



Western Australia

Health Services (Fees and Charges) Order 2016

Compare between:

[08 May 2019, 00-q0-00] and [07 Jun 2019, 00-r0-00]

Health Services (Fees and Charges) Order 2016

Part 1 — Preliminary

1. Citation

This order is the *Health Services (Fees and Charges) Order 2016*.

2. Commencement

This order comes into operation on the day on which the *Health Services Act 2016* section 56 comes into operation.

3. Terms used

- (1) In this order, unless the contrary intention appears —
- compensable day patient* has the meaning given in clause 13(2)(a);
- compensable in-patient* has the meaning given in clause 12(2)(c);
- compensable out-patient* has the meaning given in clause 14(2)(a);
- compensable same day patient* has the meaning given in clause 15(2)(c);
- concessional beneficiary* has the meaning given in clause 14(2)(e);
- day hospital* means a hospital at which health services which require full-time or part-time non-residential attendance at specific and regular intervals over a period of time are provided;
- day patient* has the meaning given in clause 11(b);

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DVA arrangement means a hospital services arrangement made from time to time between the State and the Commonwealth and others for health services provided to veterans;

eligible day patient has the meaning given in clause 13(2)(b);

eligible out-patient has the meaning given in clause 14(2)(c);

eligible person has the meaning given in the *Health Insurance Act 1973* (Commonwealth) section 3 and —

- (a) includes a person who is required by or under that Act to be treated as an eligible person for the purposes of that Act; but
- (b) does not include a person who is required by or under that Act not to be treated as an eligible person for the purposes of that Act;

eligible veteran in-patient has the meaning given in clause 12(2)(d);

eligible veteran out-patient has the meaning given in clause 14(2)(b);

eligible veteran same day patient has the meaning given in clause 15(2)(d);

entitlement card has the same meaning as it has in the National Health Act Part VII;

Gold Card means a currently valid health card, known by that name, issued by the Commonwealth Department of Veterans' Affairs;

hospital means a public hospital;

hospital bed means —

- (a) a bed used for accommodation, maintenance and nursing care of a patient in a hospital that is not a nursing home; and
- (b) a bed designated under subclause (2);

ineligible day patient has the meaning given in clause 13(2)(c);

ineligible in-patient has the meaning given in clause 12(2)(g);

ineligible out-patient has the meaning given in clause 14(2)(d);

ineligible same day patient has the meaning given in clause 15(2)(e);

in-patient means a patient who is admitted to a hospital for the purpose of receiving health services in a hospital bed;

internal Territory has the meaning given in the *Acts Interpretation Act 1901* (Commonwealth) section 2B;

Medicare Benefits Schedule means the Medicare Benefits Schedule published by the Commonwealth, as that Schedule is in force from time to time;

midwife means a person registered under the *Health Practitioner Regulation National Law (Western Australia)* in the midwifery profession;

midwifery service means a midwifery service that is to be treated as both a professional service and a medical service in accordance with a determination made under the *Health Insurance Act 1973* (Commonwealth) section 3C(1);

National Health Act means the *National Health Act 1953* (Commonwealth);

nursing home bed means a bed used for the accommodation, maintenance and nursing care of a patient at a nursing home, but does not include a hospital bed in a nursing home;

nursing home type patient has the meaning given in clause 12(2)(e);

nursing home type private patient has the meaning given in clause 12(2)(f);

out-patient has the meaning given in clause 11(c);

participating hospital means a public hospital in the State, if either or both of the following applies in relation to the hospital —

- (a) an approval under the National Health Act section 94 is in force in relation to the health service provider for the hospital;

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- (b) the health service provider for the hospital is authorised to supply pharmaceutical benefits pursuant to a special arrangement in force under the National Health Act section 100;

PBS list means the list of medicines set out in the document “Schedule of Pharmaceutical Benefits” published from time to time, for the purposes of the National Health Act, by the Department of State of the Commonwealth that is administered by the Commonwealth Minister administering that Act;

PBS price means the price specified in the PBS list;

pensioner has the meaning given in clause 14(2)(f);

pensioner concession card means a currently valid card, known by that name, issued on behalf of the Commonwealth;

private in-patient has the meaning given in clause 12(2)(b);

private pathology out-patient means a person classified under clause 14(4)(a);

private same day patient has the meaning given in clause 15(2)(b);

professional service means a service referred to in paragraph (a), (b) or (ba) of the definition of **professional service** in the *Health Insurance Act 1973* (Commonwealth) section 3(1);

public in-patient has the meaning given in clause 12(2)(a);

public same day patient has the meaning given in clause 15(2)(a);

same day patient has the meaning given in clause 11(d);

surgically implanted prosthesis means a prosthesis listed in the Private Health Insurance (Prostheses) Rules as in force from time to time under the *Private Health Insurance Act 2007* (Commonwealth) section 333-20;

veteran means a person who has received or is entitled to receive health services under the *Veterans' Entitlements Act 1986* (Commonwealth), the *Military Rehabilitation and*

Compensation Act 2004 (Commonwealth), the *Safety Rehabilitation and Compensation Act 1988* (Commonwealth) or the *Australian Participants in British Nuclear Tests (Treatment) Act 2006* (Commonwealth);

White Card means a currently valid health card, known by that name, issued by the Commonwealth Department of Veterans' Affairs.

- (2) A bed in a nursing home may be designated as a "hospital bed" by the Minister.

[Clause 3 amended: Gazette 2 Feb 2018 p. 315; 13 Nov 2018 p. 4432.]

Part 2 — Scale of fees and charges

4. Scale of fees and charges

The scale of fees and charges fixed under section 56 of the Act is set out in Schedule 1.

5. General fees and charges

- (1) Except as provided in subclause (2), the fees and charges set out in Schedule 1 Division 1 apply in respect of —
 - (a) the services referred to in Schedule 1 Division 1 that are provided by, in or at a hospital by a health service provider to the classes of patients referred to in Schedule 1 Division 1; and
 - (b) any other services mentioned in Schedule 1 Division 1.
- (2) The fees and charges set out in Schedule 1 Division 1 do not apply in respect of —
 - (a) a service to which a fee or charge set out in Schedule 1 Division 2, 3 or 4 applies; or
 - (b) the supply of a specialised orthosis to which a fee or charge set out in Schedule 1 Division 5 applies; or
 - (c) the supply of a surgically implanted prosthesis to which a fee or charge set out in Schedule 1 Division 6 applies.

