Australian Capital Territory

Explanatory Statement

Health (Fees) Determination 2019 (No 1)

**Disallowable Instrument DI2019-180**

made under the

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

This Determination of Fees revokes and replaces the Determination of Fees DI2018-153, dated

28 June 2018.

The Determination comes into effect on 1 July 2019 and reproduces Determination

DI2018-153 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 indexation rates as advised by the Commonwealth;
* items on Attachment C, which have either been removed or added to the fee determination;
* minor amendments to the clauses (1), (5) and (9);
* minor wording and numbering changes; and
* the date of effect.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | Hospital Accommodation Fees and Other Admitted Patient Fees - Standard Patients | | | | |  |  |  | |
|  |  | 1 | c | In single room at patients request | per day | $624.20 | $639.80 | n/a | |
|  |  |  | d | Hospital in the Home | $0.00 | $217.30 | $222.75 | n/a | |
|  |  | 2 | Compensable | |  |  |  |  | |
|  |  |  | a | Critical Care1 |  |  |  |  | |
|  |  |  | i) | First 21 days per episode | per day | $3,934.95 | $4,033.30 | n/a | |
|  |  |  | ii) | Over 21 Days | per day | $1,720.95 | $1,763.95 | n/a | |
|  |  |  | b | Other Inpatient2 |  |  |  |  | |
|  |  |  | i) | First 21 days per episode | per day | $1,916.75 | $1,964.65 | n/a | |
|  |  |  | ii) | Over 21 Days | per day | $1,067.00 | $1,093.65 | n/a | |
|  |  |  | c | Hospital in the Home | per day | $469.45 | $481.20 | 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 | $2,923.30 | $2,996.40 | n/a | |
|  |  |  | ii) Other procedures (including day only surgical patients) | | per treatment | $1,023.95 | $1,049.55 | n/a | |
|  |  | 3 | Non-Eligible |  |  |  |  |  | |
|  |  |  | a | Critical Care1 |  |  |  |  | |
|  |  |  | i) | First 21 days per episode | per day | $5,327.95 | $5,461.15 | n/a | |
|  |  |  | ii) | Over 21 Days | per day | $3,051.40 | $3,127.70 | n/a | |
|  |  |  | b | Other Inpatient2 |  |  |  |  | |
|  |  |  | i) | First 21 days per episode | per day | $2,102.25 | $2,154.80 | n/a | |
|  |  |  | ii) | Over 21 Days | per day | $1,232.05 | $1,262.85 | n/a | |
|  |  |  | c | Hospital in the Home | per day | $469.45 | $481.20 | 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 | $2,923.30 | $2,996.40 | n/a | |
|  |  |  | ii) Other procedures (including day only surgical patients) | | per treatment | $1,023.95 | $1,049.55 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| C | Hospital Accommodation Fees - Nursing Home Type Patients | | | |  |  |  |  | |
|  |  | 2 | Private patient | | per day | $185.05 | $189.45 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| D | Hostel Fees | | |  |  |  |  |  | |
|  |  | 1 | Hostel Accommodation Fees | | per day | $45.90 | $47.05 | n/a | |
|  |  | 2 | Group House - Maintenance Fee | | per fortnight | $14.45 | $14.80 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| E | Other Accommodation | | | |  |  |  |  | |
|  |  | 1 | In Residences - Patients | |  |  |  |  | |
|  |  |  | a | Room Only (single) | per day | $44.10 | $45.20 | n/a | |
|  |  |  | b | Room Only (Double) | per day | $61.50 | $63.05 | n/a | |
|  |  | 2 | In Residences – Non-Patients | |  |  |  |  | |
|  |  |  | a | Room Only (single) | per day | $40.10 | $41.10 | $45.20 | |
|  |  |  | b | Room Only (Double) | per day | $55.90 | $57.30 | $63.00 | |
|  |  |  |  |  |  |  |  |  | |
| F | Pathology Service Fees | | | |  |  |  |  | |
|  |  | 1 | Non-Medicare Testing | |  |  |  |  | |
|  |  |  | c | Collection fee for collection of research trials | per test | $29.20 | $29.95 | $32.95 | |
|  |  |  | d | DNA Extraction and Storage | per test | $101.45 | $104.00 | n/a | |
|  |  |  | f | Spore Testing | per ampoule | $13.30 | $13.65 | $15.02 | |
|  |  |  | o | Environmental Testing | per request | $53.30 | $54.65 | $60.12 | |
|  |  |  | u | Surveillance Screening | per test | $35.90 | $36.80 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| G | Incidental Outpatient Charges | | | |  |  |  |  | |
|  |  | 4 | PAP Machine Hire | | per hire | $230.60 | $236.35 | n/a | |
|  |  | 5 | Tuberculosis Testing | |  |  |  |  | |
|  |  |  | a | Standard Test and Medical Review | per test | $72.75 | $74.55 | n/a | |
|  |  |  | b | Standard Test and Medical Review - Students | per test | $58.40 | $59.85 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| H | Non-Eligible or Compensable Outpatient Service Fee | | | |  |  |  |  | |
|  |  | 1 | First Visit Medical Practitioner | | per visit | $326.95 | $335.10 | n/a | |
|  |  | 2 | Second & Subsequent Visits Medical Practitioner | | per visit | $150.65 | $154.40 | n/a | |
