

Australian Capital Territory

# **Health and Community Care Services – Dental Service (Fees) Determination 2002**

**Disallowable instrument DI2002—5**

made under the

***Health and Community Care Services Act 1996, s 32 (Charges for provision of health services and community care)***

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1. I revoke Determination of Fees and Charges No 201 of 2001.
2. I make the following determination to take effect from the date of notification.

Jon Stanhope MLA  
Minister for Health

25 January 2002

## 1. Definitions

In this Determination, unless the contrary intention appears:

*A right to recover from any person, by way of compensation or damages* does not include a right to recover compensation pursuant to the *Criminal Injuries Compensation Act 1983*;

*Act* means *Health and Community Care Services Act 1996*;

*Australian resident* means a person who is ordinarily resident in Australia and includes a person domiciled in Australia but does not include a person who is:

- (a) the head of a diplomatic mission, or the head of a consular post, established in Australia;
- (b) a member of the staff of a diplomatic mission, or a member of the consulate, established in Australia;
- (c) a member of the family of a person referred to in paragraph (a) or (b), being a member who forms part of the household of that person; or
- (d) employed on a full-time basis to perform domestic or other private services for a person referred to in paragraphs (a), (b) or (c);

being a person who is not an Australian citizen or is not a person domiciled in Australia;

*community health centre* means a community health centre conducted by the ACT Health and Community Care Service;

*compensable patient* means in relation to a hospital, an inpatient of the hospital who in the opinion of the Chief Executive of The Canberra Hospital, has, or may have, a right to recover from any other person, by way of compensation of damages, the cost of the service;

*concessional* means a person who is the:

- (a) holder of a Pensioner Concession Card or a dependent of the holder of a Pensioner Concession Card; or
- (b) holder of a Health Care Card or a dependent of the holder of Health Care Card; or

- (c) holder of a Commonwealth Seniors Health Card; or
- (d) holder of a Repatriation Health Card for All Conditions; or
- (e) holder of a Repatriation Health Card for Specific Conditions;

***day care patient*** means a person other than:

- (a) a compensable patient; or
- (b) a non-eligible person,

who attends hospital for a period that does not include a part of an overnight stay for the purpose of permitting the provision of professional attention to the person;

***general*** means a person who is not concessional;

***GST*** means tax that is payable under the GST law and imposed as goods and services tax by any of these:

- (a) the *A New Tax System (Goods and Services Tax Imposition – General) Act 1999*; or
- (b) the *A New Tax System (Goods and Services Tax Imposition – Customs) Act 1999*; or
- (c) the *A New Tax System (Goods and Services Tax Imposition – Excise) Act 1999*.

***hostel*** means a hostel conducted by the Health and Community Care Service;

***hospital*** means the premises known as The Canberra Hospital;

***hospital patient*** in relation to a hospital, means an inpatient of the hospital other than a private patient;

***inpatient*** means a person who is formally admitted to hospital and then after a period of time discharged;

***medical practitioner*** means a person registered as a medical practitioner under the *Medical Practitioners Act 1930*;

***Medicare Benefits Schedule Book*** means the table of medical services prescribed for the purposes of subsection 4(1) of the *Health Insurance Act 1973 (Cth)*;

***multiple-bed room*** means a room in which 2 or more beds are situated;

***non-eligible person*** means -

- (a) a person who is not an Australian resident; or
- (b) a person in respect of whom, or a person included in a class of persons in respect of which, there is in force an order under Subsection 6(2) of the *Health Insurance Act 1973 (Cth)*;

***non-inpatient*** with respect to a hospital, means a patient other than an inpatient of the hospital who receives any examination(s), consultation(s) or other service(s) from an individual functional unit of a health services facility;

***nursing-home type patient*** means a nursing-home type patient for the purposes of the *Health Insurance Act 1973 (Cth)* but does not include a compensable patient or a non-eligible person;

***occupational therapy service*** means an occupational therapy service provided to:

- (a) a compensable non-inpatient; or
  - (b) a non-eligible person,
- at a community health centre conducted by the ACT Government or at a hospital;

***outpatient service*** means any examination, consultation, treatment or other service provided to:

- (a) a non-inpatient; or
  - (b) a non-eligible person,
- not being an inpatient of the hospital at a health services facility other than a community health centre, but does not include a Physiotherapy or Occupational Therapy Service;

***pathology service*** means a professional service in respect of which a fee is specified in an item in Section 4 of the Medicare Benefits Schedule Book, being an item that includes the symbol (***OP***);

***person domiciled in Australia*** means a person whose domicile is in Australia, other than a person in respect of whom the Minister for Health and Community Care is satisfied that the person's permanent place of abode is outside Australia;

