Explanatory Statement

Health (Fees) Determination 2011 (No 1)

Disallowable Instrument DI2011-131

made under the

Health Act 1993, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2010-298, dated 10 December 2010.

The Determination comes into effect on 1 July 2011 and reproduces Determination DI2010-298 except for:

- Updates to definitions and titles where appropriate;
- The inclusion of new fees at Item I, Section 3 a) and b) and Item Q, Section 1 q) and r);
- Relocation of fees previously at Item U, Section 2 m) to Item U, Section 3 f);
- Relocation of fees previously at Item U, Section 2 b), c), d), e), l), m) and n) to Item S, Section 8 a) to g) and subsequent renumbering of fees at Item U, Section 2;
- Items on Attachment A, which have increased by the Wage Price Index of 3.5% (subject to rounding);
- Items on Attachment B, which have increased by the National Consumer Price Index of 3.3% (subject to rounding);
- Items on Attachment C, which have increased or decreased by other factors as outlined in the attachment; and
- The date of effect.

ITEMS INCREASING BY WAGE PRICE INDEX (3.5% ROUNDED) Item Frequency 2010-11 2011-12 2011-12 Charge Charge Charge ex. GST Inc GST ex. GST Hospital Accommodation Fees - Standard Patients 2 Compensable/Non-eligible а Critical Care i) ICU per day \$4,523.00 \$4,681.00 n/a ii) NICU per day \$2,480.00 \$2,567.00 n/a iii) CCU per day \$1,300.00 \$1,346.00 n/a per day b Inpatient (other than critical care) \$937.00 \$970.00 n/a С Hospital in the Home per day \$378.00 \$391.00 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 per \$2,357.00 \$2,439.00 n/a anaesthetic or intravenous sedation and the patient is not a day treatment only patient per ii) Other procedures (including day only surgical patients) \$825.00 \$854.00 n/a treatment Hostel Fees \$12.00 2 Group House - Maintenance Fee per fortnight \$11.60 n/a Pathology Service Fees 1 Non-Medicare Testing Collection fee for collection of research trials that do not have a current agreement (plus freight costs at \$24.00 \$23.00 \$26.40 С per test cost recovery only) \$82.00 \$85.00 d DNA Extraction and Storage per test n/a Spore Testing \$10.00 g per ampoule \$10.50 \$11.55 Collection and transport of specimens for Paternity per test \$35.00 \$36.00 \$39.60 j Testing Non Eligible or Compensable Outpatient Service Fee First 1 \$178.00 \$184.00 per visit n/a 2 \$120.00 Second & subsequent visits per visit \$116.00 n/a 3 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program а Initial Consultation (standard) per visit \$73.00 \$76.00 \$83.60 b Initial Consultation (complex) per visit \$110.00 \$114.00 \$125.40 С Initial Consultation Home Visit (standard) per visit \$89.00 \$92.00 \$101.20 d Initial Consultation Home Visit (complex) per visit \$132.00 \$137.00 \$150.70 Review (standard) per visit \$61.00 \$63.00 \$69.30 е \$102.00 Review (complex) per visit \$99.00 \$112.20 Review Home Visit (standard) per visit \$89.00 \$92.00 \$101.20 g h Review Home Visit (complex) per visit \$113.00 \$117.00 \$128.70 Capital Region Cancer Service Copies of mammograms per set \$36.20 \$37.50 n/a 1 Κ Staff Vaccinations for Private Purposes All vaccinations attract a service fee plus the following vaccine cost -1 Service Fee per visit \$12.40 \$12.80 n/a 2 Vaccinations **ADT** per vaccine \$12.00 \$12.40 n/a а b Flu \$15.20 \$15.70 n/a

