Explanatory Statement

Health (Fees) Determination 2025 (No 1)

Disallowable Instrument DI2025-129

made under the

Health Act 1993, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Disallowable Instrument DI2024-305, dated 9 December 2024.

The Determination comes into effect on 1 July 2025 and reproduces Determination DI2024-305 except for:

- items on Attachment A, which have increased by the Wage Price Index of 3.25% (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 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;
- minor wording, numbering and lettering changes; and
- the date of effect.

Ite	em		IG BY WAGE PRICE INDEX Frequ		2024-25 Charge ex. GST	2025-26 Charge ex. GST	2025- 26 Charge inc. GST		
Α	Hospital Accommodation Fees and Other Admitted Patient Fees - Standard Patients 1 d Hospital in the Home per day \$256.30 \$264.65								
	1 2	d Hospital in the Home Compensable	ре	r day	\$256.30	\$264.65	n/a		
	2	c Hospital in the Home	pe	r day	\$553.70	\$571.70	n/a		
	3	Non-Eligible c Hospital in the Home	ne	r day	\$553.70	\$571.70	n/a		
		c riospitarin the nome	ρε	i uay	ψ555.70	ψ3/1./0	Π/a		
D	Health I	rotection Services Scientific Services							
	-	a Other than the ACT Coroner's Offi	ce per	hour	\$227.30	\$234.70	\$258.17		
		b ACT Coroner's Office (Justice and Directorate)	Community Safety per m	natter \$	1,444.65	\$1,491.60	n/a		
		c Asbestos Id single sample	per m	natter	\$109.35	\$112.90	\$124.19		
		d Asbestos Id additional samples	per m		\$64.45	\$66.55	\$73.21		
		e Regular client Asbestos Fibre Cou	nt per Filter Counted per m	natter	\$130.80	\$135.05	\$148.56		
	2	Other							
		a Consultation - Business hours	· ·	hour	\$160.75	\$165.95	\$182.55		
		b Consultation - After hours	· ·	hour	\$197.10	\$203.50	\$223.85		
		c Exhumations	per m	natter	\$566.90	\$585.30	n/a		
F		y Service Fees							
	1	Non-Medicare Testing	and telefo		CO 4 45	* 05.55	COO 44		
		a Collection fee for collection of rese	earch triais pe	·	\$34.45 us freight costs at cost recovery only	\$35.55 plus freight costs at cost recover	\$39.11		
		b DNA Extraction and Storage	ne	r test	\$119.70	only \$123.60	n/a		
		c Spore Testing	per am		\$15.70	\$16.20	\$17.82		
		, ,	ner .	post-					
		d Histology testing on Coronial post	mo	ortem	\$400.00	\$413.00	\$454.30		
		f Environmental Testing	per red	•	\$62.95	\$65.00	\$71.50		
		h Surveillance Screening	pe	r test	\$42.40	\$43.80	n/a		
G		al Outpatient Charges							
	2	PAP Machine Hire	pe	r hire	\$271.95	\$280.80	n/a		
	3	Tuberculosis Testing			ሰ ባር ባባ	©00.00	/		
		a Standard Test and Medical Reviewb Standard Test and Medical Review		r test r test	\$85.80 \$73.30	\$88.60 \$75.70	n/a n/a		
Н	Non Eli	ible or Compensable Outpatient Service Fee							
11	1	First Visit Medical Practitioner		r visit	\$385.60	\$398.15	n/a		
	2	Second & Subsequent Visits Medical Pract	•	r visit	\$177.65	\$183.40	n/a		
	4	Nursing or Allied Health Consult - Long (60	•	r visit	\$162.00	\$167.25	n/a		
	5	Nursing or Allied Health Consult - Standard	• ,	r visit	\$86.45	\$89.25	n/a		
	6	Nursing or Allied Health Consult - Short (le	ss than 30 minutes) pe	r visit	\$54.00	\$55.75	n/a		
	7	Nursing or Allied Health Education Service	s - Group per per atte	visit/ ndee	\$32.30	\$33.35	n/a		
	8	Compulsory Third Party Motor Vehicle Insu	•						
		a RACS Nursing - Business Hours	•	hour	\$101.20	\$104.50	\$114.95		
	9	f Allied Health	· ·	hour	\$189.20	\$195.35	\$214.89		
	9	Tuberculosis Testing		r toet	¢192 ==	¢400 E0	~/-		
		a Standard Test and Medical Review	v pe	r test	\$183.55	\$189.50	n/a		