***physiotherapy service*** means any treatment or other service provided to:

- (a) a compensable non-inpatient; or
  - (b) a non-eligible person,
- at a community health centre conducted by the Territory or at a hospital and which falls within the definition of physiotherapy in the *Physiotherapists Act 1977*;

***private patient***, in relation to a hospital, means an inpatient of the hospital who:-

- (a) has made an election to be treated as a private patient, and who has not revoked that election; or
- (b) is accommodated in a single room in the hospital at a patient's own request;

*professional service* means a professional service within the meaning of the *Health Insurance Act 1973 (Cwlth)*;

*single room* means a room in which one bed is situated;

*standard patient*, in relation to a hospital, means an inpatient of the hospital, other than:-

- (a) a day care patient; or
- (b) a nursing-home type patient.

## **2 Request by a Patient**

For the purposes of this Determination, a request by a patient shall, in relation to a patient who has not attained the age of 18 years, be read as including a request by a parent or guardian of the patient.

## **3 Period of accommodation**

For the purpose of services listed at A, C, D, E, J, and S of the schedule to this Determination, the day on which a person commences to be accommodated in a hospital or a hostel as a patient and the day on which that person ceases to be so accommodated shall be counted together as one day.

## **4 Mother and child less than 12 months**

For the purposes of the services listed at A, B and C of the Schedule to this Determination, where a child whose age is less than 12 months and the mother of that child are both accommodated in a hospital, they shall be treated as one patient unless the child and the mother both receive treatment.

## **5 Absences from a Hostel**

- (a) For the purposes of the service listed at item D of the Schedule to this Determination, where a person who has been admitted to a hostel is absent from the hostel for a period not exceeding 3 days, the fee payable pursuant to the service listed at D shall apply as if the person had been accommodated in the hostel during the whole of the period.
- (b) For the purposes of sub-clause (5)(a) of this Determination, the day on which the absence of a person from a hostel begins and the day on which the person returns to the hostel shall be counted together as one day.

## **6 Application of GST**

The fee for the purposes of the service listed in Column 1 of the Schedule to this Determination shall be the amount listed in Column 2 of the Schedule where GST is not payable or Column 3 where GST is payable.

### **A. Hospital Accommodation Fees – Standard Patients**

1. If the patient is a private patient other than a compensable patient or a non-eligible person, and is:

(a) in a multiple-bed room,	per day	\$235.00	n/a
(b) in a single room, otherwise than at the patients request,	per day	\$235.00	n/a
(c) in a single room at the patients request.	per day	\$406.00	n/a
2. If the patient is a compensable patient or a non-eligible person.	per day	\$724.00	n/a

### **B. Hospital Accommodation Fees – Day Care Patients**

If the patient is a private patient and is provided with:

1. Type-B professional attention as determined under paragraph 4B(a) of the <i>Commonwealth National Health Act 1953</i> ,	per day	\$169.00	n/a
2. procedures (other than those set out in paragraph 1) carried out under local anaesthetic, no sedation. Theatre time (actual time in theatre) less than one hour,	per day	\$191.00	n/a
3. procedures (other than those set out in paragraph 1) carried out under general or regional anaesthetic or intravenous sedation. Theatre time (actual time in theatre) less than one hour,	per day	\$211.00	n/a
4. procedures (other than those set out in paragraph 1) carried out under general or regional anaesthetic or intravenous sedation. Theatre time (actual time in theatre) one hour or more.	per day	\$235.00	n/a

### **C. Hospital Accommodation Fees – Nursing Home Type Patients**

1. If the patient has attained the age of 16 years and is:

(a) a hospital patient,	per day	\$29.65	n/a
(b) a private patient.	per day	\$105.10	n/a

2. If the patient has not attained the age of 16 years and is:

(a) a hospital patient,		nil	n/a
(b) a private patient.	per day	\$75.45	n/a

#### **D. Hostel Fees**

Hostel Accommodation Fees	per day	\$22.60	n/a
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#### **E. Accommodation where the person is other than a patient**

Whether the accommodation is in a hospital or a nursing home or a hostel:

1. On wards	per day	\$5.93	\$6.50
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2. In residences associated with a hospital, a nursing home or a hostel, where the person is not a pensioner or a health care card holder.

Single room

(a) first person	per day	\$25.56	\$28.10
(b) second person	per day	\$12.58	\$13.85
(c) children 12 years and under (maximum of two persons including children per room)	per day	\$6.29	\$6.90
(d) family rooms (3 persons)	per day	\$46.01	\$50.60

3. In residences associated with a hospital, a nursing home or a hostel, where the person is a pensioner or a health care card holder.

