

Health (Fees) Determination 2026 (No 1)

Disallowable Instrument DI2026-140

made under the

Health Act 1993, s 192 (Determination of Fees)

1 Name of Instrument

This instrument is the *Health (Fees) Determination 2026 (No 1)*.

2 Commencement

This instrument commences on 1 July 2026.

3 Repeal

The *Health (Fees) Determination 2025 (No 1) (DI2025-129)* is repealed.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*;

Accommodation covers meals and a bed in hospital and includes all in-hospital-provided services including nursing care. It does not include treatment by doctors or other health professionals.

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 resides in Australia and has permission to remain permanently – either because they are:

- (a) an Australian citizen;
- (b) a permanent residence visa holder; or
- (c) a protected Special Category visa (SCV) holder.

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 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;

Defence means a current serving member of the Australian Defence Force. Charges for services to these patients will be raised in line with the listed Defence payment rates.

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;

Eligible Latent Tuberculosis Patient means a person who has been diagnosed with latent tuberculosis by a medical specialist based on tuberculosis screening.

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, University of Canberra Hospital or North Canberra Hospital.

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 participant in the NDIS is an individual who is receiving an agreed package of support through the National Disability Insurance Scheme. Charges will be raised for these services at the rates stated in the NDIS Price Guide published by the National Disability Insurance Agency available at <https://www.ndis.gov.au/providers/price-guides-and-information>.

Non-eligible person means:

- (a) a person who is not an Australian resident (as defined in this document);
- (b) does not hold a valid Medicare card; 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, including reciprocal health care, 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 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) 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 has a contract with a Visiting Medical Officer; or the patient elects to use their private health insurance or travel insurance policy, 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 three to five years following completion of treatment.

No fees will be charged for tuberculosis treatment to eligible tuberculosis patients under section A, B, C, F, G, H, I, N, O or Q listed in the schedule. Any treatment provided after a negative diagnosis or for non-tuberculosis treatment is billed as per standard billing arrangements.

(5) Treatment and management for Eligible Latent Tuberculosis Patients

Eligible latent tuberculosis patients will be provided with treatment, care and medication free of charge regardless of Medicare eligibility, unless the patient has a contract with a Visiting Medical Officer; or the patient elects to use their private

health insurance or travel insurance policy, in which case a claim will be made against the insurer. This includes monitoring and / or treatment as an outpatient for up to three years.

No fees will be charged for latent tuberculosis treatment to eligible latent tuberculosis patients under section A, B, C, F, G, H, I, N, O or Q listed in the schedule. Any treatment provided after a negative diagnosis or for non-latent tuberculosis treatment 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 hospital 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 Non-eligible 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 elect to use their private health insurance or travel insurance policy or 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) Attendance, Testing or Treatment at Sexual Health Centre for Medicare Non-eligible Patients

Medicare non-eligible patients attending the Sexual Health Centre 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 elect to use their private health insurance or travel insurance policy or have a contract with a Visiting Medical Officer.

No fees will be charged to Medicare non-eligible patients attending the Sexual Health Clinic or subsequent testing or treatment ordered by the Sexual Health Clinic staff under section F, G, H, I, or Q listed in the schedule.

(11) Multi-Disciplinary Clinic meeting for Medicare Non-eligible Patients

No fees will be charged to Medicare non-eligible patients who are the subject of a Multi-Disciplinary Clinic meeting under section H listed in the schedule.

(12) Involuntary Admissions and Non-Admitted services

Where a non-eligible patient is admitted to a Territory facility or treated at a Territory facility as a non-admitted person 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, O and Q listed in the schedule.

(13) Public health services for Medicare Non-Eligible Patients requiring treatment for COVID-19

Medicare non-eligible patients requiring either treatment for COVID-19 or public health services relating to COVID-19 are to be provided this medical care or services including pathology, diagnostic, pharmaceutical and outpatient care in ACT public health services free of charge. This does not apply to non-eligible persons who elect to use their private health insurance or travel insurance policy or have a contract with a Visiting Medical Officer.

No out-of-pocket fees will be charged to Medicare non-eligible patients for treatment for COVID-19 or public health services relating to COVID-19 under section A, B, C, F, G, H, I, N, O or Q listed in the schedule. Treatment not related to COVID-19 will be charged as per the fees listed in the schedule.

(14) Investigation, Treatment and Medication for Eligible Mycobacterium Leprosy Patients

Eligible Mycobacterium leprosy patients will be provided with screening, investigation, treatment, care and medication free of charge regardless of Medicare eligibility, unless the patient has a contract with a Visiting Medical Officer; or the patient elects to use their private health insurance or travel insurance policy, in which case a claim will be made against the insurer. If patients with active or suspected

Mycobacterium Leprosy 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 to ten years following completion of treatment.

No fees will be charged for Mycobacterium Leprosy treatment to eligible Mycobacterium Leprosy patients under section A, B, C, F, G, H, I, N, O or Q listed in the schedule. Any treatment provided after a negative diagnosis or for non-Mycobacterium Leprosy treatment is billed as per standard billing arrangements.

(15) Treatment for non-eligible patients by a School Youth Health Nurse (SYHN) in ACT Public Schools

Where a non-eligible patient receives treatment from a School Youth Health Nurse in ACT public schools, no fees will be charged under section H in the schedule. This does not relate to immunisations performed in schools.

