

Australian Capital Territory

Explanatory Statement

Health (Fees) Determination 2014 (No 3)

Disallowable Instrument DI2014-148

made under the

Health Act 1993, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2014-25, dated 17 March 2014.

The Determination comes into effect on 1 July 2014 and reproduces Determination DI2014-25 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 2.9% (subject to rounding);
- items on Attachment C, which have increased or decreased by other factors;
- items on Attachment D, which are new or deleted fees;
- minor wording and formatting changes; and
- the date of effect.

1 JULY 2014 - ANNUAL INCREASE OF FEES & CHARGES
ITEMS INCREASING BY WAGE PRICE INDEX (3.0% ROUNDED)

Item	Frequency	2013-14 Charge ex. GST	2014-15 Charge ex. GST	2014-15 Charge inc. GST
A Hospital Accommodation Fees - Standard Patients				
2 Compensable				
c Hospital in the Home	per day	\$417.00	\$430.00	n/a
d Operating Room Charges				
i) If the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation and the patient is not a day only patient	per treatment	\$2,600.00	\$2,678.00	n/a
ii) Other procedures (including day only surgical patients)	per treatment	\$911.00	\$938.00	n/a
D Hostel Fees				
2 Group House - Maintenance Fee	per fortnight	\$12.80	\$13.20	n/a
F Pathology Service Fees				
1 Non-Medicare Testing				
d DNA Extraction and Storage	per test	\$90.50	\$93.00	n/a
g Spore Testing	per ampoule	\$11.50	\$12.00	\$13.20
j Collection and transport of specimens for Paternity Testing	per test	\$38.50	\$39.50	\$43.45
k Histology testing on Coronal post mortems	per post mortem	\$331.00	\$341.00	\$375.10
G Incidental Outpatient Charges				
4 PAP Machine Hire	per hire	\$206.00	\$212.00	n/a
5 Tuberculosis Testing				
a Standard Test	per test	\$47.90	\$49.30	n/a
b Standard Test - Students	per test	\$38.30	\$39.40	n/a
c Standard Test and Medical Review	per test	\$64.80	\$66.50	n/a
d Standard Test and Medical Review - Students	per test	\$51.80	\$53.50	n/a
H Non Eligible or Compensable Outpatient Service Fee				
6 Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program				
a Initial Consultation (standard)	per visit	\$81.00	\$83.00	\$91.30
b Initial Consultation (complex)	per visit	\$122.00	\$126.00	\$138.60
c Initial Consultation Home Visit (standard)	per visit	\$98.00	\$101.00	\$111.10
d Initial Consultation Home Visit (complex)	per visit	\$146.00	\$150.00	\$165.00
e Review (standard)	per visit	\$67.00	\$69.00	\$75.90
f Review (complex)	per visit	\$109.00	\$112.00	\$123.20
g Review Home Visit (standard)	per visit	\$98.00	\$101.00	\$111.10
h Review Home Visit (complex)	per visit	\$125.00	\$129.00	\$141.90
7 Tuberculosis Testing				
a Standard Test and Medical Review	per test	\$221.10	\$228.00	n/a
b Standard Test and Medical Review - Students	per test	\$176.90	\$182.00	n/a
J Capital Region Cancer Service				
1 Copies of mammograms	per set	\$40.00	\$41.20	n/a
K Staff Vaccinations for Private Purposes				
All vaccinations attract a service fee plus the following vaccine cost -				
1 Service Fee	per visit	\$13.60	\$14.00	n/a
2 Vaccinations				
a ADT	per vaccine	\$13.20	\$13.60	n/a

