy (tooth not suitable for further treatment) | | | | | | $24.90 | | $25.40 | | | n/a | | |
|  |  | |  | |  | | | Complete chemo-mechanical preparation of root canal - one canal | | | | | | $44.65 | | $45.55 | | | n/a | | |
|  |  | |  | |  | | | Complete chemo-mechanical preparation of root canal - each additional canal | | | | | | $21.25 | | $21.70 | | | n/a | | |
|  |  | |  | |  | | | Root Canal obturation - one canal | | | |  | | $43.50 | | $44.35 | | | n/a | | |
|  |  | |  | |  | | | Root canal obturation - each additional canal | | | |  | | $20.35 | | $20.75 | | | n/a | | |
|  |  | |  | |  | | | Extirpation of pulp and debridement of root canal(s) - emergency and palliative | | | | | | $28.75 | | $29.35 | | | n/a | | |
|  |  | |  | |  | | | Resorbable root canal filling - primary tooth | | | |  | | $52.55 | | $53.60 | | | n/a | | |
|  |  | |  | |  | | | Periapical curettage - per root | | | |  | | $52.55 | | $53.60 | | | n/a | | |
|  |  | |  | |  | | | Apicectomy- per root | | | |  | | $54.10 | | $55.20 | | | n/a | | |
|  |  | |  | |  | | | Apical seal - per canal | | | |  | | $22.05 | | $22.50 | | | n/a | | |
|  |  | |  | |  | | | Sealing of perforation | | | |  | | $62.50 | | $63.75 | | | n/a | | |
|  |  | |  | |  | | | Surgical treatment or repair of external root resorption | | | |  | | $82.45 | | $84.10 | | | n/a | | |
|  |  | |  | |  | | | Exploration and/or negotiation of calcified canal -per canal, per visit | | | | | | $19.40 | | $19.80 | | | n/a | | |
|  |  | |  | |  | | | Removal of root filling, per canal | | | |  | | $19.40 | | $19.80 | | | n/a | | |
|  |  | |  | |  | | | Removal of cemented root canal post or post crown | | | | | | $19.40 | | $19.80 | | | n/a | | |
|  |  | |  | |  | | | Removing or bypassing fractured endodontic instrument | | | | | | $16.80 | | $17.15 | | | n/a | | |
|  |  | |  | |  | | | Additional visit for irrigation and/or dressing of the root canal system - per tooth | | | | | | $19.40 | | $19.80 | | | n/a | | |
|  |  | |  | |  | | | Interim therapeutic root filling - per tooth | | | |  | | $25.20 | | $25.70 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | Group 5 - Restorative Services | | | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | | Metallic restoration - 1 surface - direct | | | |  | | $19.40 | | $19.80 | | | n/a | | |
|  |  | |  | |  | | | Metallic restoration - 2 surface - direct | | | |  | | $22.60 | | $23.05 | | | n/a | | |
|  |  | |  | |  | | | Metallic restoration - 3 surface - direct | | | |  | | $31.00 | | $31.60 | | | n/a | | |
|  |  | |  | |  | | | Metallic restoration - 4 surface - direct | | | |  | | $34.65 | | $35.35 | | | n/a | | |
|  |  | |  | |  | | | Metallic restoration - 5 surface - direct | | | |  | | $38.35 | | $39.10 | | | n/a | | |
|  |  | |  | |  | | | Adhesive restoration - 1 surface - Anterior tooth - direct | | | | | | $21.50 | | $21.95 | | | n/a | | |
|  |  | |  | |  | | | Adhesive restoration - 2 surface - Anterior tooth - direct | | | | | | $26.25 | | $26.80 | | | n/a | | |
|  |  | |  | |  | | | Adhesive restoration - 3 surface - Anterior tooth - direct | | | | | | $32.55 | | $33.20 | | | n/a | | |
|  |  | |  | |  | | | Adhesive restoration - 4 surface - Anterior tooth - direct | | | | | | $36.25 | | $37.00 | | | n/a | | |
|  |  | |  | |  | | | Adhesive restoration - 5 surface - Anterior tooth - direct | | | | | | $41.50 | | $42.35 | | | n/a | | |
|  |  | |  | |  | | | Adhesive restoration - 1 surface Posterior tooth - direct | | | | | | $22.60 | | $23.05 | | | n/a | | |
|  |  | |  | |  | | | Adhesive restoration - 2 surface Posterior tooth - direct | | | | | | $32.05 | | $32.70 | | | n/a | | |