(16) 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.

Rachel Stephen-Smith MLA
Minister for Health

24 June 2026

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 | \$467.00 | n/a |
| (b) in a single room, otherwise than at the patient's request; | per day | \$467.00 | n/a |
| (c) in a single room at the patient's request ¹ ; or | per day | \$966.25 | n/a |
| (d) Hospital in the Home ¹ | | \$277.90 | n/a |

Note:

1. Or fee as specified in agreement between the relevant health fund and the relevant ACT Public Hospital.

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

| | | | |
|--|------------------|------------|-----|
| (a) Critical Care ¹ ; | | | |
| (i) First 21 days per episode | per day | \$6,091.35 | n/a |
| (ii) Over 21 Days | per day | \$2,664.10 | n/a |
| (b) Other Inpatient ² ; | | | |
| (i) First 21 days per episode | per day | \$2,967.10 | n/a |
| (ii) Over 21 Days | per day | \$1,651.65 | n/a |
| (c) Hospital in the Home; or | per day | \$600.30 | 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 | \$4,525.40 | n/a |
| (ii) Other procedures (including day only surgical patients). | per treatment | \$1,585.20 | n/a |

Notes:

1. Critical Care includes ICU, SCN, NICU and CCU.

2. Fees at A.2. b are applicable to patients where the patient is admitted to Emergency Medicine Unit (EMU); the fee at Item O cannot also be charged.

SCHEDULE

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

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 \$6,091.35 and
- 16 Days x \$2,967.10

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 \$6,091.35 and
- 21 days x \$2,967.10 and
- 5 days x \$1,651.65

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

(a) Critical Care¹;

| | | | |
|-------------------------------|---------|------------|-----|
| (i) First 21 days per episode | per day | \$7,557.90 | n/a |
| (ii) Over 21 Days | per day | \$4,330.20 | n/a |

(b) Other Inpatient²;

| | | | |
|-------------------------------|---------|------------|-----|
| (i) First 21 days per episode | per day | \$2,979.90 | n/a |
| (ii) Over 21 Days | per day | \$1,743.00 | n/a |

(c) Hospital in the Home; or

| | | | |
|--|---------|----------|-----|
| | per day | \$600.30 | 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 | \$4,525.40 | n/a |
| (ii) Other procedures (including day only surgical patients). | per treatment | \$1,585.20 | n/a |

Notes:

1. Critical Care includes ICU, SCN, NICU and CCU.

2. Fees at A.3(b) are applicable to patients where the patients is admitted to EMU; the fee at Item O cannot also be charged.

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 \$7,557.90 and
- 16 Days x \$2,979.90

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 \$7,557.90 and
- 21 days x \$2,979.90 and
- 5 days x \$1,743.00

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) |
|---------------------|---|--|
|---------------------|---|--|

B. Hospital Accommodation Fees – Day Care Patients

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

| | | | |
|--|---------|----------|-----|
| (a) Type-B professional attention as determined under paragraph 4B(a) of the Commonwealth <i>National Health Act 1953</i> ; | per day | \$339.00 | n/a |
| (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 | \$377.00 | 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 | \$416.00 | 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 | \$467.00 | n/a |

C. Hospital Accommodation Fees – Nursing Home Type Patients

| | | | |
|---------------------|---------|----------|-----|
| 1. Hospital patient | per day | \$82.50 | n/a |
| 2. Private patient | per day | \$242.35 | n/a |

D. Health Protection Services

1. Scientific Services

| | | | |
|--|------------|------------|----------|
| (a) Other than the ACT Coroner's Office; | per hour | \$246.45 | \$271.10 |
| (b) ACT Coroner's Office (Justice and Community Safety Directorate); | per matter | \$1,566.20 | n/a |
| (c) Asbestos Id single sample; | per matter | \$118.55 | \$130.41 |
| (d) Asbestos Id additional samples; or | per matter | \$69.90 | \$76.89 |
| (e) Regular client Asbestos Fibre Count per Filter Counted. | per matter | \$141.80 | \$155.98 |

2. Other

| | | | |
|------------------------------------|------------|----------|----------|
| (a) Consultation - Business hours; | per hour | \$174.25 | \$191.68 |
| (b) Consultation – After hours; or | per hour | \$213.70 | \$235.07 |
| (c) Exhumations. | per matter | \$614.55 | n/a |

