NSW PATIENT FEES - CATEGORY		Current		From 1 July 2021		Variance			
Private Patients									
Shared Ward	\$	370	\$	374	\$	4	1.1%		
Single Room	\$	794	\$	819	\$	25	3.1%		
Day Only Admissions – Band 1	\$	268	\$	271	\$	3	1.2%		
Band 2	\$	300	\$	303	\$	3	0.9%		
Band 3	\$	329	\$	333	\$	4	1.2%		
Band 4	\$	370	\$	374	\$	4	1.1%		
Status Resolution Support Service (SRSS) previously referred to as the Asylum Seekers Assistance Scheme (ASAS)									
Shared Ward		/ [2	4	//0	4	7	1 10		
	\$	653	_	660	\$	7	1.1%		
Single Room	\$	992		1,023	\$	31	3.1%		
Day Only	\$	557	_	563	\$	6	1.19		
Critical Care	\$	1,997	\$	2,060	\$	63	3.1%		
Compensable (MA/LTCS, Workers Compensation & Other Compensable)									
Acute Admitted Patient Services and ED Patient Services (admitted & non-admitted)									
National Efficient Price (NEP) as determined by IHPA -	\$	5,320	\$	5,597	\$	277	5.2%		
@ applicable compensable NWAU		NWAU 20		NWAU 21					
Sub/non-Acute Admitted (all compensable categories)									
Public Hospital	\$	1,220	\$	1,230	\$	10	0.8%		
Public Psychiatric Hospital	\$	512	\$	516	\$	4	0.8%		
Other (eg Residential Aged Care Facilities)	\$	287	\$	289	\$	2	0.7%		
Non-inpatient Services * (all compensable categories)									
Public Hospital	\$	130	\$	131	\$	1	0.8%		
Public Psychiatric Hospital	\$	91	\$	91			0.0%		
Other (eg Residential Aged Care Facilities)	\$	91	\$	91			0.0%		
(*) Non-admitted – for Workers Compensation & Other Compensable patients physiotherapy, psychology & exercise pl SIRA's schedule of fees pertaining to each service category.	hysiol	ogy outpat	ient :	service cha	irges	are in acco	ordance with		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or				fees order	s iliay				
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compens			eons	fees order 693	_	5	0.7%		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or	thopa	edic Surge	eons		_	5	0.7%		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only)	thopa	edic Surge	eons		_	5	0.7%		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge)	thopa \$	edic Surge	\$	693	\$				
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A	s \$	688 1,282	\$	1,292	\$	10	0.8%		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B	thopa \$	edic Surge	\$	1,292 827	\$ \$	10			
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X	s \$	688 1,282	\$ \$	1,292	\$ \$	10	0.8% 0.8%		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B	\$ \$ \$	688 688 1,282 820	\$ \$	1,292 827	\$ \$	10	0.8%		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X Inpatient Transitional Living Units Category A	\$ \$ \$	688 688 1,282 820	\$ \$	1,292 827	\$ \$	10	0.89 0.89 0.89		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X Inpatient Transitional Living Units	\$ \$ \$ \$	1,282 820	\$ \$ \$	1,292 827 1,838	\$ \$ \$	10 7 14	0.8% 0.8%		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X Inpatient Transitional Living Units Category A Category B Category A Category B	\$ \$ \$ \$ \$ \$	1,282 820 1,824	\$ \$ \$	1,292 827 1,838	\$ \$ \$ \$	10 7 14	0.8% 0.8% 0.8%		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X Inpatient Transitional Living Units Category A	\$ \$ \$ \$ \$ \$	1,282 820 1,824	\$ \$ \$	1,292 827 1,838	\$ \$ \$ \$	10 7 14	0.89 0.89 0.89		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category X Inpatient Transitional Living Units Category B Category B Non-Inpatients (Designated Rehabilitation Units only)	\$ \$ \$ \$ \$ \$	1,282 820 1,824	\$ \$ \$ \$ \$ \$ \$	1,292 827 1,838	\$ \$ \$ \$	10 7 14	0.89 0.89 0.89 0.89		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X Inpatient Transitional Living Units Category A Category B Non-Inpatients (Designated Rehabilitation Units only) (Fee: Rate per half hour)	\$ \$ \$ \$ \$ \$ \$ \$ \$	1,282 820 1,824 916 454	\$ \$ \$ \$ \$ \$ \$	1,292 827 1,838 923 457	\$ \$ \$ \$	10 7 14	0.8% 0.8% 0.8%		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X Inpatient Transitional Living Units Category A Category B Non-Inpatients (Designated Rehabilitation Units only) (Fee: Rate per half hour) Non-Inpatient Services including Outreach Outpatient Medical Clinical Appointments	\$ \$ \$ \$ \$ \$ \$ \$ \$	1,282 820 1,824 916 454	\$ \$ \$ \$ \$ \$ \$	1,292 827 1,838 923 457	\$ \$ \$ \$	10 7 14	0.89 0.89 0.89 0.89		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X Inpatient Transitional Living Units Category A Category B Non-Inpatients (Designated Rehabilitation Units only) (Fee: Rate per half hour) Non-Inpatient Services including Outreach Outpatient Medical Clinical Appointments (Fee: Standard rate)	\$ \$ \$ \$ \$ \$ \$	1,282 820 1,824 916 454	\$ \$ \$ \$ \$ \$ \$	1,292 827 1,838 923 457	\$ \$ \$ \$	10 7 14 7 3	0.89 0.89 0.89 0.89		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X Inpatient Transitional Living Units Category A Category B Non-Inpatients (Designated Rehabilitation Units only) (Fee: Rate per half hour) Non-Inpatient Services including Outreach Outpatient Medical Clinical Appointments (Fee: Standard rate) Medical Consultation - New	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,282 820 1,824 916 454	\$ \$ \$ \$ \$ \$ \$ \$ \$	1,292 827 1,838 923 457 88	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	10 7 14 7 3	0.89 0.89 0.89 0.89 0.09		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X Inpatient Transitional Living Units Category A Category B Non-Inpatients (Designated Rehabilitation Units only) (Fee: Rate per half hour) Non-Inpatient Services including Outreach Outpatient Medical Clinical Appointments (Fee: Standard rate) Medical Consultation - New Medical Consultation - Review	\$ \$ \$ \$ \$ \$ \$	1,282 820 1,824 916 454	\$ \$ \$ \$ \$ \$ \$ \$ \$	1,292 827 1,838 923 457	\$ \$ \$ \$ \$ \$ \$	10 7 14 7 3	0.89 0.89 0.89 0.89 0.09		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X Inpatient Transitional Living Units Category B Non-Inpatients (Designated Rehabilitation Units only) (Fee: Rate per half hour) Non-Inpatient Services including Outreach Outpatient Medical Clinical Appointments (Fee: Standard rate) Medical Consultation - New Medical Consultation - Review Group Activities	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,282 820 1,824 916 454	\$ \$ \$ \$ \$ \$ \$ \$ \$	1,292 827 1,838 923 457 88	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	10 7 14 7 3	0.89 0.89 0.89 0.89 0.09		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X Inpatient Transitional Living Units Category B Non-Inpatients (Designated Rehabilitation Units only) (Fee: Rate per half hour) Non-Inpatient Services including Outreach Outpatient Medical Clinical Appointments (Fee: Standard rate) Medical Consultation - New Medical Consultation - Review Group Activities (Fee: rate per half hour)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,282 820 1,824 916 454 88	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,292 827 1,838 923 457 88	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	10 7 14 7 3	0.89 0.89 0.89 0.89 0.09		