Single room

(a) first person	per day	\$18.41	\$20.25
(b) second person	per day	\$10.48	\$11.55
(c) children 12 years and under (maximum of two persons including children per room)	per day	\$6.29	\$6.90
(d) family rooms (3 persons)	per day	\$35.79	\$39.35

4. Flats

(a) one bedroom	per week	\$146.73	\$161.40
(b) two bedroom	per week	\$161.40	\$177.55



## **F. Fees for Professional Services other than the Pathology Service**

These do not apply in relation to:

1. a professional service provided,

(a) in pursuance of the *Public Health (Medical and Dental Inspection of School Children) Regulations*; or

(b) in the course of a program of child health care,

2. a professional service provided at a hospital,

3. a professional service provided at the request of a member of the Australian Federal Police acting in his or her capacity as such a member;

4. a professional service provided in accordance with a request made, or a direction given under or for the purposes of, a law in force in the Territory, or

5. a professional service provided in the treatment or control of addiction to alcohol or drugs.

An amount equal to the fee specified in respect of that professional service in the Schedule of Fees listed in the Medicare Benefits Schedule Book as amended from time-to-time.

## **G. Pathology Service Fees**

Where the pathology service is provided by the ACT to:

1. a compensable person,

2. a non-eligible person.

An amount equal to the fee specified in respect of that pathology service in the Schedule of Fees listed in the Medicare Benefits Schedule Book as amended from time-to-time.

## **H. Outpatient Service Fees**

Compensable non-inpatients and non-eligible persons:

1. First visit	per visit	\$123.70	n/a
2. Second and subsequent visits.	per visit	\$81.70	n/a

## **I. Physiotherapy and Occupational Therapy**

Compensable non-inpatients and non-eligible persons at Community Health Center's and Hospitals:

First and subsequent visit.	per visit	\$81.70	n/a
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## **J. Patient's Personal Laundry**

Patients at Nursing Homes	per day	\$1.30	n/a
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## **K. Mass Vaccinations**

Where there is a contract/agreement to vaccinate work groups against:

1. Hepatitis A	per vaccine	\$65.00	n/a
2. Hepatitis B	per vaccine	\$18.90	n/a
3. Influenza	per vaccine	\$22.00	n/a
4. Other (Adult Diphtheria Tetanus, Measles Mumps Rubella, Rubella, Sabin)	per vaccine	\$10.50	n/a

## **L. Facilities Hire**

### 1. The Canberra Hospital

(a). Use of theatre (after hours)	per hour	\$121.58	\$133.75
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### 2. ACT Community Care - Conference, Meeting and Group Rooms

(a). Commercial Use			
(i) Non-Health Related	per hour	\$23.52	\$25.85
(ii) Sessional Health Related	per hour	\$16.36	\$18.00
(b). Community Use			
(i) Non-Health Related	per hour	\$16.36	\$18.00
(ii) Health Related	per hour	\$12.27	\$13.50

3. ACT Community Care - Theatre	per hour	\$69.53	\$76.50
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## **M. Medical Records and Health Reports**

### 1. Medical Practitioner Reports

(a). Preparation of a medical report by a treating medical practitioner appointed to or employed by the Health and Community Care Service requiring no further examination of the patient.		\$161.40	\$177.50
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(b) Preparation of a medical report by a medical practitioner appointed to or employed by the Health and Community Care Service who has not previously treated the patient and no further examination of the patient is required.		\$187.58	\$206.35
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(c) A report made by a treating medical practitioner appointed to or employed by the Health and Community Care Service where a re-examination is required.	\$214.83	\$236.30
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(d) A report made by a treating medical practitioner appointed to or employed by the Health and Community Care Service who has not previously treated the patient and where an examination is required.	\$268.30	\$295.15
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2. Health records required to be produced by subpoena

(a) Where at least 5 days notice is given for the production of the record to the Court	\$47.14	\$51.85
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(b) Where less than 5 days notice is given.	\$78.58	\$86.40
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3. Search Fees	\$32.46	\$35.70
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Other than requests made by a party concerned with a patient's continued treatment or future management

A search fee is to be charged where:

- the applicant subsequently advises that a report/record is no longer required.
- where a thorough search has ascertained that the patient has never attended the hospital for that episode of illness.
- for Motor Accident and Comcare medical certificates completed other than at the time of consultation.
- the fee also applies to requests for information on date or time of birth.