SCHEDULE

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| Column 1 Service | | Column 2 Amount exclusive of GST | Column 3 Amount inclusive of GST (if applicable) |
|--|-----------------|---|--|
| E. Other Accommodation | | | |
| 1. In residences - Patients - First 7 Days within a Financial Year - Single or Double Room | per day | \$75.00 | n/a |
| 2. In residences – Patients - 8+ Days within a Financial Year - Single or Double Room | per day | \$120.00 | n/a |
| 3. In residences - Non-Patients - First 7 Days within a Financial Year - Single or Double Room | per day | \$68.18 | \$75.00 |
| 4. In residences – Non-Patients - 8+ Days within a Financial Year - Single or Double Room | per day | \$109.09 | \$120.00 |
| 5. Students on placement | per day | \$30.00 | \$33.00 |
| Note: GST is reduced to 5.5% after 28 consecutive days of stay. | | | |
| F. Pathology Service Fees | | | |
| 1. Non-Medicare Testing: | | | |
| (a) Collection fee for collection of research trials; | per test | \$37.35 | \$41.09 |
| | | plus freight costs at cost recovery only | plus freight costs at cost recovery only |
| (b) DNA Extraction and Storage; | per test | \$129.80 | n/a |
| (c) Spore Testing; | per test | \$17.00 | \$18.70 |
| (d) Histology testing on coronial post-mortems; | per post-mortem | \$433.65 | \$477.02 |
| (e) Quantiferon; | per test | \$52.50 | n/a |
| (f) Environmental Testing; | per request | \$68.25 | \$75.08 |
| (g) Pathology testing – insufficient clinical information provided; | per test | 100% of the Medicare Benefits Schedule | n/a |
| (h) Surveillance Screening; | per request | \$46.00 | 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 |

SCHEDULE

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| Column 1 Service | | Column 2 Amount exclusive of GST | Column 3 Amount inclusive of GST (if applicable) |
|---|-----------|---|--|
| (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 | | 100% of Medicare Benefits Schedule Fee | n/a |
| 4. Where the Pathology service provided is referred to another laboratory for testing | per test | Cost + 10% | n/a |
| G. Incidental Outpatient Charges | | | |
| 1. PAP Machine Hire¹ | per hire | \$294.85 | n/a |
| 2. Tuberculosis Testing² | | | |
| (a) Standard Test and Medical Review; or | per test | \$93.05 | n/a |
| (b) Standard Test and Medical Review - Student | per test | \$79.50 | n/a |
| 3. 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. Fee includes \$100 deposit, which is refundable upon the return of the PAP Machine. | | | |
| 2. Canberra Health Services staff, contact tracing and asylum seekers are exempt. | | | |
| H. Non-eligible or Compensable Service Fee | | | |
| 1. First visit Medical Practitioner | per visit | \$418.05 | n/a |

SCHEDULE

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| 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 | \$192.55 | 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 | \$175.60 | n/a |
| 5. Nursing or Allied Health Consult - Standard (30 to 60 minutes) | per item | \$93.70 | n/a |
| 6. Nursing or Allied Health Consult - Short (less than 30 minutes) | per item | \$58.55 | n/a |
| 7. Nursing or Allied Health Education Services - Group | per item | \$35.00 | n/a |
| 8. Compulsory Third Party Motor Vehicle Insurance - Nursing or Allied Health | | | |
| (a) RACS Nursing - Business Hours; | per hour | \$109.75 | \$120.73 |
| (b) RACS Nursing - Evening Shift - Mon-Fri; | per hour | At cost | At cost + 10% |
| (c) RACS Nursing - Night Shift - Mon-Fri; | per hour | At cost | At cost + 10% |
| (d) RACS Nursing - After Hours (midnight Fri - Sat); | per hour | At cost | At cost + 10% |
| (e) RACS Nursing - After Hours (midnight Sat - Sun); and | per hour | At cost | At cost + 10% |
| (f) Allied Health. | per hour | \$205.10 | \$225.61 |
| 9. Tuberculosis Testing ¹ | | | |
| (a) Standard Test and Medical Review; or | per test | \$198.95 | n/a |
| (b) Standard Test and Medical Review - Students | per test | \$173.05 | n/a |

SCHEDULE

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

10. Walk-In Centre Attendance

Where a non-eligible patient receives treatment from an ACT Health Walk-In Centre no fees will be charged under section H in the schedule.

Note:

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

I. Pharmaceutical

1. 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 some medications and/or pharmaceuticals dispensed from the hospital.

2. Provision if medication not published on the Pharmaceutical Benefits Scheme

- | | | | |
|---------------------------------------|----------|------------|-----|
| (a) Supply of medication ¹ | per item | Cost + 10% | n/a |
| (b) Compounding | per item | \$168.00 | n/a |

Note:

1. The 10% surcharge is capped at \$250.

J. Capital Region Cancer Service Fees

- | | | | |
|---|-------------------|----------|-----|
| 1. Humidifier Hire and Consumables ¹ | per two months | \$429.40 | n/a |
|---|-------------------|----------|-----|

Note:

1. Fee includes refundable \$100 deposit upon return of humidifier.

K. Acute Support Fees

1. ACT Specialist Scheme

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

2. Acute Support, Allied Health and Other Medical Services

- | | | | |
|--|-------------|------------------|------------------------------------|
| (a) Chronic pain management course for compensation clients; | per session | \$69.45 | \$76.40 |
| (b) Podiatry equipment, therapeutic and consumable items | | At cost + 15% | If applicable At cost +26.5% |

