

# Explanatory Statement

## Health (Fees) Determination 2018 (No 1)

### Disallowable Instrument DI2018-153

made under the

***Health Act 1993, s 192 (Determination of Fees)***

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This Determination of Fees revokes and replaces the Determination of Fees DI2017-193, dated 20 July 2017.

The Determination comes into effect on 1 July 2018 and reproduces Determination DI2017-193 except for:

- items on Attachment A, which have increased by the Wage Price Index of 2.5% (subject to rounding);
- items on Attachment B, which have increased by the National Consumer Price Index of between 1.9% - 2.1% (subject to rounding);
- items on Attachment C, which have either been removed or added to the fee determination;
- item F (Pathology) 1(h) for FiSH Haematology Oncology has decreased from \$302.00 to \$230.95 in-line with this fee being included on the Medicare Schedule of Fees.
- minor amendments to the definitions;
- minor wording, numbering and formatting changes; and
- the date of effect.

**1 JULY 2018 - ANNUAL INCREASE OF FEES & CHARGES  
ITEMS INCREASING BY WAGE PRICE INDEX (2.50% ROUNDED)**

Item	Frequency	2017-18 Charge ex. GST	2018-19 Charge ex. GST	2018-19 Charge inc. GST	
<b>A Hospital Accommodation Fees and Other Admitted Patient Fees - Standard Patients</b>					
1 c	In single room at patients request	per day	\$609.00	\$624.20	n/a
d	Hospital in the Home	per day	\$212.00	\$217.30	n/a
<b>2 Compensable</b>					
a	Critical Care <sup>1</sup>				
i)	First 21 days per episode	per day	\$3,839.00	\$3,934.95	n/a
ii)	Over 21 Days	per day	\$1,679.00	\$1,720.95	n/a
b	Other Inpatient <sup>2</sup>				
i)	First 21 days per episode	per day	\$1,870.00	\$1,916.75	n/a
ii)	Over 21 Days	per day	\$1,041.00	\$1,067.00	n/a
c	Hospital in the Home	per day	\$458.00	\$469.45	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	\$2,852.00	\$2,923.30	n/a
	ii) Other procedures (including day only surgical patients)	per treatment	\$999.00	\$1,023.95	n/a
<b>3 Non-Eligible</b>					
a	Critical Care <sup>1</sup>				
i)	First 21 days per episode	per day	\$5,198.00	\$5,327.95	n/a
ii)	Over 21 Days	per day	\$2,977.00	\$3,051.40	n/a
b	Other Inpatient <sup>2</sup>				
i)	First 21 days per episode	per day	\$2,051.00	\$2,102.25	n/a
ii)	Over 21 Days	per day	\$1,202.00	\$1,232.05	n/a
c	Hospital in the Home	per day	\$458.00	\$469.45	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	\$2,852.00	\$2,923.30	n/a
	ii) Other procedures (including day only surgical patients)	per treatment	\$999.00	\$1,023.95	n/a
<b>C Hospital Accommodation Fees - Nursing Home Type Patients</b>					
2	Private patient	per day	\$180.75	\$185.05	n/a
<b>D Hostel Fees</b>					
1	Hostel Accommodation Fees	per day	\$44.80	\$45.90	n/a
2	Group House - Maintenance Fee	per fortnight	\$14.10	\$14.45	n/a
<b>E Other Accommodation</b>					
1	In Residences - Patients				
a	Room Only (single)	per day	\$43.00	\$44.10	n/a
b	Room Only (double)	per day	\$60.00	\$61.50	n/a
2	In Residences - Non Patients				
a	Room Only (single)	per day	\$39.10	\$40.10	\$44.10
b	Room Only (double)	per day	\$54.55	\$55.90	\$61.50
<b>F Pathology Service Fees</b>					
1	Non-Medicare Testing				
c	Collection fee for collection of research trials	per test	\$28.50	\$29.20	\$32.12
d	DNA Extraction and Storage	per test	\$99.00	\$101.45	n/a
g	Spore Testing	per ampoule	\$13.00	\$13.30	\$14.63
p	Environmental Testing	per request	\$52.00	\$53.30	\$58.63
v	Surveillance Screening	per test	\$35.00	\$35.90	n/a