4. Medical Records Department

Preparation of a report by the Medical Records Department as part of its medico-legal responsibilities	\$107.92	\$118.70
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5. Health Professional Reports

(a) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by the Health and Community Care Service requiring no further examination of the patient	\$161.40	\$177.50
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(b) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by the Health and Community Care Service who has not previously treated the patient and no further examination is required.	\$187.58	\$206.35
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(c) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by the Health and Community Care Service where a re-examination is required.	\$214.83	\$236.30
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(d) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by the Health and Community Care Service who has not previously treated the patient and where an examination is required.	\$268.30	\$295.15
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6. Clinical Notes provided to patient's solicitor

(a) Upon receipt of written consent from the patient for the solicitor to have copies of all or part of the clinical notes - Provision of a copy of the medical record or part thereof, e.g. continuation notes, pathology reports and charts.	\$118.41	\$130.25
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7. Clinical Notes provided to insurer

(a) Upon written consent from the patient allowing the insurer to have copies of all or part of their clinical notes and indicating their awareness of the possible inclusion of confidential medical information irrelevant to the claim - Provision of a copy of the medical record, or part thereof, e.g. continuation notes, pathology reports and charts.	\$118.41	\$130.25
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**N. Pathology**

Coronial post mortems	\$198.06	\$217.85
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**O. Dental Services**

Group 0: Examinations/Diagnostic

011	Initial Exam (Min. \$20 for Course of Treatment)	\$4.00	n/a
011A	Initial & Restorative Referral Scheme Exam	\$7.50	n/a
012	Periodic Exam	\$3.50	n/a
013a	Emerg Exam (Min. \$20: Restorative Emergencies) - Use 915 for Weekend	\$20.00	n/a
013b	Pros Emergency Visit	\$20.00	n/a
013	Emerg Exam For Child & Youth Only	No Fee (M'ship Required)	n/a

014	Consult (incl Exam)	\$4.00	n/a
015	Consult Ext + 30 (incl Exam)	\$10.50	n/a
016	Consult by Ref (incl Exam)	\$11.50	n/a
017	Consult by Ref Ext +30 (incl Exam)	\$14.00	n/a
018	Written Report	\$4.00	n/a
019	Letter of Referral	\$1.50	n/a
021	Complete intraoral series of radiographs (10 films or more, including bitewings)	\$14.50	n/a
022	X-Ray -1 film PA or BW	\$3.50	n/a
025	Intraoral radiograph - occlusal, maxillary or mandibular - single film	\$5.00	n/a
031	Extraoral radiograph - maxillary and/or mandibular - single film	\$5.50	n/a
051	Biopsy of Tissue	\$9.50	n/a
061	Pulp Vitality Test	No Fee For Service	n/a
071	Diagnostic cast	\$5.00	n/a
Group 1: Preventative Services			
111	Plaque Removal	\$4.00	n/a
113	Recontour rest'n (existing)	\$7.50	n/a
114	Calculus (supra & subging.) & Plaque Removal 1st visit	\$9.00	n/a
115	Calculus (supra & subging.) & Plaque Removal Addit. visit	\$9.50	n/a
121	Fluoride - Topical	\$3.00	n/a
141	Oral Hygiene Instr. (if more than 10 mins.)	\$4.00	n/a
151	Mouthguard (incl model)	\$77.50	n/a
161	Fissure Sealant	\$5.50	n/a
165	Apply Desensitising Agent	\$2.00	n/a
182	Concentrated flouride, application - single tooth	\$4.00	n/a
Group 2: Periodontics			
213	Acute Perio Infection TMT	\$5.50	n/a
222	Root Planing & Curretage (per 8 or less teeth)	\$11.00	n/a
225	Non-surgical periodontal treatment not otherwise specified - per visit	\$8.00	n/a
231	Gingivectomy, per segment of 8 teeth or less	\$16.00	n/a
232	Periodontal flap surgery, per segment of 8 teeth or less	\$23.00	n/a
233	Osseous surgery, per segment of 8 teeth or less	\$19.00	n/a
241	Root resection	\$19.00	n/a
245	Periodontal surgery involving one tooth	\$10.00	n/a
246	Papillectomy	\$6.00	n/a
Group 3: Oral Surgery			
311	Extraction - perm tooth	\$10.00	n/a
313	Extraction - deciduous tooth	\$6.50	n/a
316	Extraction - Additional tooth near 311/313/316	\$6.50	n/a

