

Explanatory Statement

Health (Fees) Determination 2008 (No 1)

Disallowable Instrument DI2008-131

made under the

Health Act 1993, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2007-321, dated 20 December 2007.

The Determination comes into effect on 1 July 2008 and reproduces Determination DI2007-321 except for:

- Items on Attachment A, which have increased by the Wage Price Index rate of 4.25% (subject to rounding);
- Items on Attachment B, which have increased by the National Consumer Price Index rate of 4.2% (subject to rounding);
- Items on Attachment C, which are new, replacement or deleted fees;
- Items on Attachment D, which have increased by other factors as outlined in the attachment; and
- the date of effect.

**1 JULY 2008 - ANNUAL INCREASE OF FEES & CHARGES
ITEMS INCREASING BY WAGE PRICE INDEX (4.25% ROUNDED)**

Item	Frequency	2007-08 Charge ex. GST	2008-09 Charge ex. GST	2008-09 Charge Inc GST
A Hospital Accommodation Fees - Standard Patients				
2 Compensable/Non-eligible				
a Critical Care				
i) ICU	per day	\$4,031.00	\$4,202.00	n/a
ii) NICU	per day	\$2,210.00	\$2,304.00	n/a
iii) CCU	per day	\$1,159.00	\$1,208.00	n/a
b Inpatient (other than critical care)	per day	\$835.00	\$870.00	n/a
c Hospital in the Home	per day	\$337.00	\$351.00	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	per treatment	\$2,100.00	\$2,189.00	n/a
ii) Other procedures (including day only surgical patients)	per treatment	\$735.00	\$766.00	n/a
D Hostel Fees				
2 Group House - Maintenance Fee				
	per fortnight	\$10.40	\$10.80	n/a
G Pathology Service Fees				
1 Non-Medicare Testing				
c Collection fee for collection of research trials that do not have a current agreement (plus freight costs at cost recovery only)	per test	\$20.00	\$21.00	\$23.10
d DNA Extraction and Storage	per test	\$73.00	\$76.00	n/a
e IgH & TCR gamma Gene rearrangements	per test	\$215.00	\$224.00	n/a
f ThinPrep Pap Test	per test	\$25.90	\$27.00	n/a
g Spore Testing	per ampoule	\$8.50	\$9.00	\$9.90
h FiSH - Haematology Oncology	per test	\$260.00	\$271.00	n/a
i Prenatal - Interphase Fish	per test	\$260.00	\$271.00	n/a
j Subtelomere FISH	per test	\$550.00	\$573.00	n/a
k Constitutional/Microdeletions	per test	\$260.00	\$271.00	n/a
l Collection and transport of specimens for Paternity Testing	per test	\$31.00	\$32.50	\$35.75
m Histology testing on Coronial post mortems	per post mortem	\$295.00	\$308.00	\$338.80
		Plus Freight Costs	Plus Freight Costs	Plus Freight Costs
H Non Eligible or Compensable Outpatient Service Fee				
1 First visit	per visit	\$158.00	\$165.00	n/a
2 Second & subsequent visits	per visit	\$104.00	\$108.00	n/a
3 ED Presentation charge	per visit	\$371.00	\$387.00	n/a
4 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program				
a Initial Consultation (standard)	per visit	\$65.00	\$68.00	\$74.80
b Initial Consultation (complex)	per visit	\$98.00	\$102.00	\$112.20
c Initial Consultation Home Visit (standard)	per visit	\$80.00	\$83.00	\$91.30
d Initial Consultation Home Visit (complex)	per visit	\$118.00	\$123.00	\$135.30
e Review (standard)	per visit	\$55.00	\$57.00	\$62.70
f Review (complex)	per visit	\$88.00	\$92.00	\$101.20
g Review Home Visit (standard)	per visit	\$80.00	\$83.00	\$91.30
h Review Home Visit (complex)	per visit	\$101.00	\$105.00	\$115.50

