# **Explanatory Statement**

# Health (Fees) Determination 2013 (No 4)

Disallowable Instrument DI2013-166

made under the

Health Act 1993, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2013-93, dated 31 May 2013.

This Determination comes into effect on 1 July 2013. It revokes and reproduces Determination DI2013-93 except for Pathology fee - Item G.1(n), which increases from \$15.00 to \$150.00, to correct a typographical error.

Determination DI2013-93 revoked and replaced Determination DI2013-46 on the same date and for the purposes of clarity, the changes contained in both Determination DI2013-93 and this Determination are detailed below:

- 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.

d DNA Extraction and Storage per test \$88.00 \$90.50 e IgH & TCR gamma Gene rearrangements per test \$249.00 \$249.00 f ThinPrep Pap Test per test \$30.10 \$31.00 g Spore Testing per ampoule \$11.00 \$11.50 \$12 h FiSH - Haematology Oncology per test \$302.00 \$302.00 i Prenatal - Interphase Fish per test \$302.00 \$302.00  Collection and transport of specimens for Paternity j Testing per test per post \$37.50 \$38.50 \$42 k Histology testing on Coronial post mortems mortem \$343.00 \$331.00 \$364  H Non Eligible or Compensable Outpatient Service Fee 1 First visit per visit \$190.00 \$196.00 2 Second & subsequent visits per visit \$190.00 \$128.00 3 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program a Initial Consultation (standard) per visit \$79.00 \$81.00 \$88 b Initial Consultation (complex) per visit \$118.00 \$122.00 \$1364	Item		Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
2   Compensable/Non-eligible   a   Critical Care					Charge ex. GST  34,990.00 32,737.00 31,435.00 31,034.00 311.00 312.80 3223.00 3223.00 331.00	
A	A Hosp	oital Accommodation Fees - Standard Patients				
ICU	2					
In   In   In   In   In   In   In   In						,
III)   CCU		,				n/a
b   Inpatient (other than critical care)   per day   \$1,004.00   \$1,034.00   c   Hospital in the Home   per day   \$405.00   \$417.00   \$417.00   d   Operating Room Charges		•				n/a
c Hospital in the Home d Operating Room Charges  ii) 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  iii) Other procedures (including day only surgical patients) per treatment \$2,524.00 \$2,600.00 \$911.00  D Hostel Fees 2 Group House - Maintenance Fee per fortnight \$12.40 \$12.80  Fincidental Outpatient Charges 4 PAP Machine Hire per hire \$200.00 \$206.00  G Pathology Service Fees 1 Non-Medicare Testing per panel \$94.50 \$94.50 \$23.00  Collection fee for collection of research trials that do not have a current agreement (plus freight costs at cost recovery only) the cost recovery only) per test \$25.00 \$26.00 \$22.00  G DNA Extraction and Storage per test \$88.00 \$90.50 \$20.00 \$20						n/a n/a
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   \$2,524.00 \$2,600.00		,				n/a
Second Part		•	per day	ψ+05.00	Ψ17.00	II/a
day only patient		longer than 1 hour carried out under general or regional				
D   Hostel Fees   2   Group House - Maintenance Fee   per fortnight   \$12.40   \$12.80   \$1		· · · · · · · · · · · · · · · · · · ·	per treatment	\$2,524.00	\$2,600.00	n/a
Pathology Service Fees		ii) Other procedures (including day only surgical patients)	per treatment	\$884.00	\$911.00	n/a
F	D Hoste	el Fees				
Pathology   Service Fees   Service Fees	2	Group House - Maintenance Fee	per fortnight	\$12.40	\$12.80	n/a
G Pathology Service Fees  1 Non-Medicare Testing	F Incid	ental Outpatient Charges				
1 Non-Medicare Testing	4	PAP Machine Hire	per hire	\$200.00	\$206.00	n/a
a MLPA DNA Testing per panel \$94.50 \$94.50 b Sequence Analysis per test \$223.00 \$223.00 c Collection fee for collection of research trials that do not have a current agreement (plus freight costs at c cost recovery only) per test \$25.00 \$26.00 \$26.00 \$26.00 d DNA Extraction and Storage per test \$88.00 \$90.50 e lgH & TCR gamma Gene rearrangements per test \$249.00 \$249.00 f ThinPrep Pap Test per test \$30.10 \$31.00 g Spore Testing per ampoule \$11.00 \$11.50 \$12.00 f Prenatal - Interphase Fish per test \$302.00 \$302.00 f Prenatal - Interphase Fish per test \$302.00 \$302.00 f Prenatal - Interphase Fish per test per test \$37.50 \$38.50 \$42.00 f Prenatal - Interphase Fish per test per post for Paternity for the per post for Paternity for for Paterni	G Path	ology Service Fees				
Description	1	_				
Collection fee for collection of research trials that do not have a current agreement (plus freight costs at c c cost recovery only) per test \$25.00 \$26.00		<u> </u>		•	·	n/a
not have a current agreement (plus freight costs at c cost recovery only) per test \$25.00 \$26		b Sequence Analysis	per test	\$223.00	\$223.00	n/a
C   Cost recovery only   Der test   \$25.00   \$26.00   \$						
d DNA Extraction and Storage per test \$88.00 \$90.50 e IgH & TCR gamma Gene rearrangements per test \$249.00 \$249.00 f ThinPrep Pap Test per test \$30.10 \$31.00 g Spore Testing per ampoule \$11.00 \$11.50 \$12 h FiSH - Haematology Oncology per test \$302.00 \$302.00 i Prenatal - Interphase Fish per test \$302.00 \$302.00  Collection and transport of specimens for Paternity j Testing per test per post \$37.50 \$38.50 \$42 k Histology testing on Coronial post mortems mortem \$343.00 \$331.00 \$364  H Non Eligible or Compensable Outpatient Service Fee 1 First visit per visit \$190.00 \$196.00 2 Second & subsequent visits per visit \$190.00 \$128.00 3 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program a Initial Consultation (standard) per visit \$79.00 \$81.00 \$88 b Initial Consultation (complex) per visit \$118.00 \$122.00 \$1364			per test	\$25.00	\$26.00	\$28.60
