Australian Capital Territory

Explanatory Statement

Health (Fees) Determination 2023 (No 1)

**Disallowable Instrument DI2023-150**

made under the

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

This Determination of Fees revokes and replaces the Determination of Fees DI2022-69, dated

29 June 2022.

The Determination comes into effect on 1 July 2023 and reproduces Determination DI2022-69 except for:

* items on Attachment A, which have increased by the Wage Price Index of 3.75% (subject to rounding);
* items on Attachment B, which have increased by indexation rates as advised by the Commonwealth;
* items on Attachment C, which have increased or decreased by other factors, such as a review of cost of delivery or alignment with market rates;
* items on Attachment D, which have been removed or added to the fee determination;
* the inclusion of exemptions at (10) Attendance, Testing or Treatment at Sexual Health Centre for Medicare Non-eligible Patients and (11) Multi-Disciplinary Clinic meeting for Medicare Non-eligible Patients;
* minor wording, numbering and lettering changes; and
* the date of effect.

|   |   |   |   |   |   |   | **ATTACHMENT A** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1 JULY 2023 - ANNUAL REVIEW OF FEES & CHARGES** |
| **ITEMS INCREASING BY WAGE PRICE INDEX (3.75%)** |
| **Item** |  | **Frequency** | **2022-23 Charge ex. GST** | **2023-24 Charge ex. GST** | **2023-24 Charge inc. GST** |
|  |
|  |  |  |  |  |  |  |  |  |  |
| A | Hospital Accommodation Fees and Other Admitted Patient Fees - Standard Patients |  |  |  |  |
|  |  | 1 | c  | In single room at patients request | per day | $685.60  | $711.30  | n/a |  |
|  |  |  | d  | Hospital in the Home | per day | $238.70  | $247.65  | n/a |  |
|  |  | 2 | Compensable |  |  |  |  |  |
|  |  |  | a | Critical Care1 |  |  |  |  |  |
|  |  |  | i) | First 21 days per episode | per day | $4,322.00  | $4,484.10  | n/a |  |
|  |  |  | ii) | Over 21 Days | per day | $1,890.25  | $1,961.15  | n/a |  |
|  |  |  | b | Other Inpatient2 |  |  |  |  |  |
|  |  |  | i) | First 21 days per episode | per day | $2,105.25  | $2,184.20  | n/a |  |
|  |  |  | ii) | Over 21 Days | per day | $1,171.90  | $1,215.85  | n/a |  |
|  |  |  | c | Hospital in the Home | per day | $515.65  | $535.00  | n/a |  |
|  |  |  | d | Operating Room Charges |  |  |  |  |  |
|  |  |  | i) If the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation and the patient is not a day only patient | per treatment | $3,210.90  | $3,331.30  | n/a |  |
|  |  |  | ii) Other procedures (including day only surgical patients) | per treatment | $1,124.70  | $1,166.90  | n/a |  |
|  |  | 3 | Non-Eligible |  |  |  |  |  |  |
|  |  |  | a | Critical Care1 |  |  |  |  |  |
|  |  |  | i) | First 21 days per episode | per day | $5,852.05  | $6,071.50  | n/a |  |
|  |  |  | ii) | Over 21 Days | per day | $3,351.60  | $3,477.30  | n/a |  |
|  |  |  | b | Other Inpatient2 |  |  |  |  |  |
|  |  |  | i) | First 21 days per episode | per day | $2,309.05  | $2,395.65  | n/a |  |
|  |  |  | ii) | Over 21 Days | per day | $1,353.25  | $1,404.00  | n/a |  |
|  |  |  | c | Hospital in the Home | per day | $515.65  | $535.00  | n/a |  |
|  |  |  | d | Operating Room Charges |  |  |  |  |  |
|  |  |  | i) If the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation and the patient is not a day only patient | per treatment | $3,210.90  | $3,331.30  | n/a |  |
|  |  |  | ii) Other procedures (including day only surgical patients) | per treatment | $1,124.70  | $1,166.90  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| D | Health Protection Services |  |  |  |  |  |
|  |  | 1 | Scientific Services |  |  |  |  |  |
|  |  |  | a | Other than the ACT Coroner's Office | per hour | $211.65  | $219.60  | $241.56  |  |
|  |  |  | b | ACT Coroner's Office (Justice and Community Safety Directorate) | per matter | $1,345.35  | $1,395.80  | n/a |  |
|  |  |  | c | Asbestos Id single sample | per matter | $101.82  | $105.65  | $116.22  |  |
|  |  |  | d | Asbestos Id additional samples | per matter | $60.00  | $62.25  | $68.48  |  |
|  |  |  | e | Regular client Asbestos Fibre Count per Filter Counted | per matter | $121.82  | $126.40  | $139.04  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 2 | Other |  |  |  |  |  |  |
|  |  |  | a | Consultation - Business hours | per hour | $149.70  | $155.30  | $170.83  |  |
|  |  |  | b | Consultation - After hours | per hour | $183.55  | $190.45  | $209.50  |  |