1 JULY 2025 - ANNUAL REVIEW OF FEES & CHARGES
ITEMS INCREASING BY WAGE PRICE INDEX (3.25%)

Ite	m		ITEMS INCREASING BY WAGE PRIC	Frequency	2024-25 Charge ex. GST	2025-26 Charge ex. GST	2025- 26 Charge inc. GST
		b	Standard Test and Medical Review - Students	per test	\$159.60	\$164.80	n/a
J	Capital 1	-	Cancer Service difier Hire and Consumables	per 2 months	\$396.10	\$408.95	n/a
K	Acute S		Fees Support, Allied Health and Other Medical Services				
		а	Chronic pain management course for compensation clients	per session	\$64.05	\$66.15	\$72.77
		С	Hydrotherapy Pool (External Users)	per hour	\$136.50	\$140.95	\$155.05
		f	Glucose Sensor	per item	\$103.05	\$106.40	n/a
L	Clinical	Support	Fees				
	1	Medic	cal Physics Services	per person/ per hour	\$221.30	\$228.50	n/a
	2	Biome	edical Engineering Services	per person/ per hour	\$167.95	\$173.40	n/a
М	Medical	Record	s and Health Reports				
	1		cal Practitioner / Health Professional Reports				
		а	Patient seen within the prior 6 months		\$561.45	\$579.70	n/a
		b	Patient seen previously not within prior 6 months		\$786.05	\$811.60	n/a
	2		ch Fees - includes cancellation fee, admin fee if nil records, medion for consultation and time of birth.	cal certs not at	\$63.45	\$65.50	\$72.05
	3	Healtl	h Records provided to patient's solicitor				
		i 	Electronic delivery - unlimited pages		\$157.40	\$162.50	\$178.75
		ii 	Paper delivery - up to 200 pages		\$229.65	\$237.10	\$260.81
		iii	additional 100 pages, or part thereof incrementally add		\$94.25	\$97.30	\$107.03
Р	Dental S	Services					
	Gro	oup 0 - E	Examination/Diagnostic				
			Comprehensive Oral Exam		\$14.45	\$14.90	n/a
			Periodic Exam		\$10.10	\$10.45	n/a
			Emergency Restorative Course of Care		\$50.85	\$52.50	n/a
			Emergency Prosthodontic Course of Care		\$50.85 \$15.70	\$52.50 \$16.20	n/a
			Consult (incl Exam) Consult Ext + 30 (incl Exam)		\$15.70 \$23.95	\$16.20	n/a n/a
			Written report (not elsewhere included)		\$23.93 \$11.25	\$11.60	\$12.76
			X-Ray -1 film PA or BW		\$9.05	\$9.35	n/a
			Intraoral radiograph - occlusal, maxillary or mandibular - single	e film	\$15.10	\$15.60	n/a
			Extraoral radiograph - maxillary and/or mandibular - single film		\$16.35	\$16.90	n/a
			Caries activity screening test		\$8.50	\$8.80	n/a
			Biopsy of Tissue		\$28.55	\$29.50	n/a
			Diagnostic cast		\$15.10	\$15.60	n/a
			Photographic records - intraoral		\$9.05	\$9.35	n/a
			Photographic records - extraoral		\$9.00	\$9.30	n/a
	Gro	oup 1 - F	Preventative Services				
			Removal of Plaque and / or stain		\$14.45	\$14.90	n/a
			Recontouring - pre existing restoration/s		\$4.65	\$4.80	n/a
			Calculus (supra & subging.) & Plaque Removal 1st visit		\$20.65	\$21.30	n/a
			Calculus (supra & subging.) & Plaque Removal Addit. visit Enamel micro- abrasion - per tooth		\$14.45 \$10.25	\$14.90 \$10.60	n/a