J	Capital Region Cancer Service					
1	Copies of mammograms	per set	\$32.30	\$33.70	n/a	
K	Staff Vaccinations for Private Purposes					
	All vaccinations attract a service fee plus the following vaccine cost -					
1	Service Fee	per visit	\$11.00	\$11.50	n/a	
2	Vaccinations					
a	ADT	per vaccine	\$10.75	\$11.20	n/a	
b	Flu	per vaccine	\$13.50	\$14.10	n/a	
c	Hepatitis A	per vaccine	\$55.80	\$58.00	n/a	
d	Hepatitis B	per vaccine	\$17.75	\$18.50	n/a	
e	Hepatitis A & B	per vaccine	\$48.30	\$50.40	n/a	
f	MMR	per vaccine	\$24.15	\$25.20	n/a	
g	Meningococcal C	per vaccine	\$60.30	\$63.00	n/a	
h	Meningococcal A, C, W, Y	per vaccine	\$33.35	\$34.80	n/a	
l	Rabies	per vaccine	\$90.40	\$94.00	n/a	
j	Pertussis (Whooping Cough)	per vaccine	\$28.75	\$30.00	n/a	
k	Typhoid	per vaccine	\$33.35	\$34.80	n/a	
l	Varicella (Chicken Pox)	per vaccine	\$51.25	\$53.50	n/a	
m	Cholera	per vaccine	\$44.30	\$46.20	n/a	
n	Hepatitis A & Typhoid	per vaccine	\$101.20	\$105.50	n/a	
o	Japanese Encephalitis	pack for 3 doses	\$283.35	\$295.40	n/a	
p	Yellow Fever	per vaccine	\$44.30	\$46.20	n/a	
L	Facilities Hire					
1	Use of Accommodation Facilities at The Canberra Hospital					
a	Use of Theatre (after hours)	per hour	\$158.40	\$165.00	\$181.50	
b	Use of Seminar Room (after hours)					
	(i)Non-Health Related	per 4 hour block (min) or part thereof	\$147.00	\$153.00	\$168.30	
	(ii)Health Related	per 4 hour block (min) or part thereof	\$124.30	\$130.00	\$143.00	
c	Conference and Meeting rooms					
	(i)Non-Health Related	per 4 hour block (min) or part thereof	\$31.00	\$32.50	\$35.75	
	(ii)Health Related	per 4 hour block (min) or part thereof	\$24.90	\$26.00	\$28.60	
2	Facility Hire - Community Health Conference, Meeting and Group Rooms					
a	Commercial Use					
	i) - Non-Health Related	per hour	\$27.50	\$28.50	\$31.35	
	ii) - Sessional Health Related	per hour	\$19.00	\$20.00	\$22.00	
b	Community Use					
	i) - Non-Health Related	per hour	\$19.00	\$20.00	\$22.00	
	ii) - Health Related	per hour	\$15.00	\$15.50	\$17.05	
3	Facility Hire - Health Protection Service Conference / Meeting EOC room					
a	Commercial Use					
	i) - Non-Health Related	per hour	\$27.50	\$28.50	\$31.35	
	ii) - Sessional Health Related	per hour	\$19.00	\$20.00	\$22.00	
b	Community Use					
	i) - Non-Health Related	per hour	\$19.00	\$20.00	\$22.00	
	ii) - Health Related	per hour	\$15.00	\$15.50	\$17.05	

M	Medical Records and Health Reports			
1	Medical Practitioner / Health Professional Reports			
a	No further examination of the patient	\$191.00	\$199.00	n/a
b	As "a" by practitioner who has not previously treated patient	\$223.00	\$232.00	n/a
c	Where a re-examination is required	\$254.00	\$265.00	n/a
d	As "c" by practitioner who has not previously treated patient	\$317.00	\$330.00	n/a
2	Search Fees - includes cancellation fee, admin fee if nil records, medical certs not at time of consultation and time of birth.	\$38.30	\$39.90	n/a
3	Health Records provided to patient's solicitor incorporated into 3.	\$140.00	\$146.00	n/a
4	Health Records provided to insurer	\$140.00	\$146.00	n/a
O	Dental Services			
	Group 0 - Examination/Diagnostic			
	Comprehensive Oral Exam	\$7.50	\$8.00	n/a
	Periodic Exam	\$5.50	\$5.50	n/a
	Emergency Restorative Course of Care	\$31.00	\$32.50	n/a
	Emergency Prosthodontic Course of Care	\$31.00	\$32.50	n/a
	Consult (incl Exam)	\$8.50	\$9.00	n/a
	Consult Ext + 30 (incl Exam)	\$13.50	\$14.00	n/a
	Consult by Ref (incl Exam)	nil	nil	n/a
	Consult by Ref Ext +30 (incl Exam)	nil	nil	n/a
	Letter of Referral	nil	nil	n/a
	X-Ray -1 film PA or BW	\$5.50	\$5.50	n/a
	Intraoral radiograph - occlusal, maxillary or mandibular - single film	\$8.00	\$8.50	n/a
	Extraoral radiograph - maxillary and/or mandibular - single film	\$9.00	\$9.50	n/a
	Caries activity screening test	\$5.00	\$5.00	n/a
	Biopsy of Tissue	\$16.00	\$16.50	n/a
	Pulp Test Per visit	nil	nil	n/a
	Diagnostic cast	\$8.00	\$8.50	n/a
	Photographic records - intraoral	\$5.50	\$5.50	n/a
	Group 1 - Preventative Services			
	Removal of Plaque and / or stain	\$7.50	\$8.00	n/a
	Recontouring - pre existing restoration/s	\$2.50	\$2.50	n/a
	Calculus (supra & subging.) & Plaque Removal 1st visit	\$10.00	\$10.50	n/a
	Calculus (supra & subging.) & Plaque Removal Addit. visit	\$7.50	\$8.00	n/a
	Enamel micro- abrasion - per tooth	\$6.00	\$6.50	n/a
	Bleaching, internal - per tooth	\$35.50	\$37.00	n/a
	Bleaching, external - per tooth	\$31.00	\$32.50	n/a
	Fluoride - Topical (including tooth mousse)	\$4.50	\$4.50	n/a
	Concentrated fluoride, application single tooth	\$3.50	\$3.50	n/a
	Dietary advice. Analysis and advice	\$4.50	\$4.50	n/a
	Oral Hygiene Instr. (if more than 10 mins.)	\$6.00	\$6.50	n/a
	Fissure Sealant - per tooth	\$7.00	\$7.50	n/a
	Apply Desensitising Agent	\$3.50	\$3.50	n/a
	Odontoplasty - per tooth	\$7.00	\$7.50	n/a