f ThinPrep Pap Test per test \$30.10 \$31.00 g Spore Testing per ampoule \$11.00 \$11.50 \$12.00 h FiSH - Haematology Oncology per test \$302.00 \$302.00 i Prenatal - Interphase Fish per test \$302.00 \$302.00 Collection and transport of specimens for Paternity j Testing per test per post k Histology testing on Coronial post mortems mortem \$343.00 \$331.00 \$364.00 \$331.00 \$364.00 \$331.00 \$364.00 \$364.00 \$364.00 \$364.00 \$364.00 \$364.00 \$364.00 \$364.00 \$3664.00		• • • • • • • • • • • • • • • • • • • •	•			n/a
g Spore Testing per ampoule \$11.00 \$11.50 \$12.00 h FiSH - Haematology Oncology per test \$302.00 \$302.00 i Prenatal - Interphase Fish per test \$302.00 \$302.00  Collection and transport of specimens for Paternity j Testing per post k Histology testing on Coronial post mortems per post k Histology testing on Coronial post mortems per visit \$12.00 \$331.00 \$36.00  H Non Eligible or Compensable Outpatient Service Fee  1 First visit per visit \$190.00 \$196.00 \$128.00 2 Second & subsequent visits per visit \$124.00 \$128.00 \$128.00 3 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program a Initial Consultation (standard) per visit \$79.00 \$81.00 \$83.00 \$122.00 \$133.00 \$12		e IgH & TCR gamma Gene rearrangements	per test	\$249.00	\$249.00	n/a
h FiSH - Haematology Oncology i Prenatal - Interphase Fish Collection and transport of specimens for Paternity j Testing per test k Histology testing on Coronial post mortems  H Non Eligible or Compensable Outpatient Service Fee First visit Second & subsequent visits Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program a Initial Consultation (complex) per test \$302.00 \$302.00 per test \$37.50 \$38.50 \$42 per post		f ThinPrep Pap Test	per test	\$30.10	\$31.00	n/a
i Prenatal - Interphase Fish per test \$302.00 \$302.00  Collection and transport of specimens for Paternity j Testing per test per post k Histology testing on Coronial post mortems per post k Histology testing on Coronial post mortems per visit \$343.00 \$331.00 \$364  H Non Eligible or Compensable Outpatient Service Fee 1 First visit per visit \$190.00 \$196.00 2 Second & subsequent visits per visit \$124.00 \$128.00 3 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program a Initial Consultation (standard) per visit \$79.00 \$81.00 \$85 b Initial Consultation (complex) per visit \$118.00 \$122.00 \$134		g Spore Testing	per ampoule	\$11.00	\$11.50	\$12.65
Collection and transport of specimens for Paternity j Testing per test per post k Histology testing on Coronial post mortems mortem \$343.00 \$331.00 \$364  H Non Eligible or Compensable Outpatient Service Fee 1 First visit per visit \$190.00 \$196.00 2 Second & subsequent visits per visit \$124.00 \$128.00 3 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program a Initial Consultation (standard) per visit \$79.00 \$81.00 \$88.00 b Initial Consultation (complex) per visit \$118.00 \$122.00 \$1340			per test	\$302.00		n/a
j Testing per test per post k Histology testing on Coronial post mortems mortem \$343.00 \$38.50 \$42.50 \$38.50 \$42.50 \$38.50 \$42.50 \$38.50 \$42.5		i Prenatal - Interphase Fish	per test	\$302.00	\$302.00	n/a
k Histology testing on Coronial post mortems mortem \$343.00 \$331.00 \$364  H Non Eligible or Compensable Outpatient Service Fee  1 First visit per visit \$190.00 \$196.00 2 Second & subsequent visits per visit \$124.00 \$128.00 3 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program a Initial Consultation (standard) per visit \$79.00 \$81.00 \$88.00 b Initial Consultation (complex) per visit \$118.00 \$122.00 \$134		· · · · · · · · · · · · · · · · · · ·		<b>#07.50</b>	<b>#20.50</b>	Ф40.0 <b>г</b>
k Histology testing on Coronial post mortems mortem \$343.00 \$331.00 \$364  H Non Eligible or Compensable Outpatient Service Fee  1 First visit per visit \$190.00 \$196.00 2 Second & subsequent visits per visit \$124.00 \$128.00 3 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program a Initial Consultation (standard) per visit \$79.00 \$81.00 \$88.00 b Initial Consultation (complex) per visit \$118.00 \$122.00 \$134		j resting	•	\$37.50	\$38.50	\$42.35
1 First visit per visit \$190.00 \$196.00 2 Second & subsequent visits per visit \$124.00 \$128.00 3 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program a Initial Consultation (standard) per visit \$79.00 \$81.00 \$88.00 b Initial Consultation (complex) per visit \$118.00 \$122.00 \$134.00		k Histology testing on Coronial post mortems		\$343.00	\$331.00	\$364.10
2 Second & subsequent visits per visit \$124.00 \$128.00 3 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program a Initial Consultation (standard) per visit \$79.00 \$81.00 \$88.00 b Initial Consultation (complex) per visit \$118.00 \$122.00 \$134	H Non	Eligible or Compensable Outpatient Service Fee				
3 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program a Initial Consultation (standard) per visit \$79.00 \$81.00 \$89.00 b Initial Consultation (complex) per visit \$118.00 \$122.00 \$134.00 \$124.00	1	First visit	per visit	\$190.00	\$196.00	n/a
a Initial Consultation (standard) per visit \$79.00 \$81.00 \$85.00 b Initial Consultation (complex) per visit \$118.00 \$122.00 \$134.00 \$10	2	•	•	\$124.00	\$128.00	n/a
b Initial Consultation (complex) per visit \$118.00 \$122.00 \$134	3		-			
		,	•			\$89.10
c Initial Consultation Home Visit (standard) per visit \$95.00 \$98.00 \$10		· · ·	•			\$134.20
d Initial Consultation Hamp Visit (complay)			•			\$107.80
		, , ,	•			\$160.60 \$72.70
		,	•			\$73.70 \$110.00
			•			\$119.90 \$107.80
g Review Home Visit (standard) per visit \$95.00 \$98.00 \$107		g Noview Home visit (standard)	hei visit	ψ90.00	ψ90.00	ψ101.00