|  |  |  | c | Exhumations | per matter | $527.95  | $547.75  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| F | Pathology Service Fees |  |  |  |  |  |
|  |  | 1 | Non-Medicare Testing |  |  |  |  |  |
|  |  |  | c | Collection fee for collection of research trials | per test | $32.10  | $33.30  | $36.63  |  |
|  |  |  | d | DNA Extraction and Storage | per test | $111.45  | $115.65  | n/a |  |
|  |  |  | f | Spore Testing | per ampoule | $14.60  | $15.15  | $16.67  |  |
|  |  |  | o | Environmental Testing | per request | $58.60  | $60.80  | $66.88  |  |
|  |  |  | q | Surveillance Screening | per test | $39.45  | $40.95  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| G | Incidental Outpatient Charges |  |  |  |  |  |
|  |  | 2 | PAP Machine Hire | per hire | $253.25  | $262.75  | n/a |  |
|  |  | 3 | Tuberculosis Testing |  |  |  |  |  |
|  |  |  | a | Standard Test and Medical Review | per test | $79.90  | $82.90  | n/a |  |
|  |  |  | b | Standard Test and Medical Review - Students | per test | $68.25  | $70.80  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| H | Non Eligible or Compensable Outpatient Service Fee |  |  |  |  |  |
|  |  | 1 | First Visit Medical Practitioner | per visit | $359.10  | $372.55  | n/a |  |
|  |  | 2 | Second & Subsequent Visits Medical Practitioner | per visit | $165.45  | $171.65  | n/a |  |
|  |  | 4 | Nursing or Allied Health Consult - Long (60 minutes or longer) | per visit | $150.85  | $156.50  | n/a |  |
|  |  | 5 | Nursing or Allied Health Consult - Standard (30 to 60 minutes) | per visit | $80.55  | $83.55  | n/a |  |
|  |  | 6 | Nursing or Allied Health Consult - Short (less than 30 minutes) | per visit | $50.25  | $52.15  | n/a |  |
|  |  | 7 | Nursing or Allied Health Education Services - Group | per visit/ per attendee | $30.05  | $31.20  | n/a |  |
|  |  | 8 | Compulsory Third Party Motor Vehicle Insurance - Community Care Program |  |  |  |  |
|  |  |  | a | RACS Nursing - Business Hours | per hour | $94.25  | $97.80  | $107.58  |  |
|  |  |  | f | Allied Health | per hour | $176.20  | $182.80  | $201.08  |  |
|  |  | 9 | Tuberculosis Testing |  |  |  |  |  |
|  |  |  | a | Standard Test and Medical Review | per test | $170.95  | $177.35  | n/a |  |
|  |  |  | b | Standard Test and Medical Review - Students | per test | $148.65  | $154.20  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| J | Capital Region Cancer Service |  |  |  |  |  |
|  |  | 1 | Humidifier Hire and Consumables | per 2 months | $368.85  | $382.70  | n/a |  |
| K | Acute Support Fees |  |  |  |  |  |
|  |  | 2 | Acute Support, Allied Health and Other Medical Services |  |  |  |  |  |
|  |  |  | a | Chronic pain management course for compensation clients | per session | $59.65  | $61.90  | $68.09  |  |
|  |  |  | b | Physiotherapy - Antenatal Exercise Classes for non-eligible clients | per visit | $9.00  | $9.35  | n/a |  |
|  |  |  | d | Hydrotherapy Pool (External Users) | per hour | $127.15  | $131.90  | $145.09  |  |
|  |  |  | g | "Replacement of Child Personal Health Record" (Blue Book)  | per item | $12.95  | $13.45  | $14.80  |  |
|  |  |  | h | Glucose Sensor | per item | $95.95  | $99.55  | n/a |  |
|  |  |  | k | Breast pump Hire - per week | per item | $9.00  | $9.35  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 3 | Home Enteral Nutrition Program |  |  |  |  |  |
|  |  |  | a | Equipment Only 0-6 years 11 months | per week | $19.70  | $20.45  | n/a |  |
|  |  |  | b | Equipment Only 7-12 years 11 months | per week | $19.70  | $20.45  | n/a |  |
|  |  |  | c | Equipment Only 13+ years | per week | $19.70  | $20.45  | n/a |  |
|  |  |  | d | Supplementary Feeding 0-6 years 11 months | per week | $33.00  | $34.25  | n/a |  |
|  |  |  | e | Supplementary Feeding 7-12 years 11 months | per week | $57.95  | $60.10  | n/a |  |
|  |  |  | f | Supplementary Feeding 13+ years | per week | $59.10  | $61.30  | n/a |  |
|  |  |  | g | Enteral Feeding 0-6 years 11 months | per week | $41.10  | $42.65  | n/a |  |
|  |  |  | h | Enteral Feeding 7-12 yeas 11 months | per week | $65.85  | $68.30  | n/a |  |
|  |  |  | i | Enteral Feeding 13+ years | per week | $68.65  | $71.20  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| L | Clinical Support Fees |  |  |  |  |  |
|  |  | 1 | Medical Physics Services | per person/ per hour | $206.05  | $213.80  | n/a |  |
|  |  | 2 | Biomedical Engineering Services | per person/ per hour | $156.40  | $162.25  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| M | Medical Records and Health Reports |  |   |   |   |  |
