

# Health (Fees) Determination 2017 (No 2)

## Disallowable Instrument DI2017-193

made under the

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

---

### 1 Name of Instrument

This instrument is the *Health (Fees) Determination 2017 (No 2)*.

### 2 Commencement

This instrument commences on the day after notification.

### 3 Repeal

The Health (Fees) Determination 2017 (No 1) (DI2017-1) is repealed.

### 4 Determination of fees

I make the following determinations:

#### (1) Definitions

In this Determination, unless the contrary intention appears:

*A right to recover from any person, by way of compensation or damages* does not include a right to recover compensation pursuant to the *Victims of Crime (Financial Assistance) Act 1983*;

*Act* means *Health Act 1993*;

*After hours* means the hours outside of 'Business hours';

*Asylum seeker* means any person who:

- (a) has a current request for protection that is being assessed by the Commonwealth Government or;

- (b) having been deemed by the Commonwealth as not being owed protection, is seeking either a judicial review through the courts or is making a humanitarian entrant claim.

***Australian resident*** means a person who is ordinarily a resident in Australia and includes a person domiciled in Australia but does not include a person who is:

- (a) the head of a diplomatic mission, or the head of a consular post, established in Australia;
- (b) a member of the staff of a diplomatic mission, or a member of the consulate, established in Australia;
- (c) a member of the family of a person referred to in paragraph (a) or (b), being a member who forms part of the household of that person; or
- (d) employed on a full-time basis to perform domestic or other private services for a person referred to in paragraphs (a), (b) or (c);

being a person who is not an Australian citizen or is not a person domiciled in Australia;

***Business hours*** means the hours between 8:00am and 5:00pm Monday to Friday, excluding public holidays;

***Clinical intervention*** means treatment by a nurse, doctor or allied health professional;

***Cognitive behavioural therapy program*** means a service of the Hospital Pain Management Unit for the purpose of educating a patient to self-manage pain;

***Community health centre*** means a community health centre conducted by the Territory;

***Compensable*** means in relation to a health service, a patient of the health service who in the opinion of the Deputy Director-General of Canberra Hospital & Health Services or the Chief Executive Officer of Calvary Public Hospital Bruce, has elected, or may have, a right to recover from any other person, by way of compensation or damages (including having received payment in settlement of a claim for compensation or damages), the cost of the service provided or that may be provided in respect of the injury, illness or disease for which he/she received or may receive care and treatment or where the patient is an approved participant in the lifetime and support scheme. The amount payable will be reduced by the percentage of liability for the illness or injury or disease attributed to the compensable person by the judgment or settlement in accordance with subsection 8(2) of the *Health and other Services (Compensation) Act 1995* (Cwlth).

**Concessional** means a person who is the:

- (a) holder of a Pensioner Concession Card or a dependent of the holder of a Pensioner Concession Card; or
- (b) holder of a Health Care Card or a dependent of the holder of Health Care Card; or
- (c) holder of a Commonwealth Seniors Health Card; or
- (d) holder of a Repatriation Health Card for All Conditions; or
- (e) holder of a Repatriation Health Card for Specific Conditions;

**Day care patient** means a person other than:

- (a) a compensable patient; or
- (b) a non-eligible person,

who attends hospital for a period that does not include a part of an overnight stay for the purpose of permitting the provision of professional attention to the person;

**Eligible Tuberculosis Patient** means a person who is suspected of or has been diagnosed with active tuberculosis by a medical specialist based on the patient's presenting signs, symptoms and the results of investigations;

**Exercise program** means a service of the Hospital Pain Management Unit to increase mobility and wellbeing;

**General** means a person who is not concessional;

**GST** means tax that is payable under the GST law and imposed as goods and services tax by any of these:

- (a) the *A New Tax System (Goods and Services Tax Imposition – General) Act 1999* (Cwlth); or
- (b) the *A New Tax System (Goods and Services Tax Imposition – Customs) Act 1999* (Cwlth); or
- (c) the *A New Tax System (Goods and Services Tax Imposition – Excise) Act 1999* (Cwlth);

**Hostel** means a hostel conducted by the Territory;

**Hospital** means the premises known as either the Canberra Hospital or Calvary Public Hospital Bruce;

**Hospital patient** in relation to a hospital, means an inpatient of the hospital other than a private patient;

**Inpatient** means a person who is formally admitted to any health facility, whether or not the health service is provided at the Hospital, and then after a period of time discharged (including qualified and non-qualified newborn admissions);

**Medical practitioner** means a person registered as a medical practitioner under the *Health Professionals Act 2004*;

**Medicare Benefits Schedule Book** means the table of medical services prescribed for the purposes of subsection 4(1) of the *Health Insurance Act 1973* (Cwlth);

**Multidisciplinary assessment** means a service of the Hospital Pain Management Unit made up of individual multidisciplinary consultations (physiotherapy, occupational therapy, psychology, nursing, medical assessment) case-conference, patient feedback, documentation and advice;

**Multiple-bed room** means a room in which 2 or more beds are situated;

**NDIS approved participant** means a person who is approved to be eligible under the *National Disability Insurance Scheme Act 2013* to participate in the National Disability Insurance Scheme (NDIS);

**Non-eligible person** means:

- (a) a person who is not an Australian resident; or
- (b) a person in respect of whom, or a person included in a class of persons in respect of which, there is in force an order under subsection 6(2) of the *Health Insurance Act 1973* (Cwlth);

**Non-eligible Student** means person who meets the criteria as stated for a non-eligible person and is studying at an Australian university or training institute and holds current Overseas Student Health Cover.

**Non-inpatient** means a patient other than an inpatient who receives any examination(s), consultation(s) or other service(s) from an individual functional unit of a health services facility;

**Nursing-home type patient** means a patient who has been in one or more approved hospitals (public or private) for a continuous period of more than 35 days, with a maximum break of seven days, and who is not deemed to be receiving acute care; but does not include a compensable patient or a non-eligible person;

**Occupational therapy service** means an occupational therapy service provided to:

- (a) a compensable non-inpatient; or
- (b) a non-eligible person,

at a community health centre conducted by the Territory or at a hospital;

**Outpatient service** means any examination, consultation, treatment or other service provided to:

- (a) a non-inpatient; or
- (b) a non-eligible person;

**Pathology service** means a professional service in respect of which:

- (a) a fee is specified in an item in Pathology Services Category 6 of the Medicare Benefits Schedule Book; or
- (b) a fee is determined by ACT Pathology for testing not specified in the Medicare Benefits Schedule Book;

**Person domiciled in Australia** means a person whose domicile is in Australia, other than a person in respect of whom the Minister for Health is satisfied that the person's permanent place of abode is outside Australia;

**Physiotherapy service** means any treatment or other service provided to:

- (a) a compensable non-inpatient; or
- (b) a non-eligible person,

at a community health centre conducted by the Territory or at a hospital and which falls within the definition of physiotherapy in the *Health Professionals Regulation 2004*;

**Private patient**, in relation to a hospital, means an inpatient of the hospital who:

- (a) has made an election to be treated as a private patient, and who has not revoked that election; or
- (b) is accommodated in a single room in the hospital at a patient's own request;

**Professional service** means a professional service within the meaning of the *Health Insurance Act 1973* (Cwlth);

**Psychology assessment** means a service of the Hospital Pain Management Unit for a psychological appraisal of patients suffering chronic pain;

*Single room* means a room in which one bed is situated;

*Standard patient* means an inpatient, other than:

- (a) a day care patient; or
- (b) a nursing-home type patient.

**(2) Request by a Patient**

For the purposes of this Determination, a request by a patient shall, in relation to a patient who has not attained the age of 18 years, be read as including a request by a parent or guardian of the patient.