lte	em			Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
		h	Review Home Visit (complex)	per visit	\$121.00	\$125.00	\$137.50
J	Capital	Regi	ion Cancer Service				
	1	Cop	oies of mammograms	per set	\$38.80	\$40.00	n/a
K	Staff Va	accin	ations for Private Purposes				
	All cos		inations attract a service fee plus the following vaccine				
	1		Service Fee	per visit	\$13.20	\$13.60	n/a
	2		Vaccinations		<b>#</b> 10.00	<b>*</b> 40.00	,
		a	ADT	per vaccine	\$12.80	\$13.20	n/a
		b	Flu	per vaccine	\$16.20	\$16.70	n/a
		С	Hepatitis A	per vaccine	\$67.00	\$69.00	n/a
		d	Hepatitis B	per vaccine	\$21.30	\$21.90	n/a
		е	Hepatitis A & B	per vaccine	\$58.50	\$60.50	n/a
		f	MMR	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	\$109.00	\$112.00	n/a
		j	Pertussis (Whooping Cough)	per vaccine	\$34.60	\$35.60	n/a
		k	Typhoid	per vaccine	\$40.20	\$41.40	n/a
		1	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 pack for 3	\$121.60	\$125.20	n/a
		0	Japanese Encephalitis	doses	\$340.60	\$350.80	n/a
		р	Yellow Fever	per vaccine	\$53.20	\$54.80	n/a
L	Audion	netry					
	1	Adu	Ilt Hearing Tests	per consultation	\$39.30	\$40.50	n/a
М	Medica	ıl Rec	cords and Health Reports				
	1	Med	dical Practitioner / Health Professional Reports				
		а	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
		С	Where a re-examination is required		\$306.00	\$315.00	n/a
		d	As "c" by practitioner who has not previously treated patient		\$380.00	\$391.00	n/a
	2		arch Fees - includes cancellation fee, admin fee if nil ords, medical certs not at time of consultation and time of				
		birth	•		\$46.00	\$47.50	\$52.25
	3		alth Records provided to patient's solicitor orporated into 3.		\$168.00	\$173.00	\$190.30
	4	Hea	alth Records provided to insurer		\$168.00	\$173.00	\$190.30
0	Emerae	encv	Department				
-	1	-	ergency Department Treatment	per visit	\$448.00	\$461.00	n/a

