Explanatory Statement

Health (Fees) Determination 2013 (No 3)

Disallowable Instrument DI2013-93

made under the

Health Act 1993, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2013-46, dated 18 April 2013.

The Determination comes into effect on 1 July 2013 and reproduces Determination DI2013-46 except for:

- items on Attachment A, which have increased by the Wage Price Index of 3.0% (subject to rounding);
- items on Attachment B, which have increased by the National Consumer Price Index of 2.5% (subject to rounding);
- items on Attachment C, which have increased or decreased by other factors as outlined in the attachment;
- new fees for Pathology Services (Items G.1(l), (m) and (n));
- fee for Ronald McDonald House (previously E.1(a)) deleted and all fees in Section E renumbered;
- fee for Day Care Meals moved from Section U to Section S;
- minor wording and formatting changes; and
- the date of effect.

Ite	m		Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
Α	Hospital Acc	commodation Fees - Standard Patients				
^	•	mpensable/Non-eligible				
	2 00i	Critical Care				
		ICU	por day	\$4,845.00	\$4,990.00	n/a
	i) ii)	NICU	per day per day	\$2,657.00	\$2,737.00	n/a
	iii)	CCU		\$1,393.00	\$1,435.00	n/a
	b	Inpatient (other than critical care)	per day per day	\$1,004.00	\$1,433.00	n/a
		Hospital in the Home	per day	\$405.00	\$417.00	n/a
	c d	Operating Room Charges	per day	φ403.00	φ417.00	11/6
	long	the treatment involves undergoing procedures that take ger than 1 hour carried out under general or regional testhetic or intravenous sedation and the patient is not a				
		only patient	per treatment	\$2,524.00	\$2,600.00	n/a
	ii) C	Other procedures (including day only surgical patients)	per treatment	\$884.00	\$911.00	n/a
D	Hostel Fees			#40.40	#40.00	/-
	2 Gro	pup House - Maintenance Fee	per fortnight	\$12.40	\$12.80	n/a
F		outpatient Charges				
	4 PAI	P Machine Hire	per hire	\$200.00	\$206.00	n/a
G	Pathology S	Service Fees				
	1 Nor	n-Medicare Testing				
	а	MLPA DNA Testing	per panel	\$94.50	\$94.50	n/a
	b	Sequence Analysis	per test	\$223.00	\$223.00	n/a
		Collection fee for collection of research trials that do not have a current agreement (plus freight costs at				
	С	cost recovery only)	per test	\$25.00	\$26.00	\$28.60
	d	DNA Extraction and Storage	per test	\$88.00	\$90.50	n/a
	e	IgH & TCR gamma Gene rearrangements	per test	\$249.00	\$249.00	n/a
	f	ThinPrep Pap Test	per test	\$30.10	\$31.00	n/a
	g	Spore Testing	per ampoule	\$11.00	\$11.50	\$12.65
	h	FiSH - Haematology Oncology	per test	\$302.00	\$302.00	n/a
	i	Prenatal - Interphase Fish	per test	\$302.00	\$302.00	n/a
		Collection and transport of specimens for Paternity	·			
	j	Testing	per test	\$37.50	\$38.50	\$42.35
	k	Histology testing on Coronial post mortems	per post mortem	\$343.00	\$331.00	\$364.10
Н	Non Eligible	or Compensable Outpatient Service Fee				
	1 Firs	st visit	per visit	\$190.00	\$196.00	n/a
	2 Sec	cond & subsequent visits	per visit	\$124.00	\$128.00	n/a
	3 Cor	mpulsory Third Party Motor Vehicle Insurance - Continuing	Care Program			
	а	Initial Consultation (standard)	per visit	\$79.00	\$81.00	\$89.10
	b	Initial Consultation (complex)	per visit	\$118.00	\$122.00	\$134.20
	С	Initial Consultation Home Visit (standard)	per visit	\$95.00	\$98.00	\$107.80
	d	Initial Consultation Home Visit (complex)	per visit	\$142.00	\$146.00	\$160.60
	е	Review (standard)	per visit	\$65.00	\$67.00	\$73.70
	f	Review (complex)	per visit	\$106.00	\$109.00	\$119.90
	g	Review Home Visit (standard)	per visit	\$95.00	\$98.00	\$107.80
	h	Review Home Visit (complex)	per visit	\$121.00	\$125.00	\$137.50