**(3) Period of accommodation**

For the purpose of services listed at sections A, B, C, D and E of the schedule to this Determination, the day on which a person commences to be accommodated in a hospital, a health service conducted or on behalf of the Territory, or a hostel as a patient and the day on which that person ceases to be so accommodated shall be counted together as one day.

**(4) Absences from a Hostel**

- (a) For the purposes of the service listed at item D of the Schedule to this Determination, where a person who has been admitted to a hostel is absent from the hostel for a period not exceeding 3 days, the fee payable pursuant to the service listed at D shall apply as if the person had been accommodated in the hostel during the whole of the period.
- (b) For the purposes of sub-clause (5)(a) of this Determination, the day on which the absence of a person from a hostel begins and the day on which the person returns to the hostel shall be counted together as one day

**(5) Investigation, Treatment and Medication for Eligible Tuberculosis Patients**

Eligible tuberculosis patients will be provided with screening, investigation, treatment, care and medication free of charge regardless of Medicare eligibility, unless the patient discloses private health insurance or travel insurance in which case a claim will be made against the insurer. If patients with active or suspected tuberculosis are deemed to present a risk to the health of the community they will be admitted to hospital for initial treatment. Following this admission, treatment will continue for at least six months, as a non-inpatient and the progress of the patient will be monitored for two years following completion of treatment.

No fees will be charged to eligible tuberculosis patient under section A, B, C, F, G, H, I, N, O or Q listed in the schedule.

Any treatment provided after a negative diagnosis is billed as per standard billing arrangements.

**(6) Requests made under the *Children and Young People Act 2008***

All requests for information, advice, guidance, assistance, documents, facilities or services relevant to the physical or emotional welfare of children and young people made under section 25 of the *Children and Young People Act 2008* will be provided free of charge.

**(7) Public health services for Asylum Seekers**

Medicare non-eligible asylum seekers are to be provided full medical care including pathology, diagnostic, pharmaceutical and outpatient services in ACT public hospitals free of charge. This does not apply to non-eligible persons who have a contract with a Visiting Medical Officer.

No fees will be charged to Medicare non-eligible asylum seekers under section A, B, C, F, G, H, I, N, O or Q listed in the schedule.

Medicare non-eligible asylum seekers are also to be given the same access as Health Care Card holders, to public dental and community health services and are to be charged at the concessional rate.

**(8) Public health services for Medicare Non-Eligible victims of family, domestic and sexual violence**

Medicare non-eligible patients presenting at an ACT public hospitals following interpersonal violence (family, domestic and sexual violence) are to be provided full medical care including pathology, diagnostic and pharmaceuticals free of charge.

No fees will be charged to Medicare non-eligible patients presenting for treatment related to family, domestic and sexual violence under section A, B, C, F, G, H, I, N, O or Q listed in the schedule.

**(9) HIV Medication for Medicare Ineligible Patients**

Medicare non-eligible patients with HIV are to be provided full medical care including pathology, diagnostic, pharmaceutical and outpatient services in ACT public hospitals free of charge. This does not apply to non-eligible persons who have a contract with a Visiting Medical Officer.

No fees will be charged to Medicare non-eligible patients with HIV under section A, B, C, F, G, H, I, N, O or Q listed in the schedule.

Medicare non-eligible patients with HIV are also to be given the same access as Health Care Card holders, to public dental and community health services and are to be charged at the concessional rate.

**(10) Involuntary Admissions**

Where a non eligible patient is admitted to a Territory facility on an involuntary basis in accordance with the *Mental Health Act 2015* or the *Public Health Act 1997* then no fees will be charged under sections A, B, C, F, H, I and Q listed in the schedule.

**(11) Schedule of Fees**

The fee for the purposes of the service listed in Column 1 of the Schedule to this Determination shall be the amount listed in Column 2 of the Schedule where GST is not payable or Column 3 where GST is payable.

Fees are payable to the provider of the goods and/or services, by the individual or organisation, including a compensable person, in receipt of the goods and/or services listed in the schedule.

**(12) NDIS Approved Participants**

For the purposes of this determination an eligible NDIS approved participant is not bound by the fees provided in this determination if an alternative fee for the service or equipment has been separately agreed between the Territory and the NDIS Agency.

Meegan Fitzharris MLA  
Minister for Health and Wellbeing

20 July 2017



## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
---------------------	---	--

### **A. Hospital Accommodation and Other Admitted Patient Fees – Standard Patients**

1. If the patient is a private patient other than a compensable patient or a non-eligible person, and is:

(a) in a multiple-bed room;	per day	\$350.00	n/a
(b) in a single room, otherwise than at the patient's request;	per day	\$350.00	n/a
(c) in a single room at the patient's request; or	per day	\$609.00	n/a

Or Fee as specified in agreement between the relevant health fund and the relevant ACT Public Hospital

(d) Hospital in the Home		Fee as specified in agreement between the relevant health fund and the relevant ACT Public Hospital	n/a
--------------------------	--	---	-----

2. If the patient is a compensable patient and is:

(a) Critical Care <sup>1</sup> ;			
(i) First 21 days per episode	per day	\$3,839.00	n/a
(ii) Over 21 Days	per day	\$1,679.00	n/a
(b) Other Inpatient <sup>2</sup> ;			
(i) First 21 days per episode	per day	\$1,870.00	n/a
(ii) Over 21 Days	per day	\$1,041.00	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(c) Hospital in the Home; or	per day	\$458.00	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; or	per treatment	\$2,852.00	n/a
ii) Other procedures (including day only surgical patients).	per treatment	\$999.00	n/a
(e) Other Services as listed in the Medicare Benefits Schedule, not elsewhere listed in this Determination.	per service	270% of Medicare Benefits Schedule Fee	n/a

Notes:

1. Critical Care includes ICU, NICU and CCU.

2. Fee A.2(b) is not applicable to patients charged the fee at Item O, where the patient is discharged to home from the Emergency Medicine Unit (EMU) ward.

3. In counting days in critical care and other inpatient, the first 21 days per episode stand alone.

For example (in one episode) a patient is in critical care for 5 days and then in as other inpatient for 16 days the fees would be for

- 5 days x \$3839 and

- 16 Days x \$1870

If the patient was then transferred back to critical care for a further 4 days then back to other inpatient for 10 days the charge would be for

- 9 days x \$3839 and

- 21 days x \$1870 and

- 5 days x \$1041

3. If the patient is a non-eligible patient and is:

(a) Critical Care<sup>1</sup>;

(i) First 21 days per episode

per day

\$5,198.00

n/a

(ii) Over 21 Days

per day

\$2,977.00

n/a

(b) Other Inpatient<sup>2</sup>;

(i) First 21 days per episode

per day

\$2,051.00

n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(ii) Over 21 Days	per day	\$1,202.00	n/a
(c) Hospital in the Home; or	per day	\$458.00	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; or	per treatment	\$2,852.00	n/a
ii) Other procedures (including day only surgical patients).	per treatment	\$999.00	n/a
(e) Other Services as listed in the Medicare Benefits Schedule, not elsewhere listed in this Determination.	per service	270% of Medicare Benefits Schedule Fee	n/a

Notes:

1. Critical Care includes ICU, NICU and CCU.
2. Fee A.3(b) is not applicable to patients charged the fee at Item O, where the patient is discharged to home from the Emergency Medicine Unit (EMU) ward.
3. In counting days in critical care and other inpatient, the first 21 days per episode stand alone.  
For example (in one episode) a patient is in critical care for 5 days and then in as other inpatient for 16 days the fees would be for  
- 5 days x \$5198 and  
- 16 Days x \$2051  
If the patient was then transferred back to critical care for a further 4 days then back to other inpatient for 10 days the charge would be for  
- 9 days x \$5198 and  
- 21 days x \$2051 and  
- 5 days x \$1202