|  |  | |  | |  | | | Adhesive restoration - 3 surface Posterior tooth - direct | | | | | | $36.80 | | $37.55 | | | n/a | | |
|  |  | |  | |  | | | Adhesive restoration - 4 surface Posterior tooth - direct | | | | | | $42.55 | | $43.40 | | | n/a | | |
|  |  | |  | |  | | | Adhesive restoration - 5 surface Posterior tooth - direct | | | | | | $48.85 | | $49.85 | | | n/a | | |
|  |  | |  | |  | | | Provisional (Intermediate / temporary) restoration | | | |  | | $8.90 | | $9.10 | | | n/a | | |
|  |  | |  | |  | | | Metal band | | | |  | | $7.35 | | $7.50 | | | n/a | | |
|  |  | |  | |  | | | Pin restoration -per pin | | | |  | | $5.80 | | $5.90 | | | n/a | | |
|  |  | |  | |  | | | Stainless Steel Crown | | | |  | | $54.65 | | $55.75 | | | n/a | | |
|  |  | |  | |  | | | Restoration of an incisal corner - per corner | | | |  | | $5.80 | | $5.90 | | | n/a | | |
|  |  | |  | |  | | | Removal of inlay/onlay | | | |  | | $18.40 | | $18.75 | | | n/a | | |
|  |  | |  | |  | | | Recementing onlay/inlay | | | |  | | $15.75 | | $16.05 | | | n/a | | |
|  |  | |  | |  | | | Post - direct | | | |  | | $27.30 | | $27.85 | | | n/a | | |
|  |  | |  | |  | | | Adhesive restoration - veneer - anterior - direct | | | |  | | $24.10 | | $24.60 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | Group 6 - Crown and Bridge | | | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | | Provisional Crown | | | |  | | $29.95 | | $30.55 | | | n/a | | |
|  |  | |  | |  | | | Recrement Crown or veneer | | | |  | | $16.80 | | $17.15 | | | n/a | | |
|  |  | |  | |  | | | Recrement bridge or splint | | | |  | | $18.90 | | $19.30 | | | n/a | | |
|  |  | |  | |  | | | Removal of crown | | | |  | | $13.10 | | $13.35 | | | n/a | | |
|  |  | |  | |  | | | Removal of bridge or splint | | | |  | | $34.65 | | $35.35 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | Group 7 - Prosthodontics | | | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | | Full Maxillary denture | | | |  | | $142.35 | | $145.20 | | | n/a | | |
|  |  | |  | |  | | | Full Mandibular denture | | | |  | | $142.35 | | $145.20 | | | n/a | | |
|  |  | |  | |  | | | Metal plate or mesh | | | |  | | $273.15 | | $278.60 | | | n/a | | |
|  |  | |  | |  | | | Full Maxillary & Full Mandibular dentures | | | |  | | $256.35 | | $261.50 | | | n/a | | |
|  |  | |  | |  | | | Partial Max Denture - resin base | | | |  | | $115.55 | | $117.85 | | | n/a | | |
|  |  | |  | |  | | | Partial Mand Denture - resin base | | | |  | | $115.55 | | $117.85 | | | n/a | | |
|  |  | |  | |  | | | Partial Max Denture - cast CO/CR base | | | |  | | $405.05 | | $413.15 | | | n/a | | |
|  |  | |  | |  | | | Partial Mand Denture - cast CO/CR base | | | |  | | $405.05 | | $413.15 | | | n/a | | |
|  |  | |  | |  | | | Resilient Lining in addit'n to new denture | | | |  | | $31.50 | | $32.15 | | | n/a | | |
|  |  | |  | |  | | | Wrought Bar | | | |  | | $33.60 | | $34.25 | | | n/a | | |
|  |  | |  | |  | | | Metal Backing - per backing | | | |  | | $31.50 | | $32.15 | | | n/a | | |
|  |  | |  | |  | | | Denture Adjustment (not new) | | | |  | | $44.15 | | $45.05 | | | n/a | | |
|  |  | |  | |  | | | Reline -Complete denture | | | |  | | $57.25 | | $58.40 | | | n/a | | |
|  |  | |  | |  | | | Reline -Part denture | | | |  | | $44.15 | | $45.05 | | | n/a | | |
|  |  | |  | |  | | | Remodel - complete denture | | | |  | | $105.05 | | $107.15 | | | n/a | | |
|  |  | |  | |  | | | Remodel - Partial denture | | | |  | | $82.45 | | $84.10 | | | n/a | | |