Group 2 - Periodontics			
Treatment of acute Periodontal Infection	\$9.00	\$9.50	n/a
Root Planing & Curettage (per 8 teeth or less)	\$17.50	\$18.00	n/a
Non-surgical periodontal treatment not otherwise specified - per visit	\$13.50	\$14.00	n/a
Gingivectomy (per 8 teeth or less)	\$25.50	\$26.50	n/a
Periodontal flap surgery (per 8 teeth or less)	\$45.00	\$47.00	n/a
Osseous surgery (per 8 teeth or less)	\$54.00	\$56.50	n/a
Root resection - per root	\$29.00	\$30.00	n/a
Periodontal surgery involving one tooth or an implant	\$10.50	\$11.00	n/a
Group 3 - Oral Surgery			
Removal of tooth or parts	\$16.00	\$16.50	n/a
Sectional removal of tooth. Bone removal maybe necessary	\$21.50	\$22.50	n/a
Surgical removal of tooth or tooth fragment not including bone	\$27.50	\$28.50	n/a
Surgical removal of tooth or tooth fragment including bone	\$34.00	\$35.50	n/a
Surgical removal of tooth or tooth fragment requiring both bone and tooth division	\$42.00	\$44.00	n/a
Alveolectomy per segment	\$17.00	\$17.50	n/a
Ostectomy	\$69.00	\$72.00	n/a
Reduction of fibrous tuberosity	\$24.00	\$25.00	n/a
Reduction of flabby ridge - per segment	\$13.50	\$14.00	n/a
Removal of fibrous hyperplasia	\$34.50	\$36.00	n/a
Removal of tumour, cyst or scar	\$26.50	\$27.50	n/a
Removal of tumour, cyst or scar involving muscle, bone or deep tissue	\$93.00	\$97.00	n/a
Surgery to salivary duct	\$82.00	\$85.50	n/a
Surgery to salivary gland	\$28.00	\$29.00	n/a
Removal or repair of soft tissue (not elsewhere defined)	\$26.00	\$27.00	n/a
Surgical removal of foreign body	\$14.50	\$15.00	n/a
Marsupialization of cyst	\$48.50	\$50.50	n/a
Surgical exposure to unerupted tooth	\$108.50	\$113.00	n/a
Reposition tooth / Splint	\$24.50	\$25.50	n/a
Replantation of /& Splinting of tooth	\$49.50	\$51.50	n/a
Frenectomy	\$23.00	\$24.00	n/a
Drainage of abscess or cyst	\$12.50	\$13.00	n/a
Surgery involving the maxially antrum	\$108.50	\$113.00	n/a
Control of reactionary or secondary post operative haemorrhage	\$8.00	\$8.50	n/a
Group 4 - Endodontics			
Direct pulp capping	\$4.50	\$4.50	n/a
Pulpotomy	\$10.00	\$10.50	n/a
Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$58.00	\$60.50	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$84.00	\$87.50	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	\$110.00	\$114.50	n/a
Extirpation of pulp and debridement of root canal(s) - emerg	\$17.50	\$18.00	n/a
Resorbable root canal filling - primary tooth	\$36.00	\$37.50	n/a
Periapical curettage - per root	\$36.00	\$37.50	n/a
Apicectomy- per root	\$37.50	\$39.00	n/a
Apical seal - per canal	\$16.00	\$16.50	n/a
Sealing of perforation	\$44.00	\$46.00	n/a
Surgical treatment or repair of external root resorption	\$58.00	\$60.50	n/a
Exploration and/or negotiation of calcified canal -per canal, per visit	\$13.50	\$14.00	n/a
Removal of root filling, per canal	\$13.50	\$14.00	n/a
Removal of cemented root canal post or post crown	\$13.50	\$14.00	n/a