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) Hydrotherapy Pool | | | |
| (i) General Public | per hour | \$148.00 | \$162.80 |
| (ii) Not-for-profit Entities | per hour | \$43.36 | \$47.70 |
| (d) Paediatric Feeding Consumables | | At cost + 15% | n/a |
| (e) Voice Protheses/consumables | per pair | At cost + 15% | n/a |
| (f) Glucose Sensor | per pair | \$111.70 | n/a |
| (g) Elimination Diet Handbook | per item | At cost + 15% | n/a |
| (h) Physiotherapy equipment, therapeutic and consumable items | per item | At cost + 15% | If applicable At cost +26.5% |
| (i) Lymphedema bandages, compression garments and consumable items | per item | At cost + 15% | n/a |
| 3. Home Enteral Nutrition Program | | | |
| (a) Enteral feeding, including nutrition support products covered by HENS | per week | At cost + 15% | n/a |
| (b) Equipment to support enteral feeding not covered by HENS; | per item | At cost + 15% | n/a |
| (c) Nutrition support products (supplements and tube feeds) not covered by HENS; or | per item | At cost + 15% | n/a |
| (d) Food/fluid thickening agents. | per item | At cost + 15% | n/a |
| L. Clinical Support Fees | | | |
| 1. Medical Physics Services | per person/ per hour | \$239.95 | n/a |
| 2. Biomedical Engineering Services | per person/ per hour | \$182.05 | n/a |
| M. Medical Records and Health Reports | | | |
| 1. Medical Practitioner/Health Professional Reports: | | | |
| (a) Patient seen within the prior 6 months | | \$608.70 | 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) Patient seen previously not within prior 6 months (includes re-examination) | \$852.20 | n/a |
|---|----------|-----|

Note: Patients not previously treated by CHS staff are referred to private medico legal providers for reports.

| | | |
|---|---------|---------|
| 2. Search Fees Other than requests made by a party concerned with a patient's continued treatment or future management | \$68.80 | \$75.68 |
|---|---------|---------|

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; or
- (c) for Motor Accident and Comcare medical certificates completed other than at the time of consultation.

3. Health records provided to patient's solicitor or insurer ^{1&2}

(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.

| | | |
|--|----------|----------|
| (i) Electronic delivery - unlimited pa | \$170.65 | \$187.72 |
| (ii) Paper delivery - up to 200 pages | \$248.95 | \$273.85 |
| (iii) Additional 100 pages, or part thereof, incrementally add | \$102.15 | \$112.37 |

Example: A record with 258 pages would be initial 200 pages at \$248.95, 200 to 258 pages at \$102.15. Total payment of \$351.10 (ex GST).

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. Private Patients, Non-eligible and Compensable Patients:

| | | | |
|--|----------|------------|-----|
| (a) For items with a minimum benefit only ¹ | per item | See below* | n/a |
|--|----------|------------|-----|

*Minimum benefit amount in accordance with the *Current Private Health Insurance (Prostheses) Rules*.

| | | | |
|---|----------|------------|-----|
| (b) For items with a maximum and minimum benefit ^{1&2} | per item | See below* | 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) |
|---------------------|---|--|
|---------------------|---|--|

*The maximum charge for these prostheses is the maximum benefit level in accordance with the Current *Private Health Insurance (Prostheses) Rules*.

Notes:

1. *Private Health Insurance (Prostheses) Rules* 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.

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 | \$802.95 | n/a |
|--|-----------|----------|-----|