per vaccine

Hepatitis A

Hepatitis B

d

Ite	m			Frequency	2010-11 Charge ex. GST	2011-12 Charge ex. GST	2011-12 Charge Inc GST
		е	Hepatitis A & B	per vaccine	\$54.50	\$56.50	n/a
		f	MMR	per vaccine	\$27.10	\$28.00	n/a
		g	Meningococcal C	per vaccine	\$68.00	\$70.50	n/a
		h	Meningococcal A, C, W, Y	per vaccine	\$37.50	\$38.80	n/a
		1	Rabies	per vaccine	\$101.50	\$105.00	n/a
		j	Pertussis (Whooping Cough)	per vaccine	\$32.30	\$33.40	n/a
		k	Typhoid	per vaccine	\$37.50	\$38.80	n/a
		1	Varicella (Chicken Pox)	per vaccine	\$57.50	\$59.50	n/a
		m	Cholera	per vaccine	\$49.70	\$51.40	n/a
		n	Hepatitis A & Typhoid	per vaccine	\$113.50	\$117.50	n/a
		0	Japanese Encephalitis	pack for 3 doses	\$317.95	\$329.10	n/a
		р	Yellow Fever	per vaccine	\$49.70	\$51.40	n/a
L	Audiomet Adult Hear Tests	i ing		per consultation	\$36.70	\$38.00	n/a
М			and Health Reports				
	1	Medic	al Practitioner / Health Professional Reports No further examination of the patient		\$214.00	\$221.00	n/a
		b	As "a" by practitioner who has not previously treated patient		\$249.00	\$258.00	n/a
		С	Where a re-examination is required		\$286.00	\$296.00	n/a
		d	As "c" by practitioner who has not previously treated patient		\$355.00	\$367.00	n/a
	2		h Fees - includes cancellation fee, admin fee if nil records, al certs not at time of consultation and time of birth.		\$43.00	\$44.50	n/a
	3		n Records provided to patient's solicitor orated into 3.		\$157.00	\$162.00	n/a
	4	Health	n Records provided to insurer		\$157.00	\$162.00	n/a
0	Emergen						
	Departme 1	Emerg	gency Department Treatment owing administrative registration as a patient all further clinica charged.	per visit I intervention	\$418.00	\$433.00	n/a
Р	Dental Se						
	Grou	p 0 - Exa	amination/Diagnostic				
			Comprehensive Oral Exam		\$9.00	\$9.50	n/a
			Periodic Exam		\$6.00	\$6.50	n/a
			Emergency Restorative Course of Care		\$35.00	\$36.00	n/a
			Emergency Prosthodontic Course of Care		\$35.00	\$36.00	n/a
			Consult (incl Exam)		\$10.00	\$10.50	n/a