321	Surgical Extraction-Simple	\$21.50	n/a
324	Surgical Extraction-Complex	\$26.50	n/a
325	Surgical frag - Soft Tissue only	\$12.00	n/a
326	Surgical frag -bone	\$16.00	n/a
329	Non-routine post-operative treatment - per visit	No Fee For Service	n/a
331	Alveolectomy per segment or quadrant	\$11.00	n/a
334	Excision of torus or exostosis	\$30.50	n/a
337	Reduction of fibrous tuberosity	\$36.50	n/a
338	Reduction of flabby ridge per segment	\$13.00	n/a
341	Removal of fibrous hyperplasia	\$12.00	n/a
376	Surgery to salivary gland	\$50.00	n/a
377	Removal or repair of soft tissue (not elsewhere defined)	\$46.00	n/a
378	Surgical removal of foreign body	\$9.50	n/a
379	Marsupialisation of cyst	\$11.00	n/a
386	Splint / reposition tooth	\$20.50	n/a
387	Replantation of tooth	\$31.50	n/a
391	Frenectomy	\$13.00	n/a
392	Incis drain abcess/cyst	\$7.00	n/a
398	Minor soft tissue surgery	\$6.50	n/a
399	Insertion of suture where not integral part of another item	\$6.50	n/a
700	Post Op Check	No Fee For Service	n/a
Group 4: Endodontics			
411	Pulp cap -direct	\$3.00	n/a
412	Pulpotomy - deciduous tooth	\$6.00	n/a
414	Pulpotomy-perm tooth	\$6.00	n/a
A41	Complete Endodontic treatment, incisor or canine tooth	\$35.00	n/a
A42	Complete Endodontic treatment, permolar tooth	\$45.50	n/a
A43	Complete Endodontic treatment, molar tooth	\$56.00	n/a
419	Extirpation of pulp and debridement of root canal(s) - emerg	\$10.50	n/a
431	Periapical curettage	\$31.50	n/a
432	Apicectomy 1 root	\$54.50	n/a
434	Retrograde Rt Fil 1 root	\$42.00	n/a
436	Sealing of perforation	\$42.00	n/a
437	Treatment of external root resorption and repair	\$42.00	n/a
441	Bleaching Non-vital (complete tmt)	\$15.00	n/a
445	Explore blocked rt. canal	\$17.00	n/a
451	Removal of root filling, per canal	\$17.00	n/a
452	Removal of post or post crown	\$25.50	n/a
453	Removing or bypassing fractured endodontic instrument	\$21.00	n/a
454	Preparation of root canal to receive dowel	\$7.00	n/a
455	Endo dressing visit additional	No Fee For Service	n/a
458	Interim therapeutic rct	\$10.50	n/a

#### Group 5: Restorative Services

511	Metallic - 1S -Permanent Posterior	\$9.50	n/a
512	Metallic - 2S -Permanent Posterior	\$11.50	n/a
513	Metallic - 3+S -Permanent Posterior	\$14.50	n/a
514	Metallic/Non-Metallic - 1S - deciduous tooth	\$8.50	n/a
515	Metallic/Non-Metallic - 2S - Perm deciduous tooth	\$10.50	n/a
516	Metallic/Non-Metallic - 3+S - Perm deciduous tooth	\$13.00	n/a
529	Adhesive Cervical GIC/Comp resin (non caries)	\$8.00	n/a
531	Non Metallic 1S - Permanent Posterior	\$9.50	n/a
532	Non Metallic 2S - Permanent Posterior	\$11.50	n/a
533	Non Metallic 3+S - Permanent Posterior	\$14.50	n/a
537	Non Metallic 1S - Anterior	\$10.00	n/a
538	Non Metallic 2S - Anterior	\$12.00	n/a
539	Non Metallic 3+S - Anterior	\$13.50	n/a
571	Recement inlay	\$6.50	n/a
572A	Temp. Restoration	\$5.00	n/a
572B	Temp. Restoration Endo Temp Dressing	No Fee For Service	n/a
573	Temp Crown	\$12.50	n/a
574	Temp Rest'n & Metal band	\$7.50	n/a
575	Pin retention -per pin	\$2.50	n/a
577	Cusp capping - per cusp	\$3.00	n/a
584	Resin lam veneer facing	\$19.00	n/a
597	POST - cast,wrought or preformed	\$9.50	n/a
598	Complex crown -Amalgam	\$17.50	n/a
599	Complex crown - Comp resin	\$19.00	n/a
	Group 6: Crown and Bridge		
611	Resin Jacket crown	\$75.50	n/a
619	Cast gold crown with facing	\$109.50	n/a
651	Recement Crown	\$7.00	n/a
652	Recement bridge or splint	\$8.00	n/a
655	Removal of crown	\$10.50	n/a
656	Removal of bridge or splint	\$10.50	n/a
	Group 7: Prosthodontics		
711	Full Maxillary denture	\$59.50	n/a
712	Full Mandibular denture	\$59.50	n/a
716a	Metal palate or plate (additional to items 711, 712, 719)	\$158.00	n/a
716b	Mesh only	\$130.00	n/a
719	Full Maxillary & Full Mandibular dentures	\$101.50	n/a
721a	Partial max denture - acrylic base1-4 teeth, insert appliance	\$47.00	n/a
721b	Partial max denture - acrylic base, 5-9 teeth inclusive, insert appliance	\$55.50	n/a
721c	Partial max.denture - acrylic base, 10-12 teeth inclusive, insert appliance	\$62.00	n/a
722a	Partial mand denture - acrylic base1-4 teeth, insert	\$47.00	n/a