(*) the Non-admitted rates shown are for each OOS as appropriate to the hospital classification. For Workers Compensates the maximum amount payable under the relevant Workers Compensation Medical Practitioners, Surgeons and Or Compensable - Dialysis (per non-admitted session) Brain Injury Rehabilitation Program (BIRP) & Lifetime Care & Support Scheme (LTCS) Inpatients (Inpatient Designated Rehabilitation Units only) (Fee: Daily Bed Charge) Category A Category B Category X Inpatient Transitional Living Units Category B Non-Inpatients (Designated Rehabilitation Units only) (Fee: Rate per half hour) Non-Inpatient Services including Outreach Outpatient Medical Clinical Appointments (Fee: Standard rate) Medical Consultation - New Medical Consultation - Review Group Activities	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,282 820 1,824 916 454	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,292 827 1,838 923 457 88	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	10 7 14 7 3	0.89 0.89 0.89 0.89 0.09		

NSW PATIENT FEES - CATEGORY	ENT FEES - CATEGORY Current		nt From 1 July 2021		Variance		
Ineligible Admitted Patient services - Visa Holders with 8501 Visa Condition			ı				
Public Hospital – Critical Care	\$	3,531		3,640		109	3.1%
Public Hospital – Other than Critical Care	\$	1,421	\$	1,465	\$	44	3.1%
Public Psychiatric Hospital	\$	596	\$	615	\$	18	3.1%
Other (eg Residential Aged Care Facilities)	\$	334	\$	344	\$	10	3.1%
Ineligible Admitted Patients - Visa Holders without 8501 Visa Condition							
Acute							
Critical Care – first 21 days per episode	\$	6,162	\$	6,353	\$	191	3.1%
Critical Care – over 21 days	\$	3,531	\$	3,640	\$	109	3.1%
Other Inpatient – first 21 days per episode	\$	2,429	\$	2,504		75	3.1%
Other Inpatient – over 21 days	\$	1,421	\$	1,465	\$	44	3.1%
Sub- Acute/ Non-Acute							
Public Hospital	\$	1,421		1,465		44	3.1%
Public Psychiatric Hospital	\$	596	\$	615		18	3.1%
Other (eg Residential Aged Care Facilities)	\$	334	\$	344	\$	10	3.1%
Ineligible Non-Inpatient							
Public Hospital	\$	151	\$	156	\$	5	3.1%
Public Psychiatric Hospital	\$	106	\$	109	\$	3	3.1%
Other (eg Residential Aged Care Facilities)	\$	106	\$	109	\$	3	3.1%
The non-inpatient amounts shown are the rates for each OOS as appropriate to the hospital classification							
Other Ineligible fees							
Hospital In The Home (HITH) fee	\$	274	\$	283	\$	8	3.1%
Inpatient Treatment fee	\$	373	\$	384	\$	11	3.1%
Dialysis (per session)	\$	780	\$	804	\$	24	3.1%
Accommodation for Parents, Relatives & Friends of Patients							
Self-contained accommodation	\$	50	\$	50			0.0%
Other accommodation	\$	25		25			0.0%
Per Meal (max \$18 per day)	\$	8		8			0.0%

NSW PATIENT FEES - CATEGORY		Current		From 1 July 2021		Variance		
Ineligible, Workers Compensation & Other Compensable only – Rates set by SIRA								
Outpatient Physiotherapy, Chiropractic & Osteopathy Outpatient Services (applies to all hospitals)								
Normal Practice								
Consultation A - Initial	\$	98.30	\$	125.00	\$	26.70	27.2%	
Consultation A - Subsequent	\$	83.30	\$	83.30			0.0%	
Consultation A - Initial via telehealth	\$	98.30	\$	125.00	\$	26.70	27.2%	
Consultation A - Subsequent via telehealth	\$	83.30	\$	83.30			0.0%	
Consultation B - Initial & treatment of two (2) distiinct areas; complicated hand injuries	\$	148.30	\$	188.30	\$	40.00	27.0%	
Consultation B - Subsequent & treatment of two (2) distiinct areas; complicated hand injuries	\$	125.50	\$	125.50			0.0%	
Consultation B - Initial & treatment of two (2) distiinct areas; complicated hand injuries via telehealth	\$	148.30	\$	188.30	\$	40.00	27.0%	
Consultation B - Subsequent & treatment of two (2) distiinct areas; complicated hand injuries via telehealth	\$	125.50	\$	125.50			0.0%	
Consultation C - Initial or Subsquent & treatment of three (3) or more distinct areas; major hand injury; extensive burms	\$	166.30	\$	196.80	\$	30.50	18.3%	
per hr (max) \$16.40/ 5mins - not available via telehealth			·		· ·			
Group/class Intervention (rate per participant)	\$	59.00	\$	59.00			0.0%	
Home Visit	4	101.00	4	105.00	¢	4.00	2.204	