n/a

n/a

nil

nil

nil

nil

1 JULY 2011 - ANNUAL INCREASE OF FEES & CHARGES

	TIEWS INCREASING BY WAGE PRICE	•		-	2014 42
1		Frequency	2010-11 Charge ex. GST	2011-12 Charge ex. GST	2011-12 Charge Inc GST
	Latter of Deferred		-:1	i1	(
	Letter of Referral		nil \$6.00	nil \$6.50	n/a
	X-Ray -1 film PA or BW		\$6.00	Φ0.50	n/a
	Intraoral radiograph - occlusal, maxillary or mandibular - single film		\$9.50	\$10.00	n/a
	Extraoral radiograph - maxillary and/or mandibular - single film		\$10.50	\$11.00	n/a
	Caries activity screening test		\$5.50	\$6.00	n/a
	Biopsy of Tissue		\$17.50	\$18.00	n/a
	Pulp Test Per visit		nil	nil	n/a
	Diagnostic cast		\$9.50	\$10.00	n/a
	Photographic records - intraoral		\$6.00	\$6.50	n/a
Group 1 -	Preventative Services				
•	Removal of Plaque and / or stain		\$9.00	\$9.50	n/a
	Recontouring - pre existing restoration/s		\$2.50	\$3.00	n/a
	Calculus (supra & subging.) & Plaque Removal 1st		\$11.50	\$12.00	n/a
	Visit		Ψ11.00	Ψ12.00	11/4
	Calculus (supra & subging.) & Plaque Removal Addit. visit		\$9.00	\$9.50	n/a
	Enamel micro- abrasion - per tooth		\$7.00	\$7.00	n/a
	Bleaching, internal - per tooth		\$40.00	\$41.50	n/a
	Bleaching, external - per tooth		\$35.00	\$36.00	n/a
	Fluoride - Topical (including tooth mousse)		\$5.00	\$5.00	n/a
	Concentrated fluoride, application single tooth		\$4.00	\$4.00	n/a
	Dietary advice. Analysis and advice		\$5.00	\$5.00	n/a
	Oral Hygiene Instr. (if more than 10 mins.)		\$7.00	\$7.00	n/a
	Fissure Sealant - per tooth		\$8.50	\$9.00	n/a
	Apply Desensitising Agent		\$4.00	\$4.00	n/a
	Odontoplasty - per tooth		\$8.50	\$9.00	n/a
Group 2 -	Periodontics		^		,
	Treatment of acute Periodontal Infection		\$10.50	\$11.00	n/a
	Root Planing & Curettage (per 8 teeth or less)		\$19.00	\$19.50	n/a
	Non-surgical periodontal treatment not otherwise specified - per visit		\$15.00	\$15.50	n/a
	Gingivectomy (per 8 teeth or less)		\$28.50	\$29.50	n/a
	Periodontal flap surgery (per 8 teeth or less)		\$50.50	\$52.50	n/a
	Osseous surgery (per 8 teeth or less)		\$61.00	\$63.00	n/a
	Root resection - per root		\$32.00	\$33.00	n/a
	Periodontal surgery involving one tooth or an implant		\$12.00	\$12.50	n/a
Group 3 -	Oral Surgery		Φ4 7 ΓΩ	#40.00	- 1-
	Removal of tooth or parts Sectional removal of tooth. Bone removal maybe		\$17.50	\$18.00	n/a
	necessary		\$24.50	\$25.50	n/a
	Surgical removal of tooth or tooth fragment not including bone		\$30.50	\$31.50	n/a
	Surgical removal of tooth or tooth fragment including bone		\$38.50	\$40.00	n/a
	Surgical removal of tooth or tooth fragment requiring both bone and tooth division		\$47.50	\$49.00	n/a
	Alveolectomy per segment		\$18.50	\$19.00	n/a

		Frequency	2010-11 Charge ex. GST	2011-12 Charge ex. GST	2011-1 Charge Inc GS
	Reduction of flabby ridge - per segment		\$15.00	\$15.50	n
	Removal of fibrous hyperplasia		\$39.00	\$40.50	n
	Removal of tumour, cyst or scar		\$29.50	\$30.50	r
	Removal of tumour, cyst or scar involving muscle, bone or deep tissue		\$104.50	\$108.00	r
	Surgery to salivary duct		\$92.00	\$95.00	r
	Surgery to salivary gland		\$31.00	\$32.00	r
	Removal or repair of soft tissue (not elsewhere defined)		\$29.00	\$30.00	ı
	Surgical removal of foreign body		\$16.00	\$16.50	ı
	Marsupialization of cyst		\$54.50	\$56.50	r
	Surgical exposure to unerupted tooth		\$121.50	\$126.00	r
	Reposition tooth / Splint		\$27.50	\$28.50	ı
	Replantation of /& Splinting of tooth		\$55.50	\$57.50	ı
	Frenectomy		\$26.00	\$27.00	ı
	Drainage of abscess or cyst		\$14.00	\$14.50	r
	Surgery involving the maxially antrum		\$121.50	\$126.00	ı
	Control of reactionary or secondary post operative				
	haemorrhage		\$9.50	\$10.00	I
Group 4 -	Endodontics				
	Direct pulp capping		\$5.00	\$5.00	1
	Pulpotomy		\$11.50	\$12.00	ı
	Complete Endodontic treatment, incisor or canine tooth (415 & 417)		\$65.00	\$67.50	ı
	Complete Endodontic treatment, premolar tooth (415,417,416,& 418)		\$94.00	\$97.50	r
	Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])		\$123.00	\$127.50	ı
	Extirpation of pulp and debridement of root canal(s) - emerg		\$19.00	\$19.50	1
	Resorbable root canal filling - primary tooth		\$40.50	\$42.00	1
	Periapical curettage - per root		\$40.50	\$42.00	I
	Apicectomy- per root		\$42.00	\$43.50	1
	Apical seal - per canal		\$17.50	\$18.00	I
	Sealing of perforation		\$49.50	\$51.00	I
	Surgical treatment or repair of external root resorption		\$65.00	\$67.50	1
	Exploration and/or negotiation of calcified canal -per canal, per visit		\$15.00	\$15.50	ı
	Removal of root filling, per canal		\$15.00	\$15.50	I
	Removal of cemented root canal post or post crown		\$15.00	\$15.50	I
	Removing or bypassing fractured endodontic instrument		\$13.00	\$13.50	I
	Additional visit for irrigation and/or dressing of the root canal system - per tooth		\$15.00	\$15.50	ı
	Interim therapeutic root filling - per tooth		\$20.50	\$21.00	I
Group 5 -	Restorative Services				
	Metallic restoration - 1 surface - direct		\$15.00	\$15.50	1
	Metallic restoration - 2 surface - direct		\$18.00	\$18.50	r
	Metallic restoration - 3 surface - direct		\$23.50	\$24.50	r