	appliance		
722b	Partial mand denture - acrylic base, 5-9 teeth inclusive, insert appliance	\$55.50	n/a
722c	Partial mand.denture - acrylic base, 10-12 teeth inclusive, insert appliance	\$62.00	n/a
727a	Partial max denture - cast CO/CR base, 1-4 teeth, insert appliance	\$204.00	n/a
727b	Partial max denture - cast CO/CR base, 5-9 teeth inclusive, insert appliance	\$214.50	n/a
727c	Partial max denture - cast CO/CR base,10-12 teeth inclusive, insert appl.	\$222.50	n/a
728a	Partial mand denture - cast CO/CR base, 1-4 teeth, insert appliance	\$204.00	n/a
728b	Partial mand denture - cast CO/CR base, 5-9 teeth inclusive, insert appl.	\$214.50	n/a
728c	Partial mand denture - cast CO/CR base,10-12 teeth inclusive, insert appl.	\$222.50	n/a
730	Provision of casting	\$163.00	n/a
731	Denture Retainer (each)	\$2.50	n/a
734	Chrome cobalt onlay/backings	\$26.00	n/a
736	Immed. Tooth replace (per tooth)	\$1.00	n/a
737	Resilient Lining in addit'n to new denture	\$11.50	n/a
741A	Adjust complet denture (not new)	\$3.50	n/a
741B	Adjust complet denture (new)	No fee for Service	na
742A	Adjust part denture (not new)	\$3.50	n/a
742B	Adjust part denture (new)	No fee for Service	
743	Reline -Complete denture	\$21.98	\$23.50
744	Reline -Part denture	\$19.98	\$21.50
746A	Remodel - Partial denture - acrylic base, 1-4 teeth	\$36.00	n/a
746B	Remodel - Partial denture - acrylic base, 5-9 teeth	\$49.00	n/a
746C	Remodel - Partial denture - acrylic base, 10-12 teeth	\$55.00	n/a
749	Resilient lining (not new)	\$30.45	\$32.50
753	Clean and polish of denture	\$5.00	n/a
761	Repair - 1 Point	\$7.89	\$8.50
762	Repair - 2 Point	\$15.78	\$17.00
763	Repair - 3 Point	\$23.67	\$25.50
768A	Add tooth due to extraction	\$10.64	\$11.50
768B	Add extra per tooth due to extraction	\$5.54	\$6.00
769a	Repair to metal casting: one point	\$68.50	n/a
769b	Repair to metal casting: each additional point	\$39.00	n/a
771a	Tissue conditioning - one treatment	\$4.50	n/a
771b	Tissue conditioning - two treatments	\$8.50	n/a
771c	Tissue conditioning - three treatments	\$13.50	n/a
776	Impression for denture repair	\$2.50	n/a



Group 8: Orthodontics (When used for an Adult)			
811	Passive removable appliance - one arch	\$29.00	n/a
812	Passive removable appliance - two arches	\$38.50	n/a
821	Active removable appliance - one arch	\$50.00	n/a
822	Active removable appliance - two arches	\$100.00	n/a
823	Functional orthopaedic appliance	\$122.00	n/a
829	Partial banding - one arch	\$155.00	n/a
830	Partial banding - two arches	\$258.50	n/a
831	Full arch banding - one arch	\$235.00	n/a
834	Full arch banding - two arches	\$392.00	n/a
841	Fixed palatal or lingual arch appliance	\$124.00	n/a
843	Rapid maxillary expansion appliance	\$124.00	n/a
845	Space maintainer - fixed	\$41.50	n/a
851	Extra-oral appliance	\$165.50	n/a
871	Orthodontic adjustment	No Fee For Service	n/a
875	Repair removable appliance	\$13.00	n/a
877	Orthodontic extrusion of tooth	\$93.00	n/a
Group 9: General Services			
911	Palliative emergency care	\$4.00	n/a
912	Sedative dressing (emerg)	\$5.50	n/a
915	After hours emergency	\$4.00	n/a
924	Drug prescription	\$2.50	n/a
931	Home visit (additional to other items)	\$4.00	n/a
932	Hospital visit (additional to other items)	\$4.00	n/a
935	Interpreter (per 15 min)	No Fee For Service	n/a
943	Sedation - Inhalation	\$5.00	n/a
949	Load treat under G.A.	\$20.00	n/a
961	Minor Occlusal adjustment	\$5.00	n/a
965	Occlusal splint	\$43.00	n/a
966	Adjust occlusal splint	\$6.00	n/a
981	Splinting & Stabilisation	\$16.50	n/a
Provision for New Dentures			
100	1st Impression (New Denture) Per Impression	\$20.00	n/a
200	2nd Impression (New Denture) Per Impression	\$20.00	n/a
300	Bite (New Denture)	\$20.00	n/a
400	Try In (New Denture)	\$20.00	n/a
500	Re Try (New Denture)	\$20.00	n/a
Group A: Restorative Referral Scheme			
A31	Mucoperiosteal flap to remove tooth or root (322, 323, or 324)	\$21.50	n/a
A41	Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$35.00	n/a
A42	Complete Endodontic treatment, premolar tooth (415,	\$45.50	n/a