Removing or bypassing fractured endodontic instrument	\$11.50	\$12.00	n/a
Additional visit for irrigation and/or dressing of the root canal system - per tooth	\$13.50	\$14.00	n/a
Interim therapeutic root filling - per tooth	\$18.00	\$19.00	n/a
Group 5 - Restorative Services			
Metallic restoration - 1 surface - direct	\$13.50	\$14.00	n/a
Metallic restoration - 2 surface - direct	\$16.50	\$17.00	n/a
Metallic restoration - 3 surface - direct	\$20.50	\$21.50	n/a
Metallic restoration - 4 surface - direct	\$24.00	\$25.00	n/a
Metallic restoration - 5 surface - direct	\$27.50	\$28.50	n/a
Adhesive restoration - 1 surface - Anterior tooth - direct	\$15.50	\$16.00	n/a
Adhesive restoration - 2 surface - Anterior tooth - direct	\$18.50	\$19.50	n/a
Adhesive restoration - 3 surface - Anterior tooth - direct	\$22.00	\$23.00	n/a
Adhesive restoration - 4 surface - Anterior tooth - direct	\$25.50	\$26.50	n/a
Adhesive restoration - 5 surface - Anterior tooth - direct	\$29.50	\$31.00	n/a
Adhesive restoration - 1 surface - Posterior tooth - direct	\$16.50	\$17.00	n/a
Adhesive restoration - 2 surface - Posterior tooth - direct	\$21.50	\$22.50	n/a
Adhesive restoration - 3 surface - Posterior tooth - direct	\$26.00	\$27.00	n/a
Adhesive restoration - 4 surface - Posterior tooth - direct	\$30.00	\$31.50	n/a
Adhesive restoration - 5 surface - Posterior tooth - direct	\$34.00	\$35.50	n/a
Provisional (Intermediate / temporary) restoration	\$6.00	\$6.50	n/a
Provisional (Intermediate / temporary) restoration Endo	nil	nil	n/a
Metal band	\$5.00	\$5.00	n/a
Pin restoration -per pin	\$4.00	\$4.00	n/a
Stainless Steel Crown	\$38.00	\$39.50	n/a
Cusp capping - per cusp	\$4.00	\$4.00	n/a
Restoration of an incisal corner - per corner	\$4.00	\$4.00	n/a
Removal of inlay/onlay	\$12.50	\$13.00	n/a
Recementing onlay/inlay	\$10.50	\$11.00	n/a
Post - direct	\$19.00	\$20.00	n/a
Group 6 - Crown and Bridge			
Provisional Crown	\$20.00	\$21.00	n/a
Recrement Crown or veneer	\$11.50	\$12.00	n/a
Recrement bridge or splint	\$13.00	\$13.50	n/a
Removal of crown	\$8.00	\$8.50	n/a
Removal of bridge or splint	\$24.00	\$25.00	n/a
Group 7 - Prosthodontics			
Full Maxillary denture	\$100.00	\$104.50	n/a
Full Mandibular denture	\$100.00	\$104.50	n/a
Metal plate or mesh	\$191.50	\$199.50	n/a
Full Maxillary & Full Mandibular dentures	\$179.00	\$186.50	n/a
Partial Max Denture - resin base	\$81.00	\$84.50	n/a
Partial Mand Denture - resin base	\$81.00	\$84.50	n/a
Partial Max Denture - cast CO/CR base	\$284.00	\$296.00	n/a
Partial Mand Denture - cast CO/CR base	\$284.00	\$296.00	n/a
Retainer - per tooth	nil	nil	n/a
Occlusal rest - per rest	nil	nil	n/a
Tooth/ Teeth (Partial denture)	nil	nil	n/a
Overlays - per tooth	nil	nil	n/a
Immediate tooth replacement - per tooth	nil	nil	n/a
Resilient Lining in addit'n to new denture	\$21.00	\$22.00	n/a
Wrought Bar	\$23.00	\$24.00	n/a
Metal Backing - per backing	\$21.00	\$22.00	n/a
Denture Adjustment (not new)	\$31.00	\$32.50	n/a
Denture Adjustment (new)	nil	nil	n/a
Reline -Complete denture	\$40.50	\$42.00	n/a
Reline -Part denture	\$31.00	\$32.50	n/a
Remodel - complete denture	\$74.00	\$77.00	n/a
Remodel - Partial denture	\$58.00	\$60.50	n/a