<b>G Incidental Outpatient Charges</b>					
4	PAP Machine Hire	per hire	\$225.00	\$230.60	n/a
5	Tuberculosis Testing				
a	Standard Test and Medical Review	per test	\$71.00	\$72.75	n/a
b	Standard Test and Medical Review - Students	per test	\$57.00	\$58.40	n/a
<b>H Non Eligible or Compensable Service Fee</b>					
1	First Visit Medical Practitioner	per visit	\$319.00	\$326.95	n/a
2	Second & Subsequent Visits Medical Practitioner	per visit	\$147.00	\$150.65	n/a
4	Nursing or Allied Health Consult - Long (60 minutes or longer)	per visit	\$134.00	\$137.35	n/a
5	Nursing or Allied Health Consult - Standard (30 to 60 minutes)	per visit	\$71.50	\$73.30	n/a
6	Nursing or Allied Health Consult - Short (less than 30 minutes)	per visit	\$44.60	\$45.70	n/a
7	Nursing or Allied Health Education Services - Group	per visit/per attendee	\$26.70	\$27.35	n/a
8	Compulsory Third Party Motor Vehicle Insurance - Community Care Program				
a	Initial Consultation (standard)	per visit	\$88.00	\$90.20	\$99.22
b	Initial Consultation (complex)	per visit	\$134.00	\$137.35	\$151.09
c	Initial Consultation Home Visit (standard)	per visit	\$108.00	\$110.70	\$121.77
d	Initial Consultation Home Visit (complex)	per visit	\$159.00	\$162.95	\$179.25
e	Review (standard)	per visit	\$73.00	\$74.80	\$82.28
f	Review (complex)	per visit	\$119.00	\$121.95	\$134.15
g	Review Home Visit (standard)	per visit	\$108.00	\$110.70	\$121.77
h	Review Home Visit (complex)	per visit	\$138.00	\$141.45	\$155.60
9	Tuberculosis Testing				
a	Standard Test and Medical Review	per test	\$243.00	\$249.05	n/a
b	Standard Test and Medical Review - Students	per test	\$194.00	\$198.85	n/a
<b>J Capital Region Cancer Service</b>					
1	Copies of mammograms	per set	\$43.90	\$45.00	n/a
<b>K Staff Vaccinations for Private Purposes</b>					
All vaccinations attract a service fee plus the following vaccine cost -					
1	Service Fee	per visit	\$14.90	\$15.25	n/a
2	Vaccinations				
a	ADT	per vaccine	\$14.50	\$14.85	n/a
b	Flu	per vaccine	\$18.40	\$18.85	n/a
c	Hepatitis A	per vaccine	\$75.50	\$77.40	n/a
d	Hepatitis B	per vaccine	\$24.10	\$24.70	n/a
e	Hepatitis A & B	per vaccine	\$66.50	\$68.15	n/a
f	MMR	per vaccine	\$32.70	\$33.50	n/a
g	Meningococcal C	per vaccine	\$82.50	\$84.55	n/a
h	Meningococcal A, C, W, Y	per vaccine	\$45.40	\$46.55	n/a
i	Rabies	per vaccine	\$122.00	\$125.05	n/a
j	Pertussis (Whooping Cough)	per vaccine	\$39.10	\$40.10	n/a
k	Typhoid	per vaccine	\$45.40	\$46.55	n/a
l	Varicella (Chicken Pox)	per vaccine	\$70.00	\$71.75	n/a
m	Cholera	per vaccine	\$60.10	\$61.60	n/a
n	Hepatitis A & Typhoid	per vaccine	\$137.30	\$140.75	n/a
o	Japanese Encephalitis	pack for 3 doses	\$384.75	\$394.35	n/a
p	Yellow Fever	per vaccine	\$60.10	\$61.60	n/a
<b>L Clinical Support Fees</b>					
1	Medical Physics Services	per hour	\$183.00	\$187.55	n/a
2	Biomedical Engineering Services	per hour	\$139.00	\$142.45	n/a
<b>M Medical Records and Health Reports</b>					
1	Medical Practitioner / Health Professional Reports				
a	No further examination of the patient		\$259.00	\$265.45	n/a
b	As "a" by practitioner who has not previously treated patient		\$302.00	\$309.55	n/a
c	Where a re-examination is required		\$345.00	\$353.60	n/a
d	As "c" by practitioner who has not previously treated patient		\$429.00	\$439.70	n/a