m	Frequency	2024-25 Charge	2025-26 Charge	2025 26
		ex. GST	ex. GST	Charge inc GS
	Bleaching, internal - per tooth	\$59.85	\$61.80	n/a
	Bleaching, external - per tooth	\$50.85	\$52.50	n/a
	Fluoride - Topical (including tooth mousse)	\$8.00	\$8.25	n/a
	Concentrated fluoride, application single tooth	\$6.20	\$6.40	n/a
	Dietary advice. Analysis and advice	\$8.40	\$8.65	n/a
	Oral Hygiene Instr. (if more than 10 mins.)	\$11.40	\$11.75	n/a
	Fissure Sealant - per tooth	\$13.90	\$14.35	n/a
	Apply Desensitising Agent	\$6.20	\$6.40	n/a
	Odontoplasty - per tooth	\$13.90	\$14.35	n/a
Group 2 -	Periodontics			
0.000	Treatment of acute Periodontal Infection	\$16.35	\$16.90	n/a
	Periodontal Debridement - per tooth	\$6.00	\$6.20	n/a
	Non-Surgical Treatment of Peri Implant Disease	\$22.35	\$23.10	n/a
	Gingivectomy - per tooth	\$5.25	\$5.40	n/a
	Periodontal flap surgery - per tooth	\$9.15	\$9.45	n/a
	Osseous surgery (per 8 teeth or less)	\$88.90	\$91.80	n/a
	Root resection - per root	\$49.95	\$51.55	n/a
	Periodontal surgery involving one tooth or an implant	\$49.95 \$18.30	\$18.90	n/
Croup 2	Oral Curany			
Group 3 -	Oral Surgery Removal of tooth or parts	\$30.25	\$31.25	n/
	Sectional removal of tooth. Bone removal maybe necessary	\$38.70	\$39.95	n/
	Surgical removal of tooth or tooth fragment not including bone	\$49.10	\$50.70	n/:
	Surgical removal of tooth or tooth fragment including bone	\$56.20	\$58.05	n/a
	Surgical removal of tooth or tooth fragment requiring both bone and tooth	\$30.20 \$75.50	\$77.95	n/:
	division Alveolectomy per segment	\$30.65	\$31.65	n/a
	Ostectomy	\$113.65	\$117.35	n/a
	Reduction of fibrous tuberosity	\$43.05	\$44.45	n/a
	Reduction of flabby ridge - per segment	\$24.35	\$25.15	n/a
	Removal of fibrous hyperplasia	\$57.45	\$59.30	n/a
	Removal of tumour, cyst or scar	\$47.40	\$48.95	n/a
	Removal of tumour, cyst or scar involving muscle, bone or deep tissue	\$168.00	\$173.45	n/a
	Surgery to salivary duct	\$147.90	\$152.70	n/a
	Surgery to salivary gland	\$50.15	\$51.80	n/a
	Removal or repair of soft tissue (not elsewhere defined)	\$46.80	\$48.30	n/a
	Surgical removal of foreign body	\$26.45	\$27.30	n/a
	Marsupialization of cyst	\$90.65	\$93.60	n/a
	Surgical exposure to unerupted tooth	\$178.95	\$184.75	n/a
	Reposition tooth / Splint	\$44.05	\$45.50	n/a
	Replantation of /& Splinting of tooth	\$88.90	\$91.80	n/a
	Surgery to isolate and preserve neuro vascular tissue	\$45.15	\$46.60	n/a
	Frenectomy	\$40.85	\$42.20	n/a
	Drainage of abscess or cyst	\$22.35	\$23.10	n/a
	Surgery involving the maxially antrum	\$181.80	\$187.70	n/a
	Control of reactionary or secondary post operative haemorrhage	\$15.10	\$15.60	n/a
Group 4 -	Endodontics			
·	Direct pulp capping	\$8.05	\$8.30	n/a
	Pulpotomy	\$17.55	\$18.10	n/a
	Incomplete endodontic therapy (tooth not suitable for further treatment)	\$28.65	\$29.60	n/a
	Complete chemo-mechanical preparation of root canal - one canal	\$51.40	\$53.05	n/a
	Complete chemo-mechanical preparation of root canal - each additional canal	\$24.50	\$25.30	n/a