6. Compensable patients

- (1) Except as provided in subclause (2), the fees and charges set out in Schedule 1 Division 2 apply in respect of —
 - (a) services provided by, in or at a hospital to compensable in-patients, compensable day patients and compensable out-patients; and
 - (b) services provided by, at or in a hospital to compensable same day patients (other than services rendered by, in or at a day hospital, nursing home or nursing post).

- (2) The fees and charges set out in Schedule 1 Division 2 do not apply in respect of —
- (a) a service to which a fee or charge set out in Schedule 1 Division 1, 3 or 4 applies; or
 - (b) the supply of a specialised orthosis to which a fee or charge set out in Schedule 1 Division 5 applies; or
 - (c) the supply of surgically implanted prostheses to which a fee or charge set out in Schedule 1 Division 6 applies.

7. Magnetic resonance imaging services

- (1) In this clause —

provider hospital means a hospital that has magnetic resonance imaging equipment in respect of which a Medicare benefit is payable for magnetic resonance imaging services in accordance with regulations made under the *Health Insurance Act 1973* (Commonwealth) section 4AA(1).

- (2) The fees and charges set out in Schedule 1 Division 3 apply in respect of a magnetic resonance imaging service that is provided by, in or at a provider hospital to —
- (a) a compensable in-patient; or
 - (b) an ineligible in-patient; or
 - (c) a compensable out-patient; or
 - (d) an ineligible out-patient; or
 - (e) a compensable same day patient; or
 - (f) an ineligible same day patient.

[Clause 7 amended: Gazette 9 Mar 2018 p. 797.]

8. Pathology services

The fees and charges set out in Schedule 1 Division 4 apply in respect of pathology services specified in the Medicare Benefits Schedule that are provided to patients mentioned in that Division.

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9. Specialised orthoses

- (1) In this clause —
chargeable patient means —
- (a) a private in-patient; or
 - (b) a compensable in-patient; or
 - (c) an ineligible in-patient; or
 - (d) a compensable out-patient; or
 - (e) an eligible out-patient; or
 - (f) an ineligible out-patient; or
 - (g) a private same day patient; or
 - (h) a compensable same day patient; or
 - (i) an ineligible same day patient.
- (2) The fees and charges set out in Schedule 1 Division 5 Subdivision 1 apply in respect of the supply to a chargeable patient who is an adult of a specialised orthosis described in the Table.
- (3) The fees and charges set out in Schedule 1 Division 5 Subdivision 2 apply in respect of the supply to a chargeable patient who is a child of a specialised orthosis described in the Table.

[Clause 9 amended: Gazette 9 Mar 2018 p. 798.]

10. Surgically implanted prostheses

- (1) In this clause —
provider hospital means a hospital other than a day hospital, nursing home or nursing post.
- (2) The fees and charges set out in Schedule 1 Division 6 apply in respect of the supply in a provider hospital of a surgically implanted prosthesis set out in that Schedule to —
- (a) a private in-patient; or

- (b) a compensable in-patient; or
- (c) an ineligible in-patient; or
- (d) a private same day patient; or
- (e) a compensable same day patient; or
- (f) an ineligible same day patient.

Part 3 — Classes of patients

11. Classes of patients

For the purpose of a service provided in respect of a patient by, in or at a hospital, the patient must be classified as —

- (a) an in-patient; or
- (b) a day patient, namely, a person who receives health services at a day hospital; or
- (c) an out-patient, namely, a person —
 - (i) who attends at a hospital and receives health services under an out-patient service provided at the hospital; or
 - (ii) in respect of whom a hospital provides a health service elsewhere than at the hospital;

or

- (d) a same day patient, namely, a person who is admitted to and discharged from a hospital, not being a day hospital, nursing home or a nursing post, between midnight on one day and midnight on the next succeeding day for the purpose of receiving health services.

12. Classes of in-patients

- (1) An in-patient must be classified under this clause for the purpose of the payment of the fees and charges set out in Schedule 1 in respect of an in-patient.
- (2) Subject to subclause (4), an in-patient must be classified as —
 - (a) a public in-patient, namely, an in-patient —
 - (i) who is an eligible person (not being a compensable in-patient, nursing home type patient or nursing home type private patient, or an in-patient who elects to be treated as a private in-patient); and

(ii) who elects to be treated as a public in-patient;
and

(iii) in respect of whom the hospital concerned provides, in a hospital bed, accommodation, maintenance, nursing care and appropriate professional services and such other necessary services as are available;

or

(b) a private in-patient, namely, an in-patient —

(i) who is an eligible person (not being a compensable in-patient, nursing home type patient or nursing home type private patient); and

(ii) who elects to be treated as a private in-patient;
and

(iii) in respect of whom the hospital concerned provides, in a hospital bed, accommodation, maintenance, nursing care and such other necessary services as are available, other than professional and dental services provided by a practitioner acting in a private capacity or midwifery services provided by a midwife acting in a private capacity;

or

(c) a compensable in-patient, namely, an in-patient who —

(i) has received or established the patient's right to receive in respect of any injury, illness or disease for which the patient is receiving health services payment by way of compensation or damages (including payment in settlement of a claim for compensation or damages) under the law that is or was in force in a State or internal Territory; or