Item		Frequency	2012-13	2013-14	2013-14
· ·			Charge	Charge	Charge
			ex. GST	ex. GST	inc. GST
Group	o 0 - Examination/Diagnostic				
	Comprehensive Oral Exam		\$10.00	\$10.50	n/a
	Periodic Exam		\$6.50	\$7.00	n/a
	Emergency Restorative Course of Care		\$37.50	\$38.50	n/a
	Emergency Prosthodontic Course of Care		\$37.50	\$38.50	n/a
	Consult (incl Exam)		\$11.00	\$11.50	n/a
	Consult Ext + 30 (incl Exam)		\$16.00	\$16.50	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 X-Ray -1 film PA or BW		nil \$6.50	nil \$7.00	n/a n/a
	·		φ0.50	φ1.00	11/a
	Intraoral radiograph - occlusal, maxillary or mandibular - single film		\$10.50	\$11.00	n/a
	Extraoral radiograph - maxillary and/or mandibular -		ψ.σ.σσ	ψσ	.,,
	single film		\$11.50	\$12.00	n/a
	Caries activity screening test		\$6.00	\$6.50	n/a
	Biopsy of Tissue		\$18.50	\$19.00	n/a
	Pulp Test Per visit		nil	nil	n/a
	Diagnostic cast		\$10.50	\$11.00	n/a
	Photographic records - intraoral		\$6.50	\$7.00	n/a
Group	o 1 - Preventative Services				
	Removal of Plaque and / or stain		\$10.00	\$10.50	n/a
	Recontouring - pre existing restoration/s		\$3.00	\$3.00	n/a
	Calculus (supra & subging.) & Plaque Removal 1st visit		\$12.50	\$13.00	n/a
	Calculus (supra & subging.) & Plaque Removal Addit. visit		\$10.00	\$10.50	n/a
	Enamel micro- abrasion - per tooth		\$7.00	\$7.50	n/a
	Bleaching, internal - per tooth		\$43.00	\$44.50	n/a
	Bleaching, external - per tooth		\$37.50	\$38.50	n/a
	Fluoride - Topical (including tooth mousse)		\$5.50	\$5.50	n/a
	Concentrated fluoride, application single tooth		\$4.00	\$4.50	n/a
	Dietary advice. Analysis and advice		\$5.50	\$5.50	n/a
	Oral Hygiene Instr. (if more than 10 mins.)		\$7.00	\$7.50	n/a
	Fissure Sealant - per tooth		\$9.50 \$4.00	\$10.00 \$4.50	n/a n/a
	Apply Desensitising Agent Odontoplasty - per tooth		\$9.50	\$10.00	n/a
0					
Group	o 2 - Periodontics  Treatment of acute Periodontal Infection		\$11.50	\$12.00	n/a
	Root Planing & Curettage (per 8 teeth or less)		\$20.00	\$20.50	n/a
	Non-surgical periodontal treatment not otherwise specified - per visit		\$16.00	\$16.50	n/a
	Gingivectomy (per 8 teeth or less)		\$30.50	\$31.50	n/a
	Periodontal flap surgery (per 8 teeth or less)		\$54.50	\$56.00	n/a
	Osseous surgery (per 8 teeth or less)		\$65.00	\$67.00	n/a
	Root resection - per root		\$34.00	\$35.00	n/a
	Periodontal surgery involving one tooth or an implant		\$13.00	\$13.50	n/a
Group	o 3 - Oral Surgery			_	
	Removal of tooth or parts		\$18.50	\$19.00	n/a