		Frequency	2024-25 Charge ex. GST	2025-26 Charge ex. GST	2025 26 Charge inc
					GST
	Root Canal obturation - one canal		\$50.05	\$51.70	n/a
	Root canal obturation - each additional canal		\$23.40	\$24.15	n/a
	Extirpation of pulp and debridement of root canal(s) - emergency and palliative		\$33.05	\$34.10	n/a
	Resorbable root canal filling - primary tooth		\$60.45	\$62.40	n/a
	Periapical curettage - per root		\$69.75	\$72.00	n/a
	Apicectomy- per root		\$69.75	\$72.00	n/a
	Apical seal - per canal		\$83.70	\$86.40	n/a
	Sealing of perforation		\$71.90	\$74.25	n/a
	Surgical treatment or repair of external root resorption		\$94.85	\$97.95	n/a
	Exploration and/or negotiation of calcified canal -per canal, per visit		\$24.35	\$25.15	n/a
	Removal of root filling, per canal		\$24.35	\$25.15	n/a
	Removal of cemented root canal post or post crown		\$24.35	\$25.15	n/a
	Removing or bypassing fractured endodontic instrument		\$20.35	\$21.00	n/a
	Additional visit for irrigation and/or dressing of the root canal system - per tooth		\$24.35	\$25.15	n/a
	Interim therapeutic root filling - per tooth		\$32.55	\$33.60	n/a
Group 5 -	Restorative Services				
Gloup 5	Metallic restoration - 1 surface - direct		\$24.05	\$24.85	n/a
	Metallic restoration - 2 surface - direct		\$29.50	\$30.45	n/a
	Metallic restoration - 3 surface - direct		\$35.65	\$36.80	n/a
	Metallic restoration - 3 surface - direct		\$40.10	\$41.40	n/
	Metallic restoration - 4 surface - direct		\$45.80	\$47.30	n/a
	Adhesive restoration - 1 surface - Anterior tooth - direct		\$26.65	\$27.50	n/
	Adhesive restoration - 2 surface - Anterior tooth - direct		\$32.35	\$33.40	n/a
	Adhesive restoration - 3 surface - Anterior tooth - direct		\$38.30	\$39.55	n/a
	Adhesive restoration - 4 surface - Anterior tooth - direct		\$30.30 \$44.25	\$45.70	n/a
	Adhesive restoration - 5 surface - Anterior tooth - direct		\$52.00	\$53.70	n/a
	Adhesive restoration - 1 surface Posterior tooth - direct				
	Adhesive restoration - 2 surface Posterior tooth - direct		\$28.45 \$36.90	\$29.35 \$38.10	n/a
					n/a
	Adhesive restoration - 3 surface Posterior tooth - direct		\$42.95	\$44.35	n/a
	Adhesive restoration - 4 surface Posterior tooth - direct		\$48.95 \$56.30	\$50.55	n/a
	Adhesive restoration - 5 surface Posterior tooth - direct		\$56.20	\$58.05	n/a
	Provisional (Intermediate / temporary) restoration		\$11.25	\$11.60	n/a
	Metal band		\$9.50	\$9.80	n/
	Pin restoration - per pin		\$6.70	\$6.90	n/
	Stainless Steel Crown		\$62.95	\$65.00	n/
	Restoration of an incisal corner - per corner		\$7.00	\$7.25	n/
	Removal of inlay/onlay		\$22.35	\$23.10	n/
	Recementing onlay/inlay		\$18.25	\$18.85	n/
	Post - direct Adhesive restoration - veneer - anterior - direct		\$34.55 \$52.00	\$35.65 \$53.70	n/ n/
	0 101				
Group 6 -	Crown and Bridge Provisional Crown		\$35.20	\$36.35	n/
	Recrement Crown or veneer		\$23.80	\$24.55	n/
			\$23.80 \$23.25	\$24.55 \$24.00	
	Recrement bridge or splint Removal of crown		\$23.25 \$15.10	\$24.00 \$15.60	n/
	Removal of crown Removal of bridge or splint		\$42.70	\$44.10	n/ n/
Group 7 -	Prosthodontics				