### **B. Hospital Accommodation Fees – Day Care Patients**

If the patient is a private patient and is provided with:

- |   |         |          |     |
|---|---------|----------|-----|
| (a) Type-B professional attention as<br>determined under paragraph 4B(a) of the<br><i>Commonwealth National Health Act</i><br><i>1953</i> ; | per day | \$254.00 | n/a |
|---|---------|----------|-----|

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(b) procedures (other than those set out in paragraph 1) carried out under local anaesthetic, no sedation. Theatre time (actual time in theatre) less than one hour;	per day	\$285.00	n/a
(c) procedures (other than those set out in paragraph 1) carried out under general or regional anaesthetic or intravenous sedation. Theatre time (actual time in theatre) less than one hour; or	per day	\$312.00	n/a
(d) procedures (other than those set out in paragraph 1) carried out under general or regional anaesthetic or intravenous sedation. Theatre time (actual time in theatre) one hour or more.	per day	\$350.00	n/a
<b>C. Hospital Accommodation Fees – Nursing Home Type Patients</b>			
1. Hospital patient	per day	\$58.80	n/a
2. Private patient	per day	\$180.75	n/a
<b>D. Hostel Fees</b>			
1. Hostel Accommodation Fee	per day	\$44.80	n/a
2. Group House – Maintenance Fee	per fortnight	\$14.10	n/a
<b>E. Other Accommodation</b>			
1. In residences - Patients			
(a) Room Only (Single); or	per day	\$43.00	n/a
(b) Room Only (Double).	per day	\$60.00	n/a
2. In residences – Non Patients			
(a) Room Only (Single); or	per day	\$39.10	\$43.00
(b) Room Only (Double).	per day	\$54.55	\$60.00

Note: GST is reduced to 5.5% after 28 consecutive days of stay.

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
<b>F. Pathology Service Fees</b>			
<b>1. Non-Medicare Testing:</b>			
(a) Sequence Analysis;	per test	\$300.00	n/a
(b) Additional Genetic Analysis by Sequencing - Per Region;	per request	\$100.00	n/a
(c) Collection fee for collection of research trials;	per test	\$28.50	\$31.35
		plus freight costs at cost recovery only	plus freight costs at cost recovery only
(d) DNA Extraction and Storage;	per test	\$99.00	n/a
(e) IgH & TCR gamma Gene rearrangements;	per test	\$300.00	n/a
(f) Conventional Pap Test - If not Medicare eligible;	per test	\$35.00	n/a
(g) Spore Testing;	per test	\$13.00	\$14.30
(h) FiSH - Haematology Oncology - If not Medicare eligible;	per test	\$302.00	n/a
(i) Prenatal - Interphase FiSH;	per test	\$265.00	n/a
(j) Histology testing on coronial post mortems;	per post mortem	\$346.00	\$380.60
(k) Quantiferon;	per test	\$45.00	n/a
(l) BRAF Mutation Testing - If not Medicare eligible;	per test	\$196.00	n/a
(m) Pneumococcal testing;	per test	\$30.00	n/a
(n) EGFR Mutation Testing - If not Medicare eligible;	per test	\$338.00	n/a
(o) RAS Mutation Testing - If not Medicare eligible;	per test	\$308.00	n/a
(p) Environmental Testing;	per request	\$52.00	\$57.20
(q) Supervised Urine Drug Screen;	per request	\$45.00	\$49.50
(r) 16S rRNA Sequencing;	per request	\$75.00	n/a
(s) Microsatellite Analysis (5-plex, trio);	per request	\$150.00	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(t) Folate - Serum/Red Cell - If not Medicare eligible;	per request	\$20.10	n/a
(u) Vitamin D Testing - If not Medicare eligible;	per request	\$25.55	n/a
(v) Surveillance Screening;	per request	\$35.00	n/a
(w) Pneumococcal Individual Antibody Testing;	per test	\$150.00	n/a
2. Where the Pathology Service provided involves Inpatient Services			
(a) a non-eligible person			
	(i) without Student Cover	270% of Medicare Benefits Schedule Fee	n/a
	(ii) with Student Cover	100% of Medicare Benefits Schedule Fee	n/a
(b) a compensable patient			
		270% of Medicare Benefits Schedule Fee	n/a
(c) a private patient			
		100% of Medicare Benefits Schedule Fee	n/a
3. Where the Pathology Service provided involves Outpatient Services			
(a) a non-eligible person			
	(i) without Student Cover	270% of Medicare Benefits Schedule Fee	n/a
	(ii) with Student Cover	100% of Medicare Benefits Schedule Fee	n/a
(b) a compensable patient			
		270% of Medicare Benefits Schedule Fee	n/a
(c) a private patient			
		85% of Medicare Benefits Schedule Fee	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
<b>G. Incidental Outpatient Charges</b>			
1. Dressings	per item	cost of material plus 10%	n/a
2. Waterproof Lining for Plaster Casts	per item	cost of material plus 10%	n/a
3. Diabetic Pneumatic Boot <sup>1</sup>	per item	cost of material plus 10%	n/a
4. PAP Machine Hire <sup>2</sup>	per hire	\$225.00	n/a
5. Tuberculosis Testing <sup>3</sup>			
(a) Standard Test and Medical Review	per test	\$71.00	n/a
(b) Standard Test and Medical Review - Student	per test	\$57.00	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	cost + 10%	n/a

Notes:

1. Cost of material is reviewed and set every 6 months to avoid regular fluctuation of prices.
2. Fee includes \$100 deposit, which is refundable upon the return of the PAP Machine.
3. ACT Health staff, contact tracing and asylum seekers are exempt.

### **H. Non-eligible or Compensable Outpatient Service Fee**

1. First visit Medical Practitioner	per visit	\$319.00	n/a
-------------------------------------	-----------	----------	-----

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
2. Second & and Subsequent Visits Medical Practitioner	per visit	\$147.00	n/a
3. Other Services as listed in the Medicare Benefits Schedule, not elsewhere listed in this Determination.	per item	270% of Medicare Benefits Schedule Fee	n/a
4. Nursing or Allied Health Consult - Long (60 minutes or longer)	per item	\$134.00	n/a
5. Nursing or Allied Health Consult - Standard (30 to 60 minutes)	per item	\$71.50	n/a
6. Nursing or Allied Health Consult - Short (less than 30 minutes)	per item	\$44.60	n/a
7. Nursing or Allied Health Education Services - Group	per item	\$26.70	n/a
8. Compulsory Third Party Motor Vehicle Insurance - Community Care Program			
(a) Initial Consultation (standard);	per visit	\$88.00	\$96.80
(b) Initial Consultation (complex);	per visit	\$134.00	\$147.40
(c) Initial Consultation Home Visit (standard);	per visit	\$108.00	\$118.80
(d) Initial Consultation Home Visit (complex);	per visit	\$159.00	\$174.90
(e) Review (standard);	per visit	\$73.00	\$80.30
(f) Review (complex);	per visit	\$119.00	\$130.90
(g) Review Home Visit (standard); or	per visit	\$108.00	\$118.80
(h) Review Home Visit (complex).	per visit	\$138.00	\$151.80



## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
---------------------	--	---	--

### 9. Tuberculosis Testing<sup>1</sup>

(a) Standard Test and Medical Review	per test	\$243.00	n/a
(b) Standard Test and Medical Review - Students	per test	\$194.00	n/a

Notes:

1. ACT Health staff, contact tracing and asylum seekers are exempt.

### **I. Pharmaceutical**

Fees, patient contributions and safety net thresholds are set by the Commonwealth under the National Health Act 1953 and are published in the Schedule of Pharmaceutical Benefits (PBS). The conditions and fee amounts set out in the PBS apply to all medications and/or pharmaceuticals dispensed from the hospital.