2	Search Fees - includes cancellation fee, admin fee if nil records, medical certs not at time of consultation and time of birth.		\$52.50	\$53.80	\$59.18
3	Health Records provided to patient's solicitor		\$190.00	\$194.75	\$214.23
4	Health Records provided to insurer		\$190.00	\$194.75	\$214.23
O Emergency Department					
Non-eligible, Compensable and Defence Patients:					
1	Emergency Department Treatment	per visit	\$506.00	\$518.65	n/a
P Dental Services					
Group 0 - Examination/Diagnostic					
	Comprehensive Oral Exam		\$12.00	\$12.30	n/a
	Periodic Exam		\$7.50	\$7.70	n/a
	Emergency Restorative Course of Care		\$42.00	\$43.05	n/a
	Emergency Prosthodontic Course of Care		\$42.00	\$43.05	n/a
	Consult (incl Exam)		\$13.00	\$13.30	n/a
	Consult Ext + 30 (incl Exam)		\$18.50	\$18.95	n/a
	X-Ray - 1 film PA or BW		\$7.50	\$7.70	n/a
	Intraoral radiograph - occlusal, maxillary or mandibular - single film		\$12.50	\$12.80	n/a
	Extraoral radiograph - maxillary and/or mandibular - single film		\$13.50	\$13.85	n/a
	Caries activity screening test		\$7.00	\$7.15	n/a
	Biopsy of Tissue		\$21.00	\$21.50	n/a
	Diagnostic cast		\$12.50	\$12.80	n/a
	Photographic Records - Intraoral		\$7.50	\$7.70	n/a
Group 1 - Preventative Services					
	Removal of Plaque and / or stain		\$12.00	\$12.30	n/a
	Recontouring - pre existing restoration/s		\$3.50	\$3.60	n/a
	Calculus (supra & subging.) & Plaque Removal 1st visit		\$14.50	\$14.85	n/a
	Calculus (supra & subging.) & Plaque Removal Addit. visit		\$12.00	\$12.30	n/a
	Enamel micro- abrasion - per tooth		\$8.50	\$8.70	n/a
	Bleaching, internal - per tooth		\$49.50	\$50.75	n/a
	Bleaching, external - per tooth		\$42.00	\$43.05	n/a
	Fluoride - Topical (including tooth mousse)		\$6.00	\$6.15	n/a
	Concentrated fluoride, application single tooth		\$5.00	\$5.15	n/a
	Dietary advice. Analysis and advice		\$6.00	\$6.15	n/a
	Oral Hygiene Instr. (if more than 10 mins.)		\$8.50	\$8.70	n/a
	Fissure Sealant - per tooth		\$11.50	\$11.80	n/a
	Apply Desensitising Agent		\$5.00	\$5.15	n/a
	Odontoplasty - per tooth		\$11.50	\$11.80	n/a
Group 2 - Periodontics					
	Treatment of acute Periodontal Infection		\$13.50	\$13.85	n/a
	Non Surgical Treatment of Peri Implant Disease		\$18.50	\$18.95	n/a
	Osseous surgery (per 8 teeth or less)		\$73.50	\$75.35	n/a
	Root resection - per root		\$38.50	\$39.45	n/a
	Periodontal surgery involving one tooth or an implant		\$15.00	\$15.35	n/a
Group 3 - Oral Surgery					
	Removal of tooth or parts		\$21.00	\$21.50	n/a
	Sectional removal of tooth. Bone removal maybe necessary		\$30.50	\$31.25	n/a
	Surgical removal of tooth or tooth fragment not including bone		\$36.50	\$37.40	n/a
	Surgical removal of tooth or tooth fragment including bone		\$46.50	\$47.65	n/a
	Surgical removal of tooth or tooth fragment requiring both bone and tooth division		\$57.00	\$58.40	n/a
	Alveolectomy per segment		\$22.00	\$22.55	n/a
	Ostectomy		\$94.00	\$96.35	n/a
	Reduction of fibrous tuberosity		\$33.00	\$33.80	n/a
	Reduction of flabby ridge - per segment		\$18.50	\$18.95	n/a
	Removal of fibrous hyperplasia		\$47.50	\$48.70	n/a
	Removal of tumour, cyst or scar		\$35.50	\$36.40	n/a
	Removal of tumour, cyst or scar involving muscle, bone or deep tissue		\$127.00	\$130.15	n/a
	Surgery to salivary duct		\$111.00	\$113.75	n/a