|  |  | 1 | Medical Practitioner / Health Professional Reports |  |  |  |  |  |
|  |  |  | a | Patient seen within the prior 6 months |  | $522.85  | $542.45  | n/a |  |
|  |  |  | b | Patient seen previously not within prior 6 months |  | $732.00  | $759.45  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 2 | Search Fees - includes cancellation fee, admin fee if nil records, medical certs not at time of consultation and time of birth. | $59.10  | $61.30  | $67.43  |  |
|  |  | 3 | Health Records provided to patient's solicitor |  |  |  |  |  |
|  |  |  | i | Electronic delivery - unlimited pages |  | $146.60  | $152.10  | $167.31  |  |
|  |  |  | ii | Paper delivery - up to 200 pages |  | $213.90  | $221.90  | $244.09  |  |
|  |  |  | iii | additional 100 pages, or part thereof incrementally add |  | $87.75  | $91.05  | $100.16  |  |
|  |  |  |  |  |  |  |  |  |  |
| O | Emergency Department |  |  |  |  |  |
|  | Non-eligible, Compensable and Defence Patients: |  |  |  |  |  |
|  |  | 1 | Emergency Department Treatment | per visit | $569.70  | $591.05  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| P | Dental Services |  |  |  |  |  |  |
|  |  | Group 0 - Examination/Diagnostic |  |  |  |  |  |
|  |  |  |  | Comprehensive Oral Exam |  | $13.45  | $13.95  | n/a |  |
|  |  |  |  | Periodic Exam |  | $9.40  | $9.75  | n/a |  |
|  |  |  |  | Emergency Restorative Course of Care  |  | $47.35  | $49.15  | n/a |  |
|  |  |  |  | Emergency Prosthodontic Course of Care  |  | $47.35  | $49.15  | n/a |  |
|  |  |  |  | Consult (incl Exam) |  | $14.60  | $15.15  | n/a |  |
|  |  |  |  | Consult Ext + 30 (incl Exam) |  | $22.30  | $23.15  | n/a |  |
|  |  |  |  | Written report (not elsewhere included) |  | $10.45  | $10.85  | $11.94  |  |
|  |  |  |  | X-Ray -1 film PA or BW |  | $8.45  | $8.75  | n/a |  |
|  |  |  |  | Intraoral radiograph - occlusal, maxillary or mandibular - single film | $14.05  | $14.60  | n/a |  |
|  |  |  |  | Extraoral radiograph - maxillary and/or mandibular - single film |  | $15.25  | $15.80  | n/a |  |
|  |  |  |  | Caries activity screening test |  | $7.90  | $8.20  | n/a |  |
|  |  |  |  | Biopsy of Tissue |  | $26.60  | $27.60  | n/a |  |
|  |  |  |  | Diagnostic cast |  | $14.05  | $14.60  | n/a |  |
|  |  |  |  | Photographic records - intraoral |  | $8.45  | $8.75  | n/a |  |
|  |  |  |  | Photographic records - extraoral |  | $8.40  | $8.70  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 1 - Preventative Services |  |  |  |  |  |
|  |  |  |  | Removal of Plaque and / or stain |  | $13.45  | $13.95  | n/a |  |
|  |  |  |  | Recontouring - pre existing restoration/s |  | $4.35  | $4.50  | n/a |  |
|  |  |  |  | Calculus (supra & subging.) & Plaque Removal 1st visit |  | $19.25  | $19.95  | n/a |  |
|  |  |  |  | Calculus (supra & subging.) & Plaque Removal Addit. visit |  | $13.45  | $13.95  | n/a |  |
|  |  |  |  | Enamel micro- abrasion - per tooth |  | $9.55  | $9.90  | n/a |  |
|  |  |  |  | Bleaching, internal - per tooth |  | $55.75  | $57.85  | n/a |  |
|  |  |  |  | Bleaching, external - per tooth |  | $47.35  | $49.15  | n/a |  |
|  |  |  |  | Fluoride - Topical (including tooth mousse) |  | $7.45  | $7.75  | n/a |  |
|  |  |  |  | Concentrated fluoride, application single tooth |  | $5.80  | $6.00  | n/a |  |
|  |  |  |  | Dietary advice. Analysis and advice |  | $7.80  | $8.10  | n/a |  |
|  |  |  |  | Oral Hygiene Instr. (if more than 10 mins.) |  | $10.60  | $11.00  | n/a |  |
|  |  |  |  | Fissure Sealant - per tooth |  | $12.95  | $13.45  | n/a |  |
|  |  |  |  | Apply Desensitising Agent |  | $5.80  | $6.00  | n/a |  |
|  |  |  |  | Odontoplasty - per tooth |  | $12.95  | $13.45  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 2 - Periodontics |  |  |  |  |  |
|  |  |  |  | Treatment of acute Periodontal Infection |  | $15.25  | $15.80  | n/a |  |
|  |  |  |  | Periodontal Debridement - per tooth |  | $5.60  | $5.80  | n/a |  |
|  |  |  |  | Non Surgical Treatment of Peri Implant Disease |  | $20.80  | $21.60  | n/a |  |
|  |  |  |  | Gingivectomy - per tooth |  | $4.85  | $5.05  | n/a |  |
|  |  |  |  | Periodontal flap surgery - per tooth |  | $8.55  | $8.85  | n/a |  |
|  |  |  |  | Osseous surgery (per 8 teeth or less) |  | $82.80  | $85.90  | n/a |  |
|  |  |  |  | Root resection - per root |  | $46.50  | $48.25  | n/a |  |