m	Frequer	cy 2024-25 Charge ex. GST	2025-26 Charge ex. GST	202 Charg in GS
	Full Mandibular denture	\$220.10	\$227.25	n
	Metal plate or mesh	\$314.35	\$324.55	n
	Full Maxillary & Full Mandibular dentures	\$390.35	\$403.05	n
	Partial Max Denture - resin base	\$132.95	\$137.25	r
	Partial Mand Denture - resin base	\$132.95	\$137.25	r
	Partial Max Denture - cast CO/CR base	\$466.10	\$481.25	r
	Partial Mand Denture - cast CO/CR base	\$466.10	\$481.25	r
	Resilient Lining in addit'n to new denture	\$43.65	\$45.05	!
	Wrought Bar	\$40.60	\$41.90	ı
	Metal Backing - per backing	\$36.20	\$37.40	1
	Denture Adjustment (not new)	\$50.85	\$52.50	1
	Reline -Complete denture	\$76.90	\$79.40	!
	Reline -Part denture	\$65.50	\$67.65	
	Remodel - complete denture	\$120.90	\$124.85	!
	Remodel - Partial denture	\$94.85	\$97.95	
	Clean and polish of pre-existing denture	\$50.85	\$52.50 \$63.65	
	Denture base modification	\$61.65	•	
	Repair to metal casting: one point	\$154.15	\$159.15	
	Tissue conditioning preparatory to impressions - per application Identification	\$16.00 \$8.50	\$16.50 \$8.80	
	Obturator	\$8.50 \$163.45	\$168.75	
	Obturator	φ103.43	φ100.75	ı
Group 9	- General Services			
	Palliative care	\$15.80	\$16.30	1
	Travel to provide service	\$16.35	\$16.90	I
	Provision of medication/ medicaments	\$6.30	\$6.50	
	Local anaesthesia (diagnosis or pain relief)	\$4.20	\$4.35	
	Minor Occlusal adjustment	\$13.90	\$14.35	
	Occlusal splint	\$122.95	\$126.95	
	Adjust occlusal splint	\$17.45	\$18.00	
	Repair/addition - occlusal splint	\$66.25	\$68.40	
	Splinting and stabilization - direct - per tooth	\$22.35	\$23.10	
	Post-operative care not elsewhere included	\$16.35	\$16.90	
	Treatment not otherwise included	\$10.25	\$10.60	
	Sedation/Inhalation per appointment	\$6.05	\$6.25	
	Precision or Magnetic Denture Attachment	\$203.05	\$209.65	I
Group A	- Child & Youth Dental			
	Standard Fee per course of care	\$77.95	\$80.50	ı
Group B	- Child and Youth Extra Fee Services			
Gloup B	Passive/Active removable appliance - one arch	\$76.10	\$78.55	ı
	Functional orthopaedic appliance	\$61.05	\$63.05	
	Passive fixed appliance	\$48.95	\$50.55	
	Extra-oral appliance	\$196.40	\$202.80	
	Repair removable appliance	\$18.15	\$18.75	
	Repair removable appliance - clasp, spring or tooth	\$17.45	\$18.00	
	additional to removable appliance	\$18.15	\$18.75	'
	Relining removable appliance	\$30.20	\$31.20	
	Occlusal splint	\$61.05	\$63.05	
NB: Special C	•	ψ01.00	Ψ00.00	
	al fees charged per year to any Adult client is capped at \$550.30 for all services	\$533.00	\$550.30	

\$157.25 \$172.98

1 JULY 2025 - ANNUAL REVIEW OF FEES & CHARGES
ITEMS INCREASING BY WAGE PRICE INDEX (3.25%)

lte	em	ITEMS INCREASING BY WAGE PRICE	Frequency	2024-25 Charge ex. GST	2025-26 Charge ex. GST	2025- 26 Charge inc. GST
		b. Comple Endodontics treatment molar tooth				
		c. External Specialist services (clients contribute 20% of the cost based	I in estimate from	private specia	alist)	
R	Pain Ma	anagement Service				
	1	Multidisciplinary Assessment	per assessment	\$1,564.35	\$1,615.20	n/a
	2	Cognitive Behaviour Therapy program (2-week program)	per program	\$6,644.30	\$6,860.25	n/a
	3 4	One-day Education Program for Chronic Pain (JUMP) Psychology	per program	\$664.90	\$686.50	n/a
	•	a Psychology Assessment	per	\$482.35	\$498.05	n/a
		b Group Psychology Session	assessment per session	\$134.25	\$138.60	n/a
	5	Medical Assessment and Follow-ups	p =	*	***************************************	
		a First Visit	per visit	\$385.60	\$398.15	n/a
		b Second & Subsequent Visits	per visit	\$177.65	\$183.40	n/a
s	Rehabil	itation, Aged & Community Care				
	1	RACS Nursing and Allied Health		*	*	
		a Allied Health Staff	per hour	\$189.20	\$195.35	\$214.89
		b Seating Technician (Non manufacture)c Nursing Staff	per hour per hour	\$170.65 \$101.20	\$176.20 \$104.50	n/a n/a
		Education and/or Training (for student groups, private and	per nour		ψ104.50	
		d public sector staff groups) - Business Hours	per hour	\$189.20	\$195.35	\$214.89
		f Maintenance Exercise Therapy Session	per session	\$9.70	\$10.00	n/a
	2	Clinical Technology Service Workshop				
		a Rehabilitation aids maintenance and repair	per hour	\$170.65	\$176.20	n/a
		b Equipment componentry manufacture	per hour	\$170.65	\$176.20	n/a
	4	Prosthetic and Orthotic Services				
		a New prosthesis for compensable and private clients - labour	per hour	\$189.20	\$195.35	n/a
		c Repair prosthesis for compensable and private clients-labour	per hour	\$170.65	\$176.20	n/a
		i New orthoses	per hour	\$189.20	\$195.35	n/a
		j Repairs to Orthoses	per hour	\$170.65	\$176.20	n/a
		k Orthotics assessments for private and compensable clients	per hour	\$189.20	\$195.35	n/a
	5	Driver Rehabilitation Service Non-Compensable Patients				
		a Initial Assessment and Report by Occupational Therapist	per assessment	\$716.85	\$740.15	n/a
		b Initial Assessment by Driving Instructor	per assessment	\$290.15	\$299.60	\$329.56
		Joint Assessment and Report by Occupational Therapist and Driving Instructor	per assessment	\$663.65	\$685.20	\$753.72
		d Re-Assessment by Occupational Therapist	per	\$176.45	\$182.20	n/a
		e Lesson	assessment per lesson	\$152.30	\$157.25	\$172.98
		Compensable Patients	hei iessoii	ψ102.30	ψ137.23	ψ112.30
		f Initial Assessment and Report by Occupational Therapist	per assessment	\$984.05	\$1,016.05	n/a
		g Re-Assessment by Occupational Therapist	per	\$426.70	\$440.55	n/a
			assessment			