|  |  | |  | |  | | | Clean and polish of pre-existing denture | | | |  | | $44.15 | | $45.05 | | | n/a | | |
|  |  | |  | |  | | | Denture base modification | | | |  | | $53.60 | | $54.65 | | | n/a | | |
|  |  | |  | |  | | | Repair to metal casting: one point | | | |  | | $133.95 | | $136.65 | | | n/a | | |
|  |  | |  | |  | | | Tissue conditioning preparatory to impressions - per application | | | | | | $12.60 | | $12.85 | | | n/a | | |
|  |  | |  | |  | | | Identification | | | |  | | $6.30 | | $6.45 | | | n/a | | |
|  |  | |  | |  | | | Obturator | | | |  | | $142.00 | | $144.85 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | Group 9 - General Services | | | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | | Palliative care | | | |  | | $8.90 | | $9.10 | | | n/a | | |
|  |  | |  | |  | | | Travel to provide service | | | |  | | $14.20 | | $14.50 | | | n/a | | |
|  |  | |  | |  | | | Provision of medication/ medicaments | | | |  | | $5.30 | | $5.40 | | | n/a | | |
|  |  | |  | |  | | | Local anaesthesia (diagnosis or pain relief) | | | |  | | $3.70 | | $3.75 | | | n/a | | |
|  |  | |  | |  | | | Minor Occlusal adjustment | | | |  | | $12.10 | | $12.35 | | | n/a | | |
|  |  | |  | |  | | | Occlusal splint | | | |  | | $96.65 | | $98.60 | | | n/a | | |
|  |  | |  | |  | | | Adjust occlusal splint | | | |  | | $15.20 | | $15.50 | | | n/a | | |
|  |  | |  | |  | | | Repair/addition - occlusal splint | | | |  | | $55.65 | | $56.75 | | | n/a | | |
|  |  | |  | |  | | | Splinting and stabilization - direct - per tooth | | | |  | | $18.40 | | $18.75 | | | n/a | | |
|  |  | |  | |  | | | Post-operative care not elsewhere included | | | |  | | $14.20 | | $14.50 | | | n/a | | |
|  |  | |  | |  | | | Treatment not otherwise included | | | |  | | $8.90 | | $9.10 | | | n/a | | |
|  |  | |  | |  | | | Sedation/Inhalation per appointment | | | |  | | $5.25 | | $5.35 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | Group A - Child & Youth Dental | | | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | | Standard Fee per course of care | | | |  | | $67.75 | | $69.10 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | Group B - Child and Youth Extra Fee Services | | | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | | Passive/Active removable appliance - one arch | | | |  | | $66.15 | | $67.45 | | | n/a | | |
|  |  | |  | |  | | | Functional orthopaedic appliance | | | |  | | $53.05 | | $54.10 | | | n/a | | |
|  |  | |  | |  | | | Passive fixed appliance | | | |  | | $42.55 | | $43.40 | | | n/a | | |
|  |  | |  | |  | | | Extra-oral appliance | | | |  | | $170.70 | | $174.10 | | | n/a | | |
|  |  | |  | |  | | | Repair removable appliance | | | |  | | $15.75 | | $16.05 | | | n/a | | |
|  |  | |  | |  | | | Repair removable appliance - clasp, spring or tooth | | | | | | $15.20 | | $15.50 | | | n/a | | |
|  |  | |  | |  | | | additional to removable appliance | | | |  | | $15.75 | | $16.05 | | | n/a | | |
|  |  | |  | |  | | | Relining removable appliance | | | |  | | $26.25 | | $26.80 | | | n/a | | |
|  |  | |  | |  | | | Occlusal splint | | | |  | | $53.05 | | $54.10 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| Q | Medical Imaging Services | | | | | | | | | | |  | |  | |  | | |  | | |
|  |  | | 1 | | Services to patients - Copies of films to patients/solicitors/coroner/police/insurers etc. | | | | | | | | | | |  | | |  | | |
|  |  | |  | | a | | | Service Fee | | | | per order processed | | $37.80 | | $38.55 | | | $42.41 | | |
|  |  | |  | | b | | | Research MRI - Non funded pilot project | | | | each | | $218.55 | | $222.90 | | | n/a | | |