em	Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
Sectional removal of tooth. Bone removal in necessary	maybe	\$26.50	\$27.50	n/
Surgical removal of tooth or tooth fragment including bone	not	\$32.50	\$33.50	n/
Surgical removal of tooth or tooth fragment bone	including	\$41.50	\$42.50	n/
Surgical removal of tooth or tooth fragment both bone and tooth division	requiring	\$50.50	\$52.00	n/
Alveolectomy per segment		\$19.50	\$20.00	n/
Ostectomy		\$83.00	\$85.50	n,
Reduction of fibrous tuberosity		\$29.00	\$30.00	n/
Reduction of flabby ridge - per segment		\$16.00	\$16.50	n/
Removal of fibrous hyperplasia		\$42.00	\$43.50	n/
Removal of tumour, cyst or scar		\$31.50	\$32.50	n/
• •		φ31.30	φ32.30	11/
Removal of tumour, cyst or scar involving m	nuscie,	¢112.00	\$115.50	n/
bone or deep tissue		\$112.00	•	n/
Surgery to salivary duct		\$98.50	\$101.50	n/
Surgery to salivary gland		\$33.00	\$34.00	n/
Removal or repair of soft tissue (not elsewh	nere	<b>#</b> 04.00	<b>#</b> 00.00	
defined)		\$31.00	\$32.00	n/
Surgical removal of foreign body		\$17.00	\$17.50	n/
Marsupialization of cyst		\$58.50	\$60.50	n/
Surgical exposure to unerupted tooth		\$130.50	\$134.50	n/
Reposition tooth / Splint		\$29.50	\$30.50	n/
Replantation of /& Splinting of tooth		\$59.50	\$61.50	n/
Frenectomy		\$28.00	\$29.00	n/
Drainage of abscess or cyst		\$15.00	\$15.50	n/
Surgery involving the maxially antrum		\$130.50	\$134.50	n/
Control of reactionary or secondary post open haemorrhage	erative	\$10.50	\$11.00	n/
Group 4 - Endodontics				
Direct pulp capping		\$5.50	\$5.50	n/s
Pulpotomy		\$12.50	\$13.00	n/s
Complete Endodontic treatment, incisor or o	canine			
tooth (415 & 417)		\$70.00	\$72.00	n/
Complete Endodontic treatment, premolar to	ooth			
(415,417,416,& 418)		\$101.00	\$104.00	n/
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])		\$132.00	\$136.00	n/
Extirpation of pulp and debridement of root	canal(s) -			
emerg	oanai(o)	\$20.00	\$20.50	n/
Resorbable root canal filling - primary tooth		\$43.50	\$45.00	n/
Periapical curettage - per root		\$43.50	\$45.00	n/
Apicectomy- per root		\$45.00	\$46.50	n/
Apical seal - per canal		\$18.50	\$19.00	n/
Sealing of perforation		\$53.00	\$54.50	n/
Surgical treatment or repair of external root	resorption	\$70.00	\$72.00	n/
	·	ψ, σ.σσ	Ψ12.00	11/
Exploration and/or negotiation of calcified ca canal, per visit	ана -рег	\$16.00	\$16.50	n/
variai, DCI VISIL				
		\$16 AA	ዊ1 <i>ፍ</i> ፍቦ	n,
Removal of root filling, per canal	ct crown	\$16.00 \$16.00	\$16.50 \$16.50	n/s
		\$16.00 \$16.00 \$14.00	\$16.50 \$16.50 \$14.50	n/: n/: n/:

		Frequency	2012-13 Charge	2013-14 Charge	2013-14 Charge
			ex. GST	ex. GST	inc. GST
	instrument				
	Additional visit for irrigation and/or dressing of the root				
	canal system - per tooth		\$16.00	\$16.50	n
	Interim therapeutic root filling - per tooth		\$21.50	\$22.00	n
Group 5	- Restorative Services				
	Metallic restoration - 1 surface - direct		\$16.00	\$16.50	r
	Metallic restoration - 2 surface - direct		\$19.00	\$19.50	r
	Metallic restoration - 3 surface - direct		\$25.50	\$26.50	r
	Metallic restoration - 4 surface - direct		\$29.00	\$30.00	r
	Metallic restoration - 5 surface - direct		\$32.50	\$33.50	r
	Adhesive restoration - 1 surface - Anterior tooth -		<b>C40.00</b>	<b>#40.50</b>	_
	direct		\$18.00	\$18.50	r
	Adhesive restoration - 2 surface - Anterior tooth - direct		\$22.50	\$23.00	r
	Adhesive restoration - 3 surface - Anterior tooth -		•	•	
	direct		\$27.00	\$28.00	n
	Adhesive restoration - 4 surface - Anterior tooth -				
	direct		\$30.50	\$31.50	r
	Adhesive restoration - 5 surface - Anterior tooth - direct		\$35.00	436 00	,
			\$35.00	\$36.00	r
	Adhesive restoration - 1 surface Posterior tooth - direct		\$19.00	\$19.50	r
	Adhesive restoration - 2 surface Posterior tooth -				
	direct		\$26.50	\$27.50	r
	Adhesive restoration - 3 surface Posterior tooth -				
	direct		\$31.00	\$32.00	r
	Adhesive restoration - 4 surface Posterior tooth -				
	direct		\$36.00	\$37.00	r
	Adhesive restoration - 5 surface Posterior tooth -		¢44.50	¢40.50	_
	direct		\$41.50	\$42.50	r
	Provisional (Intermediate / temporary) restoration		\$7.00	\$7.50	r
	Provisional (Intermediate / temporary) restoration Endo		nil	nil	r
	Metal band		\$6.00	\$6.50	r
	Pin restoration -per pin		\$5.00	\$5.00	r
	Stainless Steel Crown		\$45.50	\$47.00	r
	Cusp capping - per cusp		\$5.00	\$5.00	r
	Restoration of an incisal corner - per corner		\$5.00	\$5.00	r
	Removal of inlay/onlay		\$15.00	\$15.50	r
	Recementing onlay/inlay		\$13.00	\$13.50	r
	Post - direct		\$23.50	\$24.00	r
Group 6	- Crown and Bridge				
	Provisional Crown		\$25.00	\$26.00	r
	Recrement Crown or veneer		\$14.00	\$14.50	r
	Recrement bridge or splint		\$15.50	\$16.00	r
	Removal of crown		\$10.50	\$11.00	1
	Removal of bridge or splint		\$29.00	\$30.00	ı
Group 7	- Prosthodontics				
•	Full Maxillary denture		\$120.50	\$124.00	r
	Full Mandibular denture		\$120.50	\$124.00	n