em	S INCREASING BY WAGE PRIC	Frequency	2010-11 Charge ex. GST	2011-12 Charge ex. GST	2011-12 Charge Inc GST
Adhe	sive restoration - 1 surface - Anterior tooth –		•		
direct			\$17.00	\$17.50	n/a
	sive restoration - 2 surface - Anterior tooth -		\$21.00	\$21.50	n/a
direct Adhes	sive restoration - 3 surface - Anterior tooth -		·		
direct			\$25.00	\$26.00	n/a
Adhes direct	sive restoration - 4 surface - Anterior tooth -		\$28.50	\$29.50	n/a
	sive restoration - 5 surface - Anterior tooth -		\$33.00	\$34.00	n/a
Adhes	sive restoration - 1 surface Posterior tooth -		\$18.00	\$18.50	n/a
direct Adhes	sive restoration - 2 surface Posterior tooth -		\$24 FO	\$25 F0	2/2
direct			\$24.50	\$25.50	n/a
direct			\$29.00	\$30.00	n/a
	sive restoration - 4 surface Posterior tooth -		\$34.00	\$35.00	n/a
direct Adhes	sive restoration - 5 surface Posterior tooth -				,
direct			\$38.50	\$40.00	n/a
Provis	sional (Intermediate / temporary) restoration		\$7.00	\$7.00	n/a
Metal	band		\$5.50	\$6.00	n/a
Pin re	estoration -per pin		\$4.50	\$4.50	n/a
Stainl	ess Steel Crown		\$42.50	\$44.00	n/a
Cusp	capping - per cusp		\$4.50	\$4.50	n/a
Resto	oration of an incisal corner - per corner		\$4.50	\$4.50	n/a
Remo	oval of inlay/onlay		\$14.00	\$14.50	n/a
Recei	menting onlay/inlay		\$12.00	\$12.50	n/a
Post -	direct		\$21.50	\$22.50	n/a
Group 6 - Crown and I	Bridge				
	sional Crown		\$23.00	\$24.00	n/a
	ement Crown or veneer		\$13.00	\$13.50	n/a
	ement bridge or splint		\$14.50	\$15.00	n/a
	oval of crown		\$9.50	\$10.00	n/a
	oval of bridge or splint		\$27.00	\$28.00	n/a
Group 7 - Prosthodoni	tics				
•	faxillary denture		\$112.50	\$116.50	n/a
	landibular denture		\$112.50	\$116.50	n/a
Metal	plate or mesh		\$215.00	\$222.50	n/a
Full M	faxillary & Full Mandibular dentures		\$201.00	\$208.00	n/a
Partia	Il Max Denture - resin base		\$91.00	\$94.00	n/a
Partia	Il Mand Denture - resin base		\$91.00	\$94.00	n/a
Partia	Il Max Denture - cast CO/CR base		\$319.00	\$330.00	n/a
Partia	ll Mand Denture - cast CO/CR base		\$319.00	\$330.00	n/a
Resili	ent Lining in addit'n to new denture		\$24.00	\$25.00	n/a
Wroug	ght Bar		\$26.00	\$27.00	n/a
Metal	Backing - per backing		\$24.00	\$25.00	n/a
Dentu	re Adjustment (not new)		\$35.00	\$36.00	n/a
D 1:			A 4 5 00	A 40 F0	
Reline	e -Complete denture		\$45.00 \$35.00	\$46.50 \$36.00	n/a