2	Ite	em		Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
K Staff Vaccinations for Private Purposes All vaccinations attract a service fee plus the following vaccine cost - 1	J	Capital	Region Cancer Service				
All vaccinations attract a service fee plus the following vaccine cost -		1	Copies of mammograms	per set	\$38.80	\$40.00	n/a
1	K	Staff Va	accinations for Private Purposes				
2							
a ADT per vaccine \$12.80 \$13.20 n/a b Flu per vaccine \$10.20 \$16.70 n/a c Hepatitis A per vaccine \$67.00 \$69.00 n/a d Hepatitis A B per vaccine \$21.30 \$21.90 n/a e Hepatitis A & B per vaccine \$23.30 \$21.90 n/a e Hepatitis A & B per vaccine \$25.30 \$21.90 n/a e Hepatitis A & B per vaccine \$25.30 \$21.90 n/a e Hepatitis A & B per vaccine \$29.00 \$29.90 n/a g Meningococcal C per vaccine \$73.00 \$75.00 n/a h Meningococcal A, C, W, Y per vaccine \$40.20 \$41.40 n/a I Rabies per vaccine \$40.20 \$41.40 n/a I Rabies per vaccine \$40.20 \$41.40 n/a I Rabies per vaccine \$40.20 \$41.40 n/a I Per vaccine \$40.20 \$41.40 n/			Service Fee	per visit	\$13.20	\$13.60	n/a
b Flu		2					
C Hepatitis A per vaccine \$67.00 \$69.00 n/a				per vaccine			n/a
d Hepatitis B per vaccine \$21.30 \$21.90 n/a e Hepatitis A & B per vaccine \$58.50 \$58.50 \$60.50 n/a f MMR per vaccine \$73.00 \$75.00 n/a g Meningococcal C per vaccine \$73.00 \$75.00 n/a h Meningococcal A, C, W, Y per vaccine \$40.20 \$41.40 n/a l Rabies per vaccine \$109.00 \$112.00 n/a j Pertussis (Whooping Cough) per vaccine \$40.20 \$41.40 n/a k Typhoid per vaccine \$40.20 \$41.40 n/a l Varicella (Chicken Pox) per vaccine \$40.20 \$41.40 n/a n Hepatitis A & Typhoid per vaccine \$40.20 \$41.40 n/a n Hepatitis A & Typhoid per vaccine \$40.20 \$41.40 n/a n Hepatitis A & Typhoid per vaccine \$61.50 \$63.50 n/a n Hepatitis A & Typhoid per vaccine \$53.20 \$54.80 n/a n Hepatitis A & Typhoid per vaccine \$53.20 \$54.80 n/a per vaccine \$53.20 \$54.8				per vaccine		\$16.70	n/a
Per Hepatitis A & B				per vaccine			n/a
f MMR				per vaccine	•		n/a
g Meningococcal C per vaccine \$73.00 \$75.00 n/a h Meningococcal A, C, W, Y per vaccine \$40.20 \$41.40 n/a l Rabies per vaccine \$40.20 \$41.40 n/a j Pertussis (Whooping Cough) per vaccine \$34.60 \$35.60 n/a k Typhoid per vaccine \$40.20 \$41.40 n/a l Varicella (Chicken Pox) per vaccine \$61.50 \$63.50 n/a m Cholera per vaccine \$53.20 \$54.80 n/a n Hepatitis A & Typhoid per vaccine \$53.20 \$54.80 n/a n Hepatitis A & Typhoid per vaccine \$53.20 \$54.80 n/a n Hepatitis A & Typhoid per vaccine \$53.20 \$54.80 n/a n Hepatitis A & Typhoid per vaccine \$53.20 \$54.80 n/a n Hepatitis A & Typhoid per vaccine \$53.20 \$54.80 n/a p Yellow Fever per vaccine \$300.00 \$300.00 n/a As "a" by practitioner / Health Professional Reports \$229.00 \$236.00 n/a As "a" by practitioner who has not previously treated \$267.00 \$275.00 n/a As "c" by practitioner who has not previously treated \$306.00 \$315.00 n/a As "c" by practitioner who has not previously treated \$306.00 \$315.00 n/a As "c" by practitioner who has not previously treated \$306.00 \$315.00 \$310.00 \$310.00 \$310.00 2 Search Fees - includes cancellation fee, admin fee if nill records, medical certs not at time of consultation and time of birth. \$46.00 \$47.50 \$52.25 3 Health Records provided to patient's solicitor \$168.00 \$173.00 \$190.30 O Emergency Department Per visit \$448.00 \$461.00 n/a P Dental Services Group 0 - Ex				•			n/a
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Rabies				per vaccine			n/a
j Pertussis (Whooping Cough) per vaccine \$34.60 \$35.60 n/a k Typhoid per vaccine \$40.20 \$41.40 n/a late I Varicella (Chicken Pox) per vaccine \$61.50 \$63.50 n/a m Cholera per vaccine \$61.50 \$63.50 n/a m Cholera per vaccine \$53.20 \$54.80 n/a n Hepatitis A & Typhoid per vaccine \$121.60 \$125.20 n/a pack for 3 o Japanese Encephalitis doses \$340.60 \$350.80 n/a pack for 3 o Japanese Encephalitis doses \$340.60 \$350.80 n/a per vaccine \$53.20 \$54.80 n/a pack for 3 o Japanese Encephalitis doses \$340.60 \$350.80 n/a per vaccine \$53.20 \$54.80 n/a per vaccine \$53.20 per vacci			h Meningococcal A, C, W, Y	per vaccine	\$40.20	\$41.40	n/a
K Typhoid				per vaccine	\$109.00	\$112.00	n/a
Varicella (Chicken Pox)			j Pertussis (Whooping Cough)	per vaccine	\$34.60	\$35.60	n/a
Machical Records and Health Reports 1 Medical Practitioner / Health Professional Reports 329.00 \$36.00 \$375.00 \$1.00 \$			k Typhoid	per vaccine	\$40.20	\$41.40	n/a
Note				per vaccine	\$61.50		n/a
o Japanese Encephalitis doses \$340.60 \$350.80 n/a doses \$340.60 \$350.80 n/a p Yellow Fever per vaccine \$53.20 \$54.80 n/a L Audiometry 1 Adult Hearing Tests per consultation \$39.30 \$40.50 n/a M Medical Records and Health Reports 1 Medical Practitioner / Health Professional Reports a No further examination of the patient \$229.00 \$236.00 n/a As "a" by practitioner who has not previously treated b patient \$267.00 \$275.00 n/a As "c" by practitioner who has not previously treated d patient \$306.00 \$315.00 n/a As "c" by practitioner who has not previously treated d patient \$380.00 \$391.00 n/a As "c" by practitioner who has not previously treated d patient \$380.00 \$315.00 significant \$380.00 sig			m Cholera	per vaccine	\$53.20	\$54.80	n/a
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O Emergency Department 1 Emergency Department Treatment per visit \$448.00 \$461.00 n/a P Dental Services Group 0 - Examination/Diagnostic		3	·		\$168.00	\$173.00	\$190.30
1 Emergency Department Treatment per visit \$448.00 \$461.00 n/a P Dental Services Group 0 - Examination/Diagnostic		4	Health Records provided to insurer		\$168.00	\$173.00	\$190.30
1 Emergency Department Treatment per visit \$448.00 \$461.00 n/a P Dental Services Group 0 - Examination/Diagnostic	0	Emerae	ncy Department				
Group 0 - Examination/Diagnostic				per visit	\$448.00	\$461.00	n/a
Group 0 - Examination/Diagnostic	Р	Dental 9	Services				
· · · · · · · · · · · · · · · · · · ·	•						
		0.0	•		\$10.00	\$10.50	n/a