Clean and polish of pre-existing denture	\$31.00	\$32.50	n/a
Denture base modification	\$37.00	\$38.50	n/a
Reattaching pre-existing tooth or clasp to denture	nil	nil	n/a
Replacing/added clasp to denture	nil	nil	n/a
Repairing broken base of complete denture	nil	nil	n/a
Repairing broken base of partial denture	nil	nil	n/a
Added tooth to partial denture to replace an extraction or decoronated tooth	nil	nil	n/a
Repair to metal casting: one point	\$93.50	\$97.50	n/a
Tissue conditioning preparatory to impressions - per application	\$7.50	\$8.00	n/a
Impression for denture repair	nil	nil	n/a
Identification	\$4.50	\$4.50	n/a
Group 7 - Provision for New Dentures (No ADA Item Numbers)			
1st Impression (New Denture) Per Impression	nil	nil	n/a
2nd Impression (New Denture) Per Impression	nil	nil	n/a
Bite (New Denture)	nil	nil	n/a
Try In (New Denture)	nil	nil	n/a
Re Try (New Denture)	nil	nil	n/a
Group 8 - Orthodontics (When Used for an Adult)			
Passive removable appliance - one arch	nil	nil	n/a
Active removable appliance - one arch	nil	nil	n/a
Functional orthopaedic appliance	nil	nil	n/a
Passive fixed appliance	nil	nil	n/a
Extra-oral appliance	nil	nil	n/a
Orthodontic adjustment	nil	nil	n/a
Repair removable appliance	nil	nil	n/a
Repair removable appliance - clasp, spring or tooth additional to removable appliance	nil	nil	n/a
Relining removable appliance	nil	nil	n/a
Group 9 - General Services			
Palliative care	\$6.00	\$6.50	n/a
After hours emergency	nil	nil	n/a
Travel to provide service	\$9.00	\$9.50	n/a
Provision of medication/ medicaments	\$3.50	\$3.50	n/a
Local anaesthesia (diagnosis or pain relief)	\$2.50	\$2.50	n/a
Treatment under G.A.	\$274.50	\$286.00	n/a
Minor Occlusal adjustment	\$7.00	\$7.50	n/a
Occlusal splint	\$67.50	\$70.50	n/a
Adjust occlusal splint	\$10.00	\$10.50	n/a
Repair/addition - occlusal splint	\$39.00	\$40.50	n/a
Splinting and stabilization - direct - per tooth	\$12.50	\$13.00	n/a
Post-operative care not elsewhere included	\$9.00	\$9.50	n/a
Treatment not otherwise included	\$6.00	\$6.50	n/a
Group A - Restorative Referral Scheme (No ADA Item Numbers)			
Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$71.00	\$74.00	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$84.00	\$87.50	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	\$110.00	\$114.50	n/a
Group B - Child & Youth Dental			
Assessment or Screening Examination Visit	nil	nil	n/a
Standard Annual Fee	\$47.00	\$49.00	n/a
Free for families meeting eligibility criteria.	nil	nil	n/a

Group C - Child and Youth Extra Fee Services

Passive / Active removable appliance - one arch		\$46.50	\$48.50	n/a
Functional orthopaedic appliance		\$36.50	\$38.00	n/a
Passive fixed appliance		\$30.00	\$31.50	n/a
Extra-oral appliance		\$120.00	\$125.00	n/a
Treatment under G.A.		\$274.50	\$286.00	n/a
Orthodontic adjustment		nil	nil	n/a
Repair removable appliance		\$10.50	\$11.00	n/a
Repair removable appliance - clasp, spring or tooth additional to removable appliance		\$10.00	\$10.50	n/a
Relining removable appliance		\$18.50	\$19.50	n/a
Occlusal splint		\$36.50	\$38.00	n/a