Attachment A

1 JULY 2011 - ANNUAL INCREASE OF FEES & CHARGES

ITEMS INCREASING BY WAGE PRICE INDEX (3.5% ROUNDED)

Item		Frequency	2010-11 Charge ex. GST	2011-12 Charge ex. GST	2011-12 Charge Inc GST
	Clean and polish of pre-existing denture		\$35.00	\$36.00	n/a
	Denture base modification		\$41.50	\$43.00	n/a
	Repair to metal casting: one point		\$105.00	\$108.50	n/a
	Identification		\$5.00	\$5.00	n/a
Group	9 - General Services				
	Palliative care		\$7.00	\$7.00	n/a
	Travel to provide service		\$10.50	\$11.00	n/a
	Provision of medication/ medicaments		\$4.00	\$4.00	n/a
	Local anaesthesia (diagnosis or pain relief)		\$2.50	\$3.00	n/a
	Minor Occlusal adjustment		\$8.50	\$9.00	n/a
	Occlusal splint		\$76.00	\$78.50	n/a
	Adjust occlusal splint		\$11.50	\$12.00	n/a
	Repair/addition - occlusal splint		\$43.50	\$45.00	n/a
	Splinting and stabilization - direct - per tooth		\$14.00	\$14.50	n/a
	Post-operative care not elsewhere included		\$10.50	\$11.00	n/a
	Treatment not otherwise included		\$7.00	\$7.00	n/a
Group	A - Restorative Referal Scheme (No ADA Item Numbers)				
	Complete Endodontic treatment, incisor or canine tooth (415 & 417)		\$79.50	\$82.50	n/a
	Complete Endodontic treatment, premolar tooth (415,417,416,& 418)		\$94.00	\$97.50	n/a
	Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])		\$123.00	\$127.50	n/a
Group	B - Child & Youth Dental				
·	Standard Annual Fee		\$53.00	\$55.00	n/a
Group	C - Child and Youth Extra Fee Services				
	Passive/Active removable appliance - one arch		\$52.50	\$54.50	n/a
	Functional orthopaedic appliance		\$41.00	\$42.50	n/a
	Passive fixed appliance		\$34.00	\$35.00	n/a
	Extra-oral appliance		\$134.50	\$139.00	n/a
	Repair removable appliance		\$12.00	\$12.50	n/a
	Repair removable appliance - clasp, spring or tooth		\$11.50	\$12.00	n/a
	additional to removable appliance		\$12.00	\$12.50	n/a
	Relining removable appliance		\$21.00	\$21.50	n/a
	Occlusal splint		\$41.00	\$42.50	n/a
Medical Im	naging Services				
1	Services to patients - Copies of films to patients/solicitors/coroner/police/insurers etc.				
	a 18cm x 24cm sheet	per sheet	\$6.10	\$6.30	n/a
	b 24cm x 30cm sheet	per sheet	\$7.20	\$7.45	n/a
	c 35cm x 43cm sheet	per sheet	\$9.70	\$10.05	n/a
	d 35mm slides	each	\$8.45	\$8.75	n/a
	e Digital slides	each	\$2.45	\$2.55	n/a
	f Laminating	each	\$2.45	\$2.55	n/a
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Attachment A

1 JULY 2011 - ANNUAL INCREASE OF FEES & CHARGES

ITEMS INCREASING BY	WAGE PRICE INDEX	(3.5% ROUNDED)
HEINIO INCREADING DI	WAGE FRICE INDEX	(3.3 /0 KOUNDED)

