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 |

|  |  |  |  |  |  |
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| 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 |

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|  |  |  |  |  |  |  |
| 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 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | 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 |