|  |  | 4 | Nursing or Allied Health Consult - Long (60 minutes or longer) | | per visit | $137.35 | $140.80 | n/a | |
|  |  | 5 | Nursing or Allied Health Consult - Standard (30 to 60 minutes) | | per visit | $73.30 | $75.15 | n/a | |
|  |  | 6 | Nursing or Allied Health Consult - Short (less than 30 minutes) | | per visit | $45.70 | $46.85 | n/a | |
|  |  | 7 | Nursing or Allied Health Education Services - Group | | per visit/per attendee | $27.35 | $28.05 | n/a | |
|  |  | 8 | Compulsory Third-Party Motor Vehicle Insurance - Community Care Program | | |  |  |  | |
|  |  |  | a | RACS Nursing - Business Hours |  | $85.85 | $88.00 | $96.80 | |
|  |  |  | b | RACS Nursing - Evening Shift - Mon-Fri |  | At cost | At cost | At cost + 10% | |
|  |  |  | c | RACS Nursing - Night Shift - Mon-Fri |  | At cost | At cost | At cost + 10% | |
|  |  |  | d | RACS Nursing - After Hours (midnight Fri - Sat) |  | At cost | At cost | At cost + 10% | |
|  |  |  | e | RACS Nursing - After Hours (midnight Sat - Sun) |  | At cost | At cost | At cost + 10% | |
|  |  |  | f | Allied Health |  | $160.40 | $164.40 | $180.84 | |
|  |  | 9 | Tuberculosis Testing | |  |  |  |  | |
|  |  |  | a | Standard Test and Medical Review | per test | $249.05 | $255.30 | n/a | |
|  |  |  | b | Standard Test and Medical Review - Students | per test | $198.85 | $203.80 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| J | Capital Region Cancer Service | | | |  |  |  |  | |
|  |  | 1 | Copies of mammograms | | per set | $45.00 | $46.10 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| K | Staff Vaccinations for Private Purposes | | | |  |  |  |  | |
|  |  | All vaccinations attract a service fee plus the following vaccine cost - | | | |  |  |  | |
|  |  | 1 |  | Service Fee | per visit | $15.25 | $15.65 | n/a | |
|  |  | 2 |  | Vaccinations |  |  |  |  | |
|  |  |  | a | ADT | per vaccine | $14.85 | $15.20 | n/a | |
|  |  |  | b | Flu | per vaccine | $18.85 | $19.30 | n/a | |
|  |  |  | c | Hepatitis A | per vaccine | $77.40 | $79.35 | n/a | |
|  |  |  | d | Hepatitis B | per vaccine | $24.70 | $25.30 | n/a | |
|  |  |  | e | Hepatitis A & B | per vaccine | $68.15 | $69.85 | n/a | |
|  |  |  | f | MMR | per vaccine | $33.50 | $34.35 | n/a | |
|  |  |  | g | Meningococcal C | per vaccine | $84.55 | $86.65 | n/a | |
|  |  |  | h | Meningococcal A, C, W, Y | per vaccine | $46.55 | $47.70 | n/a | |
|  |  |  | I | Rabies | per vaccine | $125.05 | $128.20 | n/a | |
|  |  |  | j | Pertussis (Whooping Cough) | per vaccine | $40.10 | $41.10 | n/a | |
|  |  |  | k | Typhoid | per vaccine | $46.55 | $47.70 | n/a | |
|  |  |  | l | Varicella (Chicken Pox) | per vaccine | $71.75 | $73.55 | n/a | |
|  |  |  | m | Cholera | per vaccine | $61.60 | $63.15 | n/a | |
|  |  |  | n | Hepatitis A & Typhoid | per vaccine | $140.75 | $144.25 | n/a | |
|  |  |  | o | Japanese Encephalitis | pack for 3 doses | $394.35 | $404.20 | n/a | |
|  |  |  | p | Yellow Fever | per vaccine | $61.60 | $63.15 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| L | Clinical Support Fees | | | |  |  |  |  | |
|  |  | 1 | Medical Physics Services | | per hour | $187.55 | $192.25 | n/a | |
|  |  | 2 | Biomedical Engineering Services | | per hour | $142.45 | $146.00 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| M | Medical Records and Health Reports | | | |  |  |  |  | |
|  |  | 1 | Medical Practitioner / Health Professional Reports | |  |  |  |  | |
|  |  |  | a | No further examination of the patient |  | $265.45 | $272.10 | n/a | |
|  |  |  | b | As "a" by practitioner who has not previously treated patient | | $309.55 | $317.30 | n/a | |
|  |  |  | c | Where a re-examination is required |  | $353.60 | $362.45 | n/a | |
|  |  |  | d | As "c" by practitioner who has not previously treated patient | | $439.70 | $450.70 | n/a | |
|  |  | 2 | Search Fees - includes cancellation fee, admin fee if nil records, medical certs not at time of consultation and time of birth. | | | $53.80 | $55.15 | $60.67 | |
|  |  | 3 | Health Records provided to patient's solicitor | |  | $194.75 | $199.60 | $219.56 | |
|  |  | 4 | Health Records provided to insurer | |  | $194.75 | $199.60 | $219.56 | |
|  |  |  |  |  |  |  |  |  | |
| O | Emergency Department | | | |  |  |  |  | |
|  | Non-eligible, Compensable and Defence Patients: | | | |  |  |  |  | |
|  |  | 1 | Emergency Department Treatment | | per visit | $518.65 | $531.60 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| P | Dental Services | | |  |  |  |  |  | |
|  |  | Group 0 - Examination/Diagnostic | | |  |  |  |  | |
|  |  |  |  | Comprehensive Oral Exam |  | $12.30 | $12.60 | n/a | |
|  |  |  |  | Periodic Exam |  | $7.70 | $7.90 | n/a | |
