Health and Community Care Services – Determination of Fees (Annual Review) 2002

Disallowable Instrument DI2002-97

made under the

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

- 1. I revoke Determination of Fees and Charges DI2002-40.
- 2. I make the following determination to take effect from 1 July 2002.

Jon Stanhope MLA Minister for Health

Date 18 June 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;

After Hours means the hours outside of 'Business Hours'.

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:

Business Hours means the hours between 8:00am and 5:00pm Monday to Friday, excluding public holidays.

cognitive behavioural therapy program means a service of The Canberra Hospital's Pain Management Unit for the purpose of educating a patient to self-manage pain;

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 for 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;

coping and lifeskills program means a service of The Canberra Hospital's Pain Management Unit for the psychological management of comorbid depression and anxiety;

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;

exercise program means a service of The Canberra Hospital's Pain Management Unit to increase mobility and wellbeing;

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)*;

Multidisciplinary assessment means a service of The Canberra Hospital's Pain Management Unit made up of individual multidisciplinary consultations (physiotherapy, occupational therapy, psychology, nursing, medical assessment) case-conference, patient feedback, documentation and advice;

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, Occupational Therapy or a Pain Management 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 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 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)*;

psychology assessment means a service of The Canberra Hospital's Pain Management Unit for a psychological appraisal of patients suffering chronic pain;

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,(b) in a single room, otherwise than at the	per day	\$242.00	n/a
patients request, (c) in a single room at the patients	per day	\$242.00	n/a
request.	per day	\$418.00	n/a
2. If the patient is a compensable patient or a non-eligible person.	per day	\$745.00	n/a
B. Hospital Accommodation Fees – Day Ca If the patient is a private patient and is provided with:	re Patients		
1. Type-B professional attention as determined under paragraph 4B(a) of the <i>Commonwealth National Health Act</i> 1953,	per day	\$174.00	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	\$197.00	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	\$217.00	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	\$242.00	n/a
C. Hospital Accommodation Fees – Nursing	g Home Type P	atients	

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,
(b) a private patient.

per day
\$11.05
per day
\$108.35

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

(a) a hospital patient, nil n/a

n/a

n/a

(b) a private patient.	per day	\$77.30	n/a
D. Hostel FeesHostel Accommodation Fees	per day	\$23.65	n/a
E. Accommodation where the person is of Whether the accommodation is in a hospital or a nursing home or a hostel:	ther than a patie	nt	
1. On wards	per day	\$6.08	\$6.69
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	\$26.50	\$29.15
(b) second person	per day	\$13.00	\$14.30
(c) children 12 years and under (maximum of two persons including children per room)	per day	\$6.50	\$7.15
(d) family rooms (3 persons)	per day	\$47.50	\$52.25
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	\$19.00	\$20.90
(b) second person	per day	\$11.00	\$12.10
(c) children 12 years and under (maximum of two persons including children per room)	per day	\$6.50	\$7.15
(d) family rooms (3 persons)	per day	\$37.00	\$40.70

F. Fees for Professional Services other than the Pathology Service

These do not apply in relation to:

- 1. a professional service provided 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.

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 professional service in the Schedule of Fees listed in the Medicare Benefits Schedule Book as amended from time-totime.

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-totime

H. Outpatient Service Fees

Compensable non-inpatients and non-eligible persons:

1. First visit	per visit	\$126.80	n/a
2. Second and subsequent visits.	per visit	\$83.70	n/a

I. Physiotherapy and Occupational Therapy

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

First and subsequent visit.	per visit	\$83.70	n/a

J. Patient's Personal Laundry

Patients at Nursing Homes per day \$1.30 n/a

K. Mass Vaccinations Where there is a contract/agreement to vaccinate work groups against:	_	0.66.60	,
1. Hepatitis A	per vaccine	\$66.60 \$19.40	n/a
2. Hepatitis B3. Influenza	per vaccine per vaccine	\$19.40 \$22.60	n/a n/a
4. Other (Adult Diphtheria Tetanus,	per vacenie	\$22.00	11/ a
Measles Mumps Rubella, Rubella, Sabin)	per vaccine	\$10.80	n/a
L. Facilities Hire1. The Canberra Hospital			
(a). Use of theatrette (after hours)	per hour	\$124.62	\$137.10
2. ACT Community Care - Conference, Meeting and Group Rooms			
(a). Commercial Use			
(i) Non-Health Related	per hour	\$24.11	\$26.50
(ii) Sessional Health Related	per hour	\$16.77	\$18.45
(b). Community Use			
(i) Non-Health Related	per hour	\$16.77	\$18.45
(ii) Health Related	per hour	\$12.58	\$13.85
3. ACT Community Care - Theatrette	per hour	\$71.27	\$78.40
M. Medical Records and Health Reports1. Medical Practitioner Reports			
(a). Preparation of a medical report by a treat practitioner appointed to or employed by the Community Care Service requiring no furth examination of the patient.	e Health and	\$165.44	\$182.00
(b) Preparation of a medical report by a med practitioner appointed to or employed by the Community Care Service who has not prevent patient and no further examination of the required.	e Health and iously treated	\$192.27	\$211.50
(c) A report made by a treating medical pra- appointed to or employed by the Health and Care Service where a re-examination is requ	l Community	\$220.20	\$242.22
(d) A report made by a treating medical pra appointed to or employed by the Health and Care Service who has not previously treated and where an examination is required.	l Community	\$275.01	\$302.50

2. Health records required to be produced by subpo	ena	
(a) Where at least 5 days notice is given for the production of the record to the Court	\$48.32	\$53.15
(b) Where less than 5 days notice is given.	\$80.54	\$88.60
3. Search Fees	\$33.27	\$36.60
Other than requests made by a party concerned with patient's continued treatment or future management		
 A search fee is to be charged where: the applicant subsequently advises that a report/ is no longer required. where a thorough search has ascertained that the patient has never attended the hospital for that e of illness. for Motor Accident and Comcare medical certific completed other than at the time of consultation. the fee also applies to requests for information or time of birth. 	e pisode icates	
4. Medical Records Department		
Preparation of a report by the Medical Records Department as part of its medico-legal responsibility	\$110.62 ties	\$121.70
5. Health Professional Reports		
(a) Preparation of a report by a treating health professional, other than a medical practitioner, app to or by the Health and Community Care Service requiring no further examination of the patient	\$165.44 ointed	\$182.00
(b) Preparation of a report by a treating health professional, other than a medical practitioner, app		\$211.50

(c) Preparation of a report by a treating health	\$220.20	\$242.20
1 3 6	•	*
professional, other than a medical practitioner, appointed		
to or by the Health and Community Care Service where a		
re-examination is required.		

to or by the Health and Community Care Service who has

not previously treated the patient and no further

examination is required.

profes to or b not pro	eparation of a report by a treating health sional, other than a medical practitioner, appointed by the Health and Community Care Service who has eviously treated the patient and where an anation is required.	\$275.01	\$302.50
6. Clin	nical Notes provided to patient's solicitor		
the sol	on receipt of written consent from the patient for icitor to have copies of all or part of the clinical. Provision of a copy of the medical record or part f, e.g. continuation notes, pathology reports and	\$121.37	\$133.50
7. Clin	nical Notes provided to insurer		
insurer and inconfid Provis	on written consent from the patient allowing the r to have copies of all or part of their clinical notes dicating their awareness of the possible inclusion of ential medical information irrelevant to the claim - ion of a copy of the medical record, or part thereof, entinuation notes, pathology reports and charts.	\$121.37	\$133.50
	chology ial post mortems	\$203.01	\$223.30
O. De	ntal Services		
011	Group 0: Examinations/Diagnostic Initial Exam (Min. \$20 for Course of Treatment)	\$4.50	n/a
011A	Initial & Restorative Referral Scheme Exam	\$8.00	n/a
012	Periodic Exam	\$4.00	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	n/a
014	·	Required) \$5.50	n/a
014	Consult (incl Exam) Consult Ext + 30 (incl Exam)	\$10.50	n/a
015	Consult by Ref (incl Exam)	\$10.50	n/a
017	Consult by Ref Ext +30 (incl Exam)	\$14.50	n/a
018	Written Report	\$4.00	n/a
019	Letter of Referral	\$2.00	n/a
021	Complete intraoral series of radiographs (10 films or more, including bitewings)	\$15.00	n/a
022	X-Ray -1 film PA or BW	\$4.00	n/a
025	Intraoral radiograph - occlusal, maxillary or	\$5.00	n/a
031	mandibular - single film Extraoral radiograph - maxillary and/or mandibular - single film	\$6.00	n/a