P. Dental Services

Group 0 - Examination/Diagnostic

| | | | |
|---|---------|--|---------|
| Comprehensive Oral Exam; | \$15.65 | | n/a |
| Periodic Exam; | \$10.95 | | n/a |
| Emergency Restorative Course of Care; | \$55.15 | | n/a |
| Emergency Prosthodontic Course of Care; | \$55.15 | | n/a |
| Consult (incl. Exam); | \$17.00 | | n/a |
| Consult Ext + 30 (incl. Exam); | \$26.00 | | n/a |
| Consult by Ref (incl. Exam); | nil | | n/a |
| Consult by Ref Ext +30 (incl. Exam); | nil | | n/a |
| Written report (not elsewhere included); | \$12.20 | | \$13.42 |
| Letter of Referral; | nil | | n/a |
| X-Ray -1 film PA or BW; | \$9.80 | | n/a |
| Intraoral radiograph - occlusal, maxillary or mandibular - single film; | \$16.40 | | n/a |
| Extraoral radiograph - maxillary and/or mandibular - single film; | \$17.75 | | n/a |
| Caries activity screening test; | \$9.25 | | n/a |
| Biopsy of Tissue; | \$31.00 | | n/a |
| Pulp Test Per visit; | nil | | n/a |
| Diagnostic cast; | \$16.40 | | n/a |
| Photographic records – intraoral; or | \$9.80 | | n/a |
| Photographic records - extraoral. | \$9.75 | | 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) |
|--|---|--|
| Group 1 - Preventative Services | | |
| Removal of Plaque and/or stain; | \$15.65 | n/a |
| Recontouring - pre-existing restoration/s; | \$5.05 | n/a |
| Calculus (supra & subging) & Plaque Removal 1st visit; | \$22.35 | n/a |
| Calculus (supra & subging) & Plaque Removal Addit. Visit; | \$15.65 | n/a |
| Enamel micro- abrasion - per tooth; | \$11.15 | n/a |
| Bleaching, internal - per tooth; | \$64.90 | n/a |
| Bleaching, external - per tooth; | \$55.15 | n/a |
| Fluoride - Topical (including tooth mousse); | \$8.65 | n/a |
| Concentrated fluoride, application single tooth; | \$6.70 | n/a |
| Dietary advice. Analysis and advice; | \$9.10 | n/a |
| Oral Hygiene Instr. (If more than 10 mins); | \$12.35 | n/a |
| Fissure Sealant - per tooth; | \$15.05 | n/a |
| Apply Desensitising Agent; or | \$6.70 | n/a |
| Odontoplasty - per tooth. | \$15.05 | n/a |
| Group 2 - Periodontics | | |
| Treatment of acute Periodontal Infection; | \$17.75 | n/a |
| Periodontal Debridement - per tooth; | \$6.50 | n/a |
| Non-surgical Treatment of Peri Implant Disease; | \$24.25 | n/a |
| Gingivectomy - per tooth; | \$5.65 | n/a |
| Periodontal flap surgery (per 8 teeth or less); | \$9.90 | n/a |
| Osseous surgery - per tooth; | \$96.40 | n/a |
| Root resection - per root; or | \$54.15 | n/a |
| Periodontal surgery involving one tooth or an implant. | \$19.85 | n/a |
| Group 3 - Oral Surgery | | |
| Removal of tooth or parts; | \$32.80 | n/a |
| Sectional removal of tooth. Bone removal maybe necessary; | \$41.95 | n/a |
| Surgical removal of tooth or tooth fragment not including bone; | \$53.25 | n/a |
| Surgical removal of tooth or tooth fragment including bone; | \$60.95 | n/a |
| Surgical removal of tooth or tooth fragment requiring both bone and tooth division; | \$81.85 | n/a |
| Alveoloplasty - per segment; | \$33.25 | n/a |
| Ostectomy; | \$123.20 | n/a |
| Reduction of fibrous tuberosity; | \$46.65 | n/a |
| Reduction of flabby ridge - per segment; | \$26.40 | n/a |
| Removal of fibrous hyperplasia; | \$62.25 | 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; | \$51.40 | n/a |
| Removal of tumour, cyst or scar involving muscle, bone or deep tissue; | \$182.10 | n/a |
| Surgery to salivary duct; | \$160.35 | n/a |
| Surgery to salivary gland; | \$54.40 | n/a |
| Removal or repair of soft tissue (not elsewhere defined); | \$50.70 | n/a |
| Surgical removal of foreign body; | \$28.65 | n/a |
| Marsupialization of cyst; | \$98.30 | n/a |
| Surgical exposure of an unerupted tooth – per tooth; | \$194.00 | n/a |
| Reposition tooth / Splint; | \$47.75 | n/a |
| Replantation & splinting of a tooth - per avulsed or intentionally removed tooth; | \$96.40 | n/a |
| Surgery to isolate and preserve neuro vascular tissue; | \$48.95 | n/a |
| Frenectomy; | \$44.30 | n/a |
| Drainage of abscess or cyst; | \$24.25 | n/a |
| Surgery involving the maxillary antrum; or | \$197.10 | n/a |
| Control of reactionary or secondary post-operative haemorrhage. | \$16.40 | n/a |
| Group 4 - Endodontics | | |
| Direct pulp capping; | \$8.70 | n/a |
| Pulpotomy; | \$19.00 | n/a |
| Incomplete endodontic therapy (tooth not suitable for further treatment); | \$31.10 | n/a |
| Complete chemo-mechanical preparation of root canal - one canal; | \$55.70 | n/a |
| Complete chemo-mechanical preparation of root canal - each additional canal; | \$26.55 | n/a |
| Root Canal obturation - one canal; | \$54.30 | n/a |
| Root canal obturation - each additional canal; | \$25.35 | n/a |
| Extirpation of pulp or debridement of root canal(s); | \$35.80 | n/a |
| Resorbable root canal filling - primary tooth; | \$65.50 | n/a |
| Periapical curettage - per root; | \$75.60 | n/a |
| Apicectomy - per root; | \$75.60 | n/a |
| Apical seal - per canal; | \$90.70 | n/a |
| Sealing of perforation; | \$77.95 | n/a |
| Surgical treatment and repair of external root resorption - per tooth; | \$102.85 | 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; | \$26.40 | n/a |
| Removal of root filling, per canal; | \$26.40 | n/a |
| Removal of cemented root canal post or post crown; | \$26.40 | n/a |
| Removing or bypassing fractured endodontic instrument; | \$22.05 | n/a |
| Additional visit for irrigation and/or dressing of the root canal system - per tooth; or | \$26.40 | n/a |
| Interim therapeutic root filling - per tooth. | \$35.30 | n/a |
| Group 5 - Restorative Services | | |
| Metallic restoration - 1 surface – direct; | \$26.10 | n/a |