(ii) on attendance at a hospital appears prima facie to have the right to receive any such payment in

cl. 12

respect of an injury, illness or disease for which the patient is receiving health services;

or

- (d) an eligible veteran in-patient, namely, an in-patient —
 - (i) who is a veteran; and
 - (ii) who elects to be treated under the DVA arrangement;

or

- (e) a nursing home type patient, namely, an in-patient (not being a compensable in-patient or an ineligible patient) —
 - (i) who is a nursing home type patient within the meaning of the *Health Insurance Act 1973* (Commonwealth); and
 - (ii) in respect of whom the hospital concerned provides, in a hospital bed, accommodation and nursing care and appropriate professional services and such other necessary services as are available;

or

- (f) a nursing home type private patient, namely, an eligible person (not being a compensable in-patient) —
 - (i) who is a nursing home type patient within the meaning of the *Health Insurance Act 1973* (Commonwealth); and
 - (ii) who elects to be treated as a nursing home type private patient; and
 - (iii) in respect of whom the hospital concerned provides, in a hospital bed, accommodation, nursing care and such other necessary services as are available, other than professional and dental services provided by a practitioner acting in a private capacity;

or

- (g) an ineligible in-patient, namely, an in-patient —
 - (i) who is not an eligible person (other than a person or a member of a class of persons to whom or to which a declaration made under the *Health Insurance Act 1973* (Commonwealth) section 6(2) applies in the relevant circumstances); and
 - (ii) who is not a compensable in-patient; and
 - (iii) in respect of whom the hospital concerned provides, in a hospital bed, accommodation, nursing care and such other necessary services as are available, other than professional and dental services provided by a practitioner acting in a private capacity.
- (3) For the purposes of subclause (2)(c), a compensable in-patient includes a person in respect of the payment for whose health services one or more of the following applies or appears prima facie to apply —
 - (a) the *Workers' Compensation and Injury Management Act 1981*;
 - (ab) the *Motor Vehicle (Catastrophic Injuries) Act 2016*;
 - (b) the *Motor Vehicle (Third Party Insurance) Act 1943*;
 - (c) the law of Australia relating to the Defence Force within the meaning of the *Defence Act 1903* (Commonwealth).
- (4) At the time of admission to a hospital, or as soon as practicable after admission, an eligible person (not being a compensable in-patient or a veteran) must elect whether that person wishes to be classified as —
 - (a) a public in-patient; or
 - (b) a private in-patient.

cl. 13

- (5) At the time of admission to a hospital, or as soon as practicable after admission, a veteran must elect whether the veteran wishes to be classified as —
- (a) an eligible veteran in-patient; or
 - (b) a public in-patient; or
 - (c) a private in-patient.

[Clause 12 amended: Gazette 9 Mar 2018 p. 798.]

13. Classes of day patients

- (1) A day patient must be classified under this clause for the purpose of the payment of the fees and charges set out in Schedule 1 in respect of a day patient.
- (2) A day patient must be classified as —
- (a) a compensable day patient, namely, a day patient who —
 - (i) has received or established the patient's right to receive in respect of any injury, illness or disease for which the patient is receiving health services payment by way of compensation or damages (including payment in settlement of a claim for compensation or damages) under the law that is or was in force in a State or internal Territory; or
 - (ii) on attendance at a hospital appears prima facie to have the right to receive any such payment in respect of an injury, illness or disease for which the patient is receiving health services;
- or
- (b) an eligible day patient, namely, a day patient —
 - (i) who is an eligible person; but
 - (ii) who is not a compensable day patient;

or

- (c) an ineligible day patient, namely, a day patient —
 - (i) who is not an eligible person; and
 - (ii) who is not a compensable day patient.
- (3) For the purposes of subclause (2)(a), a compensable day patient includes a person in respect of the payment for whose health services one or more of the following applies or appears prima facie to apply —
 - (a) the *Workers' Compensation and Injury Management Act 1981*;
 - (ab) the *Motor Vehicle (Catastrophic Injuries) Act 2016*;
 - (b) the *Motor Vehicle (Third Party Insurance) Act 1943*;
 - (c) the law of Australia relating to the Defence Force within the meaning of the *Defence Act 1903* (Commonwealth).

[Clause 13 amended: Gazette 9 Mar 2018 p. 798.]

14. Classes of out-patients

- (1) An out-patient must be classified under this clause for the purpose of the payment of the fees and charges set out in Schedule 1 in respect of an out-patient.
- (2) An out-patient must be classified as —
 - (a) a compensable out-patient, namely, an out-patient who —
 - (i) has received or established the patient's right to receive in respect of any injury, illness or disease for which the patient is receiving health services payment by way of compensation or damages (including payment in settlement of a claim for compensation or damages) under the law that is or was in force in a State or internal Territory; or
 - (ii) who on attendance at a hospital appears prima facie to have the right to receive any such

cl. 14

payment in respect of an injury, illness or disease for which the patient is receiving health services;

or

- (b) an eligible veteran out-patient, namely, an out-patient —
 - (i) who is a veteran; and
 - (ii) who elects to be treated under the DVA arrangement;

or

- (c) an eligible out-patient, namely, an out-patient —
 - (i) who is an eligible person; but
 - (ii) who is not a compensable out-patient or eligible veteran out-patient;

or

- (d) an ineligible out-patient, namely, an out-patient —
 - (i) who is not an eligible person; and
 - (ii) who is not a compensable out-patient or eligible veteran out-patient;

or

- (e) a concessional beneficiary, namely, an out-patient —
 - (i) who is a concessional beneficiary (as defined in the National Health Act section 84); or
 - (ii) who is a dependant as defined by that section of such a concessional beneficiary;

or

- (f) a pensioner, namely, an out-patient who holds a pensioner concession card or a dependant (as defined in the National Health Act section 84) of such an out-patient.

- (3) At the time of —
- (a) attendance at a hospital for the purposes of receiving a pathology service provided by the hospital as an out-patient service; or
 - (b) receiving a pathology service provided by a hospital elsewhere than at the hospital,
- or as soon as practicable after that time, an eligible person (not being a compensable patient or a veteran), a concessional beneficiary or a pensioner may elect to be treated as a private pathology out-patient for the purpose of that pathology service.
- (4) If a person makes an election under subclause (3), then —
- (a) the person is classified as a private pathology out-patient for the purpose of the payment of any charge for that pathology service fixed in Schedule 1 Division 4; and
 - (b) despite subclause (2)(c), (e) or (f), the person is not classified as an eligible out-patient, concessional beneficiary or pensioner (as the case may be) for that purpose.
- (5) For the purposes of subclause (2)(a), a compensable day patient includes a person in respect of the payment for whose health services one or more of the following applies or appears prima facie to apply —
- (a) the *Workers' Compensation and Injury Management Act 1981*;
 - (ab) the *Motor Vehicle (Catastrophic Injuries) Act 2016*;
 - (b) the *Motor Vehicle (Third Party Insurance) Act 1943*;
 - (c) the law of Australia relating to the Defence Force within the meaning of the *Defence Act 1903* (Commonwealth).