Surgery to salivary gland	\$37.00	\$37.90	n/a
Removal or repair of soft tissue (not elsewhere defined)	\$35.00	\$35.90	n/a
Surgical removal of foreign body	\$19.50	\$20.00	n/a
Marsupialization of cyst	\$66.50	\$68.15	n/a
Surgical exposure to unerupted tooth	\$148.00	\$151.70	n/a
Reposition tooth / Splint	\$33.50	\$34.35	n/a
Replantation of /& Splinting of tooth	\$67.50	\$69.20	n/a
Frenectomy	\$32.00	\$32.80	n/a
Drainage of abscess or cyst	\$17.50	\$17.95	n/a
Surgery involving the maxially antrum	\$148.00	\$151.70	n/a
Control of reactionary or secondary post operative haemorrhage	\$12.50	\$12.80	n/a
Group 4 - Endodontics			
Direct pulp capping	\$6.00	\$6.15	n/a
Pulpotomy	\$14.50	\$14.85	n/a
Extirpation of pulp and debridement of root canal(s) - emergency	\$22.50	\$23.05	n/a
Resorbable root canal filling - primary tooth	\$50.00	\$51.25	n/a
Periapical curettage - per root	\$50.00	\$51.25	n/a
Apicectomy- per root	\$51.50	\$52.80	n/a
Apical seal - per canal	\$21.00	\$21.50	n/a
Sealing of perforation	\$59.50	\$61.00	n/a
Surgical treatment or repair of external root resorption	\$78.50	\$80.45	n/a
Exploration and/or negotiation of calcified canal -per canal, per visit	\$18.50	\$18.95	n/a
Removal of root filling, per canal	\$18.50	\$18.95	n/a
Removal of cemented root canal post or post crown	\$18.50	\$18.95	n/a
Removing or bypassing fractured endodontic instrument	\$16.00	\$16.40	n/a
Additional visit for irrigation and/or dressing of the root canal system - per tooth	\$18.50	\$18.95	n/a
Interim therapeutic root filling - per tooth	\$24.00	\$24.60	n/a
Group 5 - Restorative Services			
Metallic restoration - 1 surface - direct	\$18.50	\$18.95	n/a
Metallic restoration - 2 surface - direct	\$21.50	\$22.05	n/a
Metallic restoration - 3 surface - direct	\$29.50	\$30.25	n/a
Metallic restoration - 4 surface - direct	\$33.00	\$33.80	n/a
Metallic restoration - 5 surface - direct	\$36.50	\$37.40	n/a
Adhesive restoration - 1 surface - Anterior tooth - direct	\$20.50	\$21.00	n/a
Adhesive restoration - 2 surface - Anterior tooth - direct	\$25.00	\$25.60	n/a
Adhesive restoration - 3 surface - Anterior tooth - direct	\$31.00	\$31.75	n/a
Adhesive restoration - 4 surface - Anterior tooth - direct	\$34.50	\$35.35	n/a
Adhesive restoration - 5 surface - Anterior tooth - direct	\$39.50	\$40.50	n/a
Adhesive restoration - 1 surface Posterior tooth - direct	\$21.50	\$22.05	n/a
Adhesive restoration - 2 surface Posterior tooth - direct	\$30.50	\$31.25	n/a
Adhesive restoration - 3 surface Posterior tooth - direct	\$35.00	\$35.90	n/a
Adhesive restoration - 4 surface Posterior tooth - direct	\$40.50	\$41.50	n/a
Adhesive restoration - 5 surface Posterior tooth - direct	\$46.50	\$47.65	n/a
Provisional (Intermediate / temporary) restoration	\$8.50	\$8.70	n/a
Metal band	\$7.00	\$7.15	n/a
Pin restoration -per pin	\$5.50	\$5.65	n/a
Stainless Steel Crown	\$52.00	\$53.30	n/a
Restoration of an incisal corner - per corner	\$5.50	\$5.65	n/a
Removal of inlay/onlay	\$17.50	\$17.95	n/a
Recementing onlay/inlay	\$15.00	\$15.35	n/a
Post - direct	\$26.00	\$26.65	n/a
Group 6 - Crown and Bridge			
Provisional Crown	\$28.50	\$29.20	n/a
Recrement Crown or veneer	\$16.00	\$16.40	n/a
Recrement bridge or splint	\$18.00	\$18.45	n/a
Removal of crown	\$12.50	\$12.80	n/a
Removal of bridge or splint	\$33.00	\$33.80	n/a
Group 7 - Prosthodontics			
Full Maxillary denture	\$135.50	\$138.90	n/a