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ITEMS INCREASING BY WAGE PRICE INDEX (3.0% ROUNDED)**

Item	Frequency	2013-14 Charge ex. GST	2014-15 Charge ex. GST	2014-15 Charge inc. GST	
b	Flu	per vaccine	\$16.70	\$17.20	n/a
c	Hepatitis A	per vaccine	\$69.00	\$71.00	n/a
d	Hepatitis B	per vaccine	\$21.90	\$22.60	n/a
e	Hepatitis A & B	per vaccine	\$60.50	\$62.50	n/a
f	MMR	per vaccine	\$29.90	\$30.80	n/a
g	Meningococcal C	per vaccine	\$75.00	\$77.50	n/a
h	Meningococcal A, C, W, Y	per vaccine	\$41.40	\$42.60	n/a
l	Rabies	per vaccine	\$112.00	\$115.00	n/a
j	Pertussis (Whooping Cough)	per vaccine	\$35.60	\$36.70	n/a
k	Typhoid	per vaccine	\$41.40	\$42.60	n/a
l	Varicella (Chicken Pox)	per vaccine	\$63.50	\$65.50	n/a
m	Cholera	per vaccine	\$54.80	\$56.40	n/a
n	Hepatitis A & Typhoid	per vaccine	\$125.20	\$129.00	n/a
o	Japanese Encephalitis	pack for 3 doses	\$350.80	\$361.30	n/a
p	Yellow Fever	per vaccine	\$54.80	\$56.40	n/a
L	Audiometry				
1	Adult Hearing Tests	per consultation	\$40.50	\$41.70	n/a
M	Medical Records and Health Reports				
1	Medical Practitioner / Health Professional Reports				
a	No further examination of the patient		\$236.00	\$243.00	n/a
b	As "a" by practitioner who has not previously treated patient		\$275.00	\$283.00	n/a
c	Where a re-examination is required		\$315.00	\$324.00	n/a
d	As "c" by practitioner who has not previously treated patient		\$391.00	\$403.00	n/a
2	Search Fees - includes cancellation fee, admin fee if nil records, medical certs not at time of consultation and time of birth.		\$47.50	\$49.00	\$53.90
3	Health Records provided to patient's solicitor incorporated into 3.		\$173.00	\$178.00	\$195.80
4	Health Records provided to insurer		\$173.00	\$178.00	\$195.80
O	Emergency Department				
1	Emergency Department Treatment	per visit	\$461.00	\$475.00	n/a
P	Dental Services				
	Group 0 - Examination/Diagnostic				
	Comprehensive Oral Exam		\$10.50	\$11.00	n/a
	Emergency Restorative Course of Care		\$38.50	\$39.50	n/a
	Emergency Prosthodontic Course of Care		\$38.50	\$39.50	n/a
	Consult (incl Exam)		\$11.50	\$12.00	n/a
	Consult Ext + 30 (incl Exam)		\$16.50	\$17.00	n/a
	Intraoral radiograph - occlusal, maxillary or mandibular - single film		\$11.00	\$11.50	n/a
	Extraoral radiograph - maxillary and/or mandibular - single film		\$12.00	\$12.50	n/a
	Biopsy of Tissue		\$19.00	\$19.50	n/a
	Pulp Test Per visit		nil	nil	n/a
	Diagnostic cast		\$11.00	\$11.50	n/a
	Group 1 - Preventative Services				
	Removal of Plaque and / or stain		\$10.50	\$11.00	n/a
	Calculus (supra & subging.) & Plaque Removal 1st visit		\$13.00	\$13.50	n/a

