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# HEALTH SERVICES ACT 1997

## ORDER FIXING A SCALE OF FEES IN RESPECT OF AMBULANCE SERVICES

**PURSUANT** to section 67L of the Health Services Act 1997, I, Ms ELIZABETH KOFF, Secretary of the Ministry of Health, as the duly appointed delegate of the Minister for Health, do by this order hereby:

1. revoke the currently applying scale of fees in respect of ambulance services; and
2. fix a scale of fees in respect of ambulance services provided by the Secretary to the extent and in the manner set forth in the following Schedule, with effect on and from 1 July 2021.



**Ms ELIZABETH KOFF**  
Secretary, NSW Health

29/6/21

### SCHEDULE

- 1 In this order:
  - **“primary emergency service”** means the provision of ambulance services by road ambulance, fixed wing aircraft or helicopter or a combination of these, from the scene of an accident, illness or injury to a public hospital or other destination nominated by the Ambulance Service of NSW.
  - **“primary non-emergency service”** means an ambulance road service that is booked no later than 6pm on the day prior to service delivery with the service to commence and be completed between the hours of 8am and 6pm on the nominated service delivery date, otherwise the primary emergency service charge will apply. [All services provided by a dedicated Patient Transport vehicle, where available, irrespective of time of booking or time of transport, are classified as “non-emergency services”].
  - **“inter-hospital emergency service”** means the provision of ambulance services by road ambulance, fixed wing aircraft or helicopter or a combination of these, from one public hospital to another public hospital.
  - **“inter-hospital non-emergency service”** means an ambulance road service that is booked no later than 6pm on the day prior to service delivery with the service to commence and be completed between the hours of 8am and 6pm on the nominated service delivery date, otherwise the inter-hospital emergency service charge will apply. [All services provided by a dedicated

Patient Transport vehicle, where available, irrespective of time of booking or time of transport, are classified as “non-emergency services”].

- **“treat-not-transport service”** – means a service where a patient is provided with ambulance services at the scene of an accident, illness or injury and does not require ambulance transport to a health facility or any other destination.
- **“standby services”** – means a service where an ambulance or ambulances are required to stand by at scenes such as industrial accidents for the purpose of providing services to emergency workers or others at the scene of the incident. Neither transport nor treatment may be required.

## Fees

- 2 The fee for a **primary emergency service** by road ambulance and/or fixed wing ambulance and/or helicopter shall be charged on a kilometre basis calculated pursuant to clause 8, on the scale of \$797 callout charge, plus an additional charge of \$7.20 for each kilometre or part thereof.
- 3 The fee for a **primary non-emergency service** by road ambulance shall be charged on a kilometre basis calculated pursuant to clause 8, on the scale of \$320 callout charge, plus an additional charge of \$1.98 for each kilometre or part thereof.
- 4 The fee for an **inter-hospital emergency service** by ambulance shall be charged as follows:
  - road ambulance - on a kilometre basis calculated pursuant to clause 8, on the scale of \$686 callout charge, plus an additional charge of \$6.84 for each kilometre or part thereof.
  - fixed wing ambulance - on a kilometre basis calculated pursuant to clause 8, on the scale of \$4,228 callout charge, plus an additional charge of \$1.97 for each kilometre or part thereof (road travel associated with fixed wing cases is charged at \$6.84 for each kilometre or part thereof).
  - helicopter - on a time basis calculated pursuant to clause 9 on the scale of \$7,259 charge for the first thirty (30) minutes or part thereof, with any further period charged at a rate of \$158.87 per six (6) minutes or part thereof.

Charges for road or fixed wing transport under this clause shall be paid by the hospital or health service sending the person being transported. However in the case of helicopter transport under this clause, the transport fee shall be apportioned equally between the hospital or health service sending the person being transported and the hospital or health service receiving that person.

- 5 The fee for an **inter-hospital non-emergency service** by ambulance shall be charged as follows:

- road ambulance - on a kilometre basis calculated pursuant to clause 8, on the scale of \$315 callout charge, plus an additional charge of \$1.94 for each kilometre or part thereof.
- 6 The fee for a **treat-not-transport service** shall be calculated in accordance with the primary emergency service fee scale under clause 2.
- 7 A **standby service fee**, payable by the owners of premises or vehicles involved in dangerous incidents or events where an ambulance is required to be present (for example at chemical spills or other industrial accidents), shall be calculated in accordance with:
- the primary emergency service fee scale under clause 2 for the first hour or part thereof; and in addition
  - \$57.48 for every 15 minutes or part thereof after the first hour.