|  |  |  |  | Periodontal surgery involving one tooth or an implant |  | $17.05  | $17.70  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 3 - Oral Surgery |  |  |  |  |  |
|  |  |  |  | Removal of tooth or parts |  | $28.20  | $29.25  | n/a |  |
|  |  |  |  | Sectional removal of tooth. Bone removal maybe necessary |  | $36.05  | $37.40  | n/a |  |
|  |  |  |  | Surgical removal of tooth or tooth fragment not including bone |  | $45.75  | $47.45  | n/a |  |
|  |  |  |  | Surgical removal of tooth or tooth fragment including bone |  | $52.35  | $54.30  | n/a |  |
|  |  |  |  | Surgical removal of tooth or tooth fragment requiring both bone and tooth division | $70.30  | $72.95  | n/a |  |
|  |  |  |  | Alveolectomy per segment |  | $28.55  | $29.60  | n/a |  |
|  |  |  |  | Ostectomy |  | $105.85  | $109.80  | n/a |  |
|  |  |  |  | Reduction of fibrous tuberosity |  | $40.10  | $41.60  | n/a |  |
|  |  |  |  | Reduction of flabby ridge - per segment |  | $22.70  | $23.55  | n/a |  |
|  |  |  |  | Removal of fibrous hyperplasia |  | $53.50  | $55.50  | n/a |  |
|  |  |  |  | Removal of tumour, cyst or scar  |  | $44.15  | $45.80  | n/a |  |
|  |  |  |  | Removal of tumour, cyst or scar involving muscle, bone or deep tissue | $156.45  | $162.30  | n/a |  |
|  |  |  |  | Surgery to salivary duct |  | $137.75  | $142.90  | n/a |  |
|  |  |  |  | Surgery to salivary gland |  | $46.70  | $48.45  | n/a |  |
|  |  |  |  | Removal or repair of soft tissue (not elsewhere defined) |  | $43.55  | $45.20  | n/a |  |
|  |  |  |  | Surgical removal of foreign body |  | $24.65  | $25.55  | n/a |  |
|  |  |  |  | Marsupialization of cyst |  | $84.45  | $87.60  | n/a |  |
|  |  |  |  | Surgical exposure to unerupted tooth |  | $166.65  | $172.90  | n/a |  |
|  |  |  |  | Reposition tooth / Splint |  | $41.00  | $42.55  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Replantation of /& Splinting of tooth |  | $82.80  | $85.90  | n/a |  |
|  |  |  |  | Surgery to isolate and preserve neuro vascular tissue |  | $42.00  | $43.60  | n/a |  |
|  |  |  |  | Frenectomy |  | $38.00  | $39.45  | n/a |  |
|  |  |  |  | Drainage of abscess or cyst |  | $20.80  | $21.60  | n/a |  |
|  |  |  |  | Surgery involving the maxially antrum |  | $169.30  | $175.65  | n/a |  |
|  |  |  |  | Control of reactionary or secondary post operative haemorrhage | $14.05  | $14.60  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 4 - Endodontics |  |  |  |  |  |
|  |  |  |  | Direct pulp capping |  | $7.50  | $7.80  | n/a |  |
|  |  |  |  | Pulpotomy  |  | $16.35  | $16.95  | n/a |  |
|  |  |  |  | Incomplete endodontic therapy (tooth not suitable for further treatment) | $26.70  | $27.70  | n/a |  |
|  |  |  |  | Complete chemo-mechanical preparation of root canal - one canal | $47.85  | $49.65  | n/a |  |
|  |  |  |  | Complete chemo-mechanical preparation of root canal - each additional canal | $22.80  | $23.65  | n/a |  |
|  |  |  |  | Root Canal obturation - one canal |  | $46.60  | $48.35  | n/a |  |
|  |  |  |  | Root canal obturation - each additional canal |  | $21.80  | $22.60  | n/a |  |
|  |  |  |  | Extirpation of pulp and debridement of root canal(s) - emergency and palliative |  | $30.80  | $31.95  | n/a |  |
|  |  |  |  | Resorbable root canal filling - primary tooth |  | $56.30  | $58.40  | n/a |  |
|  |  |  |  | Periapical curettage - per root |  | $64.95  | $67.40  | n/a |  |
|  |  |  |  | Apicectomy- per root |  | $64.95  | $67.40  | n/a |  |
|  |  |  |  | Apical seal - per canal |  | $77.95  | $80.85  | n/a |  |
|  |  |  |  | Sealing of perforation |  | $66.95  | $69.45  | n/a |  |
|  |  |  |  | Surgical treatment or repair of external root resorption |  | $88.35  | $91.65  | n/a |  |
|  |  |  |  | Exploration and/or negotiation of calcified canal -per canal, per visit |  | $22.70  | $23.55  | n/a |  |
|  |  |  |  | Removal of root filling, per canal |  | $22.70  | $23.55  | n/a |  |
|  |  |  |  | Removal of cemented root canal post or post crown |  | $22.70  | $23.55  | n/a |  |
|  |  |  |  | Removing or bypassing fractured endodontic instrument |  | $18.95  | $19.65  | n/a |  |
|  |  |  |  | Additional visit for irrigation and/or dressing of the root canal system - per tooth |  | $22.70  | $23.55  | n/a |  |
|  |  |  |  | Interim therapeutic root filling - per tooth |  | $30.30  | $31.45  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 5 - Restorative Services |  |  |  |  |  |
|  |  |  |  | Metallic restoration - 1 surface - direct |  | $22.40  | $23.25  | n/a |  |