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Item	Frequency	2013-14 Charge ex. GST	2014-15 Charge ex. GST	2014-15 Charge inc. GST
Calculus (supra & subging.) & Plaque Removal Addit. visit		\$10.50	\$11.00	n/a
Bleaching, internal - per tooth		\$44.50	\$46.00	n/a
Bleaching, external - per tooth		\$38.50	\$39.50	n/a
Fluoride - Topical (including tooth mousse)		\$5.50	\$6.00	n/a
Dietary advice. Analysis and advice		\$5.50	\$6.00	n/a
Fissure Sealant - per tooth		\$10.00	\$10.50	n/a
Odontoplasty - per tooth		\$10.00	\$10.50	n/a
Group 2 - Periodontics				
Treatment of acute Periodontal Infection		\$12.00	\$12.50	n/a
Root Planing & Curettage (per 8 teeth or less)		\$20.50	\$21.00	n/a
Non-surgical periodontal treatment not otherwise specified - per visit		\$16.50	\$17.00	n/a
Gingivectomy (per 8 teeth or less)		\$31.50	\$32.50	n/a
Periodontal flap surgery (per 8 teeth or less)		\$56.00	\$57.50	n/a
Osseous surgery (per 8 teeth or less)		\$67.00	\$69.00	n/a
Root resection - per root		\$35.00	\$36.00	n/a
Periodontal surgery involving one tooth or an implant		\$13.50	\$14.00	n/a
Group 3 - Oral Surgery				
Removal of tooth or parts		\$19.00	\$19.50	n/a
Sectional removal of tooth. Bone removal maybe necessary		\$27.50	\$28.50	n/a
Surgical removal of tooth or tooth fragment not including bone		\$33.50	\$34.50	n/a
Surgical removal of tooth or tooth fragment including bone		\$42.50	\$44.00	n/a
Surgical removal of tooth or tooth fragment requiring both bone and tooth division		\$52.00	\$53.50	n/a
Alveolectomy per segment		\$20.00	\$20.50	n/a
Ostectomy		\$85.50	\$88.00	n/a
Reduction of fibrous tuberosity		\$30.00	\$31.00	n/a
Reduction of flabby ridge - per segment		\$16.50	\$17.00	n/a
Removal of fibrous hyperplasia		\$43.50	\$45.00	n/a
Removal of tumour, cyst or scar		\$32.50	\$33.50	n/a
Removal of tumour, cyst or scar involving muscle, bone or deep tissue		\$115.50	\$119.00	n/a
Surgery to salivary duct		\$101.50	\$104.50	n/a
Surgery to salivary gland		\$34.00	\$35.00	n/a
Removal or repair of soft tissue (not elsewhere defined)		\$32.00	\$33.00	n/a
Surgical removal of foreign body		\$17.50	\$18.00	n/a
Marsupialization of cyst		\$60.50	\$62.50	n/a
Surgical exposure to unerupted tooth		\$134.50	\$138.50	n/a
Reposition tooth / Splint		\$30.50	\$31.50	n/a
Replantation of / & Splinting of tooth		\$61.50	\$63.50	n/a
Frenectomy		\$29.00	\$30.00	n/a
Drainage of abscess or cyst		\$15.50	\$16.00	n/a
Surgery involving the maxially antrum		\$134.50	\$138.50	n/a
Control of reactionary or secondary post operative haemorrhage		\$11.00	\$11.50	n/a
Group 4 - Endodontics				
Direct pulp capping		\$5.50	\$6.00	n/a
Pulpotomy		\$13.00	\$13.50	n/a
Complete Endodontic treatment, incisor or canine tooth (415 & 417)		\$72.00	\$74.00	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)		\$104.00	\$107.00	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])		\$136.00	\$140.00	n/a
Extirpation of pulp and debridement of root canal(s) - emerg		\$20.50	\$21.00	n/a

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Item	Frequency	2013-14 Charge ex. GST	2014-15 Charge ex. GST	2014-15 Charge inc. GST
Resorbable root canal filling - primary tooth		\$45.00	\$46.50	n/a
Periapical curettage - per root		\$45.00	\$46.50	n/a
Apicectomy- per root		\$46.50	\$48.00	n/a
Apical seal - per canal		\$19.00	\$19.50	n/a
Sealing of perforation		\$54.50	\$56.00	n/a
Surgical treatment or repair of external root resorption		\$72.00	\$74.00	n/a
Exploration and/or negotiation of calcified canal -per canal, per visit		\$16.50	\$17.00	n/a
Removal of root filling, per canal		\$16.50	\$17.00	n/a
Removal of cemented root canal post or post crown		\$16.50	\$17.00	n/a
Removing or bypassing fractured endodontic instrument		\$14.50	\$15.00	n/a
Additional visit for irrigation and/or dressing of the root canal system - per tooth		\$16.50	\$17.00	n/a
Interim therapeutic root filling - per tooth		\$22.00	\$22.50	n/a
Group 5 - Restorative Services				
Metallic restoration - 1 surface - direct		\$16.50	\$17.00	n/a
Metallic restoration - 2 surface - direct		\$19.50	\$20.00	n/a
Metallic restoration - 3 surface - direct		\$26.50	\$27.50	n/a
Metallic restoration - 4 surface - direct		\$30.00	\$31.00	n/a
Metallic restoration - 5 surface - direct		\$33.50	\$34.50	n/a
Adhesive restoration - 1 surface - Anterior tooth - direct		\$18.50	\$19.00	n/a
Adhesive restoration - 2 surface - Anterior tooth - direct		\$23.00	\$23.50	n/a
Adhesive restoration - 3 surface - Anterior tooth - direct		\$28.00	\$29.00	n/a
Adhesive restoration - 4 surface - Anterior tooth - direct		\$31.50	\$32.50	n/a
Adhesive restoration - 5 surface - Anterior tooth - direct		\$36.00	\$37.00	n/a
Adhesive restoration - 1 surface Posterior tooth - direct		\$19.50	\$20.00	n/a
Adhesive restoration - 2 surface Posterior tooth - direct		\$27.50	\$28.50	n/a
Adhesive restoration - 3 surface Posterior tooth - direct		\$32.00	\$33.00	n/a
Adhesive restoration - 4 surface Posterior tooth - direct		\$37.00	\$38.00	n/a
Adhesive restoration - 5 surface Posterior tooth - direct		\$42.50	\$44.00	n/a
Stainless Steel Crown		\$47.00	\$48.50	n/a
Removal of inlay/onlay		\$15.50	\$16.00	n/a
Recementing onlay/inlay		\$13.50	\$14.00	n/a
Post - direct		\$24.00	\$24.50	n/a
Group 6 - Crown and Bridge				
Provisional Crown		\$26.00	\$27.00	n/a
Recrement Crown or veneer		\$14.50	\$15.00	n/a
Recrement bridge or splint		\$16.00	\$16.50	n/a
Removal of crown		\$11.00	\$11.50	n/a
Removal of bridge or splint		\$30.00	\$31.00	n/a
Group 7 - Prosthodontics				
Full Maxillary denture		\$124.00	\$127.50	n/a
Full Mandibular denture		\$124.00	\$127.50	n/a
Metal plate or mesh		\$237.50	\$244.50	n/a
Full Maxillary & Full Mandibular dentures		\$222.00	\$228.50	n/a
Partial Max Denture - resin base		\$100.50	\$103.50	n/a
Partial Mand Denture - resin base		\$100.50	\$103.50	n/a
Partial Max Denture - cast CO/CR base		\$351.50	\$362.00	n/a
Partial Mand Denture - cast CO/CR base		\$351.50	\$362.00	n/a
Resilient Lining in addit'n to new denture		\$27.00	\$28.00	n/a
Wrought Bar		\$29.00	\$30.00	n/a