[Clause 14 amended: Gazette 9 Mar 2018 p. 798.]

cl. 15

15. Classes of same day patients

- (1) A same day patient must be classified under this clause for the purpose of the payment of the fees and charges set out in Schedule 1 in respect of a same day patient.
- (2) A same day patient must be classified as —
 - (a) a public same day patient, namely, a same day patient who is an eligible person (not being a compensable same day patient, an eligible veteran same day patient or a same day patient who elects to be treated as a private same day patient); or
 - (b) a private same day patient, namely, a same day patient who is an eligible person (not being a compensable same day patient) and who elects to be treated as a private same day patient; or
 - (c) a compensable same day patient, namely, a same day patient who is an eligible person and who has received or established the patient's right to receive in respect of any injury, illness or disease for which the patient is receiving health services payment by way of compensation or damages (including payment in settlement of a claim for compensation or damages) under the law that is or was in force in a State or internal Territory or who on attendance at a hospital appears prima facie to have the right to receive any such payment in respect of an injury, illness or disease for which the patient is receiving health services; or
 - (d) an eligible veteran same day patient, namely, a same day patient —
 - (i) who is a veteran; and
 - (ii) who elects to be treated under the DVA arrangement;

or

- (e) an ineligible same day patient, namely, a same day patient who is not an eligible person.
- (3) At the time of admission to a hospital, or as soon as practicable after admission, an eligible person (not being a compensable same day patient or veteran) must elect whether the person wishes to be classified as a —
- (a) public same day patient; or
 - (b) private same day patient.
- (4) At the time of admission to a hospital, or as soon as practicable after admission, a veteran must elect whether the veteran wishes to be classified as —
- (a) an eligible veteran same day patient; or
 - (b) a public same day patient; or
 - (c) a private same day patient.
- (5) For the purposes of subclause (2)(c), a compensable same day patient includes a person in respect of the payment for whose health services one or more of the following applies or appears prima facie to apply —
- (a) the *Workers' Compensation and Injury Management Act 1981*;
 - (ab) the *Motor Vehicle (Catastrophic Injuries) Act 2016*;
 - (b) the *Motor Vehicle (Third Party Insurance) Act 1943*;
 - (c) the law of Australia relating to the Defence Force within the meaning of the *Defence Act 1903* (Commonwealth).

[Clause 15 amended: Gazette 9 Mar 2018 p. 798.]

Schedule 1 — Scale of fees and charges

[cl. 4]

Division 1 — General

Subdivision 1 — In-patients

1. Accommodation, maintenance, nursing care and other services —
 - (a) for public in-patients no charge
 - (b) for private in-patients —
 - (i) in single bed wards (if taken at patient's request) \$649 per day
 - (ii) in other wards \$356 per day
 - (c) for nursing home type patients \$61.30 per day
 - (d) for nursing home type private patients \$199.40 per day
 - (e) for ineligible in-patients \$2 778 per day
 - (f) for eligible veteran in-patients no charge
2. Home modifications service and supply or loan as appropriate, of such aids and appliances, orthotics and prostheses, oxygen, gas and equipment, wigs, surgical implants or devices as are approved by the Department CEO (including repair and replacement) no charge

Subdivision 2 — Day patients

3. Accommodation, maintenance and other services for eligible day patients no charge

Subdivision 3 — Out-patients

4. Out-patients service, except for medicines referred to in item 5 —
 - (a) for eligible out-patients and eligible veteran out-patients no charge

- (b) for ineligible out-patients — for each individual service rendered \$280
- 5. Medicines, for each item —
 - (a) for holders of an entitlement card no charge
 - (b) for other people who are —
 - (i) veterans who hold a Gold Card or a White Card; or
 - (ii) pensioners; or
 - (iii) concessional beneficiaries \$6.50
 - (c) for all other people —
 - (i) at a participating hospital —
 - (I) for an item on the PBS list PBS price up to a maximum of \$40.30
 - (II) for an item not on the PBS list ... \$32.20
 - (ii) at a hospital that is not a participating hospital \$32.20

Subdivision 4 — Same day patients

- 6. Same day health service, other than a service subject to a charge set out in this Schedule and associated with the provision of such service —
 - (a) for public same day patients no charge
 - (b) for private same day patients \$294 per day
 - (c) for eligible veteran same day patients no charge
 - (d) for ineligible same day patients \$2 366 per day

Subdivision 5 — Other services

7. Accommodation for persons accompanying patients (except when parent accompanies sick child for medical wellbeing of sick child or breastfeeding, or when breastfed child accompanies sick mother) \$38.45 per day
- [Division 1 amended: Gazette 21 Oct 2016 p. 4783; 3 Feb 2017 p. 1113; 5 May 2017 p. 2369; 30 Jun 2017 p. 3567; 22 Sep 2017 p. 4933; 2 Feb 2018 p. 316; 27 Apr 2018 p. 1392-3; 25 May 2018 p. 1631-2; 26 Feb 2019 p. 439; 7 May 2019 p. 1351.]*

Division 2 — Compensable patients

Subdivision 1 — Compensable in-patients

1. Accommodation, maintenance, nursing care and other services in a hospital bed, except services referred to in item 4, 5 or 6 \$2 794 per day
2. Accommodation, maintenance, nursing care and other services in a hospital bed for a patient, not being a patient mentioned in item 3, in respect of whose health services the *Motor Vehicle (Third Party Insurance) Act 1943* applies or prima facie appears to apply \$2 157 per day
3. Accommodation, maintenance, nursing care and other services in a hospital bed for a patient in Perth Children’s Hospital in respect of whose health services the *Motor Vehicle (Third Party Insurance) Act 1943* applies or prima facie appears to apply \$2 995 per day
4. Accommodation, maintenance, nursing care and other services in a nursing home bed \$294 per day
5. Accommodation, maintenance, nursing care and other services in a hospital bed for a ventilator dependent compensable in-patient with tracheostomy requiring 24 hour a day individual care \$6 442 per day