|  |  |  |  | Metallic restoration - 2 surface - direct |  | $27.45  | $28.50  | n/a |  |
|  |  |  |  | Metallic restoration - 3 surface - direct |  | $33.20  | $34.45  | n/a |  |
|  |  |  |  | Metallic restoration - 4 surface - direct |  | $37.35  | $38.75  | n/a |  |
|  |  |  |  | Metallic restoration - 5 surface - direct |  | $42.65  | $44.25  | n/a |  |
|  |  |  |  | Adhesive restoration - 1 surface - Anterior tooth - direct |  | $24.80  | $25.75  | n/a |  |
|  |  |  |  | Adhesive restoration - 2 surface - Anterior tooth - direct |  | $30.10  | $31.25  | n/a |  |
|  |  |  |  | Adhesive restoration - 3 surface - Anterior tooth - direct |  | $35.65  | $37.00  | n/a |  |
|  |  |  |  | Adhesive restoration - 4 surface - Anterior tooth - direct |  | $41.20  | $42.75  | n/a |  |
|  |  |  |  | Adhesive restoration - 5 surface - Anterior tooth - direct |  | $48.45  | $50.25  | n/a |  |
|  |  |  |  | Adhesive restoration - 1 surface Posterior tooth - direct |  | $26.50  | $27.50  | n/a |  |
|  |  |  |  | Adhesive restoration - 2 surface Posterior tooth - direct |  | $34.35  | $35.65  | n/a |  |
|  |  |  |  | Adhesive restoration - 3 surface Posterior tooth - direct |  | $40.00  | $41.50  | n/a |  |
|  |  |  |  | Adhesive restoration - 4 surface Posterior tooth - direct |  | $45.60  | $47.30  | n/a |  |
|  |  |  |  | Adhesive restoration - 5 surface Posterior tooth - direct |  | $52.35  | $54.30  | n/a |  |
|  |  |  |  | Provisional (Intermediate / temporary) restoration |  | $10.45  | $10.85  | n/a |  |
|  |  |  |  | Metal band |  | $8.85  | $9.20  | n/a |  |
|  |  |  |  | Pin restoration -per pin |  | $6.20  | $6.45  | n/a |  |
|  |  |  |  | Stainless Steel Crown |  | $58.60  | $60.80  | n/a |  |
|  |  |  |  | Restoration of an incisal corner - per corner |  | $6.50  | $6.75  | n/a |  |
|  |  |  |  | Removal of inlay/onlay |  | $20.80  | $21.60  | n/a |  |
|  |  |  |  | Recementing onlay/inlay |  | $17.00  | $17.65  | n/a |  |
|  |  |  |  | Post - direct |  | $32.20  | $33.40  | n/a |  |
|  |  |  |  | Adhesive restoration - veneer - anterior - direct |  | $48.45  | $50.25  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 6 - Crown and Bridge |  |  |  |  |  |
|  |  |  |  | Provisional Crown |  | $32.75  | $34.00  | n/a |  |
|  |  |  |  | Recrement Crown or veneer |  | $22.15  | $23.00  | n/a |  |
|  |  |  |  | Recrement bridge or splint |  | $21.65  | $22.45  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Removal of crown |  | $14.05  | $14.60  | n/a |  |
|  |  |  |  | Removal of bridge or splint |  | $39.75  | $41.25  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 7 - Prosthodontics |  |  |  |  |  |
|  |  |  |  | Full Maxillary denture |  | $204.95  | $212.65  | n/a |  |
|  |  |  |  | Full Mandibular denture |  | $204.95  | $212.65  | n/a |  |
|  |  |  |  | Metal plate or mesh |  | $292.70  | $303.70  | n/a |  |
|  |  |  |  | Full Maxillary & Full Mandibular dentures |  | $363.50  | $377.15  | n/a |  |
|  |  |  |  | Partial Max Denture - resin base |  | $123.80  | $128.45  | n/a |  |
|  |  |  |  | Partial Mand Denture - resin base |  | $123.80  | $128.45  | n/a |  |
|  |  |  |  | Partial Max Denture - cast CO/CR base |  | $434.05  | $450.35  | n/a |  |
|   |  |  |  | Partial Mand Denture - cast CO/CR base  |  | $434.05  | $450.35  | n/a |  |
|  |  |  |  | Resilient Lining in addit'n to new denture |  | $40.65  | $42.15  | n/a |  |
|  |  |  |  | Wrought Bar |  | $37.85  | $39.25  | n/a |  |
|  |  |  |  | Metal Backing - per backing |  | $33.75  | $35.00  | n/a |  |
|  |  |  |  | Denture Adjustment (not new) |  | $47.35  | $49.15  | n/a |  |
|  |  |  |  | Reline -Complete denture |  | $71.60  | $74.30  | n/a |  |
|  |  |  |  | Reline -Part denture |  | $61.00  | $63.30  | n/a |  |
|  |  |  |  | Remodel - complete denture  |  | $112.60  | $116.80  | n/a |  |
|  |  |  |  | Remodel - Partial denture  |  | $88.35  | $91.65  | n/a |  |
|  |  |  |  | Clean and polish of pre-existing denture |  | $47.35  | $49.15  | n/a |  |
|  |  |  |  | Denture base modification |  | $57.40  | $59.55  | n/a |  |
|  |  |  |  | Repair to metal casting: one point |  | $143.55  | $148.95  | n/a |  |
|  |  |  |  | Tissue conditioning preparatory to impressions - per application | $14.90  | $15.45  | n/a |  |
|  |  |  |  | Identification |  | $7.90  | $8.20  | n/a |  |
|  |  |  |  | Obturator |  | $152.20  | $157.90  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 9 - General Services |  |  |  |  |  |
|  |  |  |  | Palliative care |  | $14.70  | $15.25  | n/a |  |