### **J. Capital Region Cancer Service Fees**

1. Copies of mammograms	per set	\$43.90	n/a
-------------------------	---------	---------	-----

### **K. Staff Vaccinations for Private Purposes**

All vaccinations attract a service fee plus the following vaccine cost:

1. Service Fee	per visit	\$14.90	n/a
2. Vaccinations			
(a) ADT;	per vaccine	\$14.50	n/a
(b) Flu;	per vaccine	\$18.40	n/a
(c) Hepatitis A;	per vaccine	\$75.50	n/a
(d) Hepatitis B;	per vaccine	\$24.10	n/a
(e) Hepatitis A & B;	per vaccine	\$66.50	n/a
(f) MMR;	per vaccine	\$32.70	n/a
(g) Meningococcal C;	per vaccine	\$82.50	n/a
(h) Meningococcal A, C, W, Y;	per vaccine	\$45.40	n/a
(i) Rabies;	per vaccine	\$122.00	n/a
(j) Pertussis (Whooping Cough);	per vaccine	\$39.10	n/a
(k) Typhoid;	per vaccine	\$45.40	n/a
(l) Varicella (Chicken Pox);	per vaccine	\$70.00	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(m) Cholera;	per vaccine	\$60.10	n/a
(n) Hepatitis A & Typhoid;	per vaccine	\$137.30	n/a
(o) Japanese Encephalitis; or	pack for 3 doses	\$384.75	n/a
(p) Yellow Fever.	per vaccine	\$60.10	n/a
<b>L. Clinical Support Fees</b>			
1. Medical Physics Services	per hour	\$183.00	n/a
2. Biomedical Engineering Services	per hour	\$139.00	n/a
<b>M. Medical Records and Health Reports</b>			
1. Medical Practitioner/Health Professional Reports:			
(a) Preparation of a report by a treating medical practitioner/health professional appointed to or employed by the ACT Health Directorate requiring no further examination of the patient;		\$259.00	n/a
(b) Preparation of a report by a medical practitioner/health professional appointed to or employed by the ACT Health Directorate who has not previously treated the patient and no further examination of the patient is required;		\$302.00	n/a
(c) A report made by a treating medical practitioner/health professional appointed to or employed by the ACT Health Directorate where a re-examination is required; or		\$345.00	n/a
(d) A report made by a treating medical practitioner/health professional appointed to or employed by the ACT Health Directorate who has not previously treated the patient and where an examination is required.		\$429.00	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
2. Search Fees	\$52.50	\$57.75
Other than requests made by a party concerned with a patient's continued treatment or future management		
A search fee is to be charged where:		
(a) the applicant subsequently advises that a report/record is no longer required;		
(b) where a thorough search has ascertained that the patient has never attended the hospital for that episode of illness;		
(c) for Motor Accident and Comcare medical certificates completed other than at the time of consultation; or		
(d) requests for information on date and/or time of birth.		
3. Health records provided to patient's solicitor <sup>1&amp;2</sup>		
(a) Upon receipt of written consent from the patient for the solicitor to have copies of all or part of the health records - Provision of a copy of the health record or part thereof, e.g. Clinical notes, continuation notes, pathology materials (blockers and slides), pathology reports and charts.	\$190.00	\$209.00
4. Health records provided to insurer <sup>1</sup>		
(a) Upon written consent from the patient allowing the insurer to have copies of all or part of their Health records - Provision of a copy of the health record, or part thereof, e.g. Clinical notes, continuation notes, pathology materials (blockers and slides), pathology reports and charts.	\$190.00	\$209.00

Notes:

1. Where copies are provided these will be in grey scale unless required by the courts in colour (if available).
2. For health records provided to a patient – see the *Health Records (Privacy and Access) Act 1997*.

### **N. Surgical Prostheses**

1. Non-eligible (without insurance), self-insured and Compensable patients	per item	At cost	n/a
--	----------	---------	-----

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
2. Private patients			
(a) For items with a minimum benefit only <sup>1</sup>	per item	Minimum benefit amount in accordance with the Current <i>Private Health Insurance (Prostheses) Rules</i> .	n/a
(b) For items with a maximum and minimum benefit <sup>1&amp;2</sup>	per item	The maximum charge for these prostheses is the maximum benefit level in accordance with the Current <i>Private Health Insurance (Prostheses) Rules</i> .	n/a

Notes:

1. *Private Health Insurance (Prostheses) Rules 2016 (No. 4)* set out the method for determining the minimum (and maximum) benefits payable for listed prostheses. These rules are made under Section 333-20 of the *Private Health Insurance Act 2007* (Cwlth).

2. Reimbursement from health funds above the minimum benefit is at the discretion of health funds.

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
---------------------	---	--

### **O. Emergency Department Treatment**

Non-eligible, Compensable and Defence Patients:

1. Following administrative registration as a patient all further clinical intervention will be charged.	per visit	\$506.00	n/a
--	-----------	----------	-----

### **P. Dental Services**

#### **Group 0 - Examination/Diagnostic**

Comprehensive Oral Exam;	\$12.00	n/a
Periodic Exam;	\$7.50	n/a
Emergency Restorative Course of Care;	\$42.00	n/a
Emergency Prosthodontic Course of Care;	\$42.00	n/a
Consult (incl. Exam);	\$13.00	n/a
Consult Ext + 30 (incl. Exam);	\$18.50	n/a
Consult by Ref (incl. Exam);	nil	n/a
Consult by Ref Ext +30 (incl. Exam);	nil	n/a
Letter of Referral;	nil	n/a
X-Ray -1 film PA or BW;	\$7.50	n/a
Intraoral radiograph - occlusal, maxillary or mandibular - single film;	\$12.50	n/a
Extraoral radiograph - maxillary and/or mandibular - single film;	\$13.50	n/a
Caries activity screening test;	\$7.00	n/a
Biopsy of Tissue;	\$21.00	n/a
Pulp Test Per visit;	nil	n/a
Diagnostic cast; or	\$12.50	n/a
Photographic records – intraoral.	\$7.50	n/a