Q Medical Imaging Services

1 Services to patients - Copies of films to patients/solicitors/coroner/police/insurers etc.				
a 18cm x 24cm sheet	per sheet	\$5.40	\$5.65	n/a
b 24cm x 30cm sheet	per sheet	\$6.45	\$6.70	n/a
c 35cm x 43cm sheet	per sheet	\$8.65	\$9.00	n/a
d 35mm slides	each	\$7.55	\$7.85	n/a
e Digital slides	each	\$2.15	\$2.25	n/a
f Laminating	each	\$2.15	\$2.25	n/a
g CDs	each	\$2.15	\$2.25	n/a
h OPG sheets	per sheet	\$6.45	\$6.70	n/a
l DVB Laser Film	per sheet	\$8.65	\$9.00	n/a
j Service Fee	per order processed	\$27.00	\$28.00	\$30.80
2 Radiographer services to external agencies				
a Monday to Friday	per hour	\$122.00	\$127.00	\$139.70
b Saturday and Sunday	per hour	\$133.00	\$139.00	\$152.90
c Public Holidays	per hour	\$178.00	\$186.00	\$204.60
d Film	per sheet			
e Processing	per occasion of service	\$43.00	\$45.00	\$49.50
3 Non-rebatable MRI services to outpatients	per scan	\$285.00	\$297.00	n/a

R Pain Management Service

1 Multidisciplinary Assessment	per assessment	\$954.00	\$995.00	n/a
2 Cognitive Behaviour Therapy program	per program	\$4,046.00	\$4,218.00	n/a
3 Coping and Lifeskills Program	per program	\$406.00	\$423.00	n/a
4 Exercise Program	per program	\$7.00	\$7.30	n/a
5 Psychology Assessment	per assessment	\$183.00	\$191.00	n/a
6 Medical Assessment and Follow-ups				
a First Visit	per visit	\$208.00	\$217.00	n/a
b Second & Subsequent Visits	per visit	\$104.00	\$108.00	n/a

S Aged Care and Rehabilitation Service

1 Community - Based Rehabilitation Services				
General services to whom fees apply and commercial consultancy services				
a Allied Health Staff				
i) Appointment		\$96.50	\$100.50	\$110.55
b Education and/or Training (for student groups, private and public sector staff groups)				
i) Per facilitator - business hours	per hour (half hr min)	\$56.00	\$58.50	\$64.35
ii) Per facilitator - after hours	per hour (half hr min)	\$85.00	\$88.50	\$97.35
c Maintenance Exercise Therapy Session	Per Session	\$6.00	\$6.00	n/a

2	Independent Living Centre				
a	Appointment fee for clients with third party payer				
	i) Assisted appointment and/or report writing	per hour (half hr min)	\$96.50	\$100.50	n/a
	ii) Non attendance at appointment		\$15.00	\$15.50	\$17.05
b	Unassisted appointments - service provided by staff member of another organisation	per hour (half hr min)	\$32.00	\$33.50	\$36.85
c	Education and/or Training (for private organisations and interstate government staff)				
	i) ILC Education	per half day	\$70.00	\$73.00	\$80.30
	ii) ILC Education	per full day	\$129.00	\$134.00	\$147.40
d	Second hand register				
	i) for items over \$500		\$19.00	\$20.00	\$22.00
	ii) for items under \$500		\$9.50	\$10.00	\$11.00
	iii) for more than 1 item		\$19.00	\$20.00	\$22.00
e	i) Room Hire - Commercial Sector rate	per hour (half hr min)	\$27.50	\$28.50	\$31.35
	ii) Room Hire - Public Sector and Community rate	per hour (half hr min)	\$19.00	\$20.00	\$22.00
4	ACT Equipment Scheme				
a	Continence pads and aids for incontinence	Per carton of continence pads or order of incontinence aids	\$23.50	\$24.50	n/a
b	Orthopaedic footwear		10% of total cost min \$59.50	10% of total cost min \$62.00	n/a
c	Orthoses		10% of total cost min \$23.50	10% of total cost min \$24.50	n/a
d	Repairs to ACTES Equipment		1/3 of total cost min \$23.50	1/3 of total cost min \$24.50	n/a
e	Home modifications		10% of total cost min \$23.50	10% of total cost min \$24.50	n/a
f	Walking aids		10% of total cost min \$23.50	10% of total cost min \$24.50	n/a
g	Equipment and appliances for personal use		10% of total cost min \$23.50	10% of total cost min \$24.50	n/a
h	Wigs		\$23.50	\$24.50	n/a
i	Breast Prostheses Replacement		\$23.50	\$24.50	n/a