|  |  |  |  | Travel to provide service |  | $15.25  | $15.80  | n/a |  |
|  |  |  |  | Provision of medication/ medicaments |  | $5.90  | $6.10  | n/a |  |
|  |  |  |  | Local anaesthesia (diagnosis or pain relief) |  | $3.90  | $4.05  | n/a |  |
|  |  |  |  | Minor Occlusal adjustment |  | $12.95  | $13.45  | n/a |  |
|  |  |  |  | Occlusal splint |  | $114.50  | $118.80  | n/a |  |
|  |  |  |  | Adjust occlusal splint |  | $16.25  | $16.85  | n/a |  |
|  |  |  |  | Repair/addition - occlusal splint |  | $61.70  | $64.00  | n/a |  |
|  |  |  |  | Splinting and stabilization - direct - per tooth |  | $20.80  | $21.60  | n/a |  |
|  |  |  |  | Post-operative care not elsewhere included |  | $15.25  | $15.80  | n/a |  |
|  |  |  |  | Treatment not otherwise included |  | $9.55  | $9.90  | n/a |  |
|  |  |  |  | Sedation/Inhalation per appointment |  | $5.65  | $5.85  | n/a |  |
|  |  |  |  | Precision or Magnetic Denture Attachment |  | $189.10  | $196.20  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group A - Child & Youth Dental |  |  |  |  |  |
|  |  |  |  | Standard Fee per course of care |  | $72.60  | $75.30  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group B - Child and Youth Extra Fee Services |  |  |  |  |  |
|  |  |  |  | Passive/Active removable appliance - one arch |  | $70.90  | $73.55  | n/a |  |
|  |  |  |  | Functional orthopaedic appliance |  | $56.85  | $59.00  | n/a |  |
|  |  |  |  | Passive fixed appliance |  | $45.60  | $47.30  | n/a |  |
|  |  |  |  | Extra-oral appliance  |  | $182.90  | $189.75  | n/a |  |
|  |  |  |  | Repair removable appliance |  | $16.90  | $17.55  | n/a |  |
|  |  |  |  | Repair removable appliance - clasp, spring or tooth |  | $16.25  | $16.85  | n/a |  |
|  |  |  |  | additional to removable appliance |  | $16.90  | $17.55  | n/a |  |
|  |  |  |  | Relining removable appliance |  | $28.15  | $29.20  | n/a |  |
|  |  |  |  | Occlusal splint |  | $56.85  | $59.00  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| Q | Medical Imaging Services |  |  |  |  |  |
|  |  | 1 | Services to patients - Copies of Images to patients/solicitors/coroner/police/insurers etc. |  |  |  |  |
|  |  |  | a | Service Fee | per order processed | $40.45  | $41.95  | $46.15  |  |
|  |  |  | b | Research MRI - Non funded pilot project | each | $234.15  | $242.95  | n/a |  |
|  |  |  | c | Research MRI - Funded project without radiologist input | each | $323.10  | $335.20  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | d | Research MRI - PPTF Funded project without Radiologist input | each | $264.55  | $274.45  | n/a |  |
|  |  |  | e | Research MRI - PPTF Funded project with Radiologist input | each | $410.90  | $426.30  | n/a |  |
|  |  |  | f | Coroners Fee | each | $229.75  | $238.35  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 2 | Radiographer services to external agencies |  |  |  |  |  |
|  |  |  | a | Monday to Friday | per hour | $186.90  | $193.90  | $213.29  |  |
|  |  |  | b | Saturday and Sunday | per hour | $204.85  | $212.55  | $233.81  |  |
|  |  |  | c | Public Holidays | per hour | $272.50  | $282.70  | $310.97  |  |
|  |  |  | e | Additional image processing/reconstruction | per occasion of service | $65.30  | $67.75  | $74.53  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 3 | Non-rebatable services to outpatients |  |  |  |  |  |
|  |  |  | a | MRI | per scan | $436.85  | $453.25  | n/a |  |
|  |  |  | b | MRI - Breast | per scan | $612.50  | $635.45  | n/a |  |
|  |  |  | c | MRI - Breast Core Biopsy | per session | $475.05  | $492.85  | n/a |  |
|  |  |  | d | Non-rebatable Sedation in MRI | each | $65.30  | $67.75  | n/a |  |
|  |  |  | e | Non-rebatable Contrast in MRI | each | $65.30  | $67.75  | n/a |  |
|  |  |  | f | Positron Emission Tomography Scan | per scan | $423.25  | $439.10  | n/a |  |
|  |  |  | g | Non-rebatable CT Colonography | each | $879.25  | $912.20  | n/a |  |
|  |  |  | h | Non-rebatable Bone Density Scan (DEXA) | each | $135.05  | $140.10  | n/a |  |
|  |  |  | i | Non-rebateable Cardiac CT | per scan | $535.80  | $555.90  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| R | Pain Management Service |  |  |  |  |  |
|  |  | 1 | Multidisciplinary Assessment | per assessment | $1,456.80  | $1,511.45  | n/a |  |
|  |  | 2 | Cognitive Behaviour Therapy program (2 week program) | per program | $6,187.55  | $6,419.60  | n/a |  |
|  |  | 3 | One-day Education Program for Chronic Pain (JUMP) | per program | $619.20  | $642.40  | n/a |  |