#### **Group 1 - Preventative Services**

Removal of Plaque and / or stain;	\$12.00	n/a
Recontouring - pre existing restoration/s;	\$3.50	n/a
Calculus (supra & subging) & Plaque Removal 1st visit;	\$14.50	n/a
Calculus (supra & subging) & Plaque Removal Addit. Visit;	\$12.00	n/a
Enamel micro- abrasion - per tooth;	\$8.50	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Bleaching, internal - per tooth;	\$49.50	n/a
Bleaching, external - per tooth;	\$42.00	n/a
Fluoride - Topical (including tooth mousse);	\$6.00	n/a
Concentrated fluoride, application single tooth;	\$5.00	n/a
Dietary advice. Analysis and advice;	\$6.00	n/a
Oral Hygiene Instr. (If more than 10 mins.);	\$8.50	n/a
Fissure Sealant - per tooth;	\$11.50	n/a
Apply Desensitising Agent; or	\$5.00	n/a
Odontoplasty - per tooth.	\$11.50	n/a
<b>Group 2 - Periodontics</b>		
Treatment of acute Periodontal Infection;	\$13.50	n/a
Root Planing & Curettage (per 8 teeth or less);	\$22.50	n/a
Non-surgical periodontal treatment not otherwise specified - per visit;	\$18.50	n/a
Gingivectomy (per 8 teeth or less);	\$34.50	n/a
Periodontal flap surgery (per 8 teeth or less);	\$61.00	n/a
Osseous surgery (per 8 teeth or less);	\$73.50	n/a
Root resection - per root; or	\$38.50	n/a
Periodontal surgery involving one tooth or an implant.	\$15.00	n/a
<b>Group 3 - Oral Surgery</b>		
Removal of tooth or parts;	\$21.00	n/a
Sectional removal of tooth. Bone removal maybe necessary;	\$30.50	n/a
Surgical removal of tooth or tooth fragment not including bone;	\$36.50	n/a
Surgical removal of tooth or tooth fragment including bone;	\$46.50	n/a
Surgical removal of tooth or tooth fragment requiring both bone and tooth division;	\$57.00	n/a
Alveolectomy per segment;	\$22.00	n/a
Ostectomy;	\$94.00	n/a
Reduction of fibrous tuberosity;	\$33.00	n/a
Reduction of flabby ridge - per segment;	\$18.50	n/a
Removal of fibrous hyperplasia;	\$47.50	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Removal of tumour, cyst or scar;	\$35.50	n/a
Removal of tumour, cyst or scar involving muscle, bone or deep tissue;	\$127.00	n/a
Surgery to salivary duct;	\$111.00	n/a
Surgery to salivary gland;	\$37.00	n/a
Removal or repair of soft tissue (not elsewhere defined);	\$35.00	n/a
Surgical removal of foreign body;	\$19.50	n/a
Marsupialization of cyst;	\$66.50	n/a
Surgical exposure to unerupted tooth;	\$148.00	n/a
Reposition tooth / Splint;	\$33.50	n/a
Replantation of /& Splinting of tooth;	\$67.50	n/a
Frenectomy;	\$32.00	n/a
Drainage of abscess or cyst;	\$17.50	n/a
Surgery involving the maxially antrum; or	\$148.00	n/a
Control of reactionary or secondary post operative haemorrhage.	\$12.50	n/a
 <b>Group 4 - Endodontics</b>		
Direct pulp capping;	\$6.00	n/a
Pulpotomy;	\$14.50	n/a
Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$78.50	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$114.00	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	\$149.50	n/a
Extirpation of pulp and debridement of root canal(s) – emerg;	\$22.50	n/a
Resorbable root canal filling - primary tooth;	\$50.00	n/a
Periapical curettage - per root;	\$50.00	n/a
Apicectomy- per root;	\$51.50	n/a
Apical seal - per canal;	\$21.00	n/a
Sealing of perforation;	\$59.50	n/a
Surgical treatment or repair of external root resorption;	\$78.50	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Exploration and/or negotiation of calcified canal -per canal, per visit;	\$18.50	n/a
Removal of root filling, per canal;	\$18.50	n/a
Removal of cemented root canal post or post crown;	\$18.50	n/a
Removing or bypassing fractured endodontic instrument;	\$16.00	n/a
Additional visit for irrigation and/or dressing of the root canal system - per tooth; or	\$18.50	n/a
Interim therapeutic root filling - per tooth.	\$24.00	n/a
<b>Group 5 - Restorative Services</b>		
Metallic restoration - 1 surface – direct;	\$18.50	n/a
Metallic restoration - 2 surface – direct;	\$21.50	n/a
Metallic restoration - 3 surface – direct;	\$29.50	n/a
Metallic restoration - 4 surface – direct;	\$33.00	n/a
Metallic restoration - 5 surface – direct;	\$36.50	n/a
Adhesive restoration - 1 surface - Anterior tooth – direct;	\$20.50	n/a
Adhesive restoration - 2 surface - Anterior tooth – direct;	\$25.00	n/a
Adhesive restoration - 3 surface - Anterior tooth – direct;	\$31.00	n/a
Adhesive restoration - 4 surface - Anterior tooth – direct;	\$34.50	n/a
Adhesive restoration - 5 surface - Anterior tooth – direct;	\$39.50	n/a
Adhesive restoration - 1 surface Posterior tooth – direct;	\$21.50	n/a
Adhesive restoration - 2 surface Posterior tooth – direct;	\$30.50	n/a
Adhesive restoration - 3 surface Posterior tooth – direct;	\$35.00	n/a
Adhesive restoration - 4 surface Posterior tooth – direct;	\$40.50	n/a
Adhesive restoration - 5 surface Posterior tooth – direct;	\$46.50	n/a
Provisional (Intermediate / temporary) restoration;	\$8.50	n/a
Provisional (Intermediate / temporary) restoration Endo;	nil	n/a
Metal band;	\$7.00	n/a
Pin restoration -per pin;	\$5.50	n/a
Stainless Steel Crown;	\$52.00	n/a
Cusp capping - per cusp;	\$5.50	n/a
Restoration of an incisal corner - per corner;	\$5.50	n/a



## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Removal of inlay/onlay;	\$17.50	n/a
Recementing onlay/inlay; or	\$15.00	n/a
Post – direct.	\$26.00	n/a
<b>Group 6 - Crown and Bridge</b>		
Provisional Crown;	\$28.50	n/a
Recement Crown or veneer;	\$16.00	n/a
Recement bridge or splint;	\$18.00	n/a
Removal of crown; or	\$12.50	n/a
Removal of bridge or splint.	\$33.00	n/a
<b>Group 7 - Prosthodontics</b>		
Full Maxillary denture;	\$135.50	n/a
Full Mandibular denture;	\$135.50	n/a
Metal plate or mesh;	\$260.00	n/a
Full Maxillary & Full Mandibular dentures;	\$244.00	n/a
Partial Max Denture - resin base;	\$110.00	n/a
Partial Mand Denture - resin base;	\$110.00	n/a
Partial Max Denture - cast CO/CR base;	\$385.50	n/a
Partial Mand Denture - cast CO/CR base;	\$385.50	n/a
Retainer - per tooth;	nil	n/a
Occlusal rest - per rest;	nil	n/a
Tooth/ Teeth ( partial denture);	nil	n/a
Overlays - per tooth;	nil	n/a
Immediate tooth replacement - per tooth;	nil	n/a
Resilient Lining in addition to new denture;	\$30.00	n/a
Wrought Bar;	\$32.00	n/a
Metal Backing - per backing;	\$30.00	n/a
Denture Adjustment (not new);	\$42.00	n/a
Denture Adjustment ( new);	nil	n/a
Reline -Complete denture;	\$54.50	n/a
Reline -Part denture;	\$42.00	n/a
Remodel - complete denture;	\$100.00	n/a
Remodel - Partial denture;	\$78.50	n/a
Clean and polish of pre-existing denture;	\$42.00	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Denture base modification;	\$51.00	n/a
Reattaching pre-existing tooth or clasp to denture;	nil	n/a
Replacing/added clasp to denture;	nil	n/a
Repairing broken base of complete denture;	nil	n/a
Repairing broken base of partial denture;	nil	n/a
Added tooth to partial denture to replace an extraction or decoronated tooth;	nil	n/a
Repair to metal casting: one point;	\$127.50	n/a
Tissue conditioning preparatory to impressions - per application;	\$12.00	n/a
Impression for denture repair; or	nil	n/a
Identification.	\$6.00	n/a
<b>Group 7 - Provision for New Dentures (No ADA Item Numbers)</b>		
1st Impression (New Denture) Per Impression;	nil	n/a
2nd Impression (New Denture) Per Impression;	nil	n/a
Bite (New Denture);	nil	n/a
Try In (New Denture); or	nil	n/a
Re Try (New Denture).	nil	n/a
<b>Group 8 - Orthodontics (When Used for an Adult)</b>		
Passive removable appliance - one arch;	nil	n/a
Active removable appliance - one arch;	nil	n/a
Functional orthopaedic appliance;	nil	n/a
Passive fixed appliance;	nil	n/a
Extra-oral appliance ;	nil	n/a
Orthodontic adjustment;	nil	n/a
Repair removable appliance;	nil	n/a
Repair removable appliance - clasp, spring or tooth;	nil	n/a
Additional to removable appliance; or	nil	n/a
Relining removable appliance.	nil	n/a
<b>Group 9 - General Services</b>		
Palliative care;	\$8.50	n/a
After hours emergency;	nil	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Travel to provide service;	\$13.50	n/a
Provision of medication/ medicaments;	\$5.00	n/a
Local anaesthesia (diagnosis or pain relief);	\$3.50	n/a
Minor Occlusal adjustment;	\$11.50	n/a
Occlusal splint;	\$92.00	n/a
Adjust occlusal splint;	\$14.50	n/a
Repair/addition - occlusal splint;	\$53.00	n/a
Splinting and stabilization - direct - per tooth;	\$17.50	n/a
Post-operative care not elsewhere included; or	\$13.50	n/a
Treatment not otherwise included.	\$8.50	n/a
<b>Group A - Restorative Referral Scheme (No ADA Item Numbers)</b>		
Complete Endodontic treatment, incisor or canine tooth (415 & 417);	\$96.50	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418); or	\$114.00	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418]).	\$149.50	n/a
<b>Group B - Child &amp; Youth Dental</b>		
Assessment or Screening Examination Visit;	nil	n/a
Standard fee per course of care; or	\$64.50	n/a
Free for families meeting eligibility criteria.	nil	n/a
<b>Group C - Child and Youth Extra Fee Services</b>		
Passive/Active removable appliance - one arch;	\$63.00	n/a
Functional orthopaedic appliance;	\$50.50	n/a
Passive fixed appliance;	\$40.50	n/a
Extra-oral appliance;	\$162.50	n/a
Orthodontic adjustment;	nil	n/a
Repair removable appliance;	\$15.00	n/a
Repair removable appliance - clasp, spring or tooth;	\$14.50	n/a
Additional to removable appliance;	\$15.00	n/a
Relining removable appliance; or	\$25.00	n/a
Occlusal splint.	\$50.50	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
---------------------	---	--