| Metallic restoration - 2 surface – direct; | \$31.95 | n/a |
| Metallic restoration - 3 surface – direct; | \$38.65 | n/a |
| Metallic restoration - 4 surface – direct; | \$43.45 | n/a |
| Metallic restoration - 5 surface – direct; | \$49.65 | n/a |
| Adhesive restoration - 1 surface - Anterior tooth – direct; | \$28.90 | n/a |
| Adhesive restoration - 2 surface - Anterior tooth – direct; | \$35.05 | n/a |
| Adhesive restoration - 3 surface - Anterior tooth – direct; | \$41.55 | n/a |
| Adhesive restoration - 4 surface - Anterior tooth – direct; | \$48.00 | n/a |
| Adhesive restoration - 5 surface - Anterior tooth – direct; | \$56.40 | n/a |
| Adhesive restoration - 1 surface - Posterior tooth – direct; | \$30.80 | n/a |
| Adhesive restoration - 2 surface - Posterior tooth – direct; | \$40.00 | n/a |
| Adhesive restoration - 3 surface - Posterior tooth – direct; | \$46.55 | n/a |
| Adhesive restoration - 4 surface - Posterior tooth – direct; | \$53.10 | n/a |
| Adhesive restoration - 5 surface - Posterior tooth – direct; | \$60.95 | n/a |
| Provisional (Intermediate / temporary) restoration; | \$12.20 | n/a |
| Provisional (Intermediate / temporary) restoration Endo; | nil | n/a |
| Metal band; | \$10.30 | n/a |
| Pin restoration - per pin; | \$7.25 | n/a |
| Stainless Steel Crown; | \$68.25 | n/a |
| Cusp capping - per cusp; | nil | n/a |
| Restoration of an incisal corner - per corner; | \$7.60 | n/a |
| Removal of inlay/onlay; | \$24.25 | n/a |
| Recementing onlay/inlay; | \$19.80 | n/a |
| Post – direct; or | \$37.45 | n/a |
| Adhesive restoration - veneer - anterior - direct. | \$56.40 | 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) |
|--|---|--|
| Group 6 - Crown and Bridge | | |
| Provisional Crown; | \$38.15 | n/a |
| Recrement Crown or veneer; | \$25.80 | n/a |
| Recrement bridge or splint; | \$25.20 | n/a |
| Removal of crown; or | \$16.40 | n/a |
| Removal of bridge or splint. | \$46.30 | n/a |
| Group 7 - Prosthodontics | | |
| Full Maxillary denture; | \$238.60 | n/a |
| Full Mandibular denture; | \$238.60 | n/a |
| Metal plate or mesh; | \$340.80 | n/a |
| Full Maxillary & Full Mandibular dentures; | \$423.20 | n/a |
| Partial Max Denture - resin base; | \$144.10 | n/a |
| Partial Mand Denture - resin base; | \$144.10 | n/a |
| Partial Max Denture - cast metal framework - custom fabricated; | \$505.30 | n/a |
| Partial Mand Denture - cast metal framework - custom fabricated; | \$505.30 | n/a |
| Retainer/Clasp - 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; | \$47.30 | n/a |
| Wrought Bar; | \$44.00 | n/a |
| Metal Backing - per backing; | \$39.25 | n/a |
| Denture Adjustment (not new); | \$55.15 | n/a |
| Denture Adjustment (new); | nil | n/a |
| Reline - Complete denture; | \$83.35 | n/a |
| Reline - Part denture; | \$71.05 | n/a |
| Remodel - complete denture; | \$131.10 | n/a |
| Remodel - Partial denture; | \$102.85 | n/a |
| Clean and polish of pre-existing denture; | \$55.15 | n/a |
| Denture base modification; | \$66.85 | n/a |
| Reattaching pre-existing tooth or clasp to denture; | nil | n/a |
| Replacing clasp to denture; | nil | n/a |
| Repairing broken base of complete denture; | nil | n/a |
| Repairing broken base of partial denture; | 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) |
|---|---|--|
| Added tooth to partial denture to replace an extraction or decoronated tooth; | nil | n/a |
| Repair to metal casting: one point; | \$167.10 | n/a |
| Tissue conditioning/temporary lining of a denture - per application; | \$17.30 | n/a |
| Impression for denture repair; | nil | n/a |
| Identification; or | \$9.25 | n/a |
| Obturator. | \$177.20 | n/a |
| Group 7 - Provision for New Dentures (No ADA Item Numbers) | | |
| 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 |
| Group 8 - Orthodontics (When Used for an Adult) | | |
| 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 |
| Group 9 - General Services | | |
| Palliative care - per appointment; | \$17.10 | n/a |
| After hours emergency; | nil | n/a |
| Travel to provide service; | \$17.75 | n/a |
| Provision of medication/medicaments; | \$6.85 | n/a |
| Local anaesthesia (diagnosis or pain relief); | \$4.55 | n/a |
| Minor Occlusal adjustment; | \$15.05 | n/a |
| Occlusal splint; | \$133.30 | n/a |
| Adjust occlusal splint; | \$18.90 | n/a |
| Repair/addition - occlusal splint; | \$71.80 | 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) |
|--|---|--|
| Splinting and stabilization - direct - per tooth; | \$24.25 | n/a |
| Post-operative care not elsewhere included; | \$17.75 | n/a |
| Treatment not otherwise included; | \$11.15 | n/a |
| Relative analgesia - Inhalation of Nitrox Oxide and Oxygen mixture; or | \$6.55 | n/a |
| Precision or Magnetic Denture Attachment. | \$220.15 | n/a |
| Group A - Child & Youth Dental | | |
| Assessment or Screening Examination Visit; | nil | n/a |
| Standard fee per course of care; or | \$84.55 | n/a |
| Free for families meeting eligibility criteria. | nil | n/a |
| Group B - Child and Youth Extra Fee Services | | |
| Passive/Active removable appliance - one arch; | \$82.50 | n/a |
| Functional orthopaedic appliance; | \$66.20 | n/a |
| Passive fixed appliance; | \$53.10 | n/a |
| Extra-oral appliance; | \$212.95 | n/a |
| Orthodontic adjustment; | nil | n/a |
| Repair removable appliance; | \$19.70 | n/a |
| Repair removable appliance - clasp, spring or tooth; | \$18.90 | n/a |
| Additional to removable appliance; | \$19.70 | n/a |
| Relining removable appliance; or | \$32.75 | n/a |
| Occlusal splint. | \$66.20 | n/a |