em		Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
	Metal plate or mesh		\$230.50	\$237.50	n,
	Full Maxillary & Full Mandibular dentures		\$215.50	\$222.00	n,
	Partial Max Denture - resin base		\$97.50	\$100.50	n,
	Partial Mand Denture - resin base		\$97.50	\$100.50	n,
	Partial Max Denture - cast CO/CR base		\$341.50	\$351.50	n,
	Partial Mand Denture - cast CO/CR base		\$341.50	\$351.50	n
	Retainer - per tooth		nil	nil	n
	Occlusal rest - per rest		nil	nil	n
	Tooth/ Teeth (Partial denture)		nil	nil	n
	Overlays - per tooth		nil	nil	r
	Immediate tooth replacement - per tooth		nil	nil	r
	Resilient Lining in addit'n to new denture		\$26.00	\$27.00	r
	Wrought Bar		\$28.00	\$29.00	r
	Metal Backing - per backing		\$26.00	\$27.00	r
	Denture Adjustment (not new)		\$37.50	\$38.50	r
	Denture Adjustment ( new)		nil	nil	r
	Reline -Complete denture		\$48.00	\$49.50	r
	Reline -Part denture		\$37.50	\$38.50	r
	Remodel - complete denture		\$89.00	\$91.50	1
	Remodel - Partial denture		\$70.00	\$72.00	ı
	Clean and polish of pre-existing denture		\$37.50	\$38.50	
	Denture base modification		\$44.50	\$46.00	ı
	Reattaching pre-existing tooth or clasp to denture		nil	nil	r
	Replacing/added clasp to denture		nil	nil	ı
	Repairing broken base of complete denture		nil	nil	r
	Repairing broken base of partial denture		nil	nil	r
	Added tooth to partial denture to replace an extraction				
	or decoronated tooth		nil	nil	1
	Repair to metal casting: one point		\$112.50	\$116.00	r
	Tissue conditioning preparatory to impressions - per			•	
	application		\$10.00	\$10.50	r
	Impression for denture repair		nil	nil	r
	Identification		\$5.50	\$5.50	r
Group 7	- Provision for New Dentures (No ADA Item Numbers)				
	1st Impression (New Denture) Per Impression		nil	nil	r
	2nd Impression (New Denture) Per Impression		nil	nil	ı
	Bite (New Denture)		nil	nil	r
	Try In (New Denture)		nil	nil	ı
	Re Try (New Denture)		nil	nil	r
Group 8	- Orthodontics (When Used for an Adult)				
	Passive removable appliance - one arch		nil	nil	r
	Active removable appliance - one arch		nil	nil	r
	Functional orthopaedic appliance		nil	nil	r
	Passive fixed appliance		nil	nil	ı
	Extra-oral appliance		nil	nil	1
	Orthodontic adjustment		nil	nil	ı
	Repair removable appliance		nil	nil	ı
	Repair removable appliance - clasp, spring or tooth		nil	nil	r
	additional to removable appliance		nil	nil	r
	Relining removable appliance		nil	nil	r

Item	n	Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
	_				
	Group 9 - General Services				
	Palliative care		\$7.00	\$7.50	n/a
	After hours emergency		nil	nil	n/a
	Travel to provide service		\$11.50	\$12.00	n/a
	Provision of medication/ medicaments		\$4.00	\$4.50	n/a
	Local anaesthesia (diagnosis or pain relief)		\$3.00	\$3.00	n/a
	Minor Occlusal adjustment		\$9.50	\$10.00	n/a
	Occlusal splint		\$81.00	\$83.50	n/a
	Adjust occlusal splint		\$12.50	\$13.00	n/a
	Repair/addition - occlusal splint		\$46.50	\$48.00	n/a
	Splinting and stabilization - direct - per tooth		\$15.00	\$15.50	n/a
	Post-operative care not elsewhere included		\$11.50	\$12.00	n/a
	Treatment not otherwise included		\$7.00	\$7.50	n/a
	Group A - Restorative Referal Scheme (No ADA Item	Numbers)			
	Complete Endodontic treatment, incisor or of tooth (415 & 417)	canine	\$85.50	\$88.00	n/a
	Complete Endodontic treatment, premolar to	ooth			
	(415,417,416,& 418)		\$101.00	\$104.00	n/a
	Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])		\$132.00	\$136.00	n/a
	Group B - Child & Youth Dental				
	Assessment or Screening Examination Visit	t	nil	nil	n/a
	Standard Annual Fee		\$57.00	\$58.50	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 a	arch	\$56.50	\$58.00	n/a
	Functional orthopaedic appliance		\$44.00	\$45.50	n/a
	Passive fixed appliance		\$36.00	\$37.00	n/a
	Extra-oral appliance		\$144.00	\$148.50	n/a
	Orthodontic adjustment		nil	nil	n/a
	Repair removable appliance		\$13.00	\$13.50	n/a
	Repair removable appliance - clasp, spring	or tooth	\$12.50	\$13.00	n/a
	additional to removable appliance		\$13.00	\$13.50	n/a
	Relining removable appliance		\$22.50	\$23.00	n/a
	Occlusal splint		\$44.00	\$45.50	n/a
Q	Medical Imaging Services				
	1 Services to patients - Copies of films to patients/services.	•			
	a 18cm x 24cm sheet	per sheet	\$6.50	\$6.70	n/a
	b 24cm x 30cm sheet	per sheet	\$7.70	\$7.95	n/a
	c 35cm x 43cm sheet	per sheet	\$10.40	\$10.70	n/a
	d 35mm slides	each	\$9.05	\$9.30	n/a
	e Digital slides	each	\$2.65	\$2.75	n/a
	f Laminating	each	\$2.65	\$2.75	n/a
	g CDs	each	\$2.65	\$2.75	n/a
	h OPG sheets	per sheet	\$7.70	\$7.95	n/a
	I DVB Laser Film	per sheet	\$10.40	\$10.70	n/a
	j Service Fee	per order processed	\$32.00	\$33.00	\$36.30