6. Accommodation, maintenance, nursing care and other services in a hospital bed for a patient requiring 24 hour a day care for airway management, with or without tracheostomy \$3 852 per day

Subdivision 2 — Compensable out-patients

7. For radiological service — for each item of service \$280
8. For medicines, subject to item 9, for each item — PBS price up to a maximum of
- (a) at a participating hospital —
- (i) for an item on the PBS list \$40.30
- (ii) for an item not on the PBS list \$32.20
- (b) at a hospital that is not a participating hospital \$32.20
9. For each other individual service (with any medicines supplied at the time of the initial service being treated as included in that service) \$280

Subdivision 3 — Compensable same day patients

10. Same day treatment in hospitals, other than day hospitals, nursing homes and nursing posts —
- (a) for a patient, not being a patient mentioned in paragraph (b), in respect of whose health services the *Motor Vehicle (Third Party Insurance) Act 1943* applies or prima facie appears to apply \$2 042 per day
- (b) for a patient in Perth Children’s Hospital in respect of whose health services the *Motor Vehicle (Third Party Insurance) Act 1943* applies or prima facie appears to apply \$2 835 per day
- (c) for any other patient \$2 645 per day

Health Services (Fees and Charges) Order 2016

Schedule 1 Scale of fees and charges

Division 3 Magnetic resonance imaging

[Division 2 amended: Gazette 3 Feb 2017 p. 1113; 30 Jun 2017 p. 3567; 2 Feb 2018 p. 316; 11 May 2018 p. 1503; 25 May 2018 p. 1632; 12 Jun 2018 p. 1895; 26 Feb 2019 p. 439-40.]

Division 3 — Magnetic resonance imaging

Charges for magnetic resonance imaging services

Item	Service	Charge (per study)
1.	For a magnetic resonance study of —	
	(a) one region of the body	\$1 080
	(b) 2 contiguous regions of the body	\$1 080
	(c) 2 or more separate regions of the body	\$2 160
	(d) 3 or more contiguous regions of the body	\$2 160
2.	If Gadolinium used as a contrast medium an additional charge	\$128

Division 4 — Pathology services

In the Table —

MBS amount, for a pathology service, means the amount of the fee specified in the item for that pathology service in the Medicare Benefits Schedule.

Table

Item	Charge
1.	The MBS amount for the service if the service is provided to — (a) a private in-patient; or (b) a compensable in-patient; or (c) a nursing home type private patient; or (d) an ineligible in-patient; or (e) a compensable day patient; or (f) an ineligible day patient; or (g) a compensable out-patient; or (h) an ineligible out-patient; or

Item	Charge
	(i) a private same day patient; or (j) a compensable same day patient; or (k) an ineligible same day patient.
2.	If the service is provided to a private pathology out-patient — 85% of the MBS amount for the service.

Division 5 — Specialised orthoses

Subdivision 1 — Adult chargeable patients

[Heading inserted: Gazette 9 Mar 2018 p. 799.]

Table

Item	Code	Description of orthosis	Charge
1.	AFOAT	Ankle foot orthosis, articulated plastic with toe plate	\$1 216.92
2.	AFOPR	Ankle foot orthosis, bed resting	\$370.42
3.	AFOPRL	Ankle foot orthosis, bed resting spare liners	\$211.19
4.	CAME	Ankle foot orthosis, CAM walker	\$132.05
5.	CAMA	Ankle foot orthosis, CAM walker adjustable ankle joint	\$474.09
6.	AFOCF	Ankle foot orthosis, carbon fibre	\$762.11
7.	CROWI	Ankle foot orthosis, Charcot restraint orthotic walker	\$2 183.85
8.	AFOFL	Ankle foot orthosis, custom plastic, fixed with liner	\$859.85

Health Services (Fees and Charges) Order 2016**Schedule 1** Scale of fees and charges**Division 5** Specialised orthoses

Item	Code	Description of orthosis	Charge
9.	AFOFT	Ankle foot orthosis, custom plastic, fixed with toe plate	\$806.57
10.	FER	Ankle foot orthosis, ferrule fitting to shoe only	\$122.66
11.	AFOHR	Ankle foot orthosis, heel protection, bed resting	\$193.57
12.	AFMD	Ankle foot orthosis, metal, double bar only	\$628.86
13.	AFMDFT	Ankle foot orthosis, metal, double bar with ferrule and T-strap	\$869.00
14.	AFMDF	Ankle foot orthosis, metal, double bar with ferrule only	\$778.35
15.	AFMS	Ankle foot orthosis, metal, single bar only	\$442.37
16.	AFMSFT	Ankle foot orthosis, metal, single bar with ferrule and T-strap	\$682.51
17.	AFOOS	Ankle foot orthosis, oedema compression stocking	\$259.48
18.	AFON	Ankle foot orthosis, plastic lined night use with tread	\$198.26
19.	AFOS	Ankle foot orthosis, posterior leaf spring	\$216.94
20.	AODES	Ankle foot orthosis, strap shoeless, dorsi assist	\$267.86

Health Services (Fees and Charges) Order 2016

Scale of fees and charges

Schedule 1

Specialised orthoses

Division 5

Item	Code	Description of orthosis	Charge
21.	AODE	Ankle foot orthosis, strap to shoe, dorsi assist	\$192.41
22.	TS	Ankle orthosis, T-strap only	\$133.21
23.	AOS	Ankle orthosis, air-cast stirrup	\$173.63
24.	LSAB10	Back orthosis, abdominal binder 10" width	\$138.76
25.	LSAB8	Back orthosis, abdominal binder 8" width	\$128.03
26.	LSODP	Back orthosis, corset elastic lower back dual pull	\$176.31
27.	TLSOCF	Back orthosis, corset front lace	\$688.70
28.	TLSOCS	Back orthosis, corset side lace	\$487.50
29.	TLSOBV	Back orthosis, custom bivalve	\$1 799.06
30.	TLSOPL2	Back orthosis, custom, post trauma, plastic	\$1 437.65
31.	TLSOBK	Back orthosis, kyphotic module	\$1 587.16
32.	TLSOJ	Back orthosis, metal frame, hyperextension	\$405.98
33.	PRWO	Back orthosis, pelvic rib wedge orthosis	\$193.66
34.	PRWS	Back orthosis, pelvic rib wedge straps (pair) only	\$77.24
35.	TLSOS	Back orthosis, prefabricated, bivalve, plastic	\$709.05