|  |  |  |  | Emergency Restorative Course of Care |  | $43.05 | $44.15 | n/a | |
|  |  |  |  | Emergency Prosthodontic Course of Care |  | $43.05 | $44.15 | n/a | |
|  |  |  |  | Consult (incl Exam) |  | $13.30 | $13.65 | n/a | |
|  |  |  |  | Consult Ext + 30 (incl Exam) |  | $18.95 | $19.40 | n/a | |
|  |  |  |  | Written report (not elsewhere included) |  | $9.50 | $9.75 | $10.73 | |
|  |  |  |  | X-Ray -1 film PA or BW |  | $7.70 | $7.90 | n/a | |
|  |  |  |  | Intraoral radiograph - occlusal, maxillary or mandibular - single film | | $12.80 | $13.10 | n/a | |
|  |  |  |  | Extraoral radiograph - maxillary and/or mandibular - single film | | $13.85 | $14.20 | n/a | |
|  |  |  |  | Caries activity screening test |  | $7.15 | $7.35 | n/a | |
|  |  |  |  | Biopsy of Tissue |  | $21.50 | $22.05 | n/a | |
|  |  |  |  | Diagnostic cast |  | $12.80 | $13.10 | n/a | |
|  |  |  |  | Photographic records - intraoral |  | $7.70 | $7.90 | n/a | |
|  |  |  |  | Photographic records - extraoral |  | $7.65 | $7.85 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | Group 1 - Preventative Services | | |  |  |  |  | |
|  |  |  |  | Removal of Plaque and / or stain |  | $12.30 | $12.60 | n/a | |
|  |  |  |  | Recontouring – pre-existing restoration/s |  | $3.60 | $3.70 | n/a | |
|  |  |  |  | Calculus (supra & subging.) & Plaque Removal 1st visit | | $14.85 | $15.20 | n/a | |
|  |  |  |  | Calculus (supra & subging.) & Plaque Removal Addit. visit | | $12.30 | $12.60 | n/a | |
|  |  |  |  | Enamel micro- abrasion - per tooth |  | $8.70 | $8.90 | n/a | |
|  |  |  |  | Bleaching, internal - per tooth |  | $50.75 | $52.00 | n/a | |
|  |  |  |  | Bleaching, external - per tooth |  | $43.05 | $44.15 | n/a | |
|  |  |  |  | Fluoride - Topical (including tooth mousse) |  | $6.15 | $6.30 | n/a | |
|  |  |  |  | Concentrated fluoride, application single tooth |  | $5.15 | $5.30 | n/a | |
|  |  |  |  | Dietary advice. Analysis and advice |  | $6.15 | $6.30 | n/a | |
|  |  |  |  | Oral Hygiene Instr. (if more than 10 mins.) |  | $8.70 | $8.90 | n/a | |
|  |  |  |  | Fissure Sealant - per tooth |  | $11.80 | $12.10 | n/a | |
|  |  |  |  | Apply Desensitising Agent |  | $5.15 | $5.30 | n/a | |
|  |  |  |  | Odontoplasty - per tooth |  | $11.80 | $12.10 | n/a | |
|  |  |
|  |  | Group 2 - Periodontics | | |  |  |  |  | |
|  |  |  |  | Treatment of acute Periodontal Infection |  | $13.85 | $14.20 | n/a | |
|  |  |  |  | Periodontal Debridement - per tooth |  | $2.80 | $2.85 | n/a | |
|  |  |  |  | Non-Surgical Treatment of Peri Implant Disease |  | $18.95 | $19.40 | n/a | |
|  |  |  |  | Gingivectomy - per tooth |  | $4.40 | $4.50 | n/a | |
|  |  |  |  | Periodontal flap surgery - per tooth |  | $7.80 | $8.00 | n/a | |
|  |  |  |  | Osseous surgery (per 8 teeth or less) |  | $75.35 | $77.25 | n/a | |
|  |  |  |  | Root resection - per root |  | $39.45 | $40.45 | n/a | |
|  |  |  |  | Periodontal surgery involving one tooth or an implant | | $15.35 | $15.75 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  | |
|  |  | Group 3 - Oral Surgery | | |  |  |  |  | |
|  |  |  |  | Removal of tooth or parts |  | $21.50 | $22.05 | n/a | |
|  |  |  |  | Sectional removal of tooth. Bone removal maybe necessary | | $31.25 | $32.05 | n/a | |
|  |  |  |  | Surgical removal of tooth or tooth fragment not including bone | | $37.40 | $38.35 | n/a | |
|  |  |  |  | Surgical removal of tooth or tooth fragment including bone | | $47.65 | $48.85 | n/a | |
|  |  |  |  | Surgical removal of tooth or tooth fragment requiring both bone and tooth division | | $58.40 | $59.85 | n/a | |
|  |  |  |  | Alveolectomy per segment |  | $22.55 | $23.10 | n/a | |
|  |  |  |  | Ostectomy |  | $96.35 | $98.75 | n/a | |
|  |  |  |  | Reduction of fibrous tuberosity |  | $33.80 | $34.65 | n/a | |
|  |  |  |  | Reduction of flabby ridge - per segment |  | $18.95 | $19.40 | n/a | |
|  |  |  |  | Removal of fibrous hyperplasia |  | $48.70 | $49.90 | n/a | |
|  |  |  |  | Removal of tumour, cyst or scar |  | $36.40 | $37.30 | n/a | |
|  |  |  |  | Removal of tumour, cyst or scar involving muscle, bone or deep tissue | | $130.15 | $133.40 | n/a | |
|  |  |  |  | Surgery to salivary duct |  | $113.75 | $116.60 | n/a | |
|  |  |  |  | Surgery to salivary gland |  | $37.90 | $38.85 | n/a | |
|  |  |  |  | Removal or repair of soft tissue (not elsewhere defined) | | $35.90 | $36.80 | n/a | |
|  |  |  |  | Surgical removal of foreign body |  | $20.00 | $20.50 | n/a | |
|  |  |  |  | Marsupialization of cyst |  | $68.15 | $69.85 | n/a | |
|  |  |  |  | Surgical exposure to unerupted tooth |  | $151.70 | $155.50 | n/a | |
|  |  |  |  | Reposition tooth / Splint |  | $34.35 | $35.20 | n/a | |