Note Special Conditions apply below:

1. Total fees charged per year to any Adult client, is capped at \$300.00 for all services except:
  - a. Group 7, Prosthodontics;
  - b. Complete Endodontics treatment molar tooth; or
  - c. External Specialist services (clients contribute 20% of the cost based on the estimate given by the private specialist).
2. Children in care (foster care), providing appropriate documentation, are provided with assessment and treatment free of charge.
3. Children screened at school, are screened without charge.
4. Eligible children, under five years of age who live in the ACT, are provided with a free examination or screening, screening radiographs, dietary advice, oral hygiene instruction, simple cleaning and topical fluoride application.
5. Exemption from fees and charges apply to clients for a range of services identified by Service Level Agreements (SLA) and/or Memorandum of Understanding (MOU's) with other program/agencies.
6. A free assessment session, oral hygiene and treatment planning is available for adult clients with medical conditions that complicate dental treatment, or where dental disease is a significant health risk, on the provision of a letter from a medical practitioner or other appropriate documentation. Eligible conditions include haemophilia; HIV/AIDS; clients at risk of Subacute Bacterial Endocarditis; people with a disability who have complex physical problems or associated medical conditions. Normal fees apply for all other treatment.
7. Eligible, special needs clients, where appropriate documentation is provided from a responsible organisation, to show evidence that they are genuinely in this category, are provided with assessment and initial treatment to restore oral health at no charge.
8. Repeat treatment on same tooth, same surface and same item number does not attract a fee within 3 months of initial treatment.
9. Repairs to new dentures attract no fee if denture was broken under normal usage within first 12 months.
10. Client presenting with a voucher from Medicare in relation to the Teen Dental Plan will not be charged the standard Course Of Care fee unless they require dental treatment outside of the following items of service; Comprehensive oral exam; Periodic Exam; Consultation; Consultation extended 30 minutes (incl Exam); Consult by referral; Consult (incl. Exam); Consult Ext + 30 (incl. Exam); Consult by Ref (incl. Exam); X-Ray -1 film PA or BW; Intraoral radiograph - occlusal, maxillary or mandibular - single film; Pulp Test Per visit; Removal of Plaque and / or stain; Recontouring - pre existing restoration/s; Calculus (supra & subging) & Plaque Removal 1st visit; Fluoride - Topical (including tooth mousse); Concentrated fluoride, application single tooth; Dietary advice; Analysis and advice; Oral Hygiene Instr. (If more than 10 mins.); Fissure Sealant - per tooth.

### **Q. Medical Imaging Services**

1. Services to patients - Copies of films to patients/solicitors/coroner/police/insurers etc.
 

(a) 35cm x 43cm sheet;	per sheet	\$11.70	n/a
------------------------	-----------	---------	-----

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(b) CDs;	each	\$3.05	n/a
(c) DVB Laser Film; and/or	per sheet	\$11.70	n/a
(d) Service Fee	per order processed	\$36.00	\$39.60
(e) Research MRI - Non funded pilot project	each	\$208.00	n/a
(f) Research MRI - Funded project without Radiologist input	each	\$287.00	n/a
(g) Research MRI - PPTF Funded project without Radiologist input	each	\$235.00	n/a
(h) Research MRI - PPTF Funded project with Radiologist input	each	\$365.00	n/a
(i) Aged Pensioner Service and Film Fee;	each	\$35.00	\$38.50
(j) Coroners Fee	each	\$204.00	n/a
 2. Radiographer services to external agencies			
(a) Monday to Friday;	per hour	\$166.00	\$182.60
(b) Saturday and Sunday;	per hour	\$182.00	\$200.20
(c) Public Holidays;	per hour	\$242.00	\$266.20
(d) Film; and/or	per sheet	see above for rates excluding service fee	
(e) Processing.	per occasion of service	\$58.00	\$63.80
 3. Non-rebatable services to outpatients			
(a) MRI	per scan	\$388.00	n/a
(b) MRI – Breast	per scan	\$544.00	n/a
(c) MRI – Breast Core Biopsy	per session	\$422.00	n/a
(d) Non-rebatable Sedation in MRI	each	\$58.00	n/a
(e) Non-rebatable Contrast in MRI	each	\$58.00	n/a
(f) Positron Emission Tomography Scan	per scan	\$1,029.00	n/a
(g) Non-refundable CT Colonography	each	\$781.00	n/a
(h) Non-refundable Bone Density Scan (DEXA)	each	\$120.00	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
4. Where the Medical Imaging Service provided involves Inpatient Services:		
(a) a non-eligible patient;	270% of Medicare Benefits Schedule Fee	n/a
(b) a compensable patient; or	270% of Medicare Benefits Schedule Fee	n/a
(c) a private patient.	100% of Medicare Benefits Schedule Fee	n/a
5. Where the Medical Imaging Service provided involves Outpatient Services:		
(a) a non-eligible patient;	270% of Medicare Benefits Schedule Fee	n/a
(b) a compensable patient; or	270% of Medicare Benefits Schedule Fee	n/a
(c) other outpatients.	85% of Medicare Benefits Schedule Fee	n/a

### **R. Pain Management Service**

Provide to compensable non-inpatients and non-eligible non-inpatients of the Pain Management Unit of the Canberra Hospital:

1. Multidisciplinary Assessment	per assessment	\$1,294.00	n/a
2. Cognitive Behavioural Therapy Program (2 week program)	per program	\$5,496.00	n/a
3. One-day Education Program for Chronic Pain (JUMP)	per program	\$550.00	n/a
4. Psychology			
(a) Psychology Assessment	per assessment	\$399.00	n/a
(b) Group Psychology Session	per session	\$111.00	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
5. Medical assessment and Follow-ups			
(a) First visit; or	per visit	\$319.00	n/a
(b) Second and subsequent visits.	per visit	\$147.00	n/a
6. Therapeutic Injection/Procedure under Diagnostic guidance	per service	270% of Medicare Benefits Schedule Fee	n/a
<b>S. Rehabilitation, Aged and Community Care</b>			
<b>1. Community – Based Rehabilitation Services</b>			
General services to whom fees apply and commercial consultancy services:			
(a) Allied Health Staff - Appointment	per hour (half hour min)	\$156.50	\$172.15
(b) Education and/or Training (for student groups, private and public sector staff groups) - per facilitator	per hour (half hour min)	\$156.50	\$172.15
(c) Maintenance Exercise Therapy session	per session	\$8.00	n/a
<b>2. Independent Living Centre</b>			
(a) Appointment fee for clients with third party payer			
i) Assisted appointment and/or report writing; or	per hour (half hour min)	\$156.50	n/a
ii) Non attendance at appointment.	per occasion	\$20.00	\$22.00
(b) Unassisted appointment - service provided by third party agency with ILC facilities used.	per hour (half hour min)	\$43.50	\$47.85
(c) Education and/or Training (for private organisations and interstate government staff)			

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
i) ILC Education	per half day	\$95.00	\$104.50
ii) ILC Education	per full day	\$175.00	\$192.50
(d) Second hand register			
i) for items over \$500;		\$26.00	\$28.60
ii) for items under \$500; or		\$14.00	\$15.40
iii) for more than 1 item.		\$26.00	\$28.60
(e) Room Hire			
i) Commercial Sector rate;	per hour (half hour min)	\$36.50	\$40.15
ii) Public Sector and Community rate; or	per hour (half hour min)	\$26.00	\$28.60
iii) Cancellation of Room Hire within seven days of booked date	Based on Hours booked	50% of total booking fee	50% of total booking fee
 3. Equipment Loan Service			
(a) Default on loan agreements;		Retail Price + 10% admin charge	Retail Price (GST inclusive) + 10% admin charge
 4. Prosthetic and Orthotic Services			
(a) New prosthesis for compensable and private clients - labour;	per hour (half hour min)	\$156.50	n/a
(b) New prosthesis for compensable and private clients - components		Component Costs	n/a
(c) Repair prosthesis for compensable and private clients- labour	per hour (half hour min)	\$141.20	n/a
(d) Repair prosthesis for compensable and private clients- components		Component Costs	n/a



## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(e) New prosthesis, non-compensable and not ALS exempt client – Labour <sup>1,3&amp;4</sup>	per hour (half hour min)	15% of labour cost	n/a
(f) New prosthesis, non-compensable and not ALS exempt client – Components <sup>1,3&amp;4</sup>		15% of the total cost <sup>2</sup> of components	n/a
(g) Repair of prosthesis for non compensable clients and not ALS exempt client – Labour <sup>1,3&amp;4</sup>	per hour	15% of labour cost	n/a
(h) Repair of prosthesis for non compensable clients and not ALS exempt – Components <sup>1,3&amp;4</sup>	per hour	15% of the total cost <sup>2</sup> of components	n/a
(i) New orthoses;	per hour (half hour min)	\$156.50  + Component costs	n/a
(j) Repairs to Orthoses;	per hour (half hour min)	\$141.20  + Component costs	n/a
(k) Orthotics assessment for private and compensable clients.	per hour (half hour min)	\$156.50	n/a
<b>5. Driver Rehabilitation Service</b>			
<b>Non Compensable Patients:</b>			
(a) Initial Assessment and Report by Occupational Therapist;	per assessment	\$593.00	n/a
(b) Initial Assessment by Driving Instructor;	per assessment	\$240.00	\$264.00

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(c) Joint Assessment and Report by Occupational Therapist and Driving Instructor	per assessment	\$548.95	\$603.85
(d) Re-Assessment by Occupational Therapist;	per assessment	\$146.00	n/a
(e) Lesson;	per lesson	\$126.00	\$138.60
Compensable Patients:			
(f) Initial Assessment and Report by Occupational Therapist;	per assessment	\$814.00	n/a
(g) Re-Assessment by Occupational Therapist	per assessment	\$353.00	n/a
(h) Lesson	per lesson	\$126.00	\$138.60
6. Specialised Wheelchair and Posture Seating (SWAPS)			
(a) For compensable and private patients:			
i) Seating therapist;	per hour (half hour min)	\$156.50	n/a
ii) Technician (Non-manufacture)	per hour (half hour min)	\$141.20	n/a
		+	
		Component costs	
7. Clinical Technology Service Workshop			
(a) Rehabilitation aids maintenance and repair	per hour (half hour min)	\$141.20	n/a
		+	
		Component costs	

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(b) Equipment componentry manufacture	per hour (half hour min)	\$141.20	n/a
		+	
		Component costs	
<b>8. Community Care Program</b>			
<b>(a) Education</b>			
(i) Nursing;	per hour	\$83.73	\$92.10
(ii) Allied Health	per hour	\$156.50	\$172.15
(b) Nursing and Allied Health education (tertiary standard) - Business hours;	per hour	\$219.00	\$240.90
(c) Nursing and Allied Health education (tertiary standard) - After hours;	per hour	\$326.00	\$358.60
<b>(d) Consultation in private hospitals:</b>			
(i) Nursing;	per hour	\$83.73	\$92.10
(ii) Allied Health	per hour	\$156.50	\$172.15
<b>(e) Community Nursing:</b>			
Compensable non-inpatients and non-eligible clients of Community Health Service:			
(i) Business hours	per hour	\$83.75	n/a
(ii) Evening shift Mon-Fri (excluding public holidays);	per hour	At cost	n/a
(iii) Night shift Mon – Fri (excluding public holidays);	per hour	At cost	n/a
(iv) After hours (midnight Fri - midnight Sat); or	per hour	At cost	n/a
(v) After hours - midnight Sat - midnight Sun);	per hour	At cost	n/a
<b>(f) Consultation overseas clients:</b>			
(i) Nursing;	per hour	\$83.75	n/a
(ii) Allied Health	per hour	\$156.50	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
---------------------	---	--

### 9. Day Care

(a) Day care meal	per meal	\$8.05	n/a
-------------------	----------	--------	-----

#### Notes:

1. Charges apply to items 4.e, 4.f, 4.g, and 4.h after a minimum cost of \$31 per financial year is incurred up to a cost ceiling of \$266 per financial year (GST exclusive).
2. 'Total cost' refers to the cost of procurement or parts incurred by the ACT Health Directorate.
3. 'ALS' is an abbreviation for Artificial Limb Scheme.
4. Full cost recovery will apply for Components outside the ALS approved component listing.