### Calculation of Transport Kilometres

- 8 The total number of kilometres for the provision of services by ambulance (or ambulances) shall be calculated by determining the total number of kilometres that are travelled by road or, in the case of transportation by fixed wing aircraft or helicopter, that would have been travelled by road had no fixed wing aircraft or helicopter been available, in accordance with the distance:
- (a) from the base ambulance station nearest to the location where the person was picked up/treated by ambulance, to that pickup/treatment location; and
  - (b) from that pickup location (where transport occurs), to the place where that person disembarked from the ambulance (or, where more than one ambulance was used in the transport, disembarked from the last ambulance used in that transport); and
  - (c) from that place of disembarkation/location of treatment, to the base ambulance station referred to in subclause (a).

### Calculation of Transport Time for Helicopters (Inter-hospital)

- 9 The number of minutes for a **service by helicopter (other than a primary response service)** shall be calculated from the time the helicopter engine or engines are turned on, or, if the engines are already on, the time at which the helicopter is dispatched by an air ambulance controller, to the time the helicopter engine or engines are turned off at the helicopter's operational base, or the time at which the helicopter is otherwise dispatched by an air ambulance controller or other authority.

## Charging criteria

- 10 Where **two or more** persons are transported/treated concurrently by the same ambulance or ambulances, each person shall be charged a fee calculated in accordance with clauses 2 (but subject to clause 12), 3 (but subject to clause 13) or 6 as appropriate to the class of the transport used as defined under clause 1.
- 11 Clause 10 shall not apply when **two or more** persons are transferred concurrently by ambulance (or ambulances) between any public hospitals in New South Wales as part of an inter-hospital emergency service or an inter-hospital non-emergency service as defined under clause 1, but subject to the operation of clauses 14 and 15.
- 12 Residents of NSW shall be charged at a rate of 51% of the rate set under this order for a primary emergency service under clause 2, provided that such total fee shall not exceed \$6,668.
- 13 Residents of NSW shall be charged for primary non-emergency services in accordance with clause 3, provided that such total fee shall not exceed \$6,668.
- 14 Public hospitals in NSW shall be charged for inter-hospital emergency services in accordance with clause 4, provided that such total fee shall not exceed \$6,420 in relation to road ambulance and fixed wing ambulance transport.
- 15 Public hospitals in NSW shall be charged for inter-hospital non-emergency services in accordance with clause 5, provided that such total fee shall not exceed \$6,420.

# HEALTH SERVICES ACT 1997

## ORDER AMENDING THE SCALE OF FEES FOR HOSPITAL AND OTHER HEALTH SERVICES

Pursuant to section 69 of the Health Services Act 1997, I, Ms ELIZABETH KOFF, Secretary of the Ministry of Health, as the duly appointed delegate of the Minister for Health, do by this order hereby amend the currently applying Scale of Fees for hospital services and other health services to the extent and in the manner set forth in the Schedule below to take effect on and from 1 July 2021.

  
**Ms ELIZABETH KOFF**  
Secretary, NSW Health  
29/6/21

### SCHEDULE

Delete in its entirety “**Part 5 – NSW NEWBORN AND PAEDIATRIC EMERGENCY TRANSPORT SERVICES (NETS) CHARGES**” and insert instead the following matter:

#### **PART 6 – NSW NEWBORN AND PAEDIATRIC EMERGENCY TRANSPORT SERVICES (NETS) CHARGES**

6.1 This Part sets out the charges for services provided by the unit of The Sydney Children’s Hospitals Network known as NSW newborn and paediatric Emergency Transport Service (NETS). For the purposes of this Part 5 only the following terms are defined:

“**primary emergency service**” means the provision of NETS services by road, fixed wing aircraft or helicopter or a combination of these, from a private hospital to a public hospital or other destination nominated by NETS.

“**primary non-emergency service**” means a NETS road service that is booked no later than 6pm on the day prior to service delivery with the service to commence and be completed between the hours of 8am and 6pm on the nominated service delivery date, otherwise the primary emergency service charge will apply.

“**inter-hospital emergency service**” means the provision of NETS services by road, fixed wing aircraft or helicopter or a combination of these, from a public hospital to another public hospital.

“**inter-hospital non-emergency service**” means a NETS road service that is booked no later than 6pm on the day prior to service delivery with the service to commence and be completed between the hours of 8am and 6pm on the

nominated service delivery date, otherwise the inter-hospital emergency service charge will apply.