	417, 416 & 418)		
A43	Complete Endodontic treatment, molar tooth (415, 417, (2x416 & 2x418)	\$56.00	n/a
A51	Simple filling, not involving proximal surface (av 511, 512, 531, 537 & 521)	\$9.50	n/a
A52	Complex filling, involving proximal surface (Av 513, 538 & 539)	\$12.50	n/a
A53	Full coverage complex restoration, including pins/ or bonding (598)	\$17.00	n/a

#### Child and Youth Membership Fees

Cat A	Standard Annual Fee	\$40.00	n/a
	Maximum Standard Annual Family Fee	\$100.00	n/a
Cat B	Reduced Annual Fee for Low Income Families	\$20.00	n/a
	Maximum Reduced Annual Family Fee	\$50.00	n/a
Cat C	Families Covered by a Concession Card	No Fee For Service	n/a

#### P. Alcohol and Drug Service

1. Service reports supplied to insurance agents and solicitors	per session	\$36.81	\$40.50
2. Methadone dispensed to clients on public methadone program for 6 months or more	per week	\$15.00	n/a

#### Q. Meals on Wheels

Supplied to Red Cross for distribution.	per meal	\$4.82	\$5.30
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#### R. Magnetic Resonance Imaging

Compensable patients, non-eligible patients and research.		An amount equal to the fee specified in respect of that pathology service in the Schedule of Fees listed in the Medicare Benefits Schedule Book as amended from time-to-time.	
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#### S. Disability Services

1. Respite Care Services (per day)			
(a) Under 16 years	per day	\$5.70	n/a
(b) 16-17 years	per day	\$22.10	n/a
(c) 18-20 years	per day	\$23.40	n/a
(d) 21 years and over	per day	\$24.60	n/a

2. Long Term Accommodation Fees			
(a) Under 16 years	per fortnight	\$80.15	n/a
(b) 16-17 years	per fortnight	\$309.20	n/a
(c) 18-20 years	per fortnight	\$327.80	n/a
(d) 21 years and over	per fortnight	\$345.00	n/a

3. Integrated day service (aCe Link)			
(a) Activities	per session	\$3.10	n/a
		+ consumables	
(b) Leapfrog Outdoor Adventure Program	per day	\$8.20	n/a

### **T. Biomedical Repairs**

Repairs on equipment and advice/training provided during:

1. Core Hours	per hour	\$91.16	\$100.30
		+ parts	+ parts
2. After Hours	per hour	\$118.41	\$130.25
		+ parts	+ parts

## U. Community Rehabilitation Program

### 1. Independent Living Centre

(a) Appointment fee for compensible injury/illness and or work related injury/illness			
i) Assisted appointment and report writing	per hour	\$81.75	n/a
ii) Non attendance at appointment		\$11.85	\$13.05
(b) Unassisted appointments - service provided by staff member of another organisation			
i) Unassisted appointment under 1.5 hour	per hour	\$27.30	\$30.05
(c) Education and/or Training (for student groups private and public sector staff groups)			
i) Per facilitator - business hours	per hour	\$47.04	\$51.75
ii) Per facilitator - after hours	per hour	\$71.58	\$78.75
(d) Second hand register (referral service)			
i) for items over \$500		\$15.75	\$17.35
ii) for items under \$500		\$7.36	\$8.10
iii) for more than 1 item		\$15.75	\$17.35
(e) Consultancy fee for commercial advisory services (including travel)			
(i) Consultancy Fee	per hour	\$81.75	\$89.95