## **T. Health Protection Services**

### 1. Scientific Services

(a) Other than the ACT Coroner's Office; or	per hour	\$188.00	\$206.80
(b) ACT Coroners Office (Attorney- General's Dept)	per matter	\$1,195.00	\$1,314.50
(c) Asbestos Id single sample	per matter	\$90.00	\$99.00
(d) Asbestos Id additional samples	per matter	\$53.64	\$59.00
(e) Regular client Asbestos Fibre Count per Filter Counted	per matter	\$108.18	\$119.00

### 2. Other

(a) Consultation - Business hours;	per hour	\$133.00	\$146.30
(b) Consultation – After hours; or	per hour	\$163.00	\$179.30
(c) Exhumations.	per matter	\$469.00	\$515.90
(d) Food Safety Training	per session	\$565.00	\$621.50

## **U. Acute Support Fees**

### 1. ACT Specialist Scheme

(a) Specialist Scheme	20% of total cost		n/a
-----------------------	----------------------	--	-----

### 2. Acute Support and Other Medical Services

(a) Chronic pain management course for compensation clients;	per session	\$53.00	\$58.30
---	-------------	---------	---------

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(b) Sale of infection control manual;	per manual	\$101.00	\$111.10
(c) Podiatric Nail surgery (materials);	per intervention	At cost + 15%	At cost + 26.5%
(d) Non moulded innersoles;	per pair	At cost + 15%	n/a
(e) Preformed Foot Orthoses;	per pair	At cost + 15%	n/a
(f) Custom made Foot Orthoses;	per pair	At cost + 15%	n/a
(g) Hydrotherapy Pool (external users)	per hour	\$113.00	\$124.30
(h) Orthotic Modifications;	per pair	At cost + 15%	n/a
(i) Foot Files;	per item	At cost + 15%	At cost + 26.5%
(j) Tubular Bandage	per item	At cost + 15%	n/a
(k) Resistance Band;	per metre	At cost + 15%	At cost + 26.5%
(l) Exercise Putty “Theraputty”;	per container	At cost + 15%	n/a
(m) Sportstape;	per roll	At cost + 15%	At cost + 26.5%
(n) Undertape;	per metre	At cost + 15%	At cost + 26.5%
(o) Collar;	per item	At cost + 15%	n/a
(p) Recognise Flash Cards	per item	At cost + 15%	n/a
(q) Mirror Box	per item	At cost + 15%	n/a
(r) Hinged Ankle Brace;	per item	At cost + 15%	n/a
(s) Fixed Ankle Brace;	per item	At cost + 15%	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(t) Ankle Foot Orthosis	per item	At cost + 15%	n/a
(u) Formfit night ankle and foot resting splint	per item	At cost + 15%	n/a
(v) Limited motion brace (knee);	per item	At cost + 15%	n/a
(w) Limited motion brace (elbow);	per item	At cost + 15%	n/a
(x) Limited motion brace replacement foam;	per item	At cost + 15%	n/a
(y) Orthotics;	per pair	At cost + 15%	n/a
(z) Crutches;	per pair	At cost + 15%	n/a
(aa) Crutch Tips and Handles;	per item	At cost + 15%	n/a
(ab) Collar Cervical Rigid;	per item	At cost + 15%	n/a
(ac) Collar Cervical Rigid (Miami J) Liner	per item	At cost + 15%	n/a
(ad) Walking Stick;	per item	At cost + 15%	n/a
(ae) Wrist Splint Rigid;	per item	At cost + 15%	n/a
(af) Wrist Splint Elastic;	per item	At cost + 15%	n/a
(ag) Wrist Widget wrist stabilisation splint	per item	At cost + 15%	n/a
(ah) Neoprene Thumb Splints;	per item	At cost + 15%	n/a
(ai) Foam Blocks;	per item	At cost + 15%	At cost + 26.5%
(aj) Coban Small;	per item	At cost + 15%	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(ak) Coban Large;	per item	At cost + 15%	n/a
(al) Pressure Garment - ready made;	per item	At cost + 15%	n/a
(am) Pressure Garment - made to measure;	per item	At cost + 15%	n/a
(an) Paediatric Feeding Consumables;	per item	At cost + 15%	n/a
(ao) Voice Protheses/consumables;	per item	At cost + 15%	n/a
(ap) Simple Splints;	per item	At cost + 15%	n/a
(aq) Complex Splints;	per item	At cost + 15%	n/a
(ar) "Replacement of Child Personal Health Record" (Blue Book);	per item	\$11.50	\$12.65
(as) Silicone foot products;	per item	At cost + 15%	At cost + 26.5%
(at) Sacro iliac supports;	per item	At cost + 15%	n/a
(au) Glucose Sensor	per item	\$85.20	n/a
(av) Elimination Diet Handbook	per item	At cost + 15%	n/a
(aw) Semi-rigid pre-fabricated wrist/thumb splint	per item	At cost + 15%	n/a
(ax) Pre-fabricated finger splint	per item	At cost + 15%	n/a
(ay) Silicone scar products (sheets, moulds, gels, silicone-lined products)	per item	At cost + 15%	n/a
(az) Pavlik Harness	per item	At cost + 15%	n/a
(ba) Paediatric Rhino Brace	per item	At cost + 15%	n/a
(bb) Correction Hip Abduction Brace (Paediatric)	per item	At cost + 15%	n/a

## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(bc) Thermoplastic Humeral Braces	per item	At cost + 15%	n/a
(bd) Mitchell Boots for CTEV	per item	At cost + 15%	n/a
(be) Inspiratory Muscle Trainer	per item	At cost + 15%	n/a
(bf) Therabubble (bubble PEP device)	per item	At cost + 15%	n/a
(bg) "Medifix" Garment Glue	per item	At cost + 15%	n/a
(bh) Mini-massager (hand therapy scar management)	per item	At cost + 15%	n/a
(bi) Aircast Boot	per item	At cost + 15%	n/a
(bj) Camboot	per item	At cost + 15%	n/a
(bk) Zimmer Splint	per item	At cost + 15%	n/a
(bl) Shoulder Pulley	per item	At cost + 15%	At cost + 26.5%
(bm) Nipple Shield	per item	At cost + 15%	n/a
(bn) Breast Pump Hire - per week	per item	\$8.00	n/a
(bo) Breast Pump Kit	per kit	At cost + 15%	n/a
(bp) Physiotherapy equipment, therapeutic and consumable items	per item	At cost + 15%	n/a
(bq) Lymphoedema bandages, compression garments and consumable items	per item	At cost + 15%	n/a
<b>3. Allied Health Fees</b>			
Compensable non-inpatients and non-eligible clients:			
(a) Physiotherapy – Antenatal Exercise Classes	per visit	\$8.00	n/a



## SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(b) Pelvic Joint Support Belt	per item	At cost + 15%	n/a
(c) Back Brace;	per item	At cost + 15%	n/a
(d) Heel Wedge; or	per item	At cost + 15%	n/a
(e) Sling	per item	At cost + 15%	n/a
(f) Shoulder Pulley	per item	At cost + 15%	At cost + 26.5%
<b>4. Home Enteral Nutrition Program</b>			
(a) Equipment Only 0-6 years 11 months;	per week	\$17.50	n/a
(b) Equipment Only 7-12 years 11 months;	per week	\$17.50	n/a
(c) Equipment Only 13+ years;	per week	\$17.50	n/a
(d) Supplementary Feeding 0-6 years 11 months;	per week	\$29.30	n/a
(e) Supplementary Feeding 7-12 years 11 months;	per week	\$51.50	n/a
(f) Supplementary Feeding 13+ years;	per week	\$52.50	n/a
(g) Enteral Feeding 0-6 years 11 months;	per week	\$36.50	n/a
(h) Enteral Feeding 7-12 years 11 months; or	per week	\$58.50	n/a
(i) Enteral Feeding 13+ years.	per week	\$61.00	n/a
(j) Equipment to support enteral feeding not covered by HENS	per item	At cost + 15%	n/a
(k) Nutrition support products (supplements and tube feeds) not covered by HENS	per item	At cost + 15%	n/a
(l) Food/fluid thickening agents	per item	At cost + 15%	n/a