051	Biopsy of Tissue	\$10.50	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	\$5.00	n/a
113	Recontour rest'n (existing)	\$8.00	n/a
114	Calculus (supra & subging.) & Plaque Removal 1st	\$9.50	n/a
	visit		
115	Calculus (supra & subging.) & Plaque Removal	\$9.50	n/a
	Addit. visit		,
121	Fluoride - Topical	\$3.00	n/a
141	Oral Hygiene Instr. (if more than 10 mins.)	\$4.00	n/a
151	Mouthguard (incl model)	\$81.50	n/a
161	Fissure Sealant	\$6.00	n/a
165	Apply Desensitising Agent	\$2.50	n/a
182	Concentrated flouride, application - single tooth	\$4.00	n/a
212	Group 2: Periodontics	Φ.ζ. 0.0	1
213	Acute Perio Infection TMT	\$6.00	n/a
222	Root Planing & Currettage (per 8 or less teeth)	\$11.50	n/a
225	Non-surgical periodontal treatment not otherwise specified - per visit	\$8.50	n/a
231	Gingivectomy, per segment of 8 teeth or less	\$16.50	n/a
232	Periodontal flap surgery, per segment of 8 teeth or	\$10.30 \$24.00	n/a
232	less	\$24.00	11/ a
233	Osseous surgery, per segment of 8 teeth or less	\$19.50	n/a
241	Root resection	\$19.50 \$19.50	n/a n/a
245	Periodontal surgery involving one tooth	\$10.50	n/a
246	Papillectomy	\$6.00	n/a
240	1 apinectomy	ψ0.00	11/α
	Group 3: Oral Surgery		
311	Extraction - perm tooth	\$10.50	n/a
313	Extraction - deciduous tooth	\$6.50	n/a
316	Extraction - Additional tooth near 311/313/316	\$7.00	n/a
321	Surgical Extraction-Simple	\$22.50	n/a
324	Surgical Exraction-Complex	\$28.00	n/a
325	Surgical frag - Soft Tissue only	\$12.50	n/a
326	Surgical frag -bone	\$16.50	n/a
329	Non-routine post-operative treatment - per visit	No Fee For Service	n/a
331	Alveolectomy per segment or quadrant	\$11.50	n/a
334	Excision of torus or exostosis	\$31.50	n/a
337	Reduction of fibrous tuberosity	\$38.00	n/a
338	Reduction of flabby ridge per segment	\$13.50	n/a
341	Removal of fibrous hyperplasia	\$12.00	n/a
376	Surgery to salivary gland	\$54.50	n/a
377	Removal or repair of soft tissue (not elsewhere	\$47.50	n/a
	defined)		
378	Surgical removal of foreign body	\$9.50	n/a
	-		