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Item	Frequency	2013-14 Charge ex. GST	2014-15 Charge ex. GST	2014-15 Charge inc. GST
Metal Backing - per backing		\$27.00	\$28.00	n/a
Denture Adjustment (not new)		\$38.50	\$39.50	n/a
Reline -Complete denture		\$49.50	\$51.00	n/a
Reline -Part denture		\$38.50	\$39.50	n/a
Remodel - complete denture		\$91.50	\$94.00	n/a
Remodel - Partial denture		\$72.00	\$74.00	n/a
Clean and polish of pre-existing denture		\$38.50	\$39.50	n/a
Denture base modification		\$46.00	\$47.50	n/a
Repair to metal casting: one point		\$116.00	\$119.50	n/a
Tissue conditioning preparatory to impressions - per application		\$10.50	\$11.00	n/a
Identification		\$5.50	\$6.00	n/a
Group 9 - General Services				
Travel to provide service		\$12.00	\$12.50	n/a
Minor Occlusal adjustment		\$10.00	\$10.50	n/a
Occlusal splint		\$83.50	\$86.00	n/a
Adjust occlusal splint		\$13.00	\$13.50	n/a
Repair/addition - occlusal splint		\$48.00	\$49.50	n/a
Splinting and stabilization - direct - per tooth		\$15.50	\$16.00	n/a
Post-operative care not elsewhere included		\$12.00	\$12.50	n/a
Group A - Restorative Referral Scheme (No ADA Item Numbers)				
Complete Endodontic treatment, incisor or canine tooth (415 & 417)		\$88.00	\$90.50	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)		\$104.00	\$107.00	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])		\$136.00	\$140.00	n/a
Group B - Child & Youth Dental				
Standard Annual Fee		\$58.50	\$60.50	n/a
Group C - Child and Youth Extra Fee Services				
Passive/Active removable appliance - one arch		\$58.00	\$59.50	n/a
Functional orthopaedic appliance		\$45.50	\$47.00	n/a
Passive fixed appliance		\$37.00	\$38.00	n/a
Extra-oral appliance		\$148.50	\$153.00	n/a
Repair removable appliance		\$13.50	\$14.00	n/a
Repair removable appliance - clasp, spring or tooth additional to removable appliance		\$13.00 \$13.50	\$13.50 \$14.00	n/a n/a
Relining removable appliance		\$23.00	\$23.50	n/a
Occlusal splint		\$45.50	\$47.00	n/a
Q Medical Imaging Services				
1 Services to patients - Copies of films to patients/solicitors/coroner/police/insurers etc.				
a 35cm x 43cm sheet	per sheet	\$10.70	\$11.00	n/a
b CDs	each	\$2.75	\$2.85	n/a
c DVB Laser Film	per sheet	\$10.70	\$11.00	n/a
d Service Fee	per order processed	\$33.00	\$34.00	\$37.40
e Research MRI - Non funded pilot project	each	\$190.00	\$196.00	n/a
f Research MRI - Funded project without radiologist input	each	\$262.00	\$270.00	n/a
g Research MRI - PPTF Funded project without Radiologist input	each	\$214.00	\$220.00	n/a