Full Mandibular denture		\$135.50	\$138.90	n/a
Metal plate or mesh		\$260.00	\$266.50	n/a
Full Maxillary & Full Mandibular dentures		\$244.00	\$250.10	n/a
Partial Max Denture - resin base		\$110.00	\$112.75	n/a
Partial Mand Denture - resin base		\$110.00	\$112.75	n/a
Partial Max Denture - cast CO/CR base		\$385.50	\$395.15	n/a
Partial Mand Denture - cast CO/CR base		\$385.50	\$395.15	n/a
Resilient Lining in addit'n to new denture		\$30.00	\$30.75	n/a
Wrought Bar		\$32.00	\$32.80	n/a
Metal Backing - per backing		\$30.00	\$30.75	n/a
Denture Adjustment (not new)		\$42.00	\$43.05	n/a
Reline -Complete denture		\$54.50	\$55.85	n/a
Reline -Part denture		\$42.00	\$43.05	n/a
Remodel - complete denture		\$100.00	\$102.50	n/a
Remodel - Partial denture		\$78.50	\$80.45	n/a
Clean and polish of pre-existing denture		\$42.00	\$43.05	n/a
Denture base modification		\$51.00	\$52.30	n/a
Repair to metal casting: one point		\$127.50	\$130.70	n/a
Tissue conditioning preparatory to impressions - per application		\$12.00	\$12.30	n/a
Identification		\$6.00	\$6.15	n/a

#### Group 9 - General Services

Palliative care		\$8.50	\$8.70	n/a
Travel to provide service		\$13.50	\$13.85	n/a
Provision of medication/medicaments		\$5.00	\$5.15	n/a
Local anaesthesia (diagnosis or pain relief)		\$3.50	\$3.60	n/a
Minor Occlusal adjustment		\$11.50	\$11.80	n/a
Occlusal splint		\$92.00	\$94.30	n/a
Adjust occlusal splint		\$14.50	\$14.85	n/a
Repair/addition - occlusal splint		\$53.00	\$54.30	n/a
Splinting and stabilization - direct - per tooth		\$17.50	\$17.95	n/a
Post-operative care not elsewhere included		\$13.50	\$13.85	n/a
Treatment not otherwise included		\$8.50	\$8.70	n/a

#### Group A - Child & Youth Dental

Standard Fee per course of care		\$64.50	\$66.10	n/a
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#### Group B - Child and Youth Extra Fee Services

Passive/Active removable appliance - one arch		\$63.00	\$64.55	n/a
Functional orthopaedic appliance		\$50.50	\$51.75	n/a
Passive fixed appliance		\$40.50	\$41.50	n/a
Extra-oral appliance		\$162.50	\$166.55	n/a
Repair removable appliance		\$15.00	\$15.35	n/a
Repair removable appliance - clasp, spring or tooth		\$14.50	\$14.85	n/a
additional to removable appliance		\$15.00	\$15.35	n/a
Relining removable appliance		\$25.00	\$25.60	n/a
Occlusal splint		\$50.50	\$51.75	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	\$11.70	\$12.00	n/a
b	CDs	each	\$3.05	\$3.15	n/a
c	DVB Laser Film	per sheet	\$11.70	\$12.00	n/a
d	Service Fee	per order processed	\$36.00	\$36.90	\$40.59
e	Research MRI - Non funded pilot project	each	\$208.00	\$213.20	n/a
f	Research MRI - Funded project without radiologist input	each	\$287.00	\$294.15	n/a
g	Research MRI - PPTF Funded project without Radiologist input	each	\$235.00	\$240.85	n/a
h	Research MRI - PPTF Funded project with Radiologist input	each	\$365.00	\$374.10	n/a
i	Aged Pensioner Service and Film Fee	each	\$35.00	\$35.90	\$39.49
j	Coroners Fee	each	\$204.00	\$209.10	n/a