Item				Frequenc	y 2010-11 Charge ex. GST	Charge	2011-12 Charge Inc GST
		i	DVB Laser Film	per sheet	\$9.70	\$10.05	n/a
		j	Service Fee	per order processed	\$30.00	\$31.00	\$34.10
		k	Non-refundable CT Colonography	each	\$646.00	\$669.00	n/a
		I	Non-refundable Bone Density Scan (DEXA)	each	\$99.50	\$103.00	n/a
		m	Research MRI - Non funded pilot project	each	\$172.00	\$178.00	n/a
		n	Research MRI - Funded project without radiologist	each	\$237.00	\$245.00	n/a
		0	input Research MRI - PPTF Funded project without	each	\$194.00	\$201.00	n/a
			Radiologist input Research MRI - PPTF Funded project with Radiologist			•	
		р	input	each	\$301.00	\$312.00	n/a
	2	Radio	ographer services to external agencies				
		а	Monday to Friday	per hour	\$137.00	\$142.00	\$156.20
		b	Saturday and Sunday	per hour	\$150.00	\$155.00	\$170.50
		С	Public Holidays	per hour	\$200.00	\$207.00	\$227.70
		е	Processing	per occasion of service	\$48.50	\$50.00	\$55.00
	3	Non-r	rebatable MRI services to outpatients				
		а	MRI	per scan	\$320.00	\$331.00	n/a
		b	MRI - Breast	per scan	\$450.00	\$466.00	n/a
		С	MRI - Breast Core Biopsy	per session	\$347.70	\$360.00	n/a
		d	Non-rebateable Sedation in MRI	each	\$48.20	\$49.90	n/a
		е	Non-rebateable Contrast in MRI	each	\$48.20	\$49.90	n/a
		f	Positron Emission Tomography Scan	per scan	\$850.00	\$880.00	n/a
Pain	Man	agemen	nt Service				
	1	Multid	disciplinary Assessment	per assessment	\$1,071.00	\$1,108.00	n/a
	2	Cogni	itive Behaviour Therapy program	per program	\$4,541.00	\$4,700.00	n/a
	3	_	ng and Lifeskills Program	per program	\$455.00	\$471.00	n/a
	4		ise Program	per program	\$7.85	\$8.10	n/a
	5	Psych	nology Assessment	per assessment	\$206.00	\$213.00	n/a
	6	Medic	cal Assessment and Follow-ups				
		а	First Visit	per visit	\$234.00	\$242.00	n/a
		b	Second & Subsequent Visits	per visit	\$116.00	\$120.00	n/a
Reha	abilita	ation, Ag	ged & Community Care				
	1	Comn	nunity - Based Rehabilitation Services General services to whom fees apply and commercial or	onsultancy			
		а	services Allied Health Staff				
		~	i) Appointment		\$61.00	\$63.00	\$69.30
		b	Education and/or Training (for student groups, private at	nd public sector sta	*	+00	+00.00
			ii) Per facilitator - after hours	per hour (half hr min)	\$95.00	\$98.50	\$108.35
		С	Maintenance Exercise Therapy Session	Per Session	\$6.00	\$7.00	n/a
			• •				

em			Frequenc	y 2010-1 Charge ex. GS	e Charge	Charge	
2	Inden	endent Living Centre					
_	а	Appointment fee for clients with third party payer					
		i) Assisted appointment and/or report writing	per hour	\$61.00	\$63.00	n/a	
		ii) Non attendance at appointment	(half hr min)	\$16.50	\$17.00	\$18.70	
	С	Education and/or Training (for private organisations and interstate government staff)		\$10.50	φ17.00	\$10.70	
		i) ILC Education	per half day	\$78.50	\$81.00	\$89.10	
		ii) ILC Education	per full day	\$144.00	\$149.00	\$163.90	
	d	Second hand register					
		i) for items over \$500		\$21.50	\$22.50	\$24.75	
		ii) for items under \$500		\$11.00	\$11.50	\$12.65	
		iii) for more than 1 item		\$21.50	\$22.50	\$24.75	
	е	Room Hire					
		i) Room Hire - Commercial Sector rate	per hour (half hr min)	\$30.50	\$31.50	\$34.65	
		ii) Room Hire - Public Sector and Community rate	per hour (half hr min)	\$21.50	\$22.50	\$24.75	
		iii) Cancellation of Room Hire within seven days of booked date - Commercial Sector and Public Sector and Community Hirers	based on hours booked	50% of total booking fee	50% of total booking fee	50% of total booking fee	
4	Drooth	ectic and Orthotic Sanjaca					
4	Prosir	netic and Orthotic Services					
	а	New prosthesis for compensable and private clients - labour	per hour (half hr min)	\$61.00	\$63.00	n/a	
	С	Repair prosthesis for compensable and private clients- labour	per hour (half hr min)	\$61.00	\$63.00	n/a	
	1	New orthoses	per hour (half hr min)	\$61.00	\$63.00	n/a	
				+ components	+ components		
	j	Repairs to Orthoses	per hour (half hr min)	\$61.00	\$63.00	n/a	
				+	+		
	k	Orthotics assessments for private and compensable clients	per hour (half hr min)	\$61.00	\$63.00	n/a	
5	Driver	Rehabilitation Service					
	а	Initial Assessment - Non compensable	per assessment	\$198.00	\$205.00	\$225.50	
	b	Initial Allied Health Assessment	per assessment	\$380.00	\$393.00	n/a	
	_	Initial Assessment Report and Driving Instruction	per assessment	\$292.00	\$302.00	n/a	
	С						
	c d	Lesson (compensable and non compensable)	per lesson	\$105.00	\$109.00	\$119.90	
		Lesson (compensable and non compensable) Re-assessment - Non compensable	per lesson per assessment per	\$105.00 \$121.00	\$109.00 \$125.00	\$119.90 \$137.50	