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Item	Frequency	2013-14 Charge ex. GST	2014-15 Charge ex. GST	2014-15 Charge inc. GST	
h	Research MRI - PPTF Funded project with Radiologist input	each	\$333.00	\$343.00	n/a
i	Aged Pensioner Service and Film Fee	each	\$32.00	\$33.00	\$36.30
j	Coroners Fee	each	\$186.00	\$192.00	n/a
2	Radiographer services to external agencies				
a	Monday to Friday	per hour	\$151.00	\$156.00	\$171.60
b	Saturday and Sunday	per hour	\$165.00	\$170.00	\$187.00
c	Public Holidays	per hour	\$220.00	\$227.00	\$249.70
e	Processing	per occasion of service	\$53.00	\$54.50	\$59.95
3	Non-rebatable services to outpatients				
a	MRI	per scan	\$353.00	\$364.00	n/a
b	MRI - Breast	per scan	\$496.00	\$511.00	n/a
c	MRI - Breast Core Biopsy	per session	\$384.00	\$396.00	n/a
d	Non-rebateable Sedation in MRI	each	\$53.00	\$54.50	n/a
e	Non-rebateable Contrast in MRI	each	\$53.00	\$54.50	n/a
f	Positron Emission Tomography Scan	per scan	\$938.00	\$966.00	n/a
g	Non-refundable CT Colonography	each	\$713.00	\$734.00	n/a
h	Non-refundable Bone Density Scan (DEXA)	each	\$110.00	\$113.00	n/a
R	Pain Management Service				
1	Multidisciplinary Assessment	per assessment	\$1,181.00	\$1,216.00	n/a
2	Cognitive Behaviour Therapy program (2 week program)	per program	\$5,011.00	\$5,161.00	n/a
3	One-day Education Program for Chronic Pain (JUMP)	per program	\$502.00	\$517.00	n/a
S	Rehabilitation, Aged & Community Care				
1	Community - Based Rehabilitation Services				
	General services to whom fees apply and commercial consultancy services				
a	Allied Health Staff				
i)	Appointment		\$67.00	\$69.00	\$75.90
b	Education and/or Training (for student groups, private and public sector staff groups)				
i)	Per facilitator - Business hours	per hour (half hr min)	\$67.00	\$69.00	\$75.90
ii)	Per facilitator - After hours	per hour (half hr min)	\$105.00	\$108.00	\$118.80
2	Independent Living Centre				
a	Appointment fee for clients with third party payer				
i)	Assisted appointment and/or report writing	per hour (half hr min)	\$67.00	\$69.00	n/a
ii)	Non attendance at appointment		\$18.00	\$18.50	\$20.35
b	Unassisted appointments - service provided by third party agency with ILC facilities used	per hour (half hr min)	\$40.00	\$41.00	\$45.10
c	Education and/or Training (for private organisations and interstate government staff)				
i)	ILC Education	per half day	\$86.50	\$89.00	\$97.90
ii)	ILC Education	per full day	\$159.00	\$164.00	\$180.40