## Fees

- 6.2 The fee for a **primary emergency service** by road and/or fixed wing service and/or helicopter shall be charged on a kilometre basis calculated pursuant to paragraph 5.6, on the scale of \$797 callout charge, plus an additional charge of \$7.20 for each kilometre or part thereof.
- 6.3 The fee for a **primary non-emergency service** by road shall be charged on a kilometre basis calculated pursuant to paragraph 5.6, on the scale of \$320 callout charge, plus an additional charge of \$1.98 for each kilometre or part thereof.
- 6.4 The fee for an **inter-hospital emergency service** by NETS shall be charged as follows:
- 6.4.1 road service - on a kilometre basis calculated pursuant to paragraph 5.6, on the scale of \$686 callout charge, plus an additional charge of \$6.84 for each kilometre or part thereof.
- 6.4.2 fixed wing service - on a kilometre basis calculated pursuant to paragraph 5.6, on the scale of \$4,228 callout charge, plus an additional charge of \$1.97 for each kilometre or part thereof (road travel associated with fixed wing cases is charged at the rate of \$6.84 for each kilometre or part thereof).
- 6.4.3 helicopter service - on a time basis calculated pursuant to paragraph 5.7 on the scale of \$7,259 charge for the first thirty (30) minutes or part thereof, with any further period charged at a rate of \$158.87 per six (6) minutes or part thereof.
- Charges for road or fixed wing transport under this clause shall be paid by the hospital or health service sending the person being transported. However, in the case of helicopter transport under this clause, the transport fee shall be apportioned equally between the hospital or health service sending the person being transported and the hospital or health service receiving that patient.
- 6.5 The fee for an **inter-hospital non-emergency service** by road shall be charged on a kilometre basis calculated pursuant to paragraph 5.6, on the scale of \$315 callout, plus an additional charge of \$1.94 for each kilometre or part thereof.

## Calculation of Transport Kilometres

- 6.6 The total number of kilometres for the provision of NETS services shall be calculated by determining the total number of kilometres that are travelled by road or, in the case of transportation by fixed wing aircraft or helicopter that

would have been travelled by road had no fixed wing aircraft or helicopter been available, in accordance with the distance:

- 6.6.1 from the NETS base nearest to the location where the patient was picked up or treated by the NETS service; and
- 6.6.2 from that pick up location (where transport occurs), to the place where that patient disembarked from the NETS transport; and
- 6.6.3 from that place of disembarkation (or where no transport occurs, from the treatment location), back to the NETS base referred to in subparagraph 6.6.1.

### **Calculation of Transport Time for Helicopters (Inter-hospital services only)**

- 6.7 The number of minutes for a NETS service by helicopter (other than a primary response service) shall be calculated from the time the helicopter engine or engines are turned on, or, if the engines are already on, the time at which the helicopter is dispatched by an air ambulance controller, to the time the helicopter engine or engines are turned off at the helicopter's operational base, or the time at which the helicopter is otherwise dispatched by an air ambulance controller or other authority.

### **Charging Criteria**

- 6.8 Where **two or more** patients are transported/treated concurrently by the same NETS service, each patient shall be charged a fee calculated in accordance with paragraph 5.2 (but subject to paragraph 5.10) and paragraph 5.3 (but subject to paragraph 5.11).
- 6.9 Paragraph 5.8 shall not apply when two or more patients are transferred concurrently by the same NETS service between any public hospitals in New South Wales, as part of an inter-hospital service, but subject to the operation of paragraphs 5.12 and 5.13.
- 6.10 Residents of NSW shall be charged at a rate of 51% of the rate for a primary emergency service under paragraph 5.2 of this order, provided that such total fee shall not exceed \$6,668.
- 6.11 Residents of NSW shall be charged for primary non-emergency services in accordance with paragraph 5.3, provided that such total fee shall not exceed \$6,668.
- 6.12 Public hospitals in NSW shall be charged for inter-hospital emergency services in accordance with paragraph 5.4 of this order, provided that such total fee shall not exceed \$6,420 in relation to road and fixed wing services transport.
- 6.13 Public hospitals in NSW shall be charged for inter-hospital non-emergency services in accordance with paragraph 5.5, provided that such total fee shall not exceed \$6,420.