per lesson

\$152.30

Lesson

	1 JULY 2025 - ANNUAL REVIEW OF FEES & CHARGES ITEMS INCREASING BY WAGE PRICE INDEX (3.25%)								
Item		1	Frequency	2024-25 Charge ex. GST	2025-26 Charge ex. GST	2025- 26 Charge inc. GST			
	6	Specialised Wheelchair and Posture Seating (SWAPS)							
		a For compensable and private clients:							
		i) Seating Therapist	per hour	\$189.20	\$195.35	n/a			
		Notes:							
		1. Charges apply to items 4.e, 4.f, 4.g, and 4.h after a minimum cost of \$44.t financial year is incurred up to a cost ceiling of \$352.40 per financial year (G exclusive).		\$42.65	\$44.05				
				\$341.30	\$352.40				
		Mark-ups charged on equipment components will be capped at \$320.60 per item.		\$310.50	\$320.60				

1 JULY 2025 - ANNUAL REVIEW OF FEES & CHARGES
ITEMS INCREASING BY INDEXATION RATES ADVISED BY THE COMMONWEALTH

Ite	m	ITEMS INCREASING BY INDEXATION RATES ADV	Frequency	2024-25 Charge ex. GST	2025-26 Charge ex. GST	2025-26 Charge inc. GS
				ex. 031	ex. G31	ilic. G3
A	Hospita	Il Accommodation Fees - Standard Patients				
	1 a	In multiple-bed room	per day	\$436.00	\$446.00	n/a
	b	In single room not at patients request	per day	\$436.00	\$446.00	n/a
3	Hospita	I Accommodation Fees - Day Care Patients				
	а	Type B	per day	\$316.00	\$324.00	n/a
	b	Local anaesthetic, no sedation - < 1 hour	per day	\$352.00	\$360.00	n/a
	С	General or regional anaesthetic/intravenous sedation - < 1 hour	per day	\$389.00	\$398.00	n/a
	d	General or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$436.00	\$446.00	n/a
0	Hospita	Il Accommodation Fees - Nursing Home Type Patients				
	1	Hospital patient	per day	\$75.55	\$78.95	n/a
	2	Private patient	per day	\$223.00	\$231.20	n/a
Q	Medica	I Imaging Services				
		Services to patients - Copies of Images to tients/solicitors/coroner/police/insurers etc.				
	a	Research MRI - Non funded pilot project	each	\$473.90	\$490.50	n/a
	b	Research MRI - Funded project without radiologist input	each	\$473.90	\$490.50	n/a
	c	Research MRI - PPTF Funded project without Radiologist input	each	\$473.90	\$490.50	n/
	d	Research MRI - PPTF Funded project with Radiologist input	each	\$575.00	\$595.15	n/
	e	Coroners Fee	each	\$238.35	\$246.70	n/
		Non-rebatable services to outpatients MRI	Gaoil	Ψ230.33	Ψ240.70	11/
	а	MRI	per scan	\$729.95	\$755.50	n/
	b	MRI - Breast	per scan	\$729.95	\$755.50	n/
	С	MRI - Breast Core Biopsy	per session	\$1,066.30	\$1,103.60	n/
	d	Non-rebatable Sedation in MRI	each	\$67.75	\$70.10	n/
	е	Non-rebatable Contrast in MRI	each	\$67.75	\$70.10	n/
	f	Non-rebatable Cardiac MRI	per scan	\$904.70	\$936.35	n/
	3 No	n-rebatable services to outpatients Nuclear Medicine				
	а	Nuclear Medicine non-rebatable Neuro endocrine	per scan	\$953.00	\$986.35	n/
	b	Nuclear Medicine non rebatable Cardiac	per scan	\$982.05	\$1,016.40	n/
	С	Nuclear Medicine non rebateble Gallium	per scan	\$1,283.00	\$1,327.90	n/
	d	Non-rebatable Bone Density Scan (DEXA)	each	\$112.70	\$116.65	n/
	е	Non-rebatable Sedation in NM	each	\$67.75	\$70.10	n/
	4 No	n-rebatable services to outpatients PET Scans				
	а	Positron Emission Tomography Scan (FDG)	per scan	\$953.00	\$986.35	n/
	b	Positron Emission Tomography Scan Sarcoma	per scan	\$999.00	\$1,033.95	n,
	С	Positron Emission Tomography Scan (Ga- DOTA/ PSMA/ research)	per scan	\$953.00	\$986.35	n