|  |  | |  | | c | | | Research MRI - Funded project without radiologist input | | | | each | | $301.50 | | $307.55 | | | n/a | | |
|  |  | |  | | d | | | Research MRI - PPTF Funded project without Radiologist input | | | | each | | $246.85 | | $251.80 | | | n/a | | |
|  |  | |  | | e | | | Research MRI - PPTF Funded project with Radiologist input | | | | each | | $383.45 | | $391.10 | | | n/a | | |
|  |  | |  | | f | | | Coroners Fee | | | | each | | $214.35 | | $218.65 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | 2 | | Radiographer services to external agencies | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Monday to Friday | | | | per hour | | $174.40 | | $177.90 | | | $195.69 | | |
|  |  | |  | | b | | | Saturday and Sunday | | | | per hour | | $191.20 | | $195.00 | | | $214.50 | | |
|  |  | |  | | c | | | Public Holidays | | | | per hour | | $254.25 | | $259.35 | | | $285.29 | | |
|  |  | |  | | e | | | Processing | | | | per occasion of service | | $60.95 | | $62.15 | | | $68.37 | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | 3 | | Non-rebatable services to outpatients | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | MRI | | | | per scan | | $407.65 | | $415.80 | | | n/a | | |
|  |  | |  | | b | | | MRI - Breast | | | | per scan | | $571.55 | | $583.00 | | | n/a | | |
|  |  | |  | | c | | | MRI - Breast Core Biopsy | | | | per session | | $443.35 | | $452.20 | | | n/a | | |
|  |  | |  | | d | | | Non-rebateable Sedation in MRI | | | | each | | $60.95 | | $62.15 | | | n/a | | |
|  |  | |  | | e | | | Non-rebateable Contrast in MRI | | | | each | | $60.95 | | $62.15 | | | n/a | | |
|  |  | |  | | f | | | Positron Emission Tomography Scan | | | | per scan | | $395.00 | | $402.90 | | | n/a | | |
|  |  | |  | | g | | | Non-refundable CT Colonography | | | | each | | $820.50 | | $836.90 | | | n/a | | |
|  |  | |  | | h | | | Non-refundable Bone Density Scan (DEXA) | | | | each | | $126.05 | | $128.55 | | | n/a | | |
|  |  | |  | | i | | | Non-Rebateable Cardiac CT | | | | per scan | | $500.00 | | $510.00 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| R | Pain Management Service | | | | | | | | | | |  | |  | |  | | |  | | |
|  |  | | 1 | | Multidisciplinary Assessment | | | | | | | per assessment | | $1,359.50 | | $1,386.70 | | | n/a | | |
|  |  | | 2 | | Cognitive Behaviour Therapy program (2 week program) | | | | | | | per program | | $5,774.25 | | $5,889.75 | | | n/a | | |
|  |  | | 3 | | One-day Education Program for Chronic Pain (JUMP) | | | | | | | per program | | $577.85 | | $589.40 | | | n/a | | |
|  |  | | 4 | | Psychology | | |  | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Psychology Assessment | | | | per assessment | | $419.15 | | $427.55 | | | n/a | | |
|  |  | |  | | b | | | Group Psychology Session | | | | per session | | $116.60 | | $118.95 | | | n/a | | |
|  |  | | 5 | | Medical Assessment and Follow-ups | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | First Visit | | | | per visit | | $335.10 | | $341.80 | | | n/a | | |
|  |  | |  | | b | | | Second & Subsequent Visits | | | | per visit | | $154.40 | | $157.50 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| S | Rehabilitation, Aged & Community Care | | | | | | | | | | |  | |  | |  | | |  | | |
|  |  | | 1 | | RACS Nursing and Allied Health | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Allied Health Staff | | | | per hour | | $164.40 | | $167.70 | | | $184.47 | | |
|  |  | |  | | b | | | Seating Technician (Non manufacture) | | | | per hour | | $148.35 | | $151.30 | | | n/a | | |