Note Special Conditions apply below:

1. Total fees charged per year to any Adult client, is capped at \$577.80 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.

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) |
|---------------------|---|--|
|---------------------|---|--|

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.

Q. Medical Imaging Services

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

For images provided to a patient – see the *Health Records (Privacy and Access) Act 1997*

| | | | |
|--|------|----------|---------|
| (a) Research MRI - Non funded pilot project | each | \$490.50 | n/a |
| (b) Research MRI - Funded project without Radiologist input | each | \$490.50 | n/a |
| (c) Research MRI - PPTF Funded project without Radiologist input | each | \$490.50 | n/a |
| (d) Research MRI - PPTF Funded project with Radiologist input | each | \$595.15 | n/a |
| (e) Solicitors/Coroner/Police/Insurers Fee | each | \$246.70 | n/a |
| (f) Resource Fee/Custom USB | each | \$9.09 | \$10.00 |
| (g) Non-rebatable SBRT Prostate Planning MRI | each | \$420.00 | n/a |

2. Non-rebatable services to outpatients MRI

(Excludes public patient referrals from within CHS. Only applicable to external referrals)

| | | | |
|-----------------------------------|-------------|------------|-----|
| (a) MRI | per scan | \$793.25 | n/a |
| (b) MRI – Breast | per scan | \$793.25 | n/a |
| (c) MRI – Breast Core Biopsy | per session | \$1,158.80 | n/a |
| (d) Non-rebatable Sedation in MRI | each | \$73.60 | n/a |
| (e) Non-rebatable Contrast in MRI | each | \$73.60 | n/a |
| (f) Non-rebatable Cardiac MRI | per scan | \$983.15 | 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) |
|--|-------------|--|--|
| 3. Non-rebatable services to outpatients Nuclear Medicine | | | |
| (Excludes public patient referrals from within CHS. Only applicable to external referrals) | | | |
| (a) Nuclear Medicine non-rebatable Neuro endocrine | per scan | \$1,035.65 | n/a |
| (b) Nuclear Medicine non-rebatable Cardiac | per scan | \$1,067.20 | n/a |
| (c) Nuclear Medicine non-rebatable Gallium | per session | \$1,394.30 | n/a |
| (d) Non-rebatable Bone Density Scan (DEXA) | each | \$122.50 | n/a |
| (e) Non-rebatable Sedation in NM | each | \$73.60 | n/a |
| (f) Research studies | each | 100% of Medicare Benefits Schedule Fee | n/a |
| 4. Non-rebatable services to outpatients PET Scans | | | |
| (Excludes public patient referrals from within CHS. Only applicable to external referrals) | | | |
| (a) Positron Emission Tomography Scan (FDG) | per scan | \$1,035.65 | n/a |
| (b) Positron Emission Tomography Scan Sarcoma | per scan | \$1,085.65 | n/a |
| (c) Positron Emission Tomography Scan (Ga-DOTA/PSMA/research) | per session | \$1,035.65 | n/a |
| (d) Non-rebatable Sedation in NM | each | \$73.60 | n/a |
| (e) Novell isotope scans | each | \$1,035.65 | n/a |
| (f) Research studies | each | 100% of Medicare Benefits Schedule Fee | n/a |
| 5. Non-rebatable services to outpatients CT | | | |
| (Excludes public patient referrals from within CHS. Only applicable to external referrals) | | | |
| (a) CT Scan non-rebatable - single region | per scan | \$470.95 | n/a |
| (b) CT Scan non-rebatable - multi region | per scan | \$659.35 | n/a |
| (c) Non-rebatable Sedation in CT | per session | \$73.60 | n/a |
| (d) Non-rebatable Cardiac CT | each | \$824.10 | 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) Research studies | each | 100% of Medicare Benefits Schedule Fee | n/a |
| 6. Non-rebatable services to outpatients Ultrasound | | | |
| (Excludes public patient referrals from within CHS. Only applicable to external referrals) | | | |
| (a) Ultrasound non-rebatable - single region | per scan | \$212.30 | n/a |
| (b) Ultrasound non-rebatable - two region | per scan | \$340.85 | n/a |
| (c) Ultrasound non-rebatable - multi region | per session | \$673.80 | n/a |
| (d) Non-rebatable Sedation in US | each | \$73.60 | n/a |
| (e) Research studies | each | 100% of Medicare Benefits Schedule Fee | n/a |
| 7. 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 |
| 8. 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 | \$1,695.95 | 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. Cognitive Behavioural Therapy Program (2-week program) | per program | \$7,203.25 | n/a |
| 3. One-day Education Program for Chronic Pain (JUMP) | per program | \$720.85 | n/a |
| 4. Psychology | | | |
| (a) Psychology Assessment | per assessment | \$522.95 | n/a |
| (b) Group Psychology Session | per session | \$145.55 | n/a |
| 5. Medical assessment and Follow-ups | | | |
| (a) First visit; or | per visit | \$418.05 | n/a |
| (b) Second and subsequent visits. | per visit | \$192.55 | n/a |
| 6. Therapeutic Injection/Procedure under Diagnostic guidance | per service | 270% of Medicare Benefits Schedule Fee | n/a |

