

AUCKLAND DISTRICT HEALTH BOARD - ADULT HEALTH SERVICES
CHARGES FOR PATIENTS NOT ELIGIBLE FOR PUBLICLY FUNDED HEALTH SERVICES
EFFECTIVE: 12 OCTOBER 2010

Description	Price excl GST	Price incl GST
OUTPATIENT CLINICS		
OUTPATIENT - FIRST VISIT	341.00	392.15
OUTPATIENT - FOLLOW UP VISIT	263.00	302.45
WARDS		
ADMISSION & PLANNING UNIT		
ADMISSION & PLANNING UNIT - MONITORED BED (PER HOUR)	77.00	88.55
ADMISSION & PLANNING UNIT - MONITORED BED (PER DAY)	1,848.00	2,125.20
ADMISSION & PLANNING UNIT - UNMONITORED (PER HOUR)	49.00	56.35
ADMISSION & PLANNING UNIT - UNMONITORED BED (PER DAY)	1,194.00	1,373.10
HIGH DEPENDENCY & INTENSIVE CARE (PER DAY)		
CORONARY CARE (CCU)	1,848.00	2,125.20
CARDIOVASCULAR INTENSIVE CARE (CVICU)	4,375.00	5,031.25
CRITICAL CARE (DCCM)	5,570.00	6,405.50
HIGH DEPENDENCY UNIT (HDU)	2,763.00	3,177.45
NEUROSURGERY INTENSIVE CARE (NIC)	2,763.00	3,177.45
MEDICAL & SURGICAL WARDS (PER DAY)		
	1,194.00	1,373.10
DAY WARDS (PER DAY)		
DAYSTAY	650.00	747.50
OPERATING ROOMS & ANAESTHESIA		
OPERATING ROOMS & ANAESTHESIA (PER MIN) ***	35.00	40.25
OPERATING ROOMS & ANAESTHESIA WITH CARDIAC PERFUSION (PER MIN) ***	47.00	54.05
SURGICAL STAFF (PER 15 MIN)	165.00	189.75
*** Excludes Implants and high cost consumables, to be invoiced separately		
ADULT EMERGENCY DEPARTMENT		
CLINICAL ASSESSMENT - TREATMENT UNDER 3 HOURS	339.00	389.85
CLINICAL ASSESSMENT - TREATMENT OVER 3 HOURS	718.00	825.70
CLINICAL ASSESSMENT - TREATMENT OVER 10 HOURS	1,057.00	1,215.55
CT SCAN	690.00	793.50
ULTRASOUND	172.50	198.38
RESUSCITATION (PER 15 MINUTES)	70.00	80.50
MONITORING (PER HOUR)	95.00	109.25
BLOOD TRANSFUSION (PER UNIT)	207.00	238.05
PRESCRIPTIONS ONLY - NO TREATMENT	49.00	56.35
INTERPRETER - FIRST HOUR (MON-FRI 8AM - 5PM)	38.00	43.70
INTERPRETER - SUBSEQUENT HOURS PER HOUR (MON-FRI 8AM - 5PM)	33.00	37.95
INTERPRETER - FIRST HOUR (AFTER HOURS & PUBLIC HOLIDAYS)	50.00	57.50
INTERPRETER - SUBSEQUENT HOURS PER HOUR (AFTER HOURS & PUBLIC HOL)	43.00	49.45
INTERPRETER (TELEPHONE) - PER 1/4 HOUR (MON-FRI 8AM - 5PM)	10.00	11.50
INTERPRETER (TELEPHONE) - PER 1/4 HOUR (AFTER HOURS & PUBLIC HOL)	13.00	14.95
SOCIAL WORKER	65.22	75.00
PSYCHIATRIST LIAISON	69.00	79.35
AMBULANCE TRANSFER (EACH)	76.00	87.40
CARDIAC SERVICES		
CARDIAC THEATRE COSTS		
INTRA-AORTIC BALLOON PUMP (During surgery or in ICU) (Balloon only)	1,385.00	1,592.75
Op THEATRE (Bypass) - (PER HOUR & INCLUDES ANAESTHESIA)	3,412.00	3,923.80