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d	Second hand register				
	i) for items over \$500	\$24.00	\$24.50	\$26.95	
	ii) for items under \$500	\$12.50	\$13.00	\$14.30	
	iii) for more than 1 item	\$24.00	\$24.50	\$26.95	
e	Room Hire				
	i) Room Hire - Commercial Sector rate	per hour (half hr min)	\$33.50	\$34.50	\$37.95
	ii) Room Hire - Public Sector and Community rate	per hour (half hr min)	\$24.00	\$24.50	\$26.95
4	Prosthetic and Orthotic Services				
a	New prosthesis for compensable and private clients - labour	per hour (half hr min)	\$67.00	\$69.00	n/a
c	Repair prosthesis for compensable and private clients-labour	per hour (half hr min)	\$67.00	\$69.00	n/a
l	New orthoses	per hour (half hr min)	\$67.00	\$69.00	n/a
			+ Component costs	+ Component costs	
j	Repairs to Orthoses	per hour (half hr min)	\$67.00	\$69.00	n/a
			+ Component costs	+ Component costs	
k	Orthotics assessments for private and compensable clients	per hour (half hr min)	\$67.00	\$69.00	n/a
5	Driver Rehabilitation Service				
	Non Compensable Patients				
a	Initial Assessment and Report by Occupational Therapist	per assessment	\$541.00	\$557.00	n/a
b	Initial Assessment by Driving Instructor	per assessment	\$218.00	\$225.00	\$247.50
c	Re-Assessment by Occupational Therapist	per assessment	\$133.00	\$137.00	n/a
d	Lesson	per lesson	\$116.00	\$119.00	\$130.90
	Compensable Patients				
e	Initial Assessment and Report by Occupational Therapist	per assessment	\$742.00	\$764.00	n/a
f	Re-Assessment by Occupational Therapist	per assessment	\$322.00	\$332.00	n/a
g	Lesson	per lesson	\$116.00	\$119.00	\$130.90
6	Specialised Wheelchair and Posture Seating (SWAPS)				
a	For compensable and private clients:				
	i) Seating Therapist	per hour (half hr min)	\$67.00	\$69.00	n/a
	ii) Technician (Non manufacture)	per hour (half hr min)	\$67.00	\$69.00	n/a
			+ Component costs	+ Component costs	

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Item	Frequency	2013-14 Charge ex. GST	2014-15 Charge ex. GST	2014-15 Charge inc. GST	
7	Clinical Technology Service Workshop				
a	Rehabilitation aids maintenance and repair	per hour (half hr min)	\$67.00	\$69.00	n/a
			+	+	
			Component costs	Component costs	
b	Equipment componentry manufacture	per hour (half hr min)	\$67.00	\$69.00	n/a
			+	+	
			Component costs	Component costs	
8	Community Care Program				
a	Nursing and Allied Health education - Business hours	per hour	\$67.00	\$69.00	\$75.90
b	Nursing and Allied Health education - After hours	per hour	\$101.00	\$104.00	\$114.40
c	Nursing and Allied Health education (tertiary standard) - business hours	per hour	\$200.00	\$206.00	\$226.60
d	Nursing and Allied Health education (tertiary standard) - after hours	per hour	\$298.00	\$307.00	\$337.70
e	Consultation in private hospitals	per hour	\$67.00	\$69.00	\$75.90
f	Community Nursing				
	Compensable non-inpatients and non-eligible clients of Community Health Service				
i)	Business Hours	per hour	\$67.00	\$69.00	n/a
g	Consultation overseas clients	per hour	\$67.00	\$69.00	n/a
9	Day Care				
a	Day care meals	per meal	\$7.40	\$7.60	n/a
T	Health Protection Services				
1	Scientific Services				
a	Other than the ACT Coroner's Office	per hour	\$171.00	\$176.00	\$193.60
b	ACT Coroner's Office (Attorney-General's Dept)	per matter	\$1,090.00	\$1,123.00	\$1,235.30
2	Other				
a	Consultation - Business hours	per hour	\$121.00	\$125.00	\$137.50
b	Consultation - After hours	per hour	\$149.00	\$153.00	\$168.30
c	Exhumations	per matter	\$428.00	\$441.00	\$485.10
d	Food Safety Training	per session	\$515.00	\$530.00	\$583.00
U	Acute Support Fees				
2	Acute Support Fees				
a	Chronic pain management course for compensation clients	per session	\$48.00	\$49.50	\$54.45
b	Sale of infection control manual	per manual	\$92.00	\$95.00	\$104.50
g	Hydrotherapy Pool (External Users)	per hour	\$103.00	\$106.00	\$116.60
3	Allied Health				
g	Diabetes Education:				
	Compensable non-inpatients and non-eligible clients of Diabetes Service:				
i)	Ordinary Hours	per hour	\$67.00	\$69.00	n/a