5	Prosthetic and Orthotic Services				
a	New prosthesis for compensable and private clients - labour	per hour (half hr min)	\$96.50	\$100.50	n/a
c	Repair prosthesis for compensable and private clients- labour	per hour (half hr min)	\$96.50	\$100.50	\$110.55
e	New prosthesis, non-compensable and not ALS exempt client – Labour (cost ceilings apply)	Per Hour (half hour minimum)	15% of labour cost	15% of labour cost	n/a
l	New orthoses	per hour (half hr min)	\$96.50	\$100.50	n/a
			+	+	
			components	components	
j	Repairs to Orthoses	per hour (half hr min)	\$96.50	\$100.50	\$110.55
			+	+	+
			components	components	components
k	Rehabilitation engineering maintenance/modification on equipment and advice/training	per hour (half hr min)	\$71.00	\$74.00	\$81.40
			+	+	+
			components	components	components
l	Orthotics assessments for private and compensable clients	per hour (half hr min)	\$96.50	\$100.50	n/a
	Cost Ceiling for items e,f,g,h		\$236.00	\$246.00	
6	Driver Rehabilitation Service				
a	Initial Assessment - Non compensable	per assessment	\$63.50	\$66.00	\$72.60
b	Initial Allied Health Assessment	per assessment	\$678.00	\$707.00	n/a
c	Initial Assessment Report and Driving Instruction	per assessment	\$310.00	\$323.00	n/a
d	Lesson (compensable and non compensable)	per lesson	\$57.50	\$60.00	\$66.00
e	Re-assessment - Non compensable	per assessment	\$57.50	\$60.00	\$66.00
f	Allied Health Re-assessment	per assessment	\$290.00	\$302.00	n/a
g	Re-assessment Report and Driving Instruction	per assessment	\$310.00	\$323.00	n/a
7	Wheelchair and Posture Seating				
b	Clients whom fees apply				
	i) Occupational Therapist	per hour (half hr min)	\$96.50	\$100.50	n/a
	ii) Community Medical Officer	per hour (half hr min)	\$113.00	\$118.00	n/a
	iii) Technician	per hour (half hr min)	\$71.00	\$74.00	n/a
			+	+	+
			Component costs	Component costs	Component costs + 10%
T	Health Protection Services				
1	Scientific Services				
a	Other than the ACT Coroner's Office	per hour	\$138.00	\$144.00	\$158.40
b	ACT Coroner's Office (Attorney-General's Dept)	per matter	\$880.00	\$917.00	\$1,008.70
2	Other				
a	Consultation - Business Hours	per hour	\$97.00	\$101.00	\$111.10
b	Consultation - After Hours	per hour	\$120.00	\$125.00	\$137.50
c	Exhumations	per matter	\$346.00	\$361.00	\$397.10
U	Audiometry				
	Adult Hearing Tests	per consultation	\$32.70	\$34.10	n/a

V Other Community Health Fees

2 Community Health Care Program

a	Chronic pain management course for compensation clients	per session	\$39.00	\$40.50	\$44.55
b	Nursing and Allied Health education - business hours	per hour	\$75.50	\$78.50	\$86.35
c	Nursing and Allied Health education - after hours	per hour	\$113.00	\$118.00	\$129.80
d	Nursing and Allied Health education (tertiary standard) - business hours	per hour	\$161.00	\$168.00	\$184.80
e	Nursing and Allied Health education (tertiary standard) - after hours	per hour	\$241.00	\$251.00	\$276.10
f	Sale of infection control manual	per manual	\$74.50	\$77.50	\$85.25
k	Day Care Meals	Per meal	\$5.95	\$6.20	n/a
l	Consultation in private hospitals	per hour	\$76.50	\$80.00	\$88.00
m	Community nursing:	per hour	\$76.50	\$80.00	n/a
n	Consultation overseas clients	per hour	\$74.50	\$77.50	n/a

3 Allied Health

a	Physiotherapy - Antenatal Exercise Classes	per visit	\$5.70	\$5.95	n/a
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4 Other Medical Supplies

ar	"Replacement of Child Personal Health Record" (Blue Book)		\$7.00	\$7.50	\$8.25
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5 Home Enteral Nutrition Program

a	Equipment Only 0-6 years 11 months	per week	\$12.90	\$13.40	n/a
b	Equipment Only 7-12 years 11 months	per week	\$12.90	\$13.40	n/a
c	Equipment Only 13+ years	per week	\$12.90	\$13.40	n/a
d	Supplementary Feeding 0-6 years 11 months	per week	\$21.50	\$22.40	n/a
e	Supplementary Feeding 7-12 years 11 months	per week	\$37.80	\$39.40	n/a
f	Supplementary Feeding 13+ years	per week	\$38.80	\$40.40	n/a
g	Enteral Feeding 0-6 years 11 months	per week	\$26.90	\$28.00	n/a
h	Enteral Feeding 7-12 years 11 months	per week	\$43.20	\$45.00	n/a
i	Enteral Feeding 13+ years	per week	\$45.30	\$47.20	n/a