Op THEATRE (Non-Bypass) - (PER HOUR & INCLUDES ANAESTHESIA)	2,692.00	3,095.80
REPLACEMENT HEART VALVE	4,500.00	5,175.00

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CARDIAC OUTPATIENT COSTS:		
24-HOUR HOLTER MONITOR (includes 2 visits to Physiology OP clinic)	200.00	230.00
CHEST X-RAY	93.00	106.95
ECCG	25.00	28.75
OUTPATIENT - NURSE SPECIALIST CLINIC	250.00	287.50
CARDIOLOGY OUTPATIENT Clinic - FIRST VISIT	325.00	373.75
CARDIOLOGY OUTPATIENT Clinic - FOLLOW UP VISIT	250.00	287.50
PACEMAKER / ICD CLINIC	215.00	247.25
ANGIOGRAM - CARDIAC	2,749.00	3,161.35
BALLOON MITRAL VALVULOPLASTY	9,000.00	10,350.00
BRONCHOSCOPY	1,405.00	1,615.75
ECHOCARDIOGRAM - DOBUTAMINE STRESS	571.00	656.65
ECHOCARDIOGRAM - EXERCISE	571.00	656.65
ECHOCARDIOGRAM - TRANSESOPHAGEAL (TOE)	571.00	656.65
ECHOCARDIOGRAM (TTE)	267.00	307.05
ENDOBONCHIAL LASER	4,944.00	5,685.60
EP STUDY/RF ABLATION	5,279.00	6,070.85
G/A TRANS TRACHEAL ASP	1,666.00	1,915.90
INDUCED SPUTUM TESTS X3 CONSULTATION	831.00	955.65
INDUCED SPUTUM TESTS X3 NO CONSULTATION	715.00	822.25
INTRA-AORTIC BALLOON PUMP (in CIU)	3,274.00	3,765.10
LUNG FUNCTION	287.00	330.05
PERICARDIAL TAP (in CIU)	2,548.00	2,930.20
POLYSOMNOGRAPHY (SLEEP LAB)	1,430.00	1,644.50
THORACOSCOPY	1,302.00	1,497.30
TRANSBRONCHIAL	1,484.00	1,706.60
TRANSCATHETER ASD CLOSURE	16,228.00	18,662.20
PCI	\$2594+(cost of equip *1.3)	
	\$2003 +((cost of unit + leads) *1.3)	
PACEMAKER / ICD IMPLANT	Variable	Variable
IMPLANTS AND HIGH COST CONSUMABLES	Variable	Variable
CANCER & BLOOD SERVICES		
ADDITIONAL TREATMENT FIELDS	Variable	Variable
ASSESSMENT CLINIC ATTENDANCES	243.00	279.45
CAESIUM INSERTION	Variable	Variable
CALCULATION	380.00	437.00
CT SIMULATION	380.00	437.00
DAY STAY ATTENDANCES < 3 HOURS (IV CHEMOTHERAPY EXCLUDING DRUG COSTS)	498.00	572.70
DAY STAY ATTENDANCES >3 HOURS	747.00	859.05
DAY STAY/HAEMOPHILIA CENTRE (IV CHEMOTHERAPY EXCLUDING DRUG COSTS)	246.00	282.90
FOLLOW UP - CHEMOTHERAPY	243.00	279.45
FOLLOW UP - RADIOTHERAPY	243.00	279.45
FOLLOW UP - HAEMOPHILIA	373.00	428.95
GEN ANAESTHETIC FOR R.T.	297.00	341.55
NEW PATIENT CONSULTATION - CHEMOTHERAPY	400.00	460.00
NEW PATIENT CONSULTATION - HAEMOPHILIA	613.00	704.95
NEW PATIENT CONSULTATION - RADIOTHERAPY	400.00	460.00
ORIENTATION	156.00	179.40
PLAN-INCLUDES CALC OF PLAN	380.00	437.00
SHELL	380.00	437.00
SHIELDING TRAY ETC	380.00	437.00
SIMULATION	380.00	437.00