# HEALTH SERVICES ACT 1997

## ORDER FIXING A SCALE OF FEES IN RESPECT OF PATIENT TRANSPORT SERVICES

**PURSUANT** to section 69 of the *Health Services Act 1997*, I, Elizabeth Koff, Secretary of the Ministry of Health, as the duly appointed delegate of the Minister for Health, do by this order hereby fix a scale of fees in respect of non-emergency patient transport Services provided by any public health organisation to the extent and in the manner set forth in the following Schedule.

The purpose of this Order is to apply the same charges when LHD or Speciality Network patient transport vehicles are used for non-emergency patient transport as are currently applied when NSW Ambulance Service Green Fleet vehicles are used for non-emergency patient transport pursuant to a scale of fees order under section 67L of the *Health Services Act 1997* as in place from time to time.

This order has effect on and from 1 July 2021.



**Ms ELIZABETH KOFF**  
Secretary, NSW Health

29/6/21

### SCHEDULE

1. In this order:

**"Non-emergency patient transport"** means road transport to or from a health facility such as admission to hospital from home, discharge from hospital to home, transport between hospitals and diagnostic facilities and transport to and from nursing homes. Non-emergency patient transport must be requested by clinician.

#### 2. Fees

The fee for **non-emergency patient transport** by road shall be charged on a kilometre basis calculated pursuant to clause 3, on the scale of \$320 flag fall charge, plus an additional charge of \$1.98 for each kilometre or part thereof.

#### 3. Calculation of Transport Kilometres

The total number of kilometres for the provision of services by non-emergency patient transport shall be calculated by determining the total number of kilometres that are travelled by road in accordance with the distance from patient pick up location, to the place where that person disembarked from the non-emergency patient transport vehicle (or, where more than one non-emergency patient transport vehicle was used in the transport, disembarked from the last vehicle used in that transport).

#### 4. Charging criteria

a. Where **two or more persons** are transported concurrently by the same non-emergency patient transport vehicle, each person shall be charged a fee calculated in accordance with clause 2.

- b. Residents of NSW shall be charged for non-emergency patient transport services in accordance with clause 2 and 3, provided that such total fee shall not exceed \$6,668.
- c. Public hospitals in NSW shall be charged for inter-hospital non-emergency services in accordance with clause 2, provided that such total fee shall not exceed \$6,420.

# HEALTH SERVICES ACT 1997

## ORDER AMENDING THE SCALE OF FEES FOR HOSPITAL AND OTHER HEALTH SERVICES

**PURSUANT** to section 69 of the Health Services Act 1997, I, ELIZABETH KOFF, Secretary of the Ministry of Health, as the duly appointed delegate of the Minister for Health, do by this Order hereby amend the currently applying Scale of Fees for hospital services and other health services to the extent and in the manner set forth in the Schedule below, to take effect on and from 1 July 2021.

Signed at Sydney this the *19* day of *June* 2021

  
**Ms ELIZABETH KOFF**  
Secretary, NSW Health

### SCHEDULE

#### AMENDMENT OF SCALE OF FEES

The Schedule entitled "Scale of Fees" which is attached to the "ORDER FIXING A SCALE OF FEES FOR HOSPITAL AND OTHER HEALTH SERVICES" and as in effect at the date of this order is amended as follows:

- (a) **delete** from Part 1 in its entirety item 1A. relating to "**ACCOMMODATION CHARGES**", and insert instead the following matter:

#### **1A. ACCOMMODATION CHARGES**

In respect of patients admitted to NSW public hospitals and receiving public hospital services pursuant to the National Health Reform Agreement.

##### **1A.1. Public Patients**

	Daily Fee \$
1A.1.1 treated by a doctor nominated by the hospital	Nil
1A.1.2 accommodated in a shared room (single room accommodation without charge may be provided on the grounds of medical need)	Nil

##### **1A.2. Private Patients (Overnight Stay)**

	Daily Fee \$
1A.2.1 treated by a doctor nominated by the patient and accommodated in a shared room	374
1A.2.2 treated by a doctor nominated by the patient and accommodated at the patient's request, in a single room or as sole occupant of a shared room.	819

**1A.3. Private Patients (Same Day Patient)**

	Daily Fee \$
Band 1	271
Band 2	303
Band 3	333
Band 4	374

**Note:**

These bands are as categorised by the Commonwealth under the National Health Act 1953.