S. Rehabilitation, Aged and Community Care

1. RACS Nursing and Allied Health:

General services to whom fees apply and commercial consultancy services:

| | | | |
|---|-------------|--------------------|------------------|
| (a) Allied Health Staff; | per hour | \$205.10 | \$225.61 |
| (b) Seating Technician (Non manufacture); | per hour | \$185.00 | n/a |
| | | + | |
| | | Component costs | |
| (c) Nursing Staff; | per hour | \$109.75 | n/a |
| (d) Education and/or Training (for student groups, private and public sector staff groups) - Business Hours; | per hour | \$205.10 | \$225.61 |
| (e) Education and/or Training (for student groups, private and public sector staff groups) - After Hours; and | per hour | At cost | At cost + 10% |
| (f) Maintenance Exercise Therapy Session. | per session | \$10.50 | n/a |
| (g) Small aids, equipment, therapeutic and consumable items | per item | Cost + 15% | Cost + 26.5% |

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. Clinical Technology Service Workshop | | | |
| (a) Rehabilitation aids maintenance and repair | per hour (half hour min) | \$185.00 | n/a |
| | | + | |
| | | Component costs + 15% Mark-up | |
| (b) Equipment componentry manufacture | per hour (half hour min) | \$185.00 | n/a |
| | | + | |
| | | Component costs + 15% Mark-up | |
| 3. Equipment Loan Service | | | |
| (a) Default on loan agreements; | | Retail Price + 15% admin charge | Retail Price (GST inclusive) + 15% admin charge |
| 4. Prosthetic and Orthotic Services | | | |
| (a) New prosthesis for compensable and private clients - labour; | per hour (half hour min) | \$205.10 | n/a |
| (b) New prosthesis for compensable and private clients - components | | Component Costs + 15% Mark-up | n/a |
| (c) Repair prosthesis for compensable and private clients- labour | per hour (half hour min) | \$185.00 | 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) |
|--|--------------------------------|--|--|
| (d) Repair prosthesis for compensable and private clients- components | | Component Costs + 15% Mark-up | n/a |
| (e) New prosthesis, non-compensable and not ALS exempt client – Labour ^{1,3&4} | per hour (half hour min) | 15% of labour cost | n/a |
| (f) New prosthesis, non-compensable and not ALS exempt client – Components ^{1,3&4} | | 15% of the total cost ² of components | n/a |
| (g) Repair of prosthesis for non-compensable clients and not ALS exempt client – Labour ^{1,3&4} | per hour | 15% of labour cost | n/a |
| (h) Repair of prosthesis for non-compensable clients and not ALS exempt – Components ^{1,3&4} | | 15% of the total cost ² of components | n/a |
| (i) New orthoses; | per hour (half hour min) | \$205.10 + Component costs + 15% Mark-up | n/a |
| (j) Repairs to Orthoses; | per hour (half hour min) | \$185.00 + Component costs + 15% Mark-up | n/a |
| (k) Orthotics assessment for private and compensable clients. | per hour (half hour min) | \$205.10 | 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. Driver Rehabilitation Service | | | |
| Non-Compensable Patients: | | | |
| (a) Initial Assessment and Report: | | | |
| (i) By Occupational Therapist (excluding Driving Instructor fee); | per assessment | \$777.15 | n/a |
| (ii) By Occupational Therapist (including Driving Instructor fee); | per assessment | \$893.70 | n/a |
| (b) Joint Assessment and Report by Occupational Therapist and Driving Instructor | per assessment | \$719.45 | \$791.40 |
| (c) Re-Assessment: | | | |
| (i) By Occupational Therapist (excluding Driving Instructor fee); | per assessment | \$191.30 | n/a |
| (ii) By Occupational Therapist (including Driving Instructor fee); | per assessment | \$669.25 | n/a |
| Compensable Patients: | | | |
| (d) Initial Assessment and Report by Occupational Therapist; | per assessment | \$1,066.85 | n/a |
| (e) Re-Assessment by Occupational Therapist | per assessment | \$462.60 | n/a |
| 6. Specialised Wheelchair and Posture Seating (SWAPS) | | | |
| (a) For compensable and private patients: | | | |
| (i) Seating therapist; | per hour (half hour min) | \$205.10 | n/a |

Notes:

1. Charges apply to items 4.e, 4.f, 4.g, and 4.h after a minimum cost of \$46.25 per financial year is incurred up to a cost ceiling of \$370.00 per financial year (GST exclusive). Where minimum cost is calculated @ 25% and cost ceiling is calculated @ 200% of Clinical Technology Service labour rate.
2. 'Total cost' refers to the cost of procurement or parts incurred by the Canberra Health Services, plus mark-up of 15%.
3. 'ALS' is an abbreviation for Artificial Limb Scheme.
4. Full cost recovery, plus 15% mark-up per item will apply for Components outside the ALS approved component listing.
5. Mark-ups charged on equipment components will be capped at \$336.65 per item.