2	Radiographer services to external agencies				
a	Monday to Friday	per hour	\$166.00	\$170.15	\$187.17
b	Saturday and Sunday	per hour	\$182.00	\$186.55	\$205.21
c	Public Holidays	per hour	\$242.00	\$248.05	\$272.86
e	Processing	per occasion of service	\$58.00	\$59.45	\$65.40
3	Non-rebatable services to outpatients				
a	MRI	per scan	\$388.00	\$397.70	n/a
b	MRI - Breast	per scan	\$544.00	\$557.60	n/a
c	MRI - Breast Core Biopsy	per session	\$422.00	\$432.55	n/a
d	Non-rebateable Sedation in MRI	each	\$58.00	\$59.45	n/a
e	Non-rebateable Contrast in MRI	each	\$58.00	\$59.45	n/a
f	Positron Emission Tomography Scan	per scan	\$1,029.00	\$1,054.70	n/a
g	Non-refundable CT Colonography	each	\$781.00	\$800.50	n/a
h	Non-refundable Bone Density Scan (DEXA)	each	\$120.00	\$123.00	n/a
R	Pain Management Service				
	Provided to compensable non-inpatients and non-eligible non-inpatients of the Pain Management Unit of the Canberra Hospital				
1	Multidisciplinary Assessment	per assessment	\$1,294.00	\$1,326.35	n/a
2	Cognitive Behaviour Therapy program (2 week program)	per program	\$5,496.00	\$5,633.40	n/a
3	One-day Education Program for Chronic Pain (JUMP)	per program	\$550.00	\$563.75	n/a
4	Psychology				
a	Psychology Assessment	per assessment	\$399.00	\$408.95	n/a
b	Group Psychology Session	per session	\$111.00	\$113.75	n/a
5	Medical Assessment and Follow-ups				
a	First Visit	per visit	\$319.00	\$326.95	n/a
b	Second & Subsequent Visits	per visit	\$147.00	\$150.65	n/a
S	Rehabilitation, Aged & Community Care				
1	Community - Based Rehabilitation Services				
a	Allied Health Staff - Appointment	per hour	\$156.50	\$160.40	\$176.44
b	Education and/or Training (for student groups, private and public sector staff groups)	per hour	\$156.50	\$160.40	\$176.44
c	Maintenance Exercise Therapy Session	per session	\$8.00	\$8.20	n/a
2	Independent Living Centre				
a	Appointment fee for clients with third party payer				
	i) Assisted appointment and/or report writing	per hour	\$156.50	\$160.40	n/a
	ii) Non attendance at appointment	per occasion	\$20.00	\$20.50	\$22.55
b	Unassisted appointments - service provided by third party agency with ILC facilities used	per hour	\$43.50	\$44.60	\$49.06
c	Education and/or Training (for private organisations and interstate government staff)				
	i) ILC Education	per half day	\$95.00	\$97.35	\$107.09
	ii) ILC Education	per full day	\$175.00	\$179.35	\$197.29
d	Second hand register				
	i) for items over \$500		\$26.00	\$26.65	\$29.32
	ii) for items under \$500		\$14.00	\$14.35	\$15.79
	iii) for more than 1 item		\$26.00	\$26.65	\$29.32
e	Room Hire				
	i) Room Hire - Commercial Sector rate	per hour	\$36.50	\$37.40	\$41.14
	ii) Room Hire - Public Sector and Community rate	per hour	\$26.00	\$26.65	\$29.32
4	Prosthetic and Orthotic Services				
a	New prosthesis for compensable and private clients - labour	per hour	\$156.50	\$160.40	n/a
c	Repair prosthesis for compensable and private clients-labour	per hour	\$141.20	\$144.75	n/a
i	New orthoses	per hour	\$156.50	\$160.40	n/a
j	Repairs to Orthoses	per hour	\$141.20	\$144.75	n/a
k	Orthotics assessments for private and compensable clients	per hour	\$156.50	\$160.40	n/a