**1A.4. Ineligible Patients**

1A.4.1 Work and Student Visa holders whose visa is subject to condition 8501. Visa condition 8501 stipulates that the visa holder must maintain adequate arrangements for health insurance during their stay in Australia

	Daily Fee \$
1A.4.1.1 Inpatient Patient Services	
Public Hospitals - Critical Care	3,640
Public Hospitals - other than Critical Care	1,465
Public Psychiatric Hospitals	615
Other (e.g. Residential Aged Care Facilities)	344

1A.4.2 Other than Work and Student Visa holders stipulated in 1A.4.1 of this section

	Daily Fee \$
1A.4.2.1 Acute Admitted Patient Services – All Hospitals	
Inpatient – Critical Care – first 21 days per episode	6,353
Inpatient – Critical Care – over 21 days	3,640
Other Inpatient – first 21 days per episode	2,504
Other Inpatient – over 21 days	1,465

1A.4.2.2 Sub-Acute and Non-Acute Admitted Patient Services.

Public Hospitals	1,465
Public Psychiatric Hospitals	615
Other (e.g. Residential Aged Care Facilities)	344

1A.4.3 Hospital in the Home Fees – All Hospitals 283

1A.4.5 Dialysis – All Hospitals (per session) 804

With the exception of:

- 1 A visitor to Australia who holds a temporary entry permit, and who has applied for but has not yet been issued with an entry permit granting permanent residence.
- 2 Residents of Norfolk Island whom are Medicare eligible from 1 July 2016.
- 3 A person who is admitted to a public hospital under the Status Resolution Support Service (refer item 1A.8.).
- 4 Persons entitled to free public hospital treatment under the terms of a Reciprocal Health Care Agreement between Australia and their country.

**1A.5. Compensable Patients**

(other than Workers Compensation or Motor Vehicle Accident Compensation)

**1A.5.1 Acute Admitted Patient Services – All Hospitals**

The patient episode reflecting the applicable *AR-DRG version 10.0* grouping aligned to the National Weighted Activity Unit (*NWAU (21)*) with adjustments applied as applicable in accordance with the Independent Hospital Pricing Authority (IHPA) publication *National Efficient Price Determination 2021-2022*. The *NWAU (21)* is adjusted to reflect that Visiting Medical Officers (VMOs) and Staff Specialists bill separately for compensable admitted patients. The removal of assessed VMO and Staff Specialist costs reduces each *NWAU* by 11% creating an *adjusted NWAU (21)* for the purposes of charging this category of compensable patients. The *NWAU* is rounded to the nearest 3 decimal places.

multiplied by

The National Efficient Price (*NEP*) of \$5,597 as determined by the Independent Hospital Pricing Authority (IHPA).

**1A.5.2 Sub-Acute and Non-Acute Admitted Patient Services.**

	Daily Fee \$
Public Hospitals	1,230
Public Psychiatric Hospitals	516
Other (eg Residential Aged Care Facilities)	289

1A.5.3 Dialysis – All Hospitals (per session) 693

**Note:**

These rates do not apply to persons treated pursuant to respective statutory schemes for the purposes of workers' compensation or compensation to persons injured in motor accidents. Those rates are set by separate agreement or other such order or determination.

**1A.6. Veterans' Affairs Patients**

	Daily Fee \$
Veterans' Affairs Patients	Nil

**1A.7. Nursing Home Type Patients****1A.7.1 Elect to be treated by hospital nominated doctors –**

Shall be charged a patient contribution:

(on a fortnightly basis): not exceeding the equivalent to 87.5% of any Commonwealth Standard Rate Pension and 87.5% of any maximum Rent Assistance payable to a person; or

(on a daily basis, where appropriate): one fourteenth of the fortnightly amount already referred to.

**1A.7.2 Elect to be treated by doctor of choice –**

Shall be charged on a daily basis, an amount equivalent to the patient contribution calculated on a daily basis in accordance with sub paragraph 1A.7.1, plus an amount determined in writing from time to time by the Minister for Health of the Commonwealth, or the Minister's delegate, pursuant to the *Private Health Insurance (Benefit Requirements) Rules 2011* of the Commonwealth.