	d	Non-rebateable Sedation in NM	each	\$67.75	\$70.10	n/
	e	Novell isotope scans	per scan	\$953.00	\$986.35	n/
		n-rebatable/non-eligible services to outpatients CT	p 3. 333	4	*************	
	а	CT Scan non-rebatable single region	per scan	\$433.35	\$448.50	n/
	b	CT Scan non-rebatable multi region	per scan	\$606.70	\$627.95	n/
	С	Non-rebatable Sedation in CT	each	\$67.75	\$70.10	n/
	d	Non-rebatable Cardiac CT	per scan	\$758.30	\$784.85	n/
	6 No	n-rebatable services to outpatients Ultrasound	•			
	а	Ultrasound non rebatable single region	per scan	\$195.35	\$202.20	n/
	b	Ultrasound non rebatable two region	per scan	\$313.60	\$324.60	n/
	С	Ultrasound non rebatable multi region	per scan	\$620.00	\$641.70	n/a
	d	Non-rebatable Sedation in US	each	\$67.75	\$70.10	n/a

			1 JULY 2025 - ANNUAL REVIEW O OTHER FEE CHAN				
Item				Frequency	2024-25 Charge ex. GST	2025-26 Charge ex. GST	2025-26 Charge inc. GST
Increa	ase are	eater than	CPI/WPI				
	_		odation Fees and Other Admitted Patient Fees - Standard	Patients			
/\ ''	100pita	С	In single room at patients request ¹	per day	\$736.20	\$920.25	n/a
	2	Compens		per day	ψ/ 00.20	Ψ020.20	11/4
	_	a	Critical Care ¹				
		i)	First 21 days per episode	per day	\$4,641.05	\$5,801.30	n/a
		ii)	Over 21 Days	per day	\$2,029.80	\$2,537.25	n/a
		u) b	Other Inpatient ²	per day	\$2,029.00	φ2,557.25	II/a
			•	nor dou	\$0.060.65	የ ጋ ያጋር ያጋ	2/0
		i) ::\	First 21 days per episode	per day	\$2,260.65	\$2,825.80	n/a
		ii) d	Over 21 Days	per day	\$1,258.40	\$1,573.00	n/a
			Operating Room Charges				
		i) If the tr	eatment involves undergoing procedures that take				
			an 1 hour carried out under general or regional				
		anaestne only patie	etic or intravenous sedation and the patient is not a day	per treatment	\$3,447.90	\$4,309.90	n/a
		orny pane	51 IL				
		ii) Other	procedures (including day only surgical patients)	per treatment	\$1,207.75	\$1,509.70	n/a
	3				ψ1,207.70	ψ1,000.70	11/0
	3	Non-Eligi					
		а	Critical Care ¹				
		i)	First 21 days per episode	per day	\$6,284.00	\$7,198.00	n/a
		ii)	Over 21 Days	per day	\$3,599.00	\$4,124.00	n/a
		b	Other Inpatient ²				
		i)	First 21 days per episode	per day	\$2,479.50	\$2,838.00	n/a
		ii)	Over 21 Days	per day	\$1,453.15	\$1,660.00	n/a
		d	Operating Room Charges				
			eatment involves undergoing procedures that take				
			an 1 hour carried out under general or regional etic or intravenous sedation and the patient is not a day	per treatment	\$3,447.90	\$4,309.90	n/a
			procedures (including day only surgical patients)	per treatment	\$1,207.75	\$1,509.70	n/a
F P	Patholo	gy Service	Face				
		0,					
	1	Non-Ivied	dicare Testing			100% of	
					85% of the	the	
		g	Pathology testing - if not Medicare Eligible	per test	Medicare	Medicare	n/a
		J	<i>5, 5</i>	,	Benefits Schedule	Benefits	
					Scriedule	Schedule	
	3		ne Pathology Service provided involves Outpatient				
		Services					
					85% of	100% of	
					Medicare	Medicare	1
		С	a private patient		Benefits Schedule	Benefits Schedule	n/a
					Fee	Fee	
					. 33		
	4		ne Pathology service provided is referred to another		At Cost	Cost +	n/a
		iaporator	y for testing			10%	
0 E	meran	ncy Depart	tment				
	_		pensable and Defence Patients:				
IN	1011 -e liç		ncy Department Treatment	per visit	\$611.75	\$764.70	n/a
	'	Lineigen	by Department Treatment	pei visit	φυτι./ Ο	φ104.10	11/a