5	Driver Rehabilitation Service Non Compensable Patients				
a	Initial Assessment and Report by Occupational Therapist	per assessment	\$593.00	\$607.80	n/a
b	Initial Assessment by Driving Instructor	per assessment	\$240.00	\$246.00	\$270.60
c	Joint Assessment and Report by Occupational Therapist and Driving Instructor	per assessment	\$548.95	\$562.65	\$618.92
d	Re-Assessment by Occupational Therapist	per assessment	\$146.00	\$149.65	n/a
e	Lesson	per lesson	\$126.00	\$129.15	\$142.07
	Compensable Patients				
f	Initial Assessment and Report by Occupational Therapist	per assessment	\$814.00	\$834.35	n/a
g	Re-Assessment by Occupational Therapist	per assessment	\$353.00	\$361.80	n/a
h	Lesson	per lesson	\$126.00	\$129.15	\$142.07
6	Specialised Wheelchair and Posture Seating (SWAPS)				
a	For compensable and private clients:				
	i) Seating Therapist	per hour	\$156.50	\$160.40	n/a
	ii) Technician (Non manufacture)	per hour	\$141.20	\$144.75	n/a
7	Clinical Technology Service Workshop				
a	Rehabilitation aids maintenance and repair	per hour	\$141.20	\$144.75	n/a
b	Equipment componentry manufacture	per hour	\$141.20	\$144.75	n/a
8	Community Care Program				
a	Education				
	i) Nursing	per hour	\$83.73	\$85.80	\$92.10
	ii) Allied Health	per hour	\$156.50	\$160.40	\$176.44
b	Nursing and Allied Health education (tertiary standard) - business hours	per hour	\$219.00	\$224.50	\$246.95
c	Nursing and Allied Health education (tertiary standard) - after hours	per hour	\$326.00	\$334.15	\$367.57
d	Consultation in private hospitals				
	i) Nursing	per hour	\$83.73	\$85.80	\$92.10
	ii) Allied Health	per hour	\$156.50	\$160.40	\$176.44
e	Community Nursing				
	Compensable non-inpatients and non-eligible clients of Community Health Service				
	i) Business Hours	per hour	\$83.75	\$85.85	n/a
f	Consultation overseas clients				
	i) Nursing	per hour	\$83.75	\$85.85	n/a
	ii) Allied Health	per hour	\$156.50	\$160.40	n/a
9	Day Care				
a	Day care meals	per meal	\$8.05	\$8.25	n/a
T	Health Protection Services				
1	Scientific Services				
a	Other than the ACT Coroner's Office	per hour	\$188.00	\$192.70	\$211.97
b	ACT Coroner's Office (Attorney-General's Dept)	per matter	\$1,195.00	\$1,224.90	\$1,347.39
c	Asbestos Id single sample	per matter	\$90.00	\$91.82	\$101.00
d	Asbestos Id additional samples	per matter	\$53.64	\$54.55	\$60.00
e	Regular client Asbestos Fibre Count per Filter Counted	per matter	\$108.18	\$110.91	\$122.00
2	Other				
a	Consultation - Business hours	per hour	\$133.00	\$136.30	\$149.93
b	Consultation - After hours	per hour	\$163.00	\$167.05	\$183.76
c	Exhumations	per matter	\$469.00	\$480.70	\$528.77
d	Food Safety Training	per session	\$565.00	\$579.15	\$637.07
U	Acute Support Fees				
2	Acute Support and Other Medical Services				
a	Chronic pain management course for compensation clients	per session	\$53.00	\$54.30	\$59.73
b	Sale of infection control manual	per manual	\$101.00	\$103.50	\$113.85
g	Hydrotherapy Pool (External Users)	per hour	\$113.00	\$115.80	\$127.38



ar	"Replacement of Child Personal Health Record" (Blue Book)	per item	\$11.50	\$11.80	\$12.98
au	Glucose Sensor	per item	\$85.20	\$87.35	n/a
bn	Breast Pump Hire - per week	per item	\$8.00	\$8.20	n/a
3	Allied Health				
	Compensable non-inpatients and non-eligible clients:				
a	Physiotherapy - Antenatal Exercise Classes	per visit	\$8.00	\$8.20	n/a
4	Home Enteral Nutrition Program				
a	Equipment Only 0-6 years 11 months	per week	\$17.50	\$17.95	n/a
b	Equipment Only 7-12 years 11 months	per week	\$17.50	\$17.95	n/a
c	Equipment Only 13+ years	per week	\$17.50	\$17.95	n/a
d	Supplementary Feeding 0-6 years 11 months	per week	\$29.30	\$30.05	n/a
e	Supplementary Feeding 7-12 years 11 months	per week	\$51.50	\$52.80	n/a
f	Supplementary Feeding 13+ years	per week	\$52.50	\$53.80	n/a
g	Enteral Feeding 0-6 years 11 months	per week	\$36.50	\$37.40	n/a
h	Enteral Feeding 7-12 years 11 months	per week	\$58.50	\$59.95	n/a
i	Enteral Feeding 13+ years	per week	\$61.00	\$62.50	n/a