**1 JULY 2008 - ANNUAL INCREASE OF FEES & CHARGES
ITEMS INCREASING BY NATIONAL CPI (4.2% ROUNDED)**

Item	Frequency	2007-08 Charge ex. GST	2008-09 Charge ex. GST	2008-09 Charge Inc GST
A Hospital Accommodation Fees - Standard Patients				
1 a In multiple-bed room	per day	\$275.00	\$287.00	n/a
b In single room not at patients request	per day	\$275.00	\$287.00	n/a
c In single room at patients request	per day	\$477.00	\$497.00	n/a
d Hospital in the Home	per day	\$166.00	\$173.00	n/a
B Hospital Accommodation Fees - Day Care Patients				
a Type B	per day	\$200.00	\$208.00	n/a
b Local anaesthetic, no sedation - < 1 hour	per day	\$224.00	\$233.00	n/a
c General or regional anaesthetic/intravenous sedation - < 1 hour	per day	\$246.00	\$256.00	n/a
d General or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$275.00	\$287.00	n/a

1 JULY 2008 - ANNUAL INCREASE OF FEES & CHARGES NEW AND DELETED FEES

Item	Frequency	2007-08 Charge ex. GST	2008-09 Charge ex. GST	2008-09 Charge Inc GST
G Pathology Service Fees				
1 Non-Medicare Testing				
Formerly a	BCL-2 Translocation	per test	\$108.00	Delete n/a
Formerly b	Cystic Fibrosis - Delta F508 mutation	1 mutation	\$91.50	Delete n/a
Formerly c	Cystic Fibrosis - 36 mutation screen	36 mutations	\$215.00	Delete n/a
a	Genetic Testing	per panel	New	\$85.00 \$93.50
b	Sequence Analysis	per test	New	\$200.00 \$220.00
O Dental Services				
Group C - Child and Youth Extra Fee Services				
	Treatment under G.A. - Concessional		New	\$68.50 n/a
Q Medical Imaging Services				
k	Non-refundable CT Colonography	each	New	\$600.00 n/a
l	Non-refundable Bone Density Scan (DEXA)	each	New	\$92.45 n/a
m	Non-rebateable Sedation in MRI	each	New	\$44.80 n/a
n	Non-rebateable Contrast in MRI	each	New	\$44.80 n/a
o	Research MRI - Non funded pilot project	each	New	\$160.00 n/a
p	Research MRI - Funded project without radiologist input	each	New	\$220.00 n/a
q	Research MRI - PPTF Funded project without Radiologist input	each	New	\$180.00 n/a
r	Research MRI - PPTF Funded project with Radiologist input	each	New	\$280.00 n/a
S Biomedical Repairs				
Repairs on equipment and advice/training provided during:				
1	Business hours	per hour	\$108.00 + parts	Delete n/a
2	After hours	per hour	\$140.00 + parts	Delete n/a
V Other Community Health Fees				
3 Allied Health				
b	Pelvic Joint Support Belt	per item	New	At cost n/a
c	Back Brace	per item	New	At cost n/a
d	Heel Wedge	per item	New	At cost n/a
e	Sling	per item	New	At cost n/a
5 Home Enteral Nutrition Program				
j	Equipment to support enteral feeding not covered by HENS		New	At cost n/a
k	Nutrition support products (supplements and Tube feeds) not covered by HENS		New	At cost n/a
l	Food/fluid thickening agents		New	At cost n/a

**1 JULY 2008 - ANNUAL INCREASE OF FEES & CHARGES
INCREASES OTHER THAN WPI OR CPI**

Item	Frequency	Adjustment based on	2007-08 Charge ex. GST	2008-09 Charge ex. GST	2008-09 Charge Inc GST
C Hospital Accommodation Fees - Nursing Home Type Patients					
1 Hospital patient	per day	Pension Rates	\$38.20	\$39.70	n/a
2 Private patient	per day	Pension Rates	\$127.65	\$132.85	n/a
D Hostel Fees					
1 Hostel Accommodation Fees	per day	Pension Rates	\$29.10	\$30.25	n/a