Iten	า			Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
		k	Non-refundable CT Colonography	each	\$692.00	\$713.00	n/a
		1	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	aaah	<b>#222.00</b>	<b>#222.00</b>	2/0
		р	input	each	\$323.00	\$333.00	n/a
		q	Aged Pensioner Service and Film Fee	each	\$31.00	\$32.00	\$35.20
		r	Coroners Fee	each	\$181.00	\$186.00	n/a
	2	Rac	diographer 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 fee)	
		е	Processing	per occasion of service	\$51.50	\$53.00	\$58.30
	3	Nor	n-rebatable MRI services to outpatients				
	3	a	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
		e	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
			5 1 7	·	•	•	
R		-	ement Service				
	1		tidisciplinary Assessment	per assessment	\$1,147.00	\$1,181.00	n/a
	2	_	nitive Behaviour Therapy program	per program	\$4,865.00	\$5,011.00	n/a
	3		oing and Lifeskills Program	per program	\$487.00	\$502.00	n/a
	4		rcise Program	per program	\$8.40	\$8.65	n/a
	5	-	chology Assessment	per assessment	\$220.00	\$227.00	n/a
	6	Med	dical 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	Rehab		on, Aged & Community Care nmunity - Based Rehabilitation Services				
	'	COI	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)				
			• • •	per hour (half			
			i) Per facilitator - Business hours	hr min)	\$65.00	\$67.00	\$73.70
			ii) Per facilitator - After hours	per hour (half hr min)	\$102.00	\$105.00	\$115.50
			ii) i oi idointatoi. Attorriodis	111 111111)	ψ102.00	ψ100.00	ψ113.30

tem			Frequency	2012-13 Charge ex. GST	2013-14 Charge ex. GST	2013-14 Charge inc. GST
	С	Maintenance Exercise Therapy Session	per session	\$7.00	\$8.00	n/a
2	Inde	ependent Living Centre				
	а	Appointment fee for clients with third party payer				
			per hour (half			
		i) Assisted appointment and/or report writing	hr min)	\$65.00	\$67.00	n/a
		ii) Non attendance at appointment		\$17.50	\$18.00	\$19.80
	b	Unassisted appointments - service provided by third party agency with ILC facilities used	per hour (half hr min)	\$39.00	\$40.00	\$44.00
	С	Education and/or Training (for private organisations and interstate government staff)				
		i) ILC Education	per half day	\$84.00	\$86.50	\$95.15
		ii) ILC Education	per full day	\$154.00	\$159.00	\$174.90
	d	Second hand register		<b>#00.50</b>	<b>#04.00</b>	<b>#</b> 00.40
		i) for items over \$500		\$23.50 \$12.00	\$24.00 \$12.50	\$26.40
		ii) for items under \$500 iii) for more than 1 item		\$12.00 \$23.50	\$12.50 \$24.00	\$13.75 \$26.40
	е	Room Hire		φ23.30	φ24.00	φ20.40
	C	i) Room Hire - Commercial Sector rate	per hour (half hr min)	\$32.50	\$33.50	\$36.85
		ij Room Tille Gommerolal Goder Tale	per hour (half	Ψ02.00	φοσ.σσ	ψου.οι
		ii) Room Hire - Public Sector and Community rate	hr min)	\$23.50	\$24.00	\$26.40
4	Pros	sthetic and Orthotic Services				
	а	New prosthesis for compensable and private clients - labour	per hour (half hr min)	\$65.00	\$67.00	n/a
	С	Repair prosthesis for compensable and private clients- labour	per hour (half hr min)	\$65.00	\$67.00	n/a
	I	New orthoses	per hour (half hr min)	\$65.00	\$67.00	n/a
				+	+	
				Component costs	Compone nt costs	
	j	Repairs to Orthoses	per hour (half hr min)	\$65.00	\$67.00	n/a
				+	+	
				Component costs	Compone nt costs	
	k	Orthotics assessments for private and compensable clients	per hour (half hr min)	\$65.00	\$67.00	n/a
5		er Rehabilitation Service Compensable Patients				
	. 1011	Initial Assessment and Report by Occupational				
	а	Therapist	per assessment	\$525.00	\$541.00	n/a
	b	Initial Assessment by Driving Instructor	per assessment	\$212.00	\$218.00	\$239.80
	С	Re-Assessment by Occupational Therapist	per assessment	\$129.00	\$133.00	n/a
	d Con	Lesson npensable Patients	per lesson	\$113.00	\$116.00	\$127.60
		Initial Assessment and Report by Occupational				
	е	Therapist	per assessment	\$720.00	\$742.00	n/a
					A	
	f g	Re-Assessment by Occupational Therapist Lesson	per assessment per lesson	\$313.00 \$113.00	\$322.00 \$116.00	n/a \$127.60