m		Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
			ex. GS1	ex. G51	ilic. GS1
Periodic E	xam		\$6.50	\$7.00	n/
Emergenc	y Restorative Course of Care		\$37.50	\$38.50	n/a
Emergenc	y Prosthodontic Course of Care		\$37.50	\$38.50	n/s
Consult (ir	ncl Exam)		\$11.00	\$11.50	n/s
Consult Ex	ct + 30 (incl Exam)		\$16.00	\$16.50	n/
•	Ref (incl Exam)		nil	nil	n/s
	y Ref Ext +30 (incl Exam)		nil	nil	n/a
Letter of R			nil	nil	n/a
·	ilm PA or BW		\$6.50	\$7.00	n/a
	adiograph - occlusal, maxillary or r - single film		\$10.50	\$11.00	n/a
Extraoral r	adiograph - maxillary and/or mandibular -				
single film			\$11.50	\$12.00	n/a
	ivity screening test		\$6.00	\$6.50	n/a
Biopsy of			\$18.50	\$19.00	n/a
Pulp Test			nil	nil	n/a
Diagnostic			\$10.50	\$11.00	n/a
Photograp	hic records - intraoral		\$6.50	\$7.00	n/a
Group 1 - Preventativ					,
	of Plaque and / or stain		\$10.00	\$10.50	n/a
	ing - pre existing restoration/s		\$3.00	\$3.00	n/a
Calculus (: visit	supra & subging.) & Plaque Removal 1st		\$12.50	\$13.00	n/a
Calculus (visit	supra & subging.) & Plaque Removal Addit.		\$10.00	\$10.50	n/a
	icro- abrasion - per tooth		\$7.00	\$7.50	n/a
	internal - per tooth		\$43.00	\$44.50	n/a
~	external - per tooth		\$37.50	\$38.50	n/a
~	Topical (including tooth mousse)		\$5.50	\$5.50	n/a
	ted fluoride, application single tooth		\$4.00	\$4.50	n/a
	vice. Analysis and advice		\$5.50	\$5.50	n/a
Oral Hygie	ne Instr. (if more than 10 mins.)		\$7.00	\$7.50	n/a
Fissure Se	ealant - per tooth		\$9.50	\$10.00	n/a
Apply Des	ensitising Agent		\$4.00	\$4.50	n/a
Odontopla	sty - per tooth		\$9.50	\$10.00	n/a
Group 2 - Periodontio					
	of acute Periodontal Infection		\$11.50	\$12.00	n/a
Root Plani	ng & Curettage (per 8 teeth or less)		\$20.00	\$20.50	n/a
Non-surgion specified -	cal periodontal treatment not otherwise per visit		\$16.00	\$16.50	n/a
	my (per 8 teeth or less)		\$30.50	\$31.50	n/a
Periodonta	al flap surgery (per 8 teeth or less)		\$54.50	\$56.00	n/a
Osseous s	surgery (per 8 teeth or less)		\$65.00	\$67.00	n/a
Root resec	ction - per root		\$34.00	\$35.00	n/a
Periodonta	al surgery involving one tooth or an implant		\$13.00	\$13.50	n/a
Group 3 - Oral Surge	ry				
Removal of	of tooth or parts		\$18.50	\$19.00	n/a
Sectional i	removal of tooth. Bone removal maybe				
necessary			\$26.50	\$27.50	n/a