Consultation A - Initial	\$	121.00	_	125.00	\$	4.00	3.3%	
Consultation A - Subsequent	\$	94.60	-	96.80	-	2.20	2.3%	
Consultation B - Initial & treatment of two(2) distinct areas; complicated hand injuries	\$	178.60		188.30	\$	9.70	5.4%	
Consultation B - Subsequent & treatment of two (2) distinct areas; complicated hand injuries Consultation C - Initial or Subsquent & treatment of three (3) or more distinct areas; major hand injury; extensive burms	\$	152.90	\$	152.90			0.0%	
per hr (max) \$16.40/ 5mins	\$	192.00	\$	196.80	\$	4.80	2.5%	
Other								
Case conference & Report Writing per hr (max) or \$16.40 (+GST)/ 5 mins	\$	196.80	\$	196.80			0.0%	
Incidental expenses - items the worker takes with them for independent use at home e.g. strapping tape, Theraband,	Ψ	170.00					0.070	
exercise putty etc (requires pre-approval by insurer if >\$110)			(Cost price				
Travel (per km) – In accordance with "use of private motor vehicles" Crown Employees (Public Service Conditions of	Δsr	er Award		As per				
Employment) Award 2009 - requires pre-approval by insurer	12 k	Ci Awaiu		Award				
Outpatient Psychology & Counselling Service Charges (applies to all hospitals)								
Initial consultation and treatment per hr (max) or \$117.15/30 mins (check pre-approval requirements)	\$	234.30		234.30	\$	-	0.0%	
Subsequent consultation and treatment per hr (max) or \$97.80/ 30 mins (check pre-approval requirements)	\$	195.60	\$	195.60	\$	-	0.0%	
Initial consultation and and treatment via telehealth per hr (max) or \$117.15/30 mins (check pre-approval requirements)	\$	234.30	\$	234.30	\$	-	0.0%	
Subsequent consultation and treatment via telehealth per hr (max) or \$97.80/30 mins (check pre-approval								
requirements)	\$	195.60	\$	195.60	\$	-	0.0%	
Trauma focused pyschological treatment (requires pre-approval by insurer)				Rates				
				legotiable				
Case Conferencing & Report Writing per hr (max) or \$16.30 (+GST)/ per 5 mins	\$	195.60	\$	195.60	\$	-	0.0%	
Travel (per km) - In accordance with "use of private motor vehicles" Crown Employees (Public Service Conditions of Employment) Award 2009 - requires pre-approval by insurer	As p	er Award		As per Award				
Group/class (per participant)	\$	58.50	\$	58.50		_	0.0%	
Incidental expenses - items the worker takes with them for independent use at home e.g. relaxation CDs, books etc	Ψ	00.00			Ψ		0.070	
(requires pre-approval by insurer if >\$110)			(Cost price				
Outpatient Exercise Physiology Service Charges (applies to all hospitals)								
Initial consultation & treatment per hr (max) or \$13.10/ 5 mins	\$	157.20	\$	157.20	\$	-	0.0%	
Standard consultation & treatment per hr (max) or \$13.10/ 5 mins	\$	157.20	\$	157.20	\$	-	0.0%	
Initial consultation & treatment per hr (max) or \$13.10/ 5 mins via telehealth (requires pre-approval by insurer)	\$	157.20	\$	157.20				
Standard consultation & treatment per hr (max) or \$13.10/ 5 mins via telehealth (requires pre-approval by insurer)	\$	157.20	\$	157.20				
Reduced supervision treatment	\$	68.50	\$	68.50	\$	-	0.0%	
Group/class intervention (per participant)	\$	49.90	\$	49.90	\$	-	0.0%	
Case Conferencing & Report Writing per hr (max) or \$13.10/ 5 mins	\$	157.20	\$	157.20	\$	-	0.0%	
Travel (per km) - In accordance with "use of private motor vehicles" Crown Employees (Public Service Conditions of	Δςr	er Award	Δςr	er Award				
Employment) Award 2009 - requires pre-approval by insurer	}	ui u	·					
Incidental expenses e.g. strapping tape, theraband, exercise putty etc			(Cost Price				
Other Fees								
Submission of an Initial Allied Health Recovery Request (AHRR) only	\$	38.00		38.00	\$	-	0.0%	
Submission of a first subsequent Certificate of Capacity only	\$	38.00	\$	38.00	\$	-	0.0%	