Policy Directive



Infrastructure Charges for Visiting Medical Officers and Salaried Medical Practitioners

Summary The purpose of infrastructure charges for Visiting Medical Officers and Salaried

Medical Practitioners in NSW Public Hospitals is to ensure compliance with the

documented infrastructure fee charges detailed in this Policy

Directive.Infrastructures charges are a payment for the use of NSW Hospital facilities when Visiting Medical Officers (VMO's) and Salaried Medical Practitioners

(SMP's) are exercising their Rights of Private Practice (RoPP).

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Author branch Financial Accounting, Policy, Insurance and Revenue

Branch contact 02 9461 7674

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Applies to Public Health Units, Local Health Districts, Specialty Network Governed Statutory

Health Corporations, Affiliated Health Organisations, Public Hospitals

Distributed to Ministry of Health, Public Health System

Audience Clinicians; Hospital Clinicians; Medical Administration; Staff Specialists, Administration,

Payroll, Medical Administration, Human Resources; Administration, Payroll, Medical Administration, Staff Specialists, Human Resources; Directors of Medical Services, Medical Locum Managers, Medical Workforce Units, Medical Administration, Clinical

Staff, Emergency Departments; Workforce Units



INFRASTRUCTURE CHARGES FOR VISITING MEDICAL OFFICERS AND SALARIED MEDICAL PRACTITIONERS

POLICY STATEMENT

NSW Health is committed to providing medical practitioners who have been granted rights of private practice as a condition of their appointment with NSW Health with premises and staff to permit them to practice privately.

For the supply of these services an infrastructure fee applies to Salaried Medical Practitioners (SMPs) and Visiting Medical Officers (VMOs.)

SUMMARY OF POLICY REQUIREMENTS

This Policy Directive requires NSW Health public hospitals, mental health services and NSW Pathology to charge Visiting Medical Officers and Salaried Medical Practitioners Infrastructure fees when exercising their Rights of Private Practice (RoPP) in NSW public hospitals.

This Policy is to read in conjunction with NSW Health Policy Directive Staff Specialist Rights of Private Practice Arrangements (PD2017 002)

REVISION HISTORY

Version	Approved by	Amendment notes
July-2021 (PD2021_020)	A/Deputy Secretary, and Chief Financial Officer, Financial Services and Asset Management.	Initial Document

ATTACHMENTS

1. Infrastructure Charges for Visiting Medical Officers and Salaried Medical Practitioners: Procedures.



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1 BACKGROUND

1.1 About this document

Infrastructure charges are a payment for the use of NSW Hospital facilities when Visiting Medical Officers (VMOs) and Salaried Medical Practitioners (SMPs) are exercising their Rights of Private Practice (RoPP).

For the supply of these services an infrastructure fee is charged to the medical practitioner. This fee applies to Salaried Medical Practitioners (SMPs) and Visiting Medical Officers (VMOs.)

These charges are payable against Salaried Medical Practitioners whose elected levels are 2 to 5 and Visiting Medical Officers running Privately Referred Non-inpatient (PRNIP) clinics.

The charges set out below are replicating those in the Fees Procedures Manual. All percentages have remained the same.

1.2 Key definitions

Medical Benefits Schedule (MBS)

Contains item numbers that may attract a benefit if the requirements of the item number has been fulfilled and the medical practitioner can access these benefits.

Privately Referred Non-Inpatients Clinics (PRNIP) Clinics

When a Visiting Medical Officer or Salaried Medical Practitioners conducts an outpatient clinic whilst exercising their rights of private practice.

Rights of Private Practise (RoPP)

Rights of Private Practice granted to medical practitioners working in NSW public hospitals as a condition of their employment or part of an overall arrangement.

2 INFRASTRUCTURE CHARGES

Infrastructure charges are deductible from fees raised by visiting medical officers or salaried medical practitioners (exercising rights of private practice) for the use of hospital facilities and/or staff (including clerical services provided by hospital staff). Listed below are the percentages to be deducted from fees collected that are to be remitted to revenue.

2.1 Radiology/Radiotherapy Services – Visiting Medical Practitioners

2.1.1 Diagnostic Procedures and Investigations (Category 2)



MBS ITEM NUMBER	MBS DESCRIPTION	HOSPITAL SHARE OF FEES COLLECTED (PERCENTAGE)
11600	Vascular - Blood Pressure Monitoring	20%
11900 – 11921	Genito/Urinary Physiological Investigations	40%