**1A.8. Patients admitted to a public hospital under the Status Resolution Support Service (SRSS) previously referred to as the Asylum Seekers Assistance Scheme (ASAS) or Rotary Oceania Medical Aid for Children (ROMAC)**

	Daily Fee \$
Accommodation in a shared room	660
Accommodation in a single room	1,023
Same Day Admission	563
Accommodation as a critical care patient	2,060

**1A.9. Private, (Private) Same Day Admissions and Ineligible Patients - Charges for the Fitting of Surgically Implanted Prostheses and Medical Devices**

The charge for the fitting of any specific surgically implanted prosthesis or medical device item shall be:

- 1A.9.1 where there is a single dollar amount specified for an item, that dollar amount; or
- 1A.9.2 where there is a minimum and maximum benefit dollar amount specified for an item, a dollar amount being the minimum benefit amount, the maximum benefit amount or an amount within that dollar range,

as determined in writing from time to time in respect of that item by the Minister for Health of the Commonwealth, or the Minister's Delegate, pursuant to the National Health Act 1953 of the Commonwealth. Such charges shall take effect on any date determined by the Commonwealth Minister for Health or the Minister's delegate in respect of that item.

- (b) **delete** from Part 1 in its entirety item 1D. relating to "**TREATMENT FEE**", and insert instead, the following item:

**1D. TREATMENT FEES**

Treatment fee applicable to ineligible inpatients, other than compensable patients, in addition to the current applicable accommodation charge (refer item 1A.4.), in situations where the ineligible inpatient receives medical treatment under arrangement with a public hospital rather than an individual practitioner.	Daily Fee \$ 384
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**With the exception of:**

1. A visitor to Australia who holds a temporary entry permit, and who has applied for but has not yet been issued with an entry permit granting permanent residence.
2. Residents of Norfolk Island whom are Medicare eligible from 1 July 2016.

3. A person who is admitted to a public hospital under the Status Resolution Support Service (refer item 1A.8.)
4. Persons entitled to free public hospital treatment under the terms of a Reciprocal Health Care Agreement between Australia and their country.

**Note:**

The above daily fee is applicable irrespective of the number of treating practitioners.

- (c) **delete** in its entirety "**PART 3 – OTHER CHARGES**" and insert instead the following matter:

**3A. BRAIN INJURY REHABILITATION SERVICES**

provided by designated units of public hospitals in respect of compensable patients requiring brain injury rehabilitation services (including diagnostic services)

	Daily Fee \$
<b>3A.1. Admitted Patient Services</b>	
Category A patient	1,292
Category B patient	827
Category X patient	1,838
<b>3A.2. Transitional Living Unit</b>	
Category A patient	923
Category B patient	457
<b>3A.3. Non Admitted Patient Services</b> (including Outreach)	\$88 per half hour or part thereof
<b>3A.4. Outpatient Medical Clinic Appointments</b>	
	Standard Fee \$
Medical Consultation – New (initial assessment)	305
Medical Consultation – Review (follow-up appointment)	152
<b>3A.5. Group Activities</b>	
	\$ per half hour or part thereof
Qualified	56
Unqualified	40

**Note:**

Categories, classifications or descriptions of service referred to in this Part 3A are to be considered the same as those defined or set out in Ministry of Health Policy Directive PD2018\_023, or as that policy is subsequently amended or revised from time to time.

**3B. LIFETIME CARE & SUPPORT (LTCS) SCHEME**

The LTCS scheme is a no-fault scheme that provides Acute Care Services and Rehabilitation Services to persons who sustain LTCS type injuries (in this item 3B. being spinal cord injury, moderate to severe brain injury, multiple amputations, severe burns or blindness arising from a motor vehicle accident and are accepted under the LTCS scheme by the Lifetime Care & Support Authority).

### 3B.1. Acute Care Services

Admitted patient and non-admitted patient services provided to all persons with LTCS type injuries while in the acute care phase of their treatment.

Charging: Rates are to be the same as those set under the Purchasing Agreement (bulk billing arrangements) under the Compulsory Third Party (CTP) Scheme, as applicable from time to time.

### 3B.2. Rehabilitation Services

3B.2.1 Admitted patients with brain injuries and spinal cord injuries admitted to a designated Brain Injury Rehabilitation Unit or designated Spinal Injury Rehabilitation Unit.

Category A, Category B and Category X patients:

Patients are to be charged at the applicable daily fee rates as apply from time to time under item "3A.1. Admitted Patient Services".

3B.2.2 Admitted patients with brain injuries and spinal cord injuries admitted to a designated Transitional Living Unit.

Category A and Category B patients:

Patients are to be charged at the applicable daily fee rates as apply from time to time under item "3A.2. Transitional Living Unit".