Item		Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
	urgical removal of tooth or tooth fragment not cluding bone		\$32.50	\$33.50	n/a
	urgical removal of tooth or tooth fragment including one		\$41.50	\$42.50	n/a
	urgical removal of tooth or tooth fragment requiring oth bone and tooth division		\$50.50	\$52.00	n/a
	lveolectomy per segment		\$30.50 \$19.50	\$20.00	n/a
_	estectomy		\$83.00	\$85.50	n/a
	eduction of fibrous tuberosity		\$29.00	\$30.00	n/a
	eduction of flabby ridge - per segment		\$16.00	\$16.50	n/a
	emoval of fibrous hyperplasia		\$42.00	\$43.50	n/a
	emoval of tumour, cyst or scar		\$31.50	\$32.50	n/a
	emoval of tumour, cyst or scar involving muscle,		Ψ01.00	Ψ02.00	11/0
	one or deep tissue		\$112.00	\$115.50	n/a
	urgery to salivary duct		\$98.50	\$101.50	n/a
	urgery to salivary gland		\$33.00	\$34.00	n/a
	emoval or repair of soft tissue (not elsewhere		,	***	
	efined)		\$31.00	\$32.00	n/a
S	urgical removal of foreign body		\$17.00	\$17.50	n/a
	larsupialization of cyst		\$58.50	\$60.50	n/a
S	urgical exposure to unerupted tooth		\$130.50	\$134.50	n/a
R	eposition tooth / Splint		\$29.50	\$30.50	n/a
R	eplantation of /& Splinting of tooth		\$59.50	\$61.50	n/a
F	renectomy		\$28.00	\$29.00	n/a
D	rainage of abscess or cyst		\$15.00	\$15.50	n/a
S	urgery involving the maxially antrum		\$130.50	\$134.50	n/a
С	control of reactionary or secondary post operative				
h	aemorrhage		\$10.50	\$11.00	n/a
Group 4 - E					
D	irect pulp capping		\$5.50	\$5.50	n/a
Р	ulpotomy		\$12.50	\$13.00	n/a
	complete Endodontic treatment, incisor or canine		•		
	ooth (415 & 417)		\$70.00	\$72.00	n/a
	complete Endodontic treatment, premolar tooth		# 404.00	# 404.00	- 1-
•	115,417,416,& 418)		\$101.00	\$104.00	n/a
	complete Endodontic treatment, molar poth(415,417[2x416 & 2x418])		\$132.00	\$136.00	n/a
			\$132.00	φ130.00	II/a
	xtirpation of pulp and debridement of root canal(s) - merg		\$20.00	\$20.50	n/a
	esorbable root canal filling - primary tooth		\$43.50	\$45.00	n/a
	eriapical curettage - per root		\$43.50	\$45.00	n/a
	picectomy- per root		\$45.00	\$46.50	n/a
	pical seal - per canal		\$18.50	\$19.00	n/a
	ealing of perforation		\$53.00	\$54.50	n/a
	urgical treatment or repair of external root resorption		\$70.00	\$72.00	n/a
	·		Ψ70.00	Ψ72.00	II/a
	xploration and/or negotiation of calcified canal -per anal, per visit		\$16.00	\$16.50	n/a
	emoval of root filling, per canal		\$16.00	\$16.50 \$16.50	n/a
	emoval of cemented root canal post or post crown		\$16.00	\$16.50 \$16.50	n/a
	emoving or bypassing fractured endodontic		ψ10.00	ψ10.00	11/0
	- · · · · · ·		\$14.00	\$14.50	

		Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
	Additional visit for irrigation and/or dressing of the root		#40.00	#40.50	<i>l</i>
	canal system - per tooth Interim therapeutic root filling - per tooth		\$16.00 \$21.50	\$16.50 \$22.00	n/a n/a
	memm therapeutic root mining - per tooth		Ψ21.50	Ψ22.00	11/
Group 5	Restorative Services				
	Metallic restoration - 1 surface - direct		\$16.00	\$16.50	n/
	Metallic restoration - 2 surface - direct		\$19.00	\$19.50	n/
	Metallic restoration - 3 surface - direct		\$25.50	\$26.50	n/s
	Metallic restoration - 4 surface - direct		\$29.00	\$30.00	n/
	Metallic restoration - 5 surface - direct		\$32.50	\$33.50	n/
	Adhesive restoration - 1 surface - Anterior tooth - direct		\$18.00	\$18.50	n/
	Adhesive restoration - 2 surface - Anterior tooth -				
	direct		\$22.50	\$23.00	n/a
	Adhesive restoration - 3 surface - Anterior tooth -				
	direct		\$27.00	\$28.00	n/a
	Adhesive restoration - 4 surface - Anterior tooth -				
	direct		\$30.50	\$31.50	n/
	Adhesive restoration - 5 surface - Anterior tooth -				
	direct		\$35.00	\$36.00	n/
	Adhesive restoration - 1 surface Posterior tooth -				
	direct		\$19.00	\$19.50	n/
	Adhesive restoration - 2 surface Posterior tooth -		# 00 F 0	07.50	- /
	direct		\$26.50	\$27.50	n/a
	Adhesive restoration - 3 surface Posterior tooth - direct		\$31.00	\$32.00	n/
			ψ31.00	ψ32.00	11/
	Adhesive restoration - 4 surface Posterior tooth - direct		\$36.00	\$37.00	n/a
	Adhesive restoration - 5 surface Posterior tooth -		φσσ.σσ	φοιισσ	,
	direct		\$41.50	\$42.50	n/
	Provisional (Intermediate / temporary) restoration		\$7.00	\$7.50	n/s
	Provisional (Intermediate / temporary) restoration		·	•	
	Endo		nil	nil	n/a
	Metal band		\$6.00	\$6.50	n/
	Pin restoration -per pin		\$5.00	\$5.00	n/
	Stainless Steel Crown		\$45.50	\$47.00	n/a
	Cusp capping - per cusp		\$5.00	\$5.00	n/s
	Restoration of an incisal corner - per corner		\$5.00	\$5.00	n/
	Removal of inlay/onlay		\$15.00	\$15.50	n/
	Recementing onlay/inlay		\$13.00	\$13.50	n/
	Post - direct		\$23.50	\$24.00	n/s
Group 6	Crown and Bridge				
Oloup o	Provisional Crown		\$25.00	\$26.00	n/
	Recrement Crown or veneer		\$14.00	\$14.50	n/s
	Recrement bridge or splint		\$15.50	\$16.00	n/a
	Removal of crown		\$10.50	\$11.00	n/
	Removal of bridge or splint		\$29.00	\$30.00	n/s
Group 7	Prosthodontics				
2.34p /	Full Maxillary denture		\$120.50	\$124.00	n/
	Full Mandibular denture		\$120.50	\$124.00	n/
	Metal plate or mesh		\$230.50	\$237.50	

		Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
	Full Maxillary & Full Mandibular dentures		\$215.50	\$222.00	n/a
	Partial Max Denture - resin base		\$97.50	\$100.50	n/a
	Partial Mand Denture - resin base		\$97.50	\$100.50	n/a
	Partial Max Denture - cast CO/CR base		\$341.50	\$351.50	n/a
	Partial Mand Denture - cast CO/CR base		\$341.50	\$351.50	n/a
	Retainer - per tooth		nil	nil	n/s
	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		\$26.00	\$27.00	n/a
	Wrought Bar		\$28.00	\$29.00	n/a
	Metal Backing - per backing		\$26.00	\$27.00	n/a
	Denture Adjustment (not new)		\$37.50	\$38.50	n/a
	Denture Adjustment (new)		nil	nil	n/a
	Reline -Complete denture		\$48.00	\$49.50	n/a
	Reline -Part denture		\$37.50	\$38.50	n/a
	Remodel - complete denture		\$89.00	\$91.50	n/a
	Remodel - Partial denture		\$70.00	\$72.00	n/a
	Clean and polish of pre-existing denture		\$37.50	\$38.50	n/a
	Denture base modification		\$44.50	\$46.00	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		\$112.50	\$116.00	n/a
	Tissue conditioning preparatory to impressions - per				
	application		\$10.00	\$10.50	n/a
	Impression for denture repair		nil	nil	n/a
	Identification		\$5.50	\$5.50	n/a
Group 7 - I	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 - 0	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		nil	nil	n/a
			1111	1111	11/0
	additional to removable appliance		nil	nil	n/a