|  |  |  |  | Replantation of /& Splinting of tooth |  | $69.20 | $70.95 | n/a | |
|  |  |  |  | Surgery to isolate and preserve neuro vascular tissue | | $38.25 | $39.20 | n/a | |
|  |  |  |  | Frenectomy |  | $32.80 | $33.60 | n/a | |
|  |  |  |  | Drainage of abscess or cyst |  | $17.95 | $18.40 | n/a | |
|  |  |  |  | Surgery involving the maxially antrum |  | $151.70 | $155.50 | n/a | |
|  |  |  |  | Control of reactionary or secondary post-operative haemorrhage | | $12.80 | $13.10 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | Group 4 - Endodontics | | |  |  |  |  | |
|  |  |  |  | Direct pulp capping |  | $6.15 | $6.30 | n/a | |
|  |  |  |  | Pulpotomy |  | $14.85 | $15.20 | n/a | |
|  |  |  |  | Incomplete endodontic therapy (tooth not suitable for further treatment) | | $24.30 | $24.90 | n/a | |
|  |  |  |  | Complete chemo-mechanical preparation of root canal - one canal | | $43.55 | $44.65 | n/a | |
|  |  |  |  | Complete chemo-mechanical preparation of root canal - each additional canal | | $20.75 | $21.25 | n/a | |
|  |  |  |  | Root Canal obturation - one canal |  | $42.45 | $43.50 | n/a | |
|  |  |  |  | Root canal obturation - each additional canal |  | $19.85 | $20.35 | n/a | |
|  |  |  |  | Extirpation of pulp and debridement of root canal(s) - emergency and palliative | | $28.05 | $28.75 | n/a | |
|  |  |  |  | Resorbable root canal filling - primary tooth |  | $51.25 | $52.55 | n/a | |
|  |  |  |  | Periapical curettage - per root |  | $51.25 | $52.55 | n/a | |
|  |  |  |  | Apicectomy- per root |  | $52.80 | $54.10 | n/a | |
|  |  |  |  | Apical seal - per canal |  | $21.50 | $22.05 | n/a | |
|  |  |  |  | Sealing of perforation |  | $61.00 | $62.50 | n/a | |
|  |  |  |  | Surgical treatment or repair of external root resorption |  | $80.45 | $82.45 | n/a | |
|  |  |  |  | Exploration and/or negotiation of calcified canal -per canal, per visit | | $18.95 | $19.40 | n/a | |
|  |  |  |  | Removal of root filling, per canal |  | $18.95 | $19.40 | n/a | |
|  |  |  |  | Removal of cemented root canal post or post crown | | $18.95 | $19.40 | n/a | |
|  |  |  |  | Removing or bypassing fractured endodontic instrument | | $16.40 | $16.80 | n/a | |
|  |  |  |  | Additional visit for irrigation and/or dressing of the root canal system - per tooth | | $18.95 | $19.40 | n/a | |
|  |  |  |  | Interim therapeutic root filling - per tooth |  | $24.60 | $25.20 | n/a | |
|  |  | Group 5 - Restorative Services | | |  |  |  |  | |
|  |  |  |  | Metallic restoration - 1 surface - direct |  | $18.95 | $19.40 | n/a | |
|  |  |  |  | Metallic restoration - 2 surface - direct |  | $22.05 | $22.60 | n/a | |
|  |  |  |  | Metallic restoration - 3 surface - direct |  | $30.25 | $31.00 | n/a | |
|  |  |  |  | Metallic restoration - 4 surface - direct |  | $33.80 | $34.65 | n/a | |
|  |  |  |  | Metallic restoration - 5 surface - direct |  | $37.40 | $38.35 | n/a | |
|  |  |  |  | Adhesive restoration - 1 surface - Anterior tooth - direct | | $21.00 | $21.50 | n/a | |
|  |  |  |  | Adhesive restoration - 2 surface - Anterior tooth - direct | | $25.60 | $26.25 | n/a | |
|  |  |  |  | Adhesive restoration - 3 surface - Anterior tooth - direct | | $31.75 | $32.55 | n/a | |
|  |  |  |  | Adhesive restoration - 4 surface - Anterior tooth - direct | | $35.35 | $36.25 | n/a | |
|  |  |  |  | Adhesive restoration - 5 surface - Anterior tooth - direct | | $40.50 | $41.50 | n/a | |
|  |  |  |  | Adhesive restoration - 1 surface - Posterior tooth - direct | | $22.05 | $22.60 | n/a | |
|  |  |  |  | Adhesive restoration - 2 surface - Posterior tooth - direct | | $31.25 | $32.05 | n/a | |
|  |  |  |  | Adhesive restoration - 3 surface - Posterior tooth - direct | | $35.90 | $36.80 | n/a | |
|  |  |  |  | Adhesive restoration - 4 surface - Posterior tooth - direct | | $41.50 | $42.55 | n/a | |
|  |  |  |  | Adhesive restoration - 5 surface - Posterior tooth - direct | | $47.65 | $48.85 | n/a | |
|  |  |  |  | Provisional (Intermediate / temporary) restoration |  | $8.70 | $8.90 | n/a | |
|  |  |  |  | Metal band |  | $7.15 | $7.35 | n/a | |
|  |  |  |  | Pin restoration -per pin |  | $5.65 | $5.80 | n/a | |
|  |  |  |  | Stainless Steel Crown |  | $53.30 | $54.65 | n/a | |
|  |  |  |  | Restoration of an incisal corner - per corner |  | $5.65 | $5.80 | n/a | |
|  |  |  |  | Removal of inlay/onlay |  | $17.95 | $18.40 | n/a | |
|  |  |  |  | Recementing onlay/inlay |  | $15.35 | $15.75 | n/a | |
|  |  |  |  | Post - direct |  | $26.65 | $27.30 | n/a | |
|  |  |  |  | Adhesive restoration - veneer - anterior - direct |  | $23.50 | $24.10 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | Group 6 - Crown and Bridge | | |  |  |  |  | |
|  |  |  |  | Provisional Crown |  | $29.20 | $29.95 | n/a | |