2.1.2 Therapeutic Procedures (Category 3)

MBS ITEM NUMBER	MBS DESCRIPTION	HOSPITAL SHARE OF FEES COLLECTED (PERCENTAGE)
15000 – 15115	Radiation Oncology - Superficial/Orthovoltage (60% for privately referred outpatients)	50%
15203 – 15272	Radiation Oncology - Megavoltage	20%
15303 – 15339	Insertion, implantation or removal of sealed radioactive source	10%
15342/45/51/54	Construction with / without application of radioactive mould	50%
15348/57	Subsequent application of radioactive mould	20%
15500 – 15562	Radiotherapy planning	20%
16003 – 16012	Administration of therapeutic dose of radioisotope	10%
16600 – 16636	Interventional techniques	20%
35200	Arteriography – Venography	40%

2.1.3 Diagnostic Imaging Services (Category 5)

MBS ITEM NUMBER	MBS DESCRIPTION	HOSPITAL SHARE OF FEES COLLECTED (PERCENTAGE)
55028 – 55085	Ultrasound - General	40%
55113 – 55135	Ultrasound - Cardiac	20%
55238 – 55296	Ultrasound - Vascular	20%
55600 – 55603	Ultrasound - Urological	20%
56001 – 57356	Computerised Tomography	84%
57506 – 58527	General Radiology Services	60%
58700 – 58721	Radiographic examination of urinary tract	40%



58900 – 58939	Radiographic examination of alimentary tract & biliary system	40%
59103 – 59303	General Radiology Services	60%
59312/14/18	General Radiology Services	60%
59306 – 59309	Mammary Ductogram 54(04/11/10)	40%

(Terminology change July 2019)

MBS ITEM NUMBER	MBS DESCRIPTION	HOSPITAL SHARE OF FEES COLLECTED (PERCENTAGE)
59503	Radiographic examination in connection with pregnancy	40%
59700 – 59763	Radiographic examination with opaque or contrast media	40%
59903 – 60078	Angiography with / without Digital Subtraction Technique	40%
60100	Tomography	40%
60500 – 60509	Fluoroscopic examination	40%
61109	Examination not otherwise covered	40%
60918 – 60927	Preparation for radiological procedure	10%

NOTE: For those services where the charge is 10%, the charge is only to apply where the practitioner wishes the hospital to issue accounts for these services. Where the practitioner does not wish the hospital to issue accounts for these specific services, no Infrastructure charge is to be made.

2.2 Pathology

2.2.1 Visiting Pathologist (Category 6)

Pathology Services

MBS ITEM NUMBER	MBS DESCRIPTION	HOSPITAL SHARE OF FEES COLLECTED (PERCENTAGE)
65060 – 65082	Haematology	80%
65084 – 65087	Bone Marrow examination	10%
65090 – 65181	Haematology	80%
66500 – 66900	Chemical	90%
69300 – 69500	Microbiology	80%



71057 – 71203	Immunology	80%
72813 – 72857	Tissue pathology (Histopathology)	10%
73043 – 73065	Cytology – Scanning only	90%
73043 – 73065	Cytology - Involving review and report	10%
73287 – 73324	Genetics	10%
73521 – 73529	Infertility and pregnancy tests	80%
73801 – 73811	Simple basic pathology tests	10%

2.2.2 Staff Specialists

Infrastructure Charges for Staff Specialists on Level 2 to 5 arrangements

They will be paid into the Private Practice Trust Fund 100% of fees received arising from the rendering of accounts to private patients seen by those specialists who are working under this arrangement.

From the fees received into the Private Practice Trust Fund, as a first charge the following Infrastructure charges to the hospital for the provision of services and facilities, which will be a percentage of the gross fees received.

MBS DESCRIPTION	HOSPITAL SHARE OF FEES COLLECTED (PERCENTAGE)
(i) fees received for diagnostic radiology (see v), nuclear medicine and ultrasonic scans	40%.
(ii) computerised tomography	84% (83/141)
(iii) fees received for pathology services:-	
Histopathology (including cytopathology)	20%
Microbiology (78/236)	60%
Immunology	60%
Haematology	80%
Chemical Pathology	90%
(iv) other fees received (including cardiological and neurophysiological)	20%
(v) for Radiation Oncology (Group T2) the Infrastructure charge is by local agreement	



The following procedures shall be deemed to be histopathology procedures for the purpose of these charges:-20% - infertility and pregnancy tests; - anatomical pathology; - gross and microscopic examinations; - frozen section examinations; - bone marrow reporting; - cytology entirely reported by the pathologist without technical scanning assistance; - other procedures performed entirely by the 20% pathologist such as skin allergy test, Mantoux tests, Schillings and BSP tests, lumbar punctures and joint fluid aspirations;

Cytology reported with technical scanning assistance shall be deemed to be a chemical pathology for the purpose of these charges.

Infrastructure Charges for Scheme "D"

Infrastructure charges for staff specialists/visiting medical officers operating under scheme "D" are to be applied on the same basis as those percentages applying to visiting medical officers