D.				0040 40	0040 44	0040 44
Ite	m		Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
	Group 9 - General	Services				
	Palliative			\$7.00	\$7.50	n/a
		urs emergency		nil	nil	n/a
		provide service		\$11.50	\$12.00	n/a
		n of medication/ medicaments		\$4.00	\$4.50	n/a
	Local ar	naesthesia (diagnosis or pain relief)		\$3.00	\$3.00	n/a
	Minor O	cclusal adjustment		\$9.50	\$10.00	n/a
	Occlusa	l splint		\$81.00	\$83.50	n/a
	Adjust o	cclusal splint		\$12.50	\$13.00	n/a
	Repair/a	addition - occlusal splint		\$46.50	\$48.00	n/a
		g and stabilization - direct - per tooth		\$15.00	\$15.50	n/a
	•	erative care not elsewhere included		\$11.50	\$12.00	n/a
	Treatme	ent not otherwise included		\$7.00	\$7.50	n/a
	Group A - Restora	tive Referal Scheme (No ADA Item Numbers)				
		te Endodontic treatment, incisor or canine 15 & 417)		\$85.50	\$88.00	n/a
	•	te Endodontic treatment, premolar tooth 7,416,& 418)		\$101.00	\$104.00	n/a
	•	te Endodontic treatment, molar 5,417[2x416 & 2x418])		\$132.00	\$136.00	n/a
	Group B - Child &	Youth Dental				
	•	nent or Screening Examination Visit		nil	nil	n/a
		d Annual Fee		\$57.00	\$58.50	n/a
	Free for	families meeting eligibility criteria.		nil	nil	n/a
	Group C - Child ar	nd Youth Extra Fee Services				
	Passive	/Active removable appliance - one arch		\$56.50	\$58.00	n/a
	Function	nal orthopaedic appliance		\$44.00	\$45.50	n/a
	Passive	fixed appliance		\$36.00	\$37.00	n/a
	Extra-or	al appliance		\$144.00	\$148.50	n/a
	Orthodo	ntic adjustment		nil	nil	n/a
	Repair r	emovable appliance		\$13.00	\$13.50	n/a
	Repair r	emovable appliance - clasp, spring or tooth		\$12.50	\$13.00	n/a
		al to removable appliance		\$13.00	\$13.50	n/a
	Relining Occlusa	removable appliance Il splint		\$22.50 \$44.00	\$23.00 \$45.50	n/a n/a
_		·		•	,	
Q	Medical Imaging Servi		/ ! /	_		
	•	tients - Copies of films to patients/solicitors/coror	•		¢c 70	2/2
		24cm sheet	per sheet	\$6.50 \$7.70	\$6.70 \$7.05	n/a
		30cm sheet 43cm sheet	per sheet per sheet	\$7.70 \$10.40	\$7.95 \$10.70	n/a n/a
	d 35mm s		each	\$10.40 \$9.05	\$9.30	n/a
	e Digital s		each	\$9.05 \$2.65	\$9.30 \$2.75	n/a
	f Laminat		each	\$2.65	\$2.75	n/a
	g CDs	···· ·	each	\$2.65	\$2.75	n/a
	h OPG sh	eets	per sheet	\$7.70	\$7.95	n/a
	I DVB La		per sheet	\$10.40	\$10.70	n/a
			per order			
	j Service	Fee	processed	\$32.00	\$33.00	\$36.30
	k Non-refu	undable CT Colonography	each	\$692.00	\$713.00	n/a

Item	1			Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
		ı	Non-refundable Bone Density Scan (DEXA)	each	\$107.00	\$110.00	n/a
		m	Research MRI - Non funded pilot project	each	\$184.00	\$190.00	n/a
		n	Research MRI - Funded project without radiologist input	each	\$254.00	\$262.00	n/a
		0	Research MRI - PPTF Funded project without Radiologist input	each	\$208.00	\$214.00	n/a
			Research MRI - PPTF Funded project with Radiologist		Фооо оо	4000.00	,
		p	input	each	\$323.00	\$333.00	n/a
		q r	Aged Pensioner Service and Film Fee Coroners Fee	each each	\$31.00 \$181.00	\$32.00 \$186.00	\$35.20 n/a
		•	Colonello I Co	Caon	ψ101.00	Ψ100.00	11/4
	2	Rad	liographer services to external agencies				
		а	Monday to Friday	per hour	\$147.00	\$151.00	\$166.10
		b	Saturday and Sunday	per hour	\$160.00	\$165.00	\$181.50
		С	Public Holidays	per hour	\$214.00	\$220.00 See above	\$242.00
					See above	for rates	
					for rates	(excluding	
		d	Film	per sheet	(excluding service fee)	service	
		u	T III II	•	service ree)	fee)	
		е	Processing	per occasion of service	\$51.50	\$53.00	\$58.30
	3	Non	-rebatable MRI services to outpatients				
		а	MRI	per scan	\$343.00	\$353.00	n/a
		b	MRI - Breast	per scan	\$482.00	\$496.00	n/a
		С	MRI - Breast Core Biopsy	per session	\$373.00	\$384.00	n/a
		d	Non-rebateable Sedation in MRI	each	\$51.60	\$53.00	n/a
		е	Non-rebateable Contrast in MRI	each	\$51.60	\$53.00	n/a
		f	Positron Emission Tomography Scan	per scan	\$911.00	\$938.00	n/a
R	Pain M	anag	ement Service				
	1	Mul	tidisciplinary Assessment	per assessment	\$1,147.00	\$1,181.00	n/a
	2	Cog	nitive Behaviour Therapy program	per program	\$4,865.00	\$5,011.00	n/a
	3	Cop	ing and Lifeskills Program	per program	\$487.00	\$502.00	n/a
	4	Exe	rcise Program	per program	\$8.40	\$8.65	n/a
	5	Psy	chology Assessment	per assessment	\$220.00	\$227.00	n/a
	6	Med	lical Assessment and Follow-ups				
		а	First Visit	per visit	\$250.00	\$258.00	n/a
		b	Second & Subsequent Visits	per visit	\$124.00	\$128.00	n/a
S	Rehabi	ilitatio	n, Aged & Community Care				
	1	Con	nmunity - Based Rehabilitation Services				
			General services to whom fees apply and commercial consultancy services				
		а	Allied Health Staff				
			i) Appointment		\$65.00	\$67.00	\$73.70
		b	Education and/or Training (for student groups, private and public sector staff groups)				
			i) Per facilitator - Business hours	per hour (half hr min)	\$65.00	\$67.00	\$73.70
			ii) Par facilitator After hours	per hour (half	¢402.00	\$10E 00	¢115 50
		_	ii) Per facilitator - After hours	hr min)	\$102.00	\$105.00	\$115.50
		С	Maintenance Exercise Therapy Session	per session	\$7.00	\$8.00	n/a