3B.2.3 Admitted patients with brain injuries and spinal cord injuries admitted to a NSW public hospital, **other than** a designated admitted patient Brain Injury or Spinal Injury Rehabilitation Unit or designated admitted patient Transitional Living Unit and patients with other LTCS type injuries admitted to a NSW public hospital/facility.

Charging: Rates are to be the same as those set under the Purchasing Agreement (bulk billing arrangements) under the Compulsory Third Party (CTP) Scheme, as applicable from time to time.

3B.2.4 Non-admitted patients with brain injuries and spinal cord injuries who receive non-admitted patient services in a designated non-admitted patient Brain Injury/Spinal Injury Rehabilitation Unit or Transitional Living Unit.

Patients are to be charged at the applicable cumulative rate per half hour or part thereof as applies from time to time under item "3A.3. Non Admitted Patient Services". The total fee shall not be greater than the equivalent of 5 hours per day of non-admitted patient care.

3B.2.5 Non-admitted patients with brain injuries and spinal cord injuries who receive non-admitted patient services in a NSW public hospital, **other than** a designated non-admitted patient Brain Injury/Spinal Injury Rehabilitation Unit or Transitional Living Unit and non-admitted patients with other LTCS type injuries who receive non-admitted patient services in a NSW public hospital/facility.

Charging: Rates are to be the same as those set under the Purchasing Agreement (bulk billing arrangements) under the Compulsory Third Party (CTP) Scheme, as applicable from time to time.

### 3B.3. Outpatient Medical Clinic Appointments

Medical Consultation – New (initial assessment)  
 Medical Consultation – Review (follow-up appointment)

Patients are to be charged at the applicable Standard Fee service rates as apply from time to time under item “3A.4. Outpatient Medical Clinic Appointments”.

### 3B.4. Group Activities

Qualified  
 Unqualified

Patients are to be charged at the applicable time rates per half hour or part thereof as apply from time to time under item “3A.5. Group Activities”.

**Note:**

Categories, classifications or descriptions of service referred to in this Part 3B are to be considered the same as those defined or set out in Ministry of Health Policy Directive PD2018\_021, or as that policy is subsequently amended or revised from time to time.

- (d) **delete** in its entirety “**PART 4 – NON-ADMITTED PATIENT CHARGES**” and insert instead the following matter:

#### **PART 4 - NON-ADMITTED PATIENT CHARGES**

For the purposes of Part 4, an “occasion of service” is defined as any examination, consultation, treatment or other service provided by a health service provider in a non-admitted setting or via telehealth/telephone to a client/patient on each occasion such service is provided. Each diagnostic test or simultaneous set of related tests for the one client/patient referred to a hospital pathology or medical imaging specialty consists of one occasion of service.

**Telehealth/telephone consultations** means delivery of consultations via video or telephone by a health service provider. Providers must consider the appropriateness of the mode of service delivery for each patient on a case by case basis. A valid telehealth/telephone consultation means that the provider:

- a) has the capacity to provide the full service through this means safely and in accordance with professional standards; and
- b) be satisfied that it is clinically appropriate to provide the service to the patient; and
- c) Maintain a visual and/or audio link with the patient

#### **4A. Ineligible Patients**

<u>For each Occasion of Service (both categories)</u>	\$
Public Hospital	156

Public Psychiatric Hospital	109
Other (e.g. Residential Aged Care Facility)	109

The rates of charge are as per the above occasion of service rates as appropriate to the designated hospital classification or as per the Australian Medical Association (AMA) schedule of rates.

With the exception of:

1. A visitor to Australia who holds a temporary entry permit, and who has applied for but has not yet been issued with an entry permit granting permanent residence.
2. Persons entitled to free public hospital treatment under the terms of a Reciprocal Health Care Agreement between Australia and their country.

#### **4B. Compensable Patients**

(other than Workers Compensation or Motor Accident Compensation)

4B.1 Emergency Department (ED) Non-admitted Services - All Hospitals excluding EDs of small rural hospitals not collecting nor required to collect patient level data. The patient ED presentation reflecting the applicable *AECC version 1.0* or *UDG version 1.3* grouping aligned to the National Weighted Activity Unit (*NWAU (21)*) with adjustments applied as applicable in accordance with the IHPA publication *National Efficient Price Determination 2021-22*. The NWAU is rounded to the nearest 3 decimal places.

multiplied by

The National Efficient Price (*NEP*) of \$5,597 as determined by the Independent Hospital Pricing Authority (IHPA).