|  |  |  |  | Recrement Crown or veneer |  | $16.40 | $16.80 | n/a | |
|  |  |  |  | Recrement bridge or splint |  | $18.45 | $18.90 | n/a | |
|  |  |  |  | Removal of crown |  | $12.80 | $13.10 | n/a | |
|  |  |  |  | Removal of bridge or splint |  | $33.80 | $34.65 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | Group 7 - Prosthodontics | | |  |  |  |  | |
|  |  |  |  | Full Maxillary denture |  | $138.90 | $142.35 | n/a | |
|  |  |  |  | Full Mandibular denture |  | $138.90 | $142.35 | n/a | |
|  |  |  |  | Metal plate or mesh |  | $266.50 | $273.15 | n/a | |
|  |  |  |  | Full Maxillary & Full Mandibular dentures |  | $250.10 | $256.35 | n/a | |
|  |  |  |  | Partial Max Denture - resin base |  | $112.75 | $115.55 | n/a | |
|  |  |  |  | Partial Mand Denture - resin base |  | $112.75 | $115.55 | n/a | |
|  |  |  |  | Partial Max Denture - cast CO/CR base |  | $395.15 | $405.05 | n/a | |
|  |  |  |  | Partial Mand Denture - cast CO/CR base |  | $395.15 | $405.05 | n/a | |
|  |  |  |  | Resilient Lining in addit'n to new denture |  | $30.75 | $31.50 | n/a | |
|  |  |  |  | Wrought Bar |  | $32.80 | $33.60 | n/a | |
|  |  |  |  | Metal Backing - per backing |  | $30.75 | $31.50 | n/a | |
|  |  |  |  | Denture Adjustment (not new) |  | $43.05 | $44.15 | n/a | |
|  |  |  |  | Reline -Complete denture |  | $55.85 | $57.25 | n/a | |
|  |  |  |  | Reline -Part denture |  | $43.05 | $44.15 | n/a | |
|  |  |  |  | Remodel - complete denture |  | $102.50 | $105.05 | n/a | |
|  |  |  |  | Remodel - Partial denture |  | $80.45 | $82.45 | n/a | |
|  |  |  |  | Clean and polish of pre-existing denture |  | $43.05 | $44.15 | n/a | |
|  |  |  |  | Denture base modification |  | $52.30 | $53.60 | n/a | |
|  |  |  |  | Repair to metal casting: one point |  | $130.70 | $133.95 | n/a | |
|  |  |  |  | Tissue conditioning preparatory to impressions - per application | | $12.30 | $12.60 | n/a | |
|  |  |  |  | Identification |  | $6.15 | $6.30 | n/a | |
|  |  |  |  | Obturator |  | $138.55 | $142.00 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | Group 9 - General Services | | |  |  |  |  | |
|  |  |  |  | Palliative care |  | $8.70 | $8.90 | n/a | |
|  |  |  |  | Travel to provide service |  | $13.85 | $14.20 | n/a | |
|  |  |  |  | Provision of medication/ medicaments |  | $5.15 | $5.30 | n/a | |
|  |  |  |  | Local anaesthesia (diagnosis or pain relief) |  | $3.60 | $3.70 | n/a | |
|  |  |  |  | Minor Occlusal adjustment |  | $11.80 | $12.10 | n/a | |
|  |  |  |  | Occlusal splint |  | $94.30 | $96.65 | n/a | |
|  |  |  |  | Adjust occlusal splint |  | $14.85 | $15.20 | n/a | |
|  |  |  |  | Repair/addition - occlusal splint |  | $54.30 | $55.65 | n/a | |
|  |  |  |  | Splinting and stabilization - direct - per tooth |  | $17.95 | $18.40 | n/a | |
|  |  |  |  | Post-operative care not elsewhere included |  | $13.85 | $14.20 | n/a | |
|  |  |  |  | Treatment not otherwise included |  | $8.70 | $8.90 | n/a | |
|  |  |  |  | Sedation/Inhalation per appointment |  | $5.10 | $5.25 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | Group A - Child & Youth Dental | | |  |  |  |  | |
|  |  |  |  | Standard Fee per course of care |  | $66.10 | $67.75 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | Group B - Child and Youth Extra Fee Services | | |  |  |  |  | |
|  |  |  |  | Passive/Active removable appliance - one arch |  | $64.55 | $66.15 | n/a | |
|  |  |  |  | Functional orthopaedic appliance |  | $51.75 | $53.05 | n/a | |
|  |  |  |  | Passive fixed appliance |  | $41.50 | $42.55 | n/a | |
|  |  |  |  | Extra-oral appliance |  | $166.55 | $170.70 | n/a | |
|  |  |  |  | Repair removable appliance |  | $15.35 | $15.75 | n/a | |
|  |  |  |  | Repair removable appliance - clasp, spring or tooth | | $14.85 | $15.20 | n/a | |
|  |  |  |  | additional to removable appliance |  | $15.35 | $15.75 | n/a | |
|  |  |  |  | Relining removable appliance |  | $25.60 | $26.25 | n/a | |
|  |  |  |  | Occlusal splint |  | $51.75 | $53.05 | 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 | $12.00 | $12.30 | n/a | |
|  |  |  | b | CDs | each | $3.15 | $3.25 | n/a | |
|  |  |  | c | DVB Laser Film | per sheet | $12.00 | $12.30 | n/a | |
|  |  |  | d | Service Fee | per order processed | $36.90 | $37.80 | $41.58 | |
|  |  |  | e | Research MRI - Non funded pilot project | each | $213.20 | $218.55 | n/a | |
|  |  |  | f | Research MRI - Funded project without radiologist input | each | $294.15 | $301.50 | n/a | |
|  |  |  | g | Research MRI - PPTF Funded project without Radiologist input | each | $240.85 | $246.85 | n/a | |
|  |  |  | h | Research MRI - PPTF Funded project with Radiologist input | each | $374.10 | $383.45 | n/a | |