SUPERFICIAL TREATMENT	380.00	437.00
TOTAL BODY IRRADIATION	Variable	Variable
TREAT INITIAL FIELD	380.00	437.00
TREATMENT REVIEWS	243.00	279.45
VAULT INSERTION	Variable	Variable
RADIOLOGY		
X-RAY, CT SCAN, MRI, ULTRASOUND AND OTHER RADIOLOGY SERVICES	Variable	Variable
RESPIRATORY LABORATORY TESTS		

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Description	Price excl GST	Price incl GST
CHALLENGE	275.00	316.25
CPET	275.00	316.25
DLCO	68.00	78.20
eNO	45.00	51.75
HYPOXIC CHALLENGE	206.00	236.90
PLETHYSMOGRAPHY	68.00	78.20
PrePostBDL	68.00	78.20
SPIROMETRY	68.00	78.20
OTHER SERVICES		
AIR AMBULANCE	Variable	Variable
AMBULANCE	Variable	Variable
AUDIOGRAM	156.00	179.40
BCG TREATMENT(UROLOGY)	635.00	730.25
BEE STING INJECTIONS - 1ST VISIT	342.00	393.30
BEE STING INJECTIONS - 2ND VISIT	86.00	98.90
BIOPSY	1,617.00	1,859.55
BLOOD PRODUCTS (BASED ON ACTUAL UASGE)	Variable	Variable
BLOOD TEST	41.00	47.15
BONE MARROW BIOPSY - ASPIRATE	354.00	407.10
BONE MARROW BIOPSY - CYTOGENETICS CARRIER	571.00	656.65
BONE MARROW BIOPSY - CYTOGENETICS PREP	647.00	744.05
BONE MARROW BIOPSY - TREPHINE	92.00	105.80
BRONCHO FIBROSCOPY	757.00	870.55
COLONOSCOPY	932.00	1,071.80
CRUTCHES	67.00	77.05
CYSTOSCOPY	1,282.00	1,474.30
DIALYSIS	Variable	Variable
E.R.C.P.	1,077.00	1,238.55
EEG	506.00	581.90
EMG (NERVE CONDUCTION)	419.00	481.85
ENDOSCOPY	757.00	870.55
EVOKED POTENTIAL	431.00	495.65
FIBROSCAN	263.00	302.45
FIBROSCOPY	757.00	870.55
GASTROSCOPY	757.00	870.55
HOFFMANS EXTERNAL	2,630.00	3,024.50
HYPERBARIC DOCTOR'S ASSESSMENT	100.00	115.00
HYPERBARIC TREATMENT - PER SESSION	323.00	371.45
INTERPRETER - FIRST HOUR (MON-FRI 8AM - 5PM)	38.00	43.70
INTERPRETER - SUBSEQUENT HOURS PER HOUR (MON-FRI 8AM - 5PM)	33.00	37.95
INTERPRETER - FIRST HOUR (AFTER HOURS & PUBLIC HOLIDAYS)	50.00	57.50
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INTERPRETER (TELEPHONE) - PER 1/4 HOUR (MON-FRI 8AM - 5PM)	10.00	11.50
INTERPRETER (TELEPHONE) - PER 1/4 HOUR (AFTER HOURS & PUBLIC HOL)	13.00	14.95
ISOTOPE UPTAKE	314.00	361.10
LASER TREATMENT	264.00	303.60
LEG & VEIN GRAFTS	219.00	251.85
MRSA PRECAUTIONS	209.00	240.35
QUANTITATIVE THYROID	170.00	195.50
RENAL STONE REMOVALS	5,741.00	6,602.15
SIGMOIDOSCOPY	757.00	870.55
TELEPHONE INTERPRETING (FLAT FEE)	30.00	34.50
THERAPY CHARGES (PER HOUR)	96.00	110.40
THYROID CL 1ST VISIT	316.00	363.40
VIDEO MONITORING	748.00	860.20
VOICE CLINIC	223.00	256.45