4B.2 Emergency Department (ED) Non-admitted Services of small rural hospitals not collecting nor required to collect patient level data.

Per occasion of service at set rates as advised in section 4B.3. of this order.

4B.3. Non-admitted Services - All Hospitals excluding Emergency Departments.

For each Occasion of Service (excluding non-admitted physiotherapy, chiropractic & osteopathy services, non-admitted psychology & counselling services and non-admitted exercise physiology services)

	\$
Public Hospital	131
Public Psychiatric hospital	91
Other hospital (e.g. Residential Aged Care Facility)	91

The above occasion of service rates will apply or alternatively the maximum amount payable under the relevant WorkCover practitioner fees order. The fees orders, which generally link to AMA rates, cover Medical Practitioners, Surgeons and Orthopaedic Surgeons.

Compensable Non-Admitted Physiotherapy, Chiropractic & Osteopathy Services

<i>Normal Practice</i>	\$
Consultation A – Initial	125.00
Consultation A – Initial via telehealth	125.00
Consultation A – Subsequent	83.30
Consultation A – Subsequent via telehealth	83.30
Consultation B – Initial & treatment of two distinct areas	188.30
Consultation B – Initial & treatment of two distinct areas via telehealth	188.30
Consultation B – Subsequent & treatment of two distinct areas	125.50
Consultation B – Subsequent & treatment of two distinct areas via telehealth	125.50
Consultation C – Initial or Subsequent	
Per 5 Mins	16.40
Per hour & Max	196.80
Group/class Intervention (rate per participant)	59.00

*Home Visit*

Consultation A - Initial	125.00
Consultation A – Subsequent	96.80
Consultation B - Initial consultation & treatment of two distinct areas	188.30
Consultation B – Subsequent consultation & treatment of two distinct areas	152.90
Consultation C – Initial or Subsequent	
Per 5 Mins	16.40
Per hour & Max	196.80

*Other*

Case conference, Report Writing (per 5 minutes) (+GST)	16.40
Case conference (per hour), Report Writing (per hour & max) (+GST)	196.80
Activity assessment, consultation & treatment	196.80
Travel – In accordance with “use of private motor vehicle” rates as set Out in item 6 table 1 of the Crown Employees (Public Service Conditions of Employment) Award 2009	

Compensable Non-Admitted Psychology & Counselling Service Charges

Initial consultation & treatment	234.30
Standard consultation & treatment	195.60
Initial consultation & treatment via telehealth	234.30
Standard consultation & treatment via telehealth	195.60
Report Writing (per 5 minutes) (+GST)	16.30
Report Writing (per hour & max) (+GST)	195.60
Case Conferencing (per 5 minutes) (+GST)	16.30
Case Conferencing (per hour & max) (+GST)	195.60
Group / class intervention (per participant)	58.50
Travel – In accordance with “use of private motor vehicle” rates as set Out in item 6 table 1 of the Crown Employees (Public Service Conditions of Employment) Award 2009	

Compensable Non-Admitted Exercise Physiology Service Charges

Initial consultation & treatment	157.20
Standard consultation & treatment	157.20

Initial consultation & treatment via telehealth	157.20
Standard consultation & treatment via telehealth	157.20
Reduced supervision treatment	68.50
Group / class intervention (per participant)	49.90
Additional Expenses (as agreed with insurer)	Cost price
Case Conferencing (per 5 minutes)	13.10
Case Conferencing (per hour)	157.20
Report Writing (per 5 minutes)	13.10
Report Writing (per hour & max)	157.20
Travel - In accordance with "use of private motor vehicle" rates as set Out in item 6 table 1 of the Crown Employees (Public Service Conditions of Employment) Award 2009	
Submission of an Initial Allied Health Recovery Request (AHRR) only	38.00
Submission of a first <i>subsequent</i> Certificate of Capacity only	38.00

**Note:**

These rates do not apply to persons treated pursuant to respective statutory schemes for the purposes of workers' compensation or compensation to persons injured in motor vehicle accidents. Those rates are set by separate agreement or other such order or determination.

(e) **insert** the following matter:

**PART 5 - QUARANTINE CHARGES**

In respect of the quarantine services to be provided by Sydney Local Health District under the Health Services Act 1997.

**Individuals who are required to quarantine in a designated quarantine hotel or health facility pursuant to an order made under section 7 of the Public Health Act 2010**

	Fee \$
First adult	3,000
Additional adults (each)	1,000
Children (three years and older)	500
Children (under three years)	Nil