			Frequency	2012-13 Charge	2013-14 Charge	2013-14 Charge
				ex. GST	ex. GST	inc. GST
2	Inde a	pendent Living Centre Appointment fee for clients with third party payer				
		i) Assisted appointment and/or report writing	per hour (half	PGE 00	¢c7.00	~ /
		i) Assisted appointment and/or report writing	hr min)	\$65.00	\$67.00	n/
		ii) Non attendance at appointment		\$17.50	\$18.00	\$19.8
	b	Unassisted appointments - service provided by third party agency with ILC facilities used	per hour (half hr min)	\$39.00	\$40.00	\$44.0
		Education and/or Training (for private organisations				
	С	and interstate government staff)		00400	# 20.50	005.4
		i) ILC Education	per half day	\$84.00	\$86.50	\$95.1
		ii) ILC Education	per full day	\$154.00	\$159.00	\$174.9
	d	Second hand register		#00.50	CO4.00	COC 4
		i) for items over \$500		\$23.50	\$24.00	\$26.4
		ii) for items under \$500		\$12.00	\$12.50	\$13.7
		iii) for more than 1 item		\$23.50	\$24.00	\$26.4
	е	Room Hire				
		i) Barra Hira Commonial Contantat	per hour (half	#20.50	#22.50	<u></u>
		i) Room Hire - Commercial Sector rate	hr min)	\$32.50	\$33.50	\$36.8
		ii) Room Hire - Public Sector and Community rate	per hour (half hr min)	\$23.50	\$24.00	\$26.4
4	4 Prosthetic and Orthotic Services					
	а	New prosthesis for compensable and private clients - labour	per hour (half hr min)	\$65.00	\$67.00	n/
	С	Repair prosthesis for compensable and private clients- labour	per hour (half hr min)	\$65.00	\$67.00	n/
	ı	New orthoses	per hour (half hr min)	\$65.00	\$67.00	n/
				+	+	
				Component costs	Compone nt costs	
			per hour (half			
	j	Repairs to Orthoses	hr min)	\$65.00	\$67.00	n/
				+	+	
				Component costs	Compone nt costs	
	l.	Orthotics assessments for private and compensable	per hour (half	\$65.00	\$67.00	m./
	k	clients	hr min)	\$65.00	\$67.00	n/
5		er Rehabilitation Service Compensable Patients				
	11011	·				
	а	Initial Assessment and Report by Occupational Therapist	per assessment	\$525.00	\$541.00	n/
	b	Initial Assessment by Driving Instructor	per assessment	\$212.00	\$218.00	\$239.8
	c	Re-Assessment by Occupational Therapist	per assessment	\$129.00	\$133.00	n/:
	d	Lesson	per lesson	\$113.00	\$116.00	\$127.6
		pensable Patients	F 20000.1	Ţ 		Ţ . .0
		Initial Assessment and Report by Occupational				
	е	Therapist	per assessment	\$720.00	\$742.00	n/
		·	•			
	f	Re-Assessment by Occupational Therapist	per assessment	\$313.00	\$322.00	n/s