|  |  | 4 | Psychology |  |  |  |  |  |
|  |  |  | a | Psychology Assessment | per assessment | $449.20  | $466.05  | n/a |  |
|  |  |  | b | Group Psychology Session | per session | $125.00  | $129.70  | n/a |  |
|  |  | 5 | Medical Assessment and Follow-ups  |  |  |  |  |  |
|  |  |  | a | First Visit | per visit | $359.10  | $372.55  | n/a |  |
|  |  |  | b | Second & Subsequent Visits | per visit | $165.45  | $171.65  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| S | Rehabilitation, Aged & Community Care |  |  |  |  |  |
|  |  | 1 | RACS Nursing and Allied Health |  |  |  |  |  |
|  |  |  | a | Allied Health Staff  | per hour | $176.20  | $182.80  | $201.08  |  |
|  |  |  | b | Seating Technician (Non manufacture) | per hour | $158.95  | $164.90  | n/a |  |
|  |  |  | c | Nursing Staff | per hour | $94.25  | $97.80  | n/a |  |
|  |  |  | d | Education and/or Training (for student groups, private and public sector staff groups) - Business Hours | per hour | $176.20  | $182.80  | $201.08  |  |
|  |  |  | f | Maintenance Exercise Therapy Session | per session | $9.00  | $9.35  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 4 | Prosthetic and Orthotic Services |  |  |  |  |  |
|  |  |  | a | New prosthesis for compensable and private clients - labour | per hour | $176.20  | $182.80  | n/a |  |
|  |  |  | c | Repair prosthesis for compensable and private clients- labour | per hour | $158.95  | $164.90  | n/a |  |
|  |  |  | k | Orthotics assessments for private and compensable clients | per hour | $176.20  | $182.80  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 5 | Driver Rehabilitation Service |  |  |  |  |  |
|  |  |  | Non Compensable Patients |  |  |  |  |  |
|  |  |  | a | Initial Assessment and Report by Occupational Therapist | per assessment | $667.55  | $692.60  | n/a |  |
|  |  |  | b | Initial Assessment by Driving Instructor | per assessment | $270.20  | $280.35  | $308.39  |  |
|  |  |  | c | Joint Assessment and Report by Occupational Therapist and Driving Instructor | per assessment | $618.00  | $641.20  | $705.32  |  |
|  |  |  | d | Re-Assessment by Occupational Therapist | per assessment | $164.35  | $170.50  | n/a |  |
|  |  |  | e | Lesson | per lesson | $141.85  | $147.15  | $161.87  |  |
|  |  |  | Compensable Patients |  |  |  |  |  |
|  |  |  | f | Initial Assessment and Report by Occupational Therapist | per assessment | $916.40  | $950.75  | n/a |  |
|  |  |  | g | Re-Assessment by Occupational Therapist | per assessment | $397.35  | $412.25  | n/a |  |
|  |  |  | h | Lesson | per lesson | $141.85  | $147.15  | $161.87  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 6 | Specialised Wheelchair and Posture Seating (SWAPS) |  |  |  |  |  |
|  |  |  | a | For compensable and private clients: |  |  |  |  |  |
|  |  |  |  | i) Seating Therapist | per hour | $176.20  | $182.80  | n/a |  |

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|  |  |  |  |  |  |  | **ATTACHMENT B** |
| **1 JULY 2023 - ANNUAL REVIEW OF FEES & CHARGES** |
| **ITEMS INCREASING BY INDEXATION RATES ADVISED BY THE COMMONWEALTH** |
| **Item** |  | **Frequency** | **2022-23 Charge ex. GST** | **2023-24 Charge ex. GST** | **2023-24 Charge inc. GST** |
|  |
|  |  |  |  |  |  |  |  |  |  |
| A | Hospital Accommodation Fees - Standard Patients |  |  |  |  |  |
|  | 1 | a | In multiple-bed room | per day | $393.00  | $421.00  | n/a |  |
|  |  | b | In single room not at patients request | per day | $393.00  | $421.00  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| B | Hospital Accommodation Fees - Day Care Patients |  |  |  |  |  |
|  |  | a | Type B |  | per day | $285.00  | $305.00  | n/a |  |
|  |  | b | Local anaesthetic, no sedation - < 1 hour | per day | $318.00  | $340.00  | n/a |  |
|  |  | c | General or regional anaesthetic/intravenous sedation - < 1 hour | per day | $350.00  | $375.00  | n/a |  |
|  |  | d | General or regional anaesthetic/intravenous sedation - > 1 hour | per day | $393.00  | $421.00  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| C | Hospital Accommodation Fees - Nursing Home Type Patients |  |  |  |  |  |
|  |  | 1 | Hospital patient | per day | $65.40  | $70.55  | n/a |  |
|  |  | 2 | Private patient | per day | $202.70  | $213.00  | n/a |  |

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|  |  |  |  |  |  |  | **ATTACHMENT C** |
| **1 JULY 2023 - ANNUAL REVIEW OF FEES & CHARGES** |
| **OTHER FEE CHANGES** |