|  |  |  | i | Aged Pensioner Service and Film Fee | each | $35.90 | $36.80 | $40.48 | |
|  |  |  | j | Coroners Fee | each | $209.10 | $214.35 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | 2 | Radiographer services to external agencies | |  |  |  |  | |
|  |  |  | a | Monday to Friday | per hour | $170.15 | $174.40 | $191.84 | |
|  |  |  | b | Saturday and Sunday | per hour | $186.55 | $191.20 | $210.32 | |
|  |  |  | c | Public Holidays | per hour | $248.05 | $254.25 | $279.68 | |
|  |  |  | e | Processing | per occasion of service | $59.45 | $60.95 | $67.05 | |
|  |  |  |  |  |  |  |  |  | |
|  |  | 3 | Non-rebatable services to outpatients | |  |  |  |  | |
|  |  |  | a | MRI | per scan | $397.70 | $407.65 | n/a | |
|  |  |  | b | MRI - Breast | per scan | $557.60 | $571.55 | n/a | |
|  |  |  | c | MRI - Breast Core Biopsy | per session | $432.55 | $443.35 | n/a | |
|  |  |  | d | Non-rebateable Sedation in MRI | each | $59.45 | $60.95 | n/a | |
|  |  |  | e | Non-rebateable Contrast in MRI | each | $59.45 | $60.95 | n/a | |
|  |  |  | f | Positron Emission Tomography Scan | per scan | $1,054.70 | $1,081.05 | n/a | |
|  |  |  | g | Non-refundable CT Colonography | each | $800.50 | $820.50 | n/a | |
|  |  |  | h | Non-refundable Bone Density Scan (DEXA) | each | $123.00 | $126.05 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| R | Pain Management Service | | | |  |  |  |  | |
|  |  | 1 | Multidisciplinary Assessment | | per assessment | $1,326.35 | $1,359.50 | n/a | |
|  |  | 2 | Cognitive Behaviour Therapy program (2-week program) | | per program | $5,633.40 | $5,774.25 | n/a | |
|  |  | 3 | One-day Education Program for Chronic Pain (JUMP) | | per program | $563.75 | $577.85 | n/a | |
|  |  | 4 | Psychology |  |  |  |  |  | |
|  |  |  | a | Psychology Assessment | per assessment | $408.95 | $419.15 | n/a | |
|  |  |  | b | Group Psychology Session | per session | $113.75 | $116.60 | n/a | |
|  |  | 5 | Medical Assessment and Follow-ups | |  |  |  |  | |
|  |  |  | a | First Visit | per visit | $326.95 | $335.10 | n/a | |
|  |  |  | b | Second & Subsequent Visits | per visit | $150.65 | $154.40 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| S | Rehabilitation, Aged & Community Care | | | |  |  |  |  | |
|  |  | 1 | RACS Nursing and Allied Health | |  |  |  |  | |
|  |  |  | a | Allied Health Staff | per hour | $160.40 | $164.40 | $180.84 | |
|  |  |  | b | Seating Technician (Non manufacture) | per hour | $144.75 | $148.35 | n/a | |
|  |  |  | c | Nursing Staff | per hour | $85.85 | $88.00 | n/a | |
|  |  |  | d | Education and/or Training (for student groups, private and public sector staff groups) - Business Hours | per hour | $160.40 | $164.40 | $180.84 | |
|  |  |  | f | Maintenance Exercise Therapy Session | per session | $8.20 | $8.40 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | 2 | Clinical Technology Service Workshop | |  |  |  |  | |
|  |  |  | a | Rehabilitation aids maintenance and repair | per hour | $144.75 | $148.35 | n/a | |
|  |  |  | b | Equipment componentry manufacture | per hour | $144.75 | $148.35 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | 4 | Prosthetic and Orthotic Services | |  |  |  |  | |
|  |  |  | a | New prosthesis for compensable and private clients - labour | per hour | $160.40 | $164.40 | n/a | |
|  |  |  | c | Repair prosthesis for compensable and private clients- labour | per hour | $144.75 | $148.35 | n/a | |
|  |  |  | i | New orthoses | per hour | $160.40 | $164.40 | n/a | |
|  |  |  | j | Repairs to Orthoses | per hour | $144.75 | $148.35 | n/a | |
|  |  |  | k | Orthotics assessments for private and compensable clients | per hour | $160.40 | $164.40 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | 5 | Driver Rehabilitation Service | |  |  |  |  | |
|  |  |  | Non-Compensable Patients | |  |  |  |  | |
|  |  |  | a | Initial Assessment and Report by Occupational Therapist | per assessment | $607.80 | $623.00 | n/a | |
|  |  |  | b | Initial Assessment by Driving Instructor | per assessment | $246.00 | $252.15 | $277.37 | |
|  |  |  | c | Joint Assessment and Report by Occupational Therapist and Driving Instructor | per assessment | $562.65 | $576.70 | $634.37 | |
|  |  |  | d | Re-Assessment by Occupational Therapist | per assessment | $149.65 | $153.40 | n/a | |
|  |  |  | e | Lesson | per lesson | $129.15 | $132.40 | $145.64 | |
|  |  |  | Compensable Patients | |  |  |  |  | |
|  |  |  | f | Initial Assessment and Report by Occupational Therapist | per assessment | $834.35 | $855.20 | n/a | |
|  |  |  | g | Re-Assessment by Occupational Therapist | per assessment | $361.80 | $370.85 | n/a | |
|  |  |  | h | Lesson | per lesson | $129.15 | $132.40 | $145.64 | |