	ı	ITEMS INCREASING BY WAGE PRIC	F INDEY /3	5% POI	INDED)	
Item		TIEWS INCREASING BY WAGE PRICE	Frequen		11 2011-12	2011-12 Charge
				ex. GS		Inc GST
6	Specia	alised Wheelchair and Posture Seating (SWAPS)				
Ü	b	For clients not meeting ACT HACC eligibility for:				
		i) Seating Therapist	per hour (half hr min)	\$61.00	\$63.00	n/
		ii) Technician (Non manufacture)	per hour	\$61.00	\$63.00	n/
		ii) Teeliiilean (Non manulaetare)	(half hr min)	+	+	11/
				Component costs	Component costs	
7	Clinica	Il Technology Service Workshop				
	а	Rehabilitation aids maintenance and repair	per hour (half hr min)	\$61.00	\$63.00	n
				+ Component costs	+ Component costs	
	b	Equipment componentry manufacture	per hour (half hr min)	\$61.00	\$63.00	n.
				+ Component costs	+ Component costs	
8	Comm	unity Care Program				
	С	Nursing and Allied Health education (tertiary standard) – business hours	per hour	\$181.00	\$187.00	\$205.7
	d	Nursing and Allied Health education (tertiary standard) – after hours	per hour	\$270.00	\$279.00	\$306.9
Health	Protection :	Services				
1		ific Services		#455.00	# 400.00	0470 (
	a b	Other than the ACT Coroner's Office ACT Coroner's Office (Attorney-General's Dept)	per hour per matter	\$155.00 \$987.00	\$160.00 \$1,022.00	\$176.0 \$1,124.2
2	Other	The Follows of Manney Contrare Bopty	por matter	φοσι.σσ	ψ1,022.00	Ψ1,121.2
	а	Consultation - Business Hours	per hour	\$109.00	\$113.00	\$124.3
	b	Consultation - After Hours	per hour	\$135.00	\$140.00	\$154.0
	С	Exhumations	per matter	\$388.00	\$402.00	\$442.2
Other C	Community	Health and Acute Support Fees				
2	Acute	Support Fees				
	а	Chronic pain management course for compensation clients	per session	\$43.50	\$45.00	\$49.5
	b	Sale of infection control manual	per manual	\$83.50	\$86.50	\$95.1
	g	Day care meals	per meal	\$6.70	\$6.95	n/
3	Allied I	Health				
-	а	Physiotherapy - Antenatal Exercise Classes	per visit	\$6.40	\$7.00	n/
4	Other	Medical Supplies "Paplacement of Child Personal Health Record" (Plus				
	ар	"Replacement of Child Personal Health Record" (Blue Book)	per item	\$8.50	\$9.00	\$9.9
	as	Glucose Sensor	per item	\$70.45	\$72.90	n/