379	Marsupialisation of cyst	\$11.00	n/a
386	Splint / reposition tooth	\$21.50	n/a
387	Replantation of tooth	\$33.00	n/a
391	Frenectomy	\$15.00	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	\$6.50	n/a
	item		
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	\$6.50	n/a
414	Pulpotomy-perm tooth	\$6.50	n/a
A41	Complete Endodontic treatment, incisor or canine tooth	\$39.00	n/a
A42	Complete Endodontic treatment, permolar tooth	\$55.50	n/a
A43	Complete Endodontic treatment, molar tooth	\$72.50	n/a
419	Extirpation of pulp and debridement of root canal(s) -	\$11.50	n/a
	emerg		
431	Periapical curettage	\$33.00	n/a
432	Apicectomy 1 root	\$56.50	n/a
434	Retrograde Rt Fil 1 root	\$44.00	n/a
436	Sealing of perforation	\$44.00	n/a
437	Treatment of external root resorption and repair	\$44.00	n/a
441	Bleaching Non-vital (complete tmt)	\$15.50	n/a
445	Explore blocked rt. canal	\$17.50	n/a
451	Removal of root filling, per canal	\$17.50	n/a
452	Removal of post or post crown	\$26.50	n/a
453	Removing or bypassing fractured endodontic instrument	\$22.00	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	\$11.00	n/a
	Group 5: Restorative Services		
511	Metallic - 1S -Permanent Posterior	\$9.00	n/a
512	Metallic - 2S -Permanent Posterior	\$11.00	n/a
513	Metallic - 3+S -Permanent Posterior	\$13.50	n/a
514	Metallic/Non-Metallic - 1S - deciduous tooth	\$8.50	n/a
515	Metallic/Non-Metallic - 2S - Perm deciduous tooth	\$11.00	n/a
516	Metallic/Non-Metallic - 3+S - Perm deciduous tooth	\$13.50	n/a
529	Adhesive Cervical GIC/Comp resin (non caries)	\$8.50	n/a
531	Non Metallic 1S - Permanent Posterior	\$11.00	n/a
532	Non Metallic 2S - Permanent Posterior	\$14.00	n/a
533	Non Metallic 3+S - Permanent Posterior	\$17.00	n/a
537	Non Metallic 1S - Anterior	\$10.50	n/a
538	Non Metallic 2S - Anterior	\$12.50	n/a
539	Non Metallic 3+S - Anterior	\$14.50	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	\$13.00	n/a
574	Temp Rest'n & Metal band	\$7.50	n/a
575	Pin retentsion -per pin	\$2.50	n/a
577	Cusp capping - per cusp	\$3.00	n/a
584	Resin lam veneer facing	\$19.50	n/a
597	POST - cast, wrought or preformed	\$10.00	n/a
598	Complex crown -Amalgam	\$18.00	n/a
599	Complex crown - Comp resin	\$19.50	n/a
	Group 6: Crown and Bridge		
611	Resin Jacket crown	\$78.50	n/a
619	Cast gold crown with facing	\$126.00	n/a
651	Recement Crown	\$7.50	n/a
652	Recement bridge or splint	\$8.50	n/a
655	Removal of crown	\$11.00	n/a
656	Removal of bridge or splint	\$11.00	n/a
000	removar or orage or spinit	Ψ11.00	II, u
	Group 7: Prosthodontics	.	,
711	Full Maxillary denture	\$66.50	n/a
712	Full Mandibular denture	\$66.50	n/a
716a	Metal palate or plate (additional to items 711, 712, 719)	\$170.00	n/a
716b	Mesh only	\$144.50	n/a
719	Full Maxillary & Full Mandibular dentures	\$119.00	n/a
721a	Partial max denture - acrylic base, 1-4 teeth, insert	\$45.00	n/a
	appliance		
721b	Partial max denture - acrylic base, 5-9 teeth inclusive, insert appliance	\$54.50	n/a
721c	Partial max.denture - acrylic base, 10-12 teeth	\$61.50	n/a
,210	inclusive, insert appliance	ψ01.20	11/ 66
722a	Partial mand denture - acrylic base, 1-4 teeth, insert	\$45.00	n/a
	appliance		
722b	Partial mand denture - acrylic base, 5-9 teeth	\$54.50	n/a
	inclusive, insert appliance		
722c	Partial mand denture - acrylic base, 10-12 teeth	\$61.50	n/a
707	inclusive, insert appliance	#215.00	1
727a	Partial max denture - cast CO/CR base, 1-4 teeth, insert appliance	\$215.00	n/a
727b	Partial max denture - cast CO/CR base, 5-9 teeth	\$224.50	n/a
7270	inclusive, insert appliance	Ψ22 1.5 0	11/ 6
727c	Partial max denture - cast CO/CR base,10-12 teeth	\$231.50	n/a
	inclusive, insert appl.		
728a	Partial mand denture - cast CO/CR base, 1-4 teeth,	\$215.00	n/a
	insert appliance		
728b	Partial mand denture - cast CO/CR base, 5-9 teeth	\$224.50	n/a
	inclusive, insert appl.		