Health Services (Fees and Charges) Order 2016**Schedule 1** Scale of fees and charges**Division 5** Specialised orthoses

Item	Code	Description of orthosis	Charge
36.	TLSOBS	Back orthosis, scoliosis, module	\$1 469.12
37.	TLSOSC	Back orthosis, scoliosis, flexible	\$5 593.32
38.	TLSOW2	Back orthosis, scoliosis, rigid plastic	\$1 989.75
39.	CPU	Crutches permanent users	\$174.00
40.	CSCP	Customised steel crutches	\$521.27
41.	EOPF	Elbow orthosis, custom fixed	\$466.22
42.	EOPH	Elbow orthosis, custom hinged	\$801.36
43.	EOT	Elbow orthosis, telescoping, adjustable	\$320.99
44.	FO2P1	Foot orthosis, 2 pairs to make one pair	\$1 012.94
45.	FOCS	Foot orthosis, custom made surgical shoes	\$2 327.44
46.	FOS1	Foot orthosis, insoles pair 2/3 length	\$113.12
47.	FOS3	Foot orthosis, insoles pair full length	\$118.64
48.	FOD	Foot orthosis, interim shoe	\$123.33
49.	FOX D	Foot orthosis, orthopaedic extra depth	\$530.06
50.	FOMIP	Foot orthosis, pair of custom moulded insoles	\$359.38

Health Services (Fees and Charges) Order 2016

Scale of fees and charges

Schedule 1

Specialised orthoses

Division 5

Item	Code	Description of orthosis	Charge
51.	PB	Foot orthosis, patten bottom shoe adaption	\$942.62
52.	UCBL	Foot orthosis, plastic insole cup (each)	\$374.10
53.	UCBLP	Foot orthosis, plastic insole cup (pair)	\$471.61
54.	SFP	Foot orthosis, shoe float (pair)	\$154.48
55.	SMFTP	Foot orthosis, shoe modification with ferrule and T-strap (pair)	\$320.72
56.	SMFTS	Foot orthosis, shoe modification with ferrule and T-strap (single)	\$197.59
57.	FOMIU	Foot orthosis, single custom moulded insoles	\$190.33
58.	SFS	Foot orthosis, single shoe float	\$98.52
59.	SOLE	Foot orthosis, sole rebuild	\$111.93
60.	HOD1	Hand orthosis, driving (each)	\$266.41
61.	WPM	Hand orthosis, wheelchair push mitts	\$266.41
62.	WPME	Hand wrist orthosis, extended wheelchair push mitts	\$358.22
63.	PHOC	Head orthosis, custom protective helmet	\$595.42
64.	PHOM	Head orthosis, modified protective helmet shell	\$382.66

Health Services (Fees and Charges) Order 2016**Schedule 1** Scale of fees and charges**Division 5** Specialised orthoses

Item	Code	Description of orthosis	Charge
65.	PHO	Head orthosis, protective helmet	\$306.64
66.	HR1	Heel raise 1 cm	\$107.03
67.	HR2	Heel raise 2 cm	\$126.50
68.	HR3	Heel raise 3 cm	\$147.78
69.	RGO	Hip knee ankle foot orthosis, reciprocating gait	\$13 254.90
70.	HAOP	Hip orthosis, abduction and flexion control	\$1 378.78
71.	HFO	Humeral orthosis, fracture	\$472.24
72.	KAFOM	Knee ankle foot orthosis, metal with assembly components	\$2 604.77
73.	KAFOP	Knee ankle foot orthosis, plastic with assembly components	\$2 096.68
74.	KOROM	Knee orthosis, adjustable range of motion	\$318.50
75.	KOU	Knee orthosis, compartment unloader	\$1 180.60
76.	KOC	Knee orthosis, long, hyperextension control	\$496.52
77.	KOS	Knee orthosis, metal cage	\$299.72
78.	KOM	Knee orthosis, neoprene hinged	\$219.24
79.	CTLSO	Neck and back orthosis, custom plastic	\$2 902.95

Health Services (Fees and Charges) Order 2016

Scale of fees and charges

Schedule 1

Specialised orthoses

Division 5

Item	Code	Description of orthosis	Charge
80.	CTOLM	Neck and back orthosis, plastic body, metal neck	\$1 200.72
81.	CTLSOS	Neck and back orthosis, prefabricated bivalve	\$1 111.45
82.	COVP	Neck orthosis, adjustable replacement pad set only	\$101.39
83.	COVE	Neck orthosis, adjustable with extra pads	\$233.99
84.	CTOMJTE	Neck orthosis, extended plastic and liner with extra pads	\$901.79
85.	CTOAA	Neck orthosis, extended, multi adjustable	\$811.74
86.	SOMI	Neck orthosis, extended, adjustable lined metal frame	\$664.19
87.	CTOAP	Neck orthosis, extended, multi adjustable, replacement pads set only	\$120.83
88.	HALOC	Neck orthosis, halo complete system	\$5 140.22
89.	COP	Neck orthosis, hard foam	\$106.57
90.	CTPS	Neck orthosis, hard foam stabiliser only	\$114.90
91.	CTOP	Neck orthosis, hard foam with stabilizer	\$157.63
92.	CTONH	Neck orthosis, non-invasive halo	\$3 029.56

Health Services (Fees and Charges) Order 2016**Schedule 1** Scale of fees and charges**Division 5** Specialised orthoses