Item		Frequency	2012-13	2013-14	2013-14
			Charge ex. GST	Charge ex. GST	Charge inc. GST
6	Specialised Wheelchair and Posture Seating (SWAPS)				
	a For compensable and private clients:				
	i) Seating Therapist	per hour (half hr min)	\$65.00	\$67.00	n/a
	ii) Technician (Non manufacture)	per hour (half hr min)	\$65.00	\$67.00	n/a
			Component costs	Compone nt costs	
7	Clinical Technology Service Workshop				
	a Rehabilitation aids maintenance and repair	per hour (half hr min)	\$65.00	\$67.00	n/a
			Component costs	Compone nt costs	
	b Equipment componentry manufacture	per hour (half hr min)	\$65.00	\$67.00	n/a
			+ Component costs	Compone nt costs	
8	Community Care Program				
	 a Nursing and Allied Health education - Business hours b Nursing and Allied Health education - After hours 	per hour per hour	\$65.00 \$98.00	\$67.00 \$101.00	\$73.70 \$111.10
	Nursing and Allied Health education (tertiary standard) c - business hours	per hour	\$194.00	\$200.00	\$220.00
	Nursing and Allied Health education (tertiary standard) d - after hours	per hour	\$289.00	\$298.00	\$327.80
	e Consultation in private hospitals f Community Nursing	per hour	\$65.00	\$67.00	\$73.70
	Compensable non-inpatients and non-eligible clients of Community Health Service				
	i) Business Hoursg Consultation overseas clients	per hour per hour	\$65.00 \$65.00	\$67.00 \$67.00	n/a n/a
9	Day Care				
	a Day care meals	per meal	\$7.20	\$7.40	n/a
T Health	Protection Services Scientific Services				
	a Other than the ACT Coroner's Officeb ACT Coroner's Office (Attorney-General's Dept)	per hour per matter	\$166.00 \$1,058.00	\$171.00 \$1,090.00	\$188.10 \$1,199.00
	Other				
2		per hour	\$117.00	\$121.00	\$133.10
2	a Consultation - Business hours	portious			
2	b Consultation - Business nours c Exhumations	per hour per matter	\$145.00 \$416.00	\$149.00 \$428.00	\$163.90 \$470.80

tem			Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
J Acute 2		ort Fees Ite Support Fees				
2	Acu					
	а	Chronic pain management course for compensation clients	per session	\$46.50	\$48.00	\$52.80
	b	Sale of infection control manual	per manual	\$89.50	\$92.00	\$101.20
	g	Hydrotherapy Pool (External Users)	per hour	\$100.00	\$103.00	\$113.30
3	Allie	ed Health				
	a f	Physiotherapy - Antenatal Exercise Classes Diabetes Education:	per visit	\$7.00	\$7.00	n/a
		Compensable non-inpatients and non-eligible clients of Diabetes Service:				
		i) Ordinary Hours	per hour	\$65.00	\$67.00	n/a
4	Oth al	er Medical Supplies "Replacement of Child Personal Health Record" (Blue Book)	per item	\$9.50	\$10.00	\$11.00
	ao	Glucose Sensor	per item	\$75.45	\$77.70	n/a
	ар	Elimination Diet Handbook	per item	\$21.00	\$21.50	\$23.6
5	Hon	ne Enteral Nutrition Program				
	а	Equipment Only 0-6 years 11 months	per week	\$15.40	\$15.90	n/a
	b	Equipment Only 7-12 years 11 months	per week	\$15.40	\$15.90	n/a
	С	Equipment Only 13+ years	per week	\$15.40	\$15.90	n/a
	d	Supplementary Feeding 0-6 years 11 months	per week	\$25.80	\$26.60	n/a
	е	Supplementary Feeding 7-12 years 11 months	per week	\$45.40	\$46.80	n/a
	f	Supplementary Feeding 13+ years	per week	\$46.60	\$48.00	n/a
	g	Enteral Feeding 0-6 years 11 months	per week	\$32.30	\$33.30	n/a
	h	Enteral Feeding 7-12 yeas 11 months	per week	\$52.00	\$53.50	n/a
	i	Enteral Feeding 13+ years	per week	\$54.50	\$56.00	n/a

ITEMS INCREASING BY NATIONAL CONSUMER PRICE INDEX (2.5% ROUNDED)

Ite	m		Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
Α	Hospit 1	tal Accommodation Fees - Standard Patients a In multiple-bed room	per day	s318.00 s318.00 s550.00 or a fee as specified in agreement between the relevant health fund and the relevant ACT Public	\$326.00	n/a
		b In single room not at patients request c In single room at patients request	per day per day	\$318.00 \$550.00 or a fee as specified in agreement between the relevant health fund and the relevant ACT Public Hospital	\$326.00 \$564.00 or a fee as specified in agreement between the relevant health fund and the relevant ACT Public Hospital	n/a n/a
В	Hospit a b c d	tal Accommodation Fees - Day Care Patients Type B Local anaesthetic, no sedation - < 1 hour General or regional anaesthetic/intravenous sedation - < 1 hour General or regional anaesthetic/intravenous sedation - > 1 hour	per day per day per day per day	\$230.00 \$257.00 \$283.00 \$318.00	\$236.00 \$263.00 \$290.00 \$326.00	n/a n/a n/a n/a

CHANGES OTHER THAN WPI OR CPI					
Iten	n	Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
С	Hospital Accommodation Fees - Nursing Home Type Patients				
•	1 Hospital patient	per day	\$50.95	\$53.55	n/a
	2 Private patient	per day	\$158.35	\$164.75	n/a
D	Hostel Fees				
	1 Hostel Accommodation Fees	per day	\$38.80	\$40.80	n/a
3	Pathology Service Fees				
	1 Non-Medicare Testing				
	k Histology testing on Coronial post mortems	per post mortem	\$343.00	\$331.00	\$364.10
I	Pharmaceutical Co-payment				
	1 General non-inpatient	per item	\$28.90	\$36.10	n/a