|  |  | |  | | c | | | Nursing Staff | | | | per hour | | $85.85 | | $0.00 | | | $0.00 | | |
|  |  | |  | | d | | | Education and/or Training (for student groups, private and public sector staff groups) - Business Hours | | | | per hour | | $164.40 | | $167.70 | | | $184.47 | | |
|  |  | |  | | f | | | Maintenance Exercise Therapy Session | | | | per session | | $8.40 | | $8.55 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | 2 | | Clinical Technology Service Workshop | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Rehabilitation aids maintenance and repair | | | | per hour | | $148.35 | | $151.30 | | | n/a | | |
|  |  | |  | | b | | | Equipment componentry manufacture | | | | per hour | | $148.35 | | $151.30 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | 4 | | Prosthetic and Orthotic Services | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | New prosthesis for compensable and private clients - labour | | | | per hour | | $164.40 | | $167.70 | | | n/a | | |
|  |  | |  | | c | | | Repair prosthesis for compensable and private clients- labour | | | | per hour | | $148.35 | | $151.30 | | | n/a | | |
|  |  | |  | | i | | | New orthoses | | | | per hour | | $164.40 | | $167.70 | | | n/a | | |
|  |  | |  | | j | | | Repairs to Orthoses | | | | per hour | | $148.35 | | $151.30 | | | n/a | | |
|  |  | |  | | k | | | Orthotics assessments for private and compensable clients | | | | per hour | | $164.40 | | $167.70 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | 5 | | Driver Rehabilitation Service | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | Non-Compensable Patients | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Initial Assessment and Report by Occupational Therapist | | | | per assessment | | $623.00 | | $635.45 | | | n/a | | |
|  |  | |  | | b | | | Initial Assessment by Driving Instructor | | | | per assessment | | $252.15 | | $257.20 | | | $282.92 | | |
|  |  | |  | | c | | | Joint Assessment and Report by Occupational Therapist and Driving Instructor | | | | per assessment | | $576.70 | | $588.25 | | | $647.08 | | |
|  |  | |  | | d | | | Re-Assessment by Occupational Therapist | | | | per assessment | | $153.40 | | $156.45 | | | n/a | | |
|  |  | |  | | e | | | Lesson | | | | per lesson | | $132.40 | | $135.05 | | | $148.56 | | |
|  |  | |  | | Compensable Patients | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | f | | | Initial Assessment and Report by Occupational Therapist | | | | per assessment | | $855.20 | | $872.30 | | | n/a | | |
|  |  | |  | | g | | | Re-Assessment by Occupational Therapist | | | | per assessment | | $370.85 | | $378.25 | | | n/a | | |
|  |  | |  | | h | | | Lesson | | | | per lesson | | $132.40 | | $135.05 | | | $148.56 | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | 6 | | Specialised Wheelchair and Posture Seating (SWAPS) | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | For compensable and private clients: | | | |  | |  | |  | | |  | | |
|  |  | |  | |  | | | i) Seating Therapist | | | | per hour | | $164.40 | | $167.70 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| T | Health Protection Services | | | | | | | | | | |  | |  | |  | | |  | | |
|  |  | | 1 | | Scientific Services | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Other than the ACT Coroner's Office | | | | per hour | | $197.50 | | $201.45 | | | $221.60 | | |
|  |  | |  | | b | | | ACT Coroner's Office (Justice and Community Safety Directorate) | | | | per matter | | $1,255.50 | | $1,280.60 | | | $1,408.66 | | |
|  |  | |  | | c | | | Asbestos Id single sample | | | | per matter | | $94.55 | | $96.36 | | | $106.00 | | |