| **Item** |  | **Frequency** | **2022-23 Charge ex. GST** | **2023-24 Charge ex. GST** | **2023-24 Charge inc. GST** |
|  |
|  |  |  |  |  |  |  |  |  |  |
| **Increase greater than CPI/WPI** |  |  |  |  |  |
| E | Other Accommodation |  |  |  |  |  |  |
| 1 | In Residences - Patients - First 7 Days in a Financial Year |  |  |  |  |  |
|  | a |  | Room Only (Single) | per day | $43.00  | $75.00  | n/a  |  |
|  | b |  | Room Only (Double) | per day | $60.00 | $75.00 | n/a |  |
| 2 | In Residences - Patients - 8+ Days in a Financial Year |  |  |  |  |  |
|  | a |  | Room Only (Single) | per day | $65.00  | $120.00  | n/a |  |
|  | b |  | Room Only (Double) | per day | $85.00  | $120.00  | n/a |  |
| 3 | In Residences - Non Patients - First 7 Days in a Financial Year |  |  |  |  |  |
|  | a |  | Room Only (Single) | per day | $39.09  | $68.18  | $75.00  |  |
|  | b |  | Room Only (Double) | per day | $54.55  | $68.18  | $75.00  |  |
| 4 | In Residences - Non Patients - 8+ Days in a Financial Year |  |  |  |  |  |
|  | a |  | Room Only (Single) | per day | $59.09  | $109.09  | $120.00  |  |
|  | b |  | Room Only (Double) | per day | $77.27  | $109.09  | $120.00  |  |
| Note: The above fees at a and b have been combined in the Determination for each item number as the fee is the same for a single or double room. |  |
|  |  |
| F | Pathology Service Fees |  |  |  |  |  |
| 1 | i | Histology testing on Coronial post mortems | per post mortem | $346.00  | $400.00  | $440.00  |  |
|  | j | Quantiferon |  | per test | $45.00  | $50.00  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| S | Rehabilitation, Aged & Community Services |  |  |  |  |  |
| 2 | Clinical Technology Service Workshop |  |  |  |  |  |
|  | a | Rehabilitation aids maintenance and repair | per hour (half hr min) | $158.95  | $164.90  | n/a |  |
|  |  |  |  |  |  | + Component costs | + Component costs + 10% Mark-up |  |  |
|  | b | Equipment componentry manufacture | per hour (half hr min) | $158.95  | $164.90  | n/a |  |
|  |  |  |  |  |  | + Component costs | + Component costs + 10% Mark-up |  |  |
| 4 | Prosthetic and Orthotic Services |  |  |  |  |  |
|  | b | New prosthesis for compensable and private clients - components  |  | Component Costs | Component Costs + 10% Mark-up | n/a |  |
|  | d | Repair prosthesis for compensable and private clients- components |  | Component Costs | Component Costs + 10% Mark-up | n/a |  |
|  | i | New orthoses  |  | per hour (half hr min) | $176.20  | $182.80  | n/a |  |
|  |  |  |  |  |  | + Component costs | + Component costs + 10% Mark-up |  |  |
|  | j | Repairs to Orthoses  | per hour (half hr min) | $158.95  | $164.90  | n/a |  |
|  |  |  |  |  |  | + Component costs | + Component costs + 10% Mark-up |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Reduced Fees** |  |  |  |  |  |  |
| F | Pathology Service Fees |  |  |  |  |  |
| 1 | e | Faecal Calprotectin | per test | $100.00  | $63.75  | n/a |  |

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|  |  |  |  |  |  | **ATTACHMENT D** |
| **1 JULY 2023 - ANNUAL REVIEW OF FEES & CHARGES** |
| **NEW AND DELETED FEES** |
| **Item** |  | **2022-23 Charge ex. GST** | **2023-24 Charge ex. GST** | **2023-24 Charge inc. GST** |
|  |
|  |  |  |  |  |  |  |  |  |
| **New Fees** |  |  |  |  |  |  |
| F | Pathology Service Fees |  |  |  |  |
| 1 | a | Pro BNP | n/a | $49.75  | n/a |  |
|  | b | HPV Genotyping | n/a | $29.75  | n/a |  |
|  |  |  |  |  |  |  |  |  |
| **Deleted Fees** |  |  |  |  |  |
| F | Pathology Service Fees |  |  |  |  |
| 1 | Non-Medicare Testing |  |  |  |  |
|  | a | Sequence Analysis | $300.00  | n/a | n/a |  |
|  | b | Additional Genetic Analysis by Sequencing - Per Region | $100.00  | n/a | n/a |  |
|  | e | IgH & TCR gamma Gene rearrangements | $300.00  | n/a | n/a |  |
|  | h | Prenatal - Interphase Fish | $265.00  | n/a | n/a |  |
|  | l | Pneumococcal Testing | $30.00  | n/a | n/a |  |
|  | p | Supervised Urine Drug Screen | $45.00  | n/a | n/a |  |
|  | q | 16S rRNA Sequencing | $75.00  | n/a | n/a |  |
|  | r | Microsatellite Analysis (5-plex, trio) | $150.00  | n/a | n/a |  |
|  | w | Apolipopotein A and B | $32.20  | n/a | n/a |  |
|  | aa | Cervical/Vaginal/Vault Cytology - when not eligible for Medicare Rebate | $35.00  | n/a | n/a |  |
|  |  |  |  |  |  |  |  |  |
| K | Acute Support Fees |  |  |  |  |
| 2 | Acute Support, Allied Health and Other Medical Services |  |  |  |  |
|  | b | Sale of infection control manual | $113.70  | n/a | n/a |  |