\$70.45

per item

\$72.90

n/a

Glucose Sensor

as

Elimination Diet Handbook per item \$20.00 \$20.50 \$22.55

Attachment A

\$50.80

per week

\$52.50

n/a

1 JULY 2011 - ANNUAL INCREASE OF FEES & CHARGES									
ITEMS INCREASING BY WAGE PRICE INDEX (3.5% ROUNDED)									
ltem			Frequency	2010-11 Charge ex. GST	2011-12 Charge ex. GST	2011-12 Charge Inc GST			
5	Hom	ne Enteral Nutrition Program							
J	a	Equipment Only 0-6 years 11 months	per week	\$14.40	\$14.90	n/a			
	b	Equipment Only 7-12 years 11 months	per week	\$14.40	\$14.90	n/a			
	С	Equipment Only 13+ years	per week	\$14.40	\$14.90	n/a			
	d	Supplementary Feeding 0-6 years 11 months	per week	\$24.10	\$24.90	n/a			
	е	Supplementary Feeding 7-12 years 11 months	per week	\$42.40	\$43.90	n/a			
	f	Supplementary Feeding 13+ years	per week	\$43.50	\$45.00	n/a			
	g	Enteral Feeding 0-6 years 11 months	per week	\$30.10	\$31.20	n/a			
	h	Enteral Feeding 7-12 yeas 11 months	per week	\$48.40	\$50.10	n/a			

at

Enteral Feeding 13+ years

ITEMS INCREASING BY NATIONAL CPI (3.3% ROUNDED)

	TIEWS INCREASING BY NATIONAL CPI (3.3% ROUNDED)								
Item		Frequency	2010-11 Charge ex. GST	2011-12 Charge Ex GST	2011-12 Charge Inc GST				
A Hospi	tal Accommodation Fees – Standard Patients								
а	In multiple-bed room	per day	\$303.00	\$313.00	n/a				
b	In single room not at patients request	per day	\$303.00	\$313.00	n/a				
С	In single room at patients request	per day	\$524.00	\$541.00	n/a				
B Hospi	tal Accommodation Fees – Day Care Patients								
а	Type B	per day	\$219.00	\$226.00	n/a				
b	Local anaesthetic, no sedation - < 1 hour	per day	\$246.00	\$253.00	n/a				
С	General or regional anaesthetic/intravenous sedation - < 1 hour	per day	\$270.00	\$279.00	n/a				
d	General or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$303.00	\$313.00	n/a				

			1 JULY 2011 - ANNU				RGES	
Ite	m		CHANGES	Frequency	Adjustment based on	2010-11 Charge ex. GST	2011-12 Charge Ex GST	2011-12 Charge Inc GST
С	Hospit	tal A	accommodation Fees - Nursing Home	Type Patients				
	·		Hospital patient	per day	Pension	\$47.35	\$49.20	n/a
		2	Private patient	per day	Rates Pension Rates	\$147.15	\$153.00	n/a
D	Hoste		es Hostel Accommodation Fees	per day	Pension Rates	\$36.10	\$37.50	n/a
s	Aged	Care	e and Rehabilitation Service					
	8		ommunity Care Program					
		а	Nursing and Allied Health Education – business hours	per hour (half hr min)	Cost Recovery	\$84.50	\$63.00	\$69.30
		b	Nursing and Allied Health Education – after hours	per hour	Cost Recovery	\$127.00	\$94.50	\$103.95
		е	Consultation in private hospitals	per hour	Cost Recovery	\$86.00	\$63.00	\$69.30
		f	Community Nursing:					
			Compensable non-inpatients and no Community Health Service	on-eligible clients	of			
			i)Ordinary hours	per hour	Cost Recovery	\$86.00	\$63.00	\$69.30
		g	Consultation overseas clients	per hour	Cost Recovery	\$83.50	\$63.00	\$69.30
U	Acute	Sup	pport Fees					
	3	Al	lied Health Fees					
		f	Diabetes Service:					
			Compensable non-inpatients and no	on-eligible clients:				
			i) Ordinary hours	per hour	Cost Recovery	\$86.00	\$63.00	\$69.30