Item	Code	Description of orthosis	Charge
93.	COMJ	Neck orthosis, plastic and liner	\$243.38
94.	CTOE	Neck orthosis, plastic and liner extension only with extra pad	\$722.24
95.	CTC	Neck orthosis, plastic and liner extension replacement pad only	\$258.14
96.	CC1	Neck orthosis, plastic and liner, adult pad set only	\$112.25
97.	COS	Neck orthosis, soft	\$101.87
98.	RMO1	Repair/modification orthosis, labour up to one hour	\$55.32
99.	RMO2	Repair/modification orthosis, labour up to 2 hours	\$140.42
100.	RMO3	Repair/modification orthosis, labour up to 3 hours	\$225.53
101.	WOP	Wrist orthosis, custom plastic	\$358.22
102.	WOS1	Wrist orthosis, prefabricated	\$130.31

Subdivision 2 — Child chargeable patients*[Heading inserted: Gazette 9 Mar 2018 p. 799.]***Table**

Item	Description of orthosis	Charge
1.	3 point dynamic pressure orthosis	\$181.18
2.	Abdominal binder	\$89.27

Health Services (Fees and Charges) Order 2016

Scale of fees and charges

Schedule 1

Specialised orthoses

Division 5

Item	Description of orthosis	Charge
3.	Abduction wedge (Charnley pillow)	\$177.54
4.	Abduction orthosis plastic	\$761.70
5.	Ankle foot orthosis bivalved	\$468.18
6.	Ankle foot orthosis fixed ankle	\$402.08
7.	Ankle foot orthosis hinged	\$493.26
8.	Ankle foot orthosis off the shelf	\$183.54
9.	Ankle foot orthosis carbon fibre off the shelf	\$642.99
10.	Bachelor hip orthosis	\$654.70
11.	Boots and bar replace boots	\$695.81
12.	Cam walker	\$94.27
13.	Collar Aspen child	\$546.35
14.	Collar Aspen adult	\$381.35
15.	Collar Aspen extended	\$1 396.35
16.	Collar Miami J	\$407.40
17.	Collar Miami J extended	\$749.10
18.	Collar Philadelphia	\$114.91
19.	Collar Philadelphia extended	\$363.84
20.	Collar soft	\$64.27
21.	Correctio hip brace	\$294.18

Health Services (Fees and Charges) Order 2016**Schedule 1** Scale of fees and charges**Division 5** Specialised orthoses

Item	Description of orthosis	Charge
22.	Corset ready-made (off the shelf)	\$147.27
23.	Edinburgh hip orthosis	\$335.54
24.	Elbow crutches	\$102.95
25.	Foot orthosis off the shelf (pair)	\$94.27
26.	Foot orthosis EVA (pair)	\$210.13
27.	Foot orthosis UCBL type (each)	\$226.52
28.	Graphite insoles	\$223.72
29.	Ground reaction ankle foot orthosis	\$427.26
30.	Helmet cranio	\$702.32
31.	Hip knee ankle foot orthosis	\$8 652.40
32.	Jewett spinal brace	\$302.81
33.	Knee ankle foot orthosis plastic and joints	\$1 570.96
34.	Knee ankle foot orthosis plastic fixed	\$361.53
35.	Kidney guard	\$157.54
36.	Knee immobiliser	\$94.27
37.	Knee brace range of motion	\$208.91
38.	Patellar stabiliser	\$109.27
39.	Pavlik hip orthosis	\$298.18
40.	Perthes abduction orthosis	\$1 302.50

Item	Description of orthosis	Charge
41.	Plantar fasciitis night splint	\$133.91
42.	Rhino hip orthosis	\$342.63
43.	Spinal orthosis rigid	\$926.61
44.	Standing frame flexistand	\$674.08
45.	Standing, walking and sitting orthosis	\$2 385.26
46.	Thoracolumbar hip knee ankle foot orthosis	\$4 106.21
47.	Wraparound neoprene	\$223.18
48.	Wraparound neoprene - bilateral	\$446.35
49.	Wrist orthosis	\$94.27

Division 6 — Surgically implanted prostheses

1. In the Table —
- listed amount*, in relation to a surgically implanted prosthesis, means the amount specified for that prosthesis in the Prostheses List in the column under the heading “Minimum Benefit”;
- Prostheses List* means the Schedule to the Private Health Insurance (Prostheses) Rules (Commonwealth) as in force from time to time.

Table

Item	Description	Charge
1.	The supply of a surgically implanted prosthesis specified in the Prostheses List under the heading “CARDIO THORACIC”	92.5% of the listed amount

Health Services (Fees and Charges) Order 2016

Schedule 1 Scale of fees and charges

Division 6 Surgically implanted prostheses

Item	Description	Charge
2.	The supply of a surgically implanted prosthesis specified in the Prostheses List under the heading "OPHTHALMIC"	80% of the listed amount
3.	The supply of a surgically implanted prosthesis not mentioned in item 1 or 2 but otherwise specified in the Prostheses List	the listed amount

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Notes

- ¹ This is a compilation of the *Health Services (Fees and Charges) Order 2016* and includes the amendments made by the other written laws referred to in the following table^{1a}.