1 JULY 2014 - ANNUAL INCREASE OF FEES & CHARGES
ITEMS INCREASING BY WAGE PRICE INDEX (3.0% ROUNDED)

Item	Frequency	2013-14 Charge ex. GST	2014-15 Charge ex. GST	2014-15 Charge inc. GST
4 Other Medical Supplies				
ar "Replacement of Child Personal Health Record" (Blue Book)	per item	\$10.00	\$10.50	\$11.55
au Glucose Sensor	per item	\$77.70	\$80.05	n/a
av Elimination Diet Handbook	per item	\$21.50	\$22.00	\$24.20
5 Home Enteral Nutrition Program				
a Equipment Only 0-6 years 11 months	per week	\$15.90	\$16.40	n/a
b Equipment Only 7-12 years 11 months	per week	\$15.90	\$16.40	n/a
c Equipment Only 13+ years	per week	\$15.90	\$16.40	n/a
d Supplementary Feeding 0-6 years 11 months	per week	\$26.60	\$27.40	n/a
e Supplementary Feeding 7-12 years 11 months	per week	\$46.80	\$48.20	n/a
f Supplementary Feeding 13+ years	per week	\$48.00	\$49.40	n/a
g Enteral Feeding 0-6 years 11 months	per week	\$33.30	\$34.30	n/a
h Enteral Feeding 7-12 years 11 months	per week	\$53.50	\$55.00	n/a
i Enteral Feeding 13+ years	per week	\$56.00	\$57.50	n/a

1 JULY 2014 - ANNUAL INCREASE OF FEES & CHARGES
ITEMS INCREASING BY NATIONAL CONSUMER PRICE INDEX (2.9% ROUNDED)

Item	Frequency	2013-14 Charge ex. GST	2014-15 Charge ex. GST	2014-15 Charge inc. GST	
A Hospital Accommodation Fees - Standard Patients					
1 a	In multiple-bed room	per day	\$326.00	\$335.00	n/a
b	In single room not at patients request	per day	\$326.00	\$335.00	n/a
c	In single room at patients request	per day	\$564.00	\$580.00	n/a
			Or Fee as specified in agreement between the relevant health fund and the relevant ACT Public Hospital	Or Fee as specified in agreement between the relevant health fund and the relevant ACT Public Hospital	
B Hospital Accommodation Fees - Day Care Patients					
a	Type B	per day	\$236.00	\$243.00	n/a
b	Local anaesthetic, no sedation - < 1 hour	per day	\$263.00	\$271.00	n/a
c	General or regional anaesthetic/intravenous sedation - < 1 hour	per day	\$290.00	\$298.00	n/a
d	General or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$326.00	\$335.00	n/a

**1 JULY 2014 - ANNUAL INCREASE OF FEES & CHARGES
CHANGES OTHER THAN WPI OR CPI**

Item	Frequency	2013-14 Charge ex. GST	2014-15 Charge ex. GST	2014-15 Charge inc. GST
C Hospital Accommodation Fees				
1 Hospital Patient	per day	\$53.55	\$55.80	n/a
2 Private Patient	per day	\$164.75	\$167.00	n/a
D Hostel Fees				
1 Hostel Accommodation Fees	per day	\$40.80	\$42.50	n/a
F Pathology Service Fees				
1 Non-Medicare Testing				
c Collection fee for collection of research trials	per test	\$26.00	\$27.00 plus freight costs at cost recovery only	\$29.70 plus freight costs at cost recovery only
m BRAF Mutation Testing - If not Medicare eligible	per test	\$230.00	\$196.00	n/a
n Pneumococcal Testing cost recovery	per test	\$150.00	\$30.00	n/a
2 Where the Pathology Service provided involves Inpatient Services				
a a non-eligible person		100% of Medicare Benefits Schedule Fee	270% of Medicare Benefits Schedule Fee	n/a
b a compensable patient		125% of Medicare Benefits Schedule Fee	270% of Medicare Benefits Schedule Fee	n/a
3 Where the Pathology Service provided involves Outpatient Services				
a a non-eligible person		100% of Medicare Benefits Schedule Fee	270% of Medicare Benefits Schedule Fee	n/a
b a compensable patient		125% of Medicare Benefits Schedule Fee	270% of Medicare Benefits Schedule Fee	n/a
H Non Eligible or Compensable Outpatient Service Fee				
1 First visit	per visit	\$196.00	\$300.00	n/a
2 Second & subsequent visits	per visit	\$128.00	\$138.00	n/a
Q Medical Imaging Services				
4 Where the Medical Imaging Service provided involves Inpatient Services				
a a non-eligible patient		100% of Medicare Benefits Schedule Fee	270% of Medicare Benefits Schedule Fee	n/a