|  |  | |  | | d | | | Asbestos Id additional samples | | | | per matter | | $56.36 | | $57.27 | | | $63.00 | | |
|  |  | |  | | e | | | Regular client Asbestos Fibre Count per Filter Counted | | | | per matter | | $113.64 | | $116.36 | | | $128.00 | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | 2 | | Other | | |  | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Consultation - Business hours | | | | per hour | | $139.70 | | $142.50 | | | $156.75 | | |
|  |  | |  | | b | | | Consultation - After hours | | | | per hour | | $171.25 | | $174.70 | | | $192.17 | | |
|  |  | |  | | c | | | Exhumations | | | | per matter | | $492.70 | | $502.55 | | | $552.81 | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| U | Acute Support Fees | | | | | | |  | | | |  | |  | |  | | |  | | |
|  |  | | 2 | | Acute Support and Other Medical Services | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Chronic pain management course for compensation clients | | | | per session | | $55.65 | | $56.75 | | | $62.43 | | |
|  |  | |  | | b | | | Sale of infection control manual | | | | per manual | | $106.10 | | $108.20 | | | $119.02 | | |
|  |  | |  | | g | | | Hydrotherapy Pool (External Users) | | | | per hour | | $118.70 | | $121.05 | | | $133.16 | | |
|  |  | |  | | an | | | "Replacement of Child Personal Health Record" (Blue Book) | | | | per item | | $12.10 | | $12.35 | | | $13.59 | | |
|  |  | |  | | aq | | | Glucose Sensor | | | | per item | | $89.55 | | $91.35 | | | n/a | | |
|  |  | |  | | bj | | | Breast Pump Hire - per week | | | | per item | | $8.40 | | $8.55 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | 3 | | Allied Health | | |  | | | |  | |  | |  | | |  | | |
|  |  | |  | | Compensable non-inpatients and non-eligible clients: | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Physiotherapy - Antenatal Exercise Classes | | | | per visit | | $8.40 | | $8.55 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
|  |  | | 4 | | Home Enteral Nutrition Program | | | | | | |  | |  | |  | | |  | | |
|  |  | |  | | a | | | Equipment Only 0-6 years 11 months | | | | per week | | $18.40 | | $18.75 | | | n/a | | |
|  |  | |  | | b | | | Equipment Only 7-12 years 11 months | | | | per week | | $18.40 | | $18.75 | | | n/a | | |
|  |  | |  | | c | | | Equipment Only 13+ years | | | | per week | | $18.40 | | $18.75 | | | n/a | | |
|  |  | |  | | d | | | Supplementary Feeding 0-6 years 11 months | | | | per week | | $30.80 | | $31.40 | | | n/a | | |
|  |  | |  | | e | | | Supplementary Feeding 7-12 years 11 months | | | | per week | | $54.10 | | $55.20 | | | n/a | | |
|  |  | |  | | f | | | Supplementary Feeding 13+ years | | | | per week | | $55.15 | | $56.25 | | | n/a | | |
|  |  | |  | | g | | | Enteral Feeding 0-6 years 11 months | | | | per week | | $38.35 | | $39.10 | | | n/a | | |
|  |  | |  | | h | | | Enteral Feeding 7-12 yeas 11 months | | | | per week | | $61.45 | | $62.70 | | | n/a | | |
|  |  | |  | | i | | | Enteral Feeding 13+ years | | | | per week | | $64.05 | | $65.35 | | | n/a | | |
|  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |
| V | Health Policy and Research | | | | | | | | | | |  | |  | |  | | |  | | |
|  |  | | 1 | | Student Clinical Placement cancellation fee | | | | | | | per item | | $62.50 | | $63.75 | | | $70.13 | | |

|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  | |  |  |  | **ATTACHMENT B** | |
| **1 JULY 2020 - ANNUAL REVIEW OF FEES & CHARGES** | | | | | | | | | |
| **ITEMS INCREASING BY INDEXATION RATES ADVISED BY THE COMMONWEALTH** | | | | | | | | | |