|  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |
|  |  | 6 | Specialised Wheelchair and Posture Seating (SWAPS) | |  |  |  |  | |
|  |  |  | a | For compensable and private clients: |  |  |  |  | |
|  |  |  |  | i) Seating Therapist | per hour | $160.40 | $164.40 | n/a | |
|  |  |  |  |  |  |  |  |  | |
| T | Health Protection Services | | | |  |  |  |  | |
|  |  | 1 | Scientific Services | |  |  |  |  | |
|  |  |  | a | Other than the ACT Coroner's Office | per hour | $192.70 | $197.50 | $217.25 | |
|  |  |  | b | ACT Coroner's Office (Attorney-General's Dept) | per matter | $1,224.90 | $1,255.50 | $1,381.05 | |
|  |  |  | c | Asbestos Id single sample | per matter | $91.82 | $94.55 | $104.00 | |
|  |  |  | d | Asbestos Id additional samples | per matter | $54.55 | $56.36 | $62.00 | |
|  |  |  | e | Regular client Asbestos Fibre Count per Filter Counted | per matter | $110.91 | $113.64 | $125.00 | |
|  |  |  |  |  |  |  |  |  | |
|  |  | 2 | Other |  |  |  |  |  | |
|  |  |  | a | Consultation - Business hours | per hour | $136.30 | $139.70 | $153.67 | |
|  |  |  | b | Consultation - After hours | per hour | $167.05 | $171.25 | $188.38 | |
|  |  |  | c | Exhumations | per matter | $480.70 | $492.70 | $541.97 | |
|  |  |  | d | Food Safety Training | per session | $579.15 | $593.65 | $653.02 | |
|  |  |  |  |  |  |  |  |  | |
| U | Acute Support Fees | | |  |  |  |  |  | |
|  |  | 2 | Acute Support and Other Medical Services | |  |  |  |  | |
|  |  |  | a | Chronic pain management course for compensation clients | per session | $54.30 | $55.65 | $61.22 | |
|  |  |  | b | Sale of infection control manual | per manual | $103.50 | $106.10 | $116.71 | |
|  |  |  | g | Hydrotherapy Pool (External Users) | per hour | $115.80 | $118.70 | $130.57 | |
|  |  |  | ar | "Replacement of Child Personal Health Record" (Blue Book) | per item | $11.80 | $12.10 | $13.31 | |
|  |  |  | au | Glucose Sensor | per item | $87.35 | $89.55 | n/a | |
|  |  |  | bn | Breast Pump Hire - per week | per item | $8.20 | $8.40 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | 3 | Allied Health | | |  |  |  | |
|  |  |  | Compensable non-inpatients and non-eligible clients: | |  |  |  |  | |
|  |  |  | a | Physiotherapy - Antenatal Exercise Classes | per visit | $8.20 | $8.40 | n/a | |
|  |  |  |  |  |  |  |  |  | |
|  |  | 4 | Home Enteral Nutrition Program | |  |  |  |  | |
|  |  |  | a | Equipment Only 0-6 years 11 months | per week | $17.95 | $18.40 | n/a | |
|  |  |  | b | Equipment Only 7-12 years 11 months | per week | $17.95 | $18.40 | n/a | |
|  |  |  | c | Equipment Only 13+ years | per week | $17.95 | $18.40 | n/a | |
|  |  |  | d | Supplementary Feeding 0-6 years 11 months | per week | $30.05 | $30.80 | n/a | |
|  |  |  | e | Supplementary Feeding 7-12 years 11 months | per week | $52.80 | $54.10 | n/a | |
|  |  |  | f | Supplementary Feeding 13+ years | per week | $53.80 | $55.15 | n/a | |
|  |  |  | g | Enteral Feeding 0-6 years 11 months | per week | $37.40 | $38.35 | n/a | |
|  |  |  | h | Enteral Feeding 7-12 yeas 11 months | per week | $59.95 | $61.45 | n/a | |
|  |  |  | i | Enteral Feeding 13+ years | per week | $62.50 | $64.05 | n/a | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | Hospital Accommodation Fees - Standard Patients | | | |  |  |  |  |
|  | 1 | a |  | In multiple-bed room | per day | $357.00 | $362.00 | n/a |
|  |  | b |  | In single room not at patients request | per day | $357.00 | $362.00 | n/a |
|  |  |  |  |  |  |  |  |  |
| B | Hospital Accommodation Fees - Day Care Patients | | | |  |  |  |  |
|  |  | a | Type B |  | per day | $259.00 | $262.00 | n/a |
|  |  | b | Local anaesthetic, no sedation - < 1 hour | | per day | $290.00 | $294.00 | n/a |
|  |  | c | General or regional anaesthetic/intravenous sedation - < 1 hour | | per day | $318.00 | $322.00 | n/a |
|  |  | d | General or regional anaesthetic/intravenous sedation - > 1 hour | | per day | $357.00 | $362.00 | n/a |
|  |  |  |  |  |  |  |  |  |
| C | Hospital Accommodation Fees - Nursing Home Type Patients | | | |  |  |  |  |
|  |  | 1 | Hospital patient | | per day | $60.05 | $61.30 | n/a |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | |  | |  | | |  | | |  | | |
| S | Rehabilitation, Aged & Community Services | | | | | | | |  | | |  | | |  | | |
|  |  | | 1 | | RACS Nursing and Allied Health | | | | |  | | |  | | |  | |
|  |  | |  | | e | | Education and/or Training (for student groups, private and public sector staff groups) - After Hours | | | n/a | | | At cost | | | At cost + 10% | |
|  |  | |  | |  | |  | | |  | | |  | | |  | |
| V | Health Policy and Research | | | | | | | |  | | |  | | |  | | |
|  |  | | 1 | | Student Clinical Placement cancellation fee | | | | | n/a | | | $62.50 | | | $68.75 | |