Compilation table

Citation	Gazettal	Commencement
<i>Health Services (Fees and Charges) Order 2016</i>	1 Jul 2016 p. 2775-811	1 Jul 2016 (see cl. 2 and <i>Gazette</i> 24 Jun 2016 p. 2291)
<i>Health Services (Fees and Charges) Amendment Order 2016</i>	21 Oct 2016 p. 4783	cl. 1 and 2: 21 Oct 2016 (see cl. 2(a)); Order other than cl. 1 and 2: 22 Oct 2016 (see cl. 2(b))
<i>Health Services (Fees and Charges) Amendment Order (No. 2) 2017</i>	3 Feb 2017 p. 1112-13	cl. 1 and 2: 3 Feb 2017 (see cl. 2(a)); Order other than cl. 1 and 2: 4 Feb 2017 (see cl. 2(b))
<i>Health Services (Fees and Charges) Amendment Order (No. 3) 2017</i>	5 May 2017 p. 2369	cl. 1 and 2: 5 May 2017 (see cl. 2(a)); Order other than cl. 1 and 2: 6 May 2017 (see cl. 2(b))
<i>Health Services (Fees and Charges) Amendment Order (No. 4) 2017</i>	30 Jun 2017 p. 3566-7	cl. 1 and 2: 30 Jun 2017 (see cl. 2(a)); Order other than cl. 1 and 2: 1 Jul 2017 (see cl. 2(b))
<i>Health Services (Fees and Charges) Amendment Order (No. 5) 2017</i>	22 Sep 2017 p. 4933	cl. 1 and 2: 22 Sep 2017 (see cl. 2(a)); Order other than cl. 1 and 2: 23 Sep 2017 (see cl. 2(b))
<i>Health Services (Fees and Charges) Amendment Order 2018</i>	2 Feb 2018 p. 315-16	cl. 1 and 2: 2 Feb 2018 (see cl. 2(a)); Order other than cl. 1 and 2: 3 Feb 2018 (see cl. 2(b))
<i>Health Services (Fees and Charges) Amendment Order (No. 2) 2018</i>	9 Mar 2018 p. 797-9	cl. 1 and 2: 9 Mar 2018 (see cl. 2(a)); Order other than cl. 1 and 2: 10 Mar 2018 (see cl. 2(b))
<i>Health Services (Fees and Charges) Amendment Order (No. 4) 2018</i>	27 Apr 2018 p. 1392-3	cl. 1 and 2: 27 Apr 2018 (see cl. 2(a)); Order other than cl. 1 and 2: 28 Apr 2018 (see cl. 2(b))

Citation	Gazettal	Commencement
<i>Health Services (Fees and Charges) Amendment Order (No. 3) 2018</i>	11 May 2018 p. 1503	cl. 1 and 2: 11 May 2018 (see cl. 2(a)); Order other than cl. 1 and 2: 12 May 2018 (see cl. 2(b))
<i>Health Services (Fees and Charges) Amendment Order (No. 6) 2018</i>	25 May 2018 p. 1631-2	cl. 1 and 2: 25 May 2018 (see cl. 2(a)); Order other than cl. 1 and 2: 1 Jul 2018 (see cl. 2(b))
<i>Health Services (Fees and Charges) Amendment Order (No. 5) 2018</i>	12 Jun 2018 p. 1895	cl. 1 and 2: 12 Jun 2018 (see cl. 2(a)); Order other than cl. 1 and 2: 13 Jun 2018 (see cl. 2(b))
<i>Health Services (Fees and Charges) Amendment Order (No.7) 2018</i>	13 Nov 2018 p. 4432	cl. 1 and 2: 13 Nov 2018 (see cl. 2(a)); Order other than cl. 1 and 2: 1 Dec 2018 (see cl. 2(b))
<i>Health Services (Fees and Charges) Amendment Order 2019</i>	26 Feb 2019 p. 439-40	cl. 1 and 2: 26 Feb 2019 (see cl. 2(a)); Order other than cl. 1 and 2: 27 Feb 2019 (see cl. 2(b))
<i>Health Services (Fees and Charges) Amendment Order (No. 2) 2019</i>	7 May 2019 p. 1351	cl. 1 and 2: 7 May 2019 (see cl. 2(a)); Order other than cl. 1 and 2: 8 May 2019 (see cl. 2(b))

^{1a} [On the date as at which this compilation was prepared, provisions referred to in the following table had not come into operation and were therefore not included in this compilation. For the text of the provisions see the endnotes referred to in the table.](#)

Provisions that have not come into operation

<u>Citation</u>	<u>Gazettal</u>	<u>Commencement</u>
Health Services (Fees and Charges) Amendment Order (No. 3) 2019 cl. 3 and 4 ²	7 Jun 2019 p. 1826-7	1 Jul 2019 (see cl. 2(b))

² [On the date at which this compilation was prepared, the Health Services \(Fees and Charges\) Amendment Order \(No. 3\) 2019 cl. 3 and 4 had not come into operation. They read as follows:](#)

3. Order amended

This order amends the *Health Services (Fees and Charges) Order 2016*.

4. Schedule 1 amended

Amend the provisions listed in the Table as set out in the Table.

Table

<u>Provision</u>	<u>Delete</u>	<u>Insert</u>
<u>Sch. 1 Div. 1 it. 1(b)(i)</u>	<u>\$649</u>	<u>\$661</u>
<u>Sch. 1 Div. 1 it. 1(b)(ii)</u>	<u>\$356</u>	<u>\$363</u>
<u>Sch. 1 Div. 1 it. 1(e)</u>	<u>\$2 778</u>	<u>\$2 887</u>
<u>Sch. 1 Div. 1 it. 4(b)</u>	<u>\$280</u>	<u>\$310</u>
<u>Sch. 1 Div. 1 it. 6(b)</u>	<u>\$294</u>	<u>\$300</u>
<u>Sch. 1 Div. 1 it. 6(d)</u>	<u>\$2 366</u>	<u>\$2 580</u>
<u>Sch. 1 Div. 1 it. 7</u>	<u>\$38.45</u>	<u>\$39</u>
<u>Sch. 1 Div. 2 it. 1</u>	<u>\$2 794</u>	<u>\$2 704</u>
<u>Sch. 1 Div. 2 it. 2</u>	<u>\$2 157</u>	<u>\$2 087</u>
<u>Sch. 1 Div. 2 it. 3</u>	<u>\$2 995</u>	<u>\$2 899</u>
<u>Sch. 1 Div. 2 it. 4</u>	<u>\$294</u>	<u>\$300</u>
<u>Sch. 1 Div. 2 it. 5</u>	<u>\$6 442</u>	<u>\$6 540</u>
<u>Sch. 1 Div. 2 it. 6</u>	<u>\$3 852</u>	<u>\$3 911</u>
<u>Sch. 1 Div. 2 it. 7</u>	<u>\$280</u>	<u>\$310</u>
<u>Sch. 1 Div. 2 it. 9</u>	<u>\$280</u>	<u>\$310</u>
<u>Sch. 1 Div. 2 it. 10(a)</u>	<u>\$2 042</u>	<u>\$2 325</u>
<u>Sch. 1 Div. 2 it. 10(b)</u>	<u>\$2 835</u>	<u>\$3 229</u>
<u>Sch. 1 Div. 2 it. 10(c)</u>	<u>\$2 645</u>	<u>\$3 014</u>