| **Item** | | | | |  | **Frequency** | **2019-20 Charge  ex. GST** | **2020-21 Charge  ex. GST** | **2020-21 Charge  inc. GST** |
|
|  |  |  |  | |  |  |  |  |  |
| A | Hospital Accommodation Fees - Standard Patients | | | | |  |  |  |  |
|  | 1 | a |  | In multiple-bed room | | per day | $362.00 | $370.00 | n/a |
|  |  | b |  | In single room not at patients request | | per day | $362.00 | $370.00 | n/a |
|  |  |  |  | |  |  |  |  |  |
| B | Hospital Accommodation Fees - Day Care Patients | | | | |  |  |  |  |
|  |  | a | Type B | |  | per day | $262.00 | $268.00 | n/a |
|  |  | b | Local anaesthetic, no sedation - < 1 hour | | | per day | $294.00 | $300.00 | n/a |
|  |  | c | General or regional anaesthetic/intravenous sedation - < 1 hour | | | per day | $322.00 | $329.00 | n/a |
|  |  | d | General or regional anaesthetic/intravenous sedation - > 1 hour | | | per day | $362.00 | $370.00 | n/a |
|  |  |  |  | |  |  |  |  |  |
| C | Hospital Accommodation Fees - Nursing Home Type Patients | | | | |  |  |  |  |
|  |  | 1 | Hospital patient | | | per day | $61.30 | $62.50 | n/a |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **ATTACHMENT C** | |
| **1 JULY 2020 - ANNUAL REVIEW OF FEES & CHARGES** | | | | | | | |
| **NEW AND DELETED FEES** | | | | | | | |
| **Item** | | | |  | **2019-20 Charge  ex. GST** | **2020-21 Charge  ex. GST** | **2020-21 Charge  inc. GST** |
|
| New | |  |  |  |  |  |  |
| F | Pathology Service Fees | | | |  |  |  |
|  |  | 4 | Where the Pathology service provided is referred to another laboratory for testing | | n/a | At Cost | n/a |
|  |  |  |  |  |  |  |  |
| J | Capital Region Cancer Service | | | |  |  |  |
|  |  | 1 | Humidifier Hire and Consumables | | n/a | $357.25 | n/a |
|  |  |  |  |  |  |  |  |
| U | Acute Support Fees | | | |  |  |  |
|  |  | 2 | Acute Support and Other Medical Services | |  |  |  |
|  |  |  | o | Nebuliser | n/a | At cost + 15% | n/a |
|  |  |  | r | Positive Expiratory Pressure (PEP) Device | n/a | At cost + 15% | n/a |
|  |  |  |  |  |  |  |  |
| Deleted | |  |  |  |  |  |  |
| G | Incidental Outpatient Charges | | | |  |  |  |
|  |  | 1 | Dressings | | cost of material plus 10% | n/a | n/a |
|  |  | 2 | Waterproof Lining for Plaster Casts | | cost of material plus 10% | n/a | n/a |
| J | Capital Region Cancer Service | | | |  |  |  |
|  |  | 1 | Copies of mammograms | | $46.10 | n/a | n/a |
|  |  |  |  |  |  |  |  |
| Q | Medical Imaging Services | | | |  |  |  |
|  |  | 1 | Services to patients - Copies of films to patients/solicitors/coroner/police/insurers etc. | | |  |  |
|  |  |  | a | 35cm x 43cm sheet | $12.30 | n/a | n/a |
|  |  |  | b | CDs | $3.25 | n/a | n/a |
|  |  |  | c | DVB Laser Film | $12.30 | n/a | n/a |
|  |  |  | i | Aged Pensioner Service and Film Fee | $36.80 | n/a | n/a |
|  |  |  |  |  |  |  |  |
| T | Health Protection Services | | | |  |  |  |
|  |  | 2 | Other |  |  |  |  |
|  |  |  | d | Food Safety Training | $593.65 | n/a | n/a |
|  |  |  |  |  |  |  |  |
| U | Acute Support Fees | | | |  |  |  |
|  |  | 2 | Acute Support and Other Medical Services | |  |  |  |
|  |  |  | o | Collar | At cost + 15% | n/a | n/a |
|  |  |  | r | Hinged Ankle Brace | At cost + 15% | n/a | n/a |
|  |  |  | s | Fixed Ankle Brace | At cost + 15% | n/a | n/a |
|  |  |  | z | Crutches | At cost + 15% | n/a | n/a |
|  |  |  | aa | Crutch Tips and Handles | At cost + 15% | n/a | n/a |
|  |  |  | ad | Walking Stick | At cost + 15% | n/a | n/a |
|  |  | 3 | Allied Health | |  |  |  |
|  |  |  | b | Pelvic Joint Support Belt | At cost + 15% | n/a | n/a |
|  |  |  | e | Sling | At cost + 15% | n/a | n/a |