**1 JULY 2014 - ANNUAL INCREASE OF FEES & CHARGES
CHANGES OTHER THAN WPI OR CPI**

Item	Frequency	2013-14 Charge ex. GST	2014-15 Charge ex. GST	2014-15 Charge inc. GST
b a compensable patient		125% of Medicare Benefits Schedule Fee	270% of Medicare Benefits Schedule Fee	n/a
5 Where the Medical Imaging Service provided involves Outpatient Services				
a a non-eligible patient		100% of Medicare Benefits Schedule Fee	270% of Medicare Benefits Schedule Fee	n/a
b a compensable patient		125% of Medicare Benefits Schedule Fee	270% of Medicare Benefits Schedule Fee	n/a
R Pain Management Service				
4 Psychology				
a Psychology Assessment	per assessment	\$227.00	\$375.00	n/a
5 Medical Assessment and Follow-ups				
a First Visit	per visit	\$258.00	\$300.00	n/a
b Second & Subsequent Visits	per visit	\$128.00	\$138.00	n/a

Item	Old Fee Name	Old Fee	Item	New Fee Name	Frequency	2014-15 Charge ex. GST	2014-15 Charge inc. GST
A	Hospital Accommodation Fees - Standard Patients						
	2. Compensable Patients						
	a Critical Care		a	Critical Care			
	i) ICU	\$4,990.00	i)	First 21 days per episode	per day	\$3,606.00	n/a
	ii) NICU	\$2,737.00	ii)	Over 21 Days	per day	\$1,577.00	
	iii) CCU	\$1,435.00					
	b Inpatient (other than critical care)	\$1,034.00	b	Other Inpatient			
			i)	First 21 days per episode	per day	\$1,756.00	n/a
			ii)	Over 21 Days	per day	\$978.00	n/a
	3. Non-Eligible Patients						
	a Critical Care		a	Critical Care			
	i) ICU	\$4,990.00	i)	First 21 days per episode	per day	\$4,882.00	n/a
	ii) NICU	\$2,737.00	ii)	Over 21 Days	per day	\$2,796.00	n/a
	iii) CCU	\$1,435.00					
	b Inpatient (other than critical care)	\$1,034.00	b	Other Inpatient			
			i)	First 21 days per episode	per day	\$1,926.00	n/a
			ii)	Over 21 Days	per day	\$1,128.00	n/a

**1 JULY 2014 - ANNUAL INCREASE OF FEES & CHARGES
NEW AND DELETED FEES**

Item	Frequency	2013-14 Charge ex. GST	2014-15 Charge ex. GST	2014-15 Charge inc. GST
F Pathology Service Fees				
1	Non-Medicare Testing			
o	EGFR Mutation Testing - If not Medicare eligible	per test	- \$338.00	n/a
p	KRAS Mutation Testing - If not Medicare eligible	per test	- \$196.00	n/a
q	Environmental Testing	per request	- \$52.00	\$57.20
r	Supervised Urine Drug Screen	per request	- \$45.00	\$49.50
Q Medical Imaging Services				
1	Services to patients - Copies of films to patients/solicitors/coroner/police/insurers etc.			
a	18cm x 24cm sheet	per sheet	\$6.70 DELETED	
b	24cm x 30cm sheet	per sheet	\$7.95 DELETED	
d	35mm slides	each	\$9.30 DELETED	
e	Digital slides	each	\$2.75 DELETED	
f	Laminating	each	\$2.75 DELETED	
h	OPG sheets	per sheet	\$7.95 DELETED	
R Pain Management Service				
4	Exercise Program	per program	\$8.65 DELETED	
T Health Protection Services				
1	Scientific Services			
c	Asbestos Id single sample	per matter	- \$83.64	\$92.00
d	Asbestos Id additional samples	per matter	- \$50.00	\$55.00
e	Regular client Asbestos Fibre Count per Filter Counted	per matter	- \$101.82	\$112.00
U Acute Support Fees				
3	Allied Health			
f	Shoulder Pulley	per item	- At cost	At cost + 10%
4	Other Medical Supplies			
p	Recognise Flash Cards	per item	- At cost	n/a
q	Mirror Box	per item	- At cost	n/a
t	Ankle Foot Orthosis	per item	- At cost	n/a
u	Formfit night ankle and foot resting splint	per item	- At cost	n/a
ac	Collar Cervical Rigid (Miami J) Liner	per item	- At cost	n/a
ag	Wrist Widget wrist stabilisation splint	per item	- At cost	n/a
ba	Paediatric Rhino Brace	per item	- At cost	n/a
bb	Correction Hip Abduction Brace (Paediatric)	per item	- At cost	n/a
bf	Therabubble (bubblePEP device)	per item	- At cost	n/a
V Clinical Support Fees				
1	Medical Physics Services	per hour	- \$171.00	n/a
2	Biomedical Engineering Services	per hour	- \$130.00	n/a