	1 JULY 2025 - ANNUAL REVIEW OF FEES & CHARGES OTHER FEE CHANGES										
Iter	m		OTHER TEE CHAR	Frequency	2024-25 Charge ex. GST	2025-26 Charge ex. GST	2025-26 Charge inc. GST				
S	Rehabi 4	_	I & Community Care and Orthotic Services								
		b	New prosthesis for compensable and private clients - components		Component Costs + 10% Mark- up	Component Costs + 15% Mark- up	n/a				
		d	Repair prosthesis for compensable and private clients- components		Component Costs + 10% Mark- up	Component Costs + 15% Mark- up	n/a				
		i	New orthoses	per hour (half hr min)	+ Component costs + 10% Mark- up	+ Component costs + 15% Mark- up	n/a				
		j	Repairs to Orthoses	per hour (half hr min)	+ Component costs + 10% Mark- up	+ Component costs + 15% Mark- up	n/a				

1 JULY 2025 - ANNUAL REVIEW OF FEES & CHARGES NEW AND DELETED FEES

Iten	NEW AND DELETED FEE	2024-25 Charge ex. GST	2025-26 Charge ex. GST	2025-26 Charge inc. GST
New	Fees			
1	Pharmaceutical			
2	Provision of medication not published on the Pharmaceutical Benefits Scheme)		
	a Supply of Medication	n/a	Cost + 10% (with 10% surcharge capped at \$250)	n/a
	b Compounding	n/a	\$160.00	n/a
Dele	eted Fees			
F	Pathology Service Fees			
1	Non-Medicare Testing			
	a Pro BNP	\$49.75	n/a	n/a
	b HPV Genotyping	\$29.75	n/a	n/a
	e Faecal Calprotectin	\$63.75	n/a	n/a
	g FiSH - Haematology Oncology - If not medicare eligible	\$230.95	n/a	n/a
	h FiSH - Haematology Oncology - additional probe testing	\$196.00	n/a	n/a
	k BRAF Mutation Testing - If not Medicare eligible	\$196.00	n/a	n/a
	l Vitamin D Testing - If not Medicare eligible	\$25.55	n/a	n/a
	m EGFR Mutation Testing - If not Medicare eligible	\$338.00	n/a	n/a
	n RAS Mutation Testing - If not Medicare eligible	\$308.00	n/a	n/a
	r Pneumococcal Individual Antibody Testing	\$150.00	n/a	n/a
	s Folate - Serum/Red Cell - If not Medicare eligible	\$20.10	n/a	n/a
G	Incidental Outpatient Charges			
1	Diabetic Pneumatic Boot	cost of material plus 10%	n/a	n/a
K	Acute Support Fees			
2	Acute Support, Allied Health and Other Medical Services			
	f "Replacement of Child Personal Health Record" (Blue Book)	\$13.90	n/a	n/a
	i Nipple Shield	At cost + 15%	n/a	n/a
	j Breast pump Hire - per week	\$9.70	n/a	n/a
	k Breast pump kit	At cost + 15%	n/a	n/a