|  |  | |  | |  | |  | | |  | | |  | | |  | |
|  | |  | |  | |  | |  | | |  | | |  | | |
| H | Non-Eligible or Compensable Service Fee | | | | | | | |  | | |  | | |  | | |
|  |  | | 8 | | Compulsory Third-Party Motor Vehicle Insurance - Community Care Program | | | | |  | | |  | | |  | |
|  |  | |  | | a | | Initial Consultation (standard) | | | $90.20 | | | n/a | | | n/a | |
|  |  | |  | | b | | Initial Consultation (complex) | | | $137.35 | | | n/a | | | n/a | |
|  |  | |  | | c | | Initial Consultation Home Visit (standard) | | | $110.70 | | | n/a | | | n/a | |
|  |  | |  | | d | | Initial Consultation Home Visit (complex) | | | $162.95 | | | n/a | | | n/a | |
|  |  | |  | | e | | Review (standard) | | | $74.80 | | | n/a | | | n/a | |
|  |  | |  | | f | | Review (complex) | | | $121.95 | | | n/a | | | n/a | |
|  |  | |  | | g | | Review Home Visit (standard) | | | $110.70 | | | n/a | | | n/a | |
|  |  | |  | | h | | Review Home Visit (complex) | | | $141.45 | | | n/a | | | n/a | |
|  |  | |  | |  | |  | | |  | | |  | | |  | |
| S | Rehabilitation, Aged & Community Care | | | | | | | |  | | |  | | |  | | |
|  |  | | 2 | | Independent Living Centre | | | | |  | | |  | | |  | |
|  |  | |  | | a | | Appointment fee for clients with third party payer | | |  | | |  | | |  | |
|  |  | |  | |  | | i) Assisted appointment and/or report writing | | | $160.40 | | | n/a | | | n/a | |
|  |  | |  | |  | | ii) Non-attendance at appointment | | | $20.50 | | | n/a | | | n/a | |
|  |  | |  | | b | | Unassisted appointments - service provided by third party agency with ILC facilities used | | | $44.60 | | | n/a | | | n/a | |
|  |  | |  | | c | | Education and/or Training (for private organisations and interstate government staff) | | |  | | |  | | |  | |
|  |  | |  | |  | | i) ILC Education | | | $97.35 | | | n/a | | | n/a | |
|  |  | |  | |  | | ii) ILC Education | | | $179.35 | | | n/a | | | n/a | |
|  |  | |  | | d | | Second hand register | | |  | | |  | | |  | |
|  |  | |  | |  | | i) for items over $500 | | | $26.65 | | | n/a | | | n/a | |
|  |  | |  | |  | | ii) for items under $500 | | | $14.35 | | | n/a | | | n/a | |
|  |  | |  | |  | | iii) for more than 1 item | | | $26.65 | | | n/a | | | n/a | |
|  |  | |  | | e | | Room Hire | | |  | | |  | | |  | |
|  |  | |  | |  | | i) Room Hire - Commercial Sector rate | | | $37.40 | | | n/a | | | n/a | |
|  |  | |  | |  | | ii) Room Hire - Public Sector and Community rate | | | $26.65 | | | n/a | | | n/a | |
|  |  | |  | |  | | iii) Cancellation of Room Hire within seven days of booked date - Commercial Sector and Public Sector and Community Hirers | | | 50% of total booking fee | | | n/a | | | n/a | |
|  |  | |  | |  | |  | | |  | | |  | | |  | |
|  |  | | 8 | | Community Care Program | | | | |  | | |  | | |  | |
|  |  | |  | | a | | Education | | |  | | |  | | |  | |
|  |  | |  | |  | | i) Nursing | | | $85.80 | | | n/a | | | n/a | |
|  |  | |  | |  | | ii)Allied Health | | | $160.40 | | | n/a | | | n/a | |
|  |  | |  | | b | | Nursing and Allied Health education (tertiary standard) - business hours | | | $224.50 | | | n/a | | | n/a | |
|  |  | |  | | c | | Nursing and Allied Health education (tertiary standard) - after hours | | | $334.15 | | | n/a | | | n/a | |
|  |  | |  | | d | | Consultation in private hospitals | | |  | | |  | | |  | |
|  |  | |  | |  | | i) Nursing | | | $85.80 | | | n/a | | | n/a | |
|  |  | |  | |  | | ii) Allied Health | | | $160.40 | | | n/a | | | n/a | |
|  |  | |  | |  | |  | | |  | | |  | | |  | |
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|  |  | |  | | e | | Community Nursing | | |  | | |  | | |  | |
|  |  | |  | |  | | Compensable non-inpatients and non-eligible clients of Community Health Service | | |  | | |  | | |  | |
|  |  | |  | |  | | i) Business Hours | | | $85.85 | | | n/a | | | n/a | |
|  |  | |  | |  | | ii) Evening shift Mon-Fri (excluding public holidays) | | | At cost | | | n/a | | | n/a | |
|  |  | |  | |  | | iii) Night shift Mon. - Fri. (excluding public holidays) | | | At cost | | | n/a | | | n/a | |
|  |  | |  | |  | | iv) After hours (midnight Fri. - midnight - Saturday) | | | At cost | | | n/a | | | n/a | |
|  |  | |  | |  | | v) After hours - midnight Sat. to midnight Sunday) | | | At cost | | | n/a | | | n/a | |
|  |  | |  | | f | | Consultation overseas clients | | |  | | |  | | |  | |
|  |  | |  | |  | | i) Nursing | | | $85.85 | | | n/a | | | n/a | |
|  |  | |  | |  | | ii) Allied Health | | | $160.40 | | | n/a | | | n/a | |
|  |  | |  | |  | |  | | |  | | |  | | |  | |
|  |  | | 9 | | Day Care | | | | |  | | |  | | |  | |
|  |  | |  | | a | | Day care meals | | | $8.25 | | | n/a | | | n/a | |