### 2. Equipment Loan Service

(a) Default on loan agreements		Cost of replacement + 10% admin charge (\$150 max.)	Cost of replacement + 11% admin charge (\$165 max.)
(b) Hire of pressure care products			
i) Pressure Relief Mattress or Overlay Hire	per month	\$81.80	n/a
ii) Pressure Relief Mattress or Overlay Hire – Pensioner Rate	per month	\$40.90	n/a
iii) Pressure Reduction Mattresses and Overlays	per month	\$20.45	n/a

### 3. ACT Equipment Scheme

(a) Continence pads and aids for incontinence	Per carton of continence pads or order of incontinence aids	\$20.00	n/a
(b) Orthopaedic footwear		10% of total cost (\$50 min.)	n/a
(c) Orthoses		10% of total cost (\$20 min.)	n/a
(d) Repairs to ACTES Equipment		1/3 of total cost (\$20 min.)	n/a
(e) Home modifications		\$20.00	n/a
(f) Walking aids		10% of total cost (\$20 min.)	n/a

(g) Equipment and appliances for personal use		10% of total cost (\$20 min.)	n/a
(h) Wigs		\$20.00	n/a
(i) Breast Prostheses		\$20.00	n/a

Notes:

- i) For items other than above a client contribution may be payable direct to supplier
- ii) Cost ceilings apply - excess is paid direct to supplier.
- iii) Only charges levied by ACT Community Care (ACTCC) are listed above, additional costs may be payable to suppliers.
- iv) 'Total cost' above refers to cost of procurement or parts plus labour incurred by ACTCC.

#### 4. Prosthetic and Orthotic Services

(a) New prostheses or repairs for compensible clients	per hour	\$81.75 + components	n/a
(b) New prostheses or repairs for non compensible clients not holding concession cards (cost ceilings apply)	per hour	15% of total cost (\$200pa max.)	n/a
(c) New orthoses	per hour	\$81.75	n/a
(d) Repairs to Orthoses	per hour	\$81.75 + components	\$89.95 + components
(e) Rehabilitation engineering maintenance/modification on equipment and advice/training	per hour	\$60.00 + components	\$66.00 + components
(f) Community Medical Officer			
i) Consultation not covered by concession card	per hour	\$98.00	\$107.80
(g) Driver Rehabilitation Service			
i) Initial Assessment	per hour	\$55.00	n/a
ii) Initial Assessment- Compensible		\$850.00	\$935.00
iii) Lesson	per hour	\$50.00	\$55.00
iv) Lesson- Compensible	per hour	\$65.00	\$71.50
v) Re-assessment	per hour	\$50.00	n/a
vi) Re-assessment- compensible		\$400.00	\$440.00

Notes:

- i) Cost ceilings apply to certain items - excess costs born by client
- ii) 'Total cost' above refers to cost of procurement or parts plus labour incurred by ACTCC.

#### V. Scientific Services

provided to:

1. Other than the ACT Coroner's Office	per hour	\$116.60	\$128.25
2. ACT Coroner's Office (Attorney-General's Dept)	per matter	\$742.00	\$816.20

#### W. Audiometry

Adult Hearing Tests	per consultation	\$27.60	n/a
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## **X. Other ACT Community Care Fees**

### Education and/or Training

1. Per facilitator - business hours	per hour	\$47.04	\$51.75
2. Per facilitator - after hours	per hour	\$71.58	\$78.75

### Community Health Care Program

3. Chronic pain management course for compensation clients	per hour	\$30.68	\$33.75
4. Nursing education - business hours	per hour	\$60.00	\$66.00
5. Nursing education - after hours	per session	\$90.00	\$99.00
6. Sale of infection control manual	per manual	\$62.88	\$69.15
7. Podiatric surgery (materials)	per intervention	\$32.72	\$36.00
8. Simple innersoles	per pair	\$22.50	n/a
9. Accommodative	per pair	\$85.90	n/a
10. Rigid innersoles	per pair	\$194.30	n/a
11. Day care meals	per meal	\$5.10	n/a
12. Pressure relief mattress or overlay hire	per month	\$81.80	n/a
13. Pressure relief mattress or overlay hire – pensioner rate	per month	\$40.90	n/a
14. Pressure reduction mattresses and overlays	per month	\$20.45	n/a
15. Cushion hire	per month	\$20.45	\$22.50
16. Consultation for nurses in private hospitals	per hour	\$59.31	\$65.25
17. Home nursing	per hour	\$59.30	n/a
18. Consultation overseas clients	per hour	\$59.30	n/a

### Child, Youth & Women's Health Program

19. Copies of mammograms	per set	\$27.25	\$30.00
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## **Y. Pharmaceutical Co-payment**

Collection of a co-payment for medications or pharmaceuticals dispensed from hospital for:

1. General non-inpatient	per item	\$15.00	n/a
2. Concessional non-inpatient	per item	\$3.50	n/a