**1 JULY 2018 - ANNUAL INCREASE OF FEES & CHARGES**  
**ITEMS INCREASING BY NATIONAL CONSUMER PRICE INDEX (ROUNDED)**

Item	Frequency	2017-18 Charge ex. GST	2018-19 Charge ex. GST	2018-19 Charge inc. GST
A Hospital Accommodation Fees - Standard Patients				
1 a In multiple-bed room	per day	\$350.00	\$357.00	n/a
b single room not at patients request	per day	\$350.00	\$357.00	n/a
B Hospital Accommodation Fees - Day Care Patients				
a Type B	per day	\$254.00	\$259.00	n/a
b Local anaesthetic, no sedation - < 1 hour	per day	\$285.00	\$290.00	n/a
c General or regional anaesthetic/intravenous sedation - < 1 hour	per day	\$312.00	\$318.00	n/a
d General or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$350.00	\$357.00	n/a
C Hospital Accommodation Fees – Nursing Home Type Patients				
1 Hospital patient	per day	\$58.80	\$60.25	n/a

## 1 JULY 2018 - ANNUAL INCREASE OF FEES & CHARGES NEW AND DELETED FEES

Item	2017-18 Charge ex. GST	2018-19 Charge ex. GST	2018-19 Charge inc. GST
<b>A Hospital Accommodation and Other Admitted Patient Fees - Standard Patients</b>			
<b>2 Compensable</b>			
e Other Services as listed in the Medicare Benefits Schedule	270% of the Medicare Benefits Schedule Fee	n/a	n/a
<b>3 Non-Eligible</b>			
e Other Services as listed in the Medicare Benefits Schedule	270% of the Medicare Benefits Schedule Fee	n/a	n/a
<b>F Pathology Service Fees</b>			
<b>1 Non-Medicare Testing</b>			
f ThinPrep Pap Test	\$35.00	n/a	n/a
x Apolipoprotein A and B	n/a	\$32.20	n/a
y Pathology testing - if not Medicare Eligible	n/a	85% of the Medicare Benefits Schedule	n/a
z FiSH - Haematology Oncology - additional probe testing	n/a	\$196.00	n/a
aa Faecal Calprotectin	n/a	\$100.00	n/a
ab Cervical/Vaginal/Vault Cytology - when not eligible for Medicare Rebate	n/a	\$35.00	n/a
<b>P Dental Services</b>			
<b>Group 0 - Examination/Diagnostic</b>			
Written report (not elsewhere included)	n/a	\$9.50	\$10.45
Photographic records – extraoral	n/a	\$7.65	n/a
<b>Group 2 - Periodontics</b>			
Periodontal Debridement - up to 8 teeth	\$22.50	n/a	n/a
Gingivectomy - up to 8 teeth	\$34.50	n/a	n/a
Periodontal flap surgery - up to 8 teeth	\$61.00	n/a	n/a
Periodontal Debridement - per tooth	n/a	\$2.80	n/a
Gingivectomy - per tooth	n/a	\$4.40	n/a
Periodontal flap surgery - per tooth	n/a	\$7.80	n/a
<b>Group 3 - Oral Surgery</b>			
Surgery to isolate and preserve neuro vascular tissue	n/a	\$38.25	n/a
<b>Group 4 - Endodontics</b>			
Complete endodontic therapy (tooth not suitable for further treatment)		\$24.30	n/a
Complete chemo-mechanical preparation of root canal - one canal	n/a	\$43.55	n/a
Complete chemo-mechanical preparation of root canal - each additional canal	n/a	\$20.75	n/a
Root Canal obturation - one canal	n/a	\$42.45	n/a
Root canal obturation - each additional canal	n/a	\$19.85	n/a
<b>Group 5 - Restorative Services</b>			
Adhesive restoration - veneer - anterior - direct	n/a	\$23.50	n/a
<b>Group 7 - Prosthodontics</b>			
Obturator	n/a	\$138.55	n/a
<b>Group 9 - General Services</b>			
Sedation/Inhalation per appointment	n/a	\$5.10	n/a
<b>Group A - Restorative Referral Scheme</b>			
Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$96.50	n/a	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$114.00	n/a	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	\$149.50	n/a	n/a