## ITEMS INCREASING BY WAGE PRICE INDEX (3.0% ROUNDED) Item Frequency 2012-13 2013-14 2013-14 Charge Charge Charge ex. GST ex. GST inc. GST

	6	Spe a	cialised Wheelchair and Posture Seating (SWAPS)  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	Clin	ical Technology Service Workshop				
		а	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	Con	nmunity Care Program				
		a b	Nursing and Allied Health education - Business hours Nursing and Allied Health education - After hours	per hour per hour	\$65.00 \$98.00	\$67.00 \$101.00	\$73.70 \$111.10
		С	Nursing and Allied Health education (tertiary standard) - business hours	per hour	\$194.00	\$200.00	\$220.00
		d	Nursing and Allied Health education (tertiary standard) - after hours	per hour	\$289.00	\$298.00	\$327.80
		e f	Consultation in private hospitals Community Nursing	per hour	\$65.00	\$67.00	\$73.70
			Compensable non-inpatients and non-eligible clients of Community Health Service		407.00	<b>^</b>	,
		g	Business Hours     Consultation overseas clients	per hour per hour	\$65.00 \$65.00	\$67.00 \$67.00	n/a n/a
	9	Day	Care				
	9	a a	Day care meals	per meal	\$7.20	\$7.40	n/a
Т	Health	Prote	ection Services				
	1	Scie	entific Services				
		a b	Other than the ACT Coroner's Office 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
	2	Oth	er				
		а	Consultation - Business hours	per hour	\$117.00	\$121.00	\$133.10
		b	Consultation - After hours	per hour	\$145.00	\$149.00	\$163.90
		С	Exhumations	per matter	\$416.00	\$428.00	\$470.80
		d	Food Safety Training	per session	\$500.00	\$515.00	\$566.50

ITEMS INCREASING BY WAGE PRICE INDEX (3.0% ROUNDED)

U

# Item Frequency 2012-13 2013-14 2013-14 Charge Charge Charge ex GST ex GST inc GST

	2-13 2013-14 arge Charge GST ex. GST	Charge inc. GST
2 Acute Support Fees  Chronic pain management course for compensation a clients per session \$46  b Sale of infection control manual per manual \$89		
a clients per session \$46  b Sale of infection control manual per manual \$89		
· · · · · · · · · · · · · · · · · · ·	5.50 \$48.00	\$52.80
g Hydrotherapy Pool (External Users) per hour \$100	9.50 \$92.00	\$101.20
	0.00 \$103.00	\$113.30
3 Allied Health		
<ul> <li>a Physiotherapy - Antenatal Exercise Classes per visit \$7</li> <li>f Diabetes Education:</li> </ul>	7.00 \$7.00	n/a
Compensable non-inpatients and non-eligible clients of Diabetes Service:		
i) Ordinary Hours per hour \$65	5.00 \$67.00	n/a
4 Other Medical Supplies  al "Replacement of Child Personal Health Record" (Blue per item \$9	9.50 \$10.00	\$11.00
ao Glucose Sensor per item \$75	5.45 \$77.70	n/a
ap Elimination Diet Handbook per item \$21	1.00 \$21.50	\$23.65
5 Home Enteral Nutrition Program		
a Equipment Only 0-6 years 11 months per week \$15	5.40 \$15.90	n/a
b Equipment Only 7-12 years 11 months per week \$15	5.40 \$15.90	n/a
c Equipment Only 13+ years per week \$15	5.40 \$15.90	n/a
d Supplementary Feeding 0-6 years 11 months per week \$25	5.80 \$26.60	n/a
e Supplementary Feeding 7-12 years 11 months per week \$45	5.40 \$46.80	
11 , 3 ,	5.60 \$48.00	
	2.30 \$33.30	
	2.00 \$53.50	
i Enteral Feeding 13+ years per week \$54	4.50 \$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	\$318.00	\$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