728c	Partial mand denture - cast CO/CR base,10-12 teeth	\$231.50	n/a
734	inclusive, insert appl.	¢20.50	12/2
736	Chrome cobalt onlay/backings Immed. Tooth replace (per tooth)	\$28.50 \$1.00	n/a n/a
737	Resiliant Lining in addit'n to new denture	\$13.00	n/a
741A	Adjust complet denture (not new)	\$3.50	n/a
741A	Adjust complet denture (not new) Adjust complet denture (new)	No fee for Service	na
741B	Adjust part denture (new) Adjust part denture (not new)	\$3.50	n/a
742B	Adjust part denture (not new) Adjust part denture (new)	No fee for Service	11/α
742 D	Reline -Complete denture	\$24.35	\$26.00
744	Reline -Part denture	\$17.80	\$19.00
746A	Remodel - Partial denture – acrylic base, 1-4 teeth	\$37.20	\$40.00
746B	Remodel - Partial denture – acrylic base, 5-9 teeth	\$50.70	\$54.50
746C	Remodel - Partial denture – acrylic base, 10-12 teeth	\$56.72	\$61.00
749	Resilient lining (not new)	\$28.18	\$31.00
753	Clean and polish of denture	\$6.00	n/a
761	Repair - 1 Point	\$7.87	\$8.50
762	Repair - 2 Point	\$16.35	\$17.00
763	Repair - 3 Point	\$24.83	\$17.00
768A	Add tooth due to extraction	\$24.83 \$11.13	\$12.00
768B	Add extra per tooth due to extraction	\$11.13 \$5.54	\$6.00
769a	Repair to metal casting: one point	\$76.00	30.00 n/a
769b	Repair to metal casting: one point Repair to metal casting: each additional point	\$43.00	n/a
7090 771a	Tissue conditioning - one treatment	\$43.00 \$5.00	n/a
771b	Tissue conditioning - one treatment Tissue conditioning - two treatments	\$9.50	n/a
771c	<u> </u>	\$9.30 \$15.00	n/a
776	Tissue conditioning - three treatments		
770	Impression for denture repair	\$3.00	n/a
	Group 8: Orthodontics (When used for an Adult)		
811	Passive removable appliance - one arch	\$30.00	n/a
812	Passive removable appliance - two arches	\$40.00	n/a
821	Active removable appliance - one arch	\$52.00	n/a
822	Active removable appliance - two arches	\$104.00	n/a
823	Functional orthopaedic appliance	\$127.00	n/a
829	Partial banding - one arch	\$161.50	n/a
830	Partial banding - two arches	\$269.00	n/a
831	Full arch banding - one arch	\$244.50	n/a
834	Full arch banding - two arches	\$407.50	n/a
841	Fixed palatal or lingual arch appliance	\$129.00	n/a
843	Rapid maxillary expansion appliance	\$129.00	n/a
845	Space maintainer - fixed	\$43.00	n/a
851	Extra-oral appliance	\$172.00	n/a
871	Orthodontic adjustment	No Fee For Service	n/a
875	Repair removable appliance	\$13.50	n/a
877	Orthodontic extrusion of tooth	\$97.00	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 Flat Fee	n/a
		for GA	
		appointment	
961	Minor Occlusal adjustment	\$5.00	n/a
965	Occlusal splint	\$45.50	n/a
966	Adjust occlusal splint	\$6.00	n/a
981	Splinting & Stabilisation	\$17.50	n/a
	r 8	,	
	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)	\$23.00	n/a
A41	Complete Endodontic treatment, incisor or canine	\$39.00	n/a
	tooth (415 & 417)		
A42	Complete Endodontic treatment, premolar tooth (415,	\$55.50	n/a
	417, 416 & 418)		
A43	Complete Endodontic treatment, molar tooth (415,	\$72.50	n/a
	417, (2x416 & 2x418)		
A51	Simple filling, not involving proximal surface (av	\$10.50	n/a
	511, 512, 531, 537 & 521)		
A52	Complex filling, involving proximal surface (Av 513,	\$13.50	n/a
	538 & 539)		
A53	Full coverage complex restoration, including pins/ or	\$18.00	n/a
	bonding (598)		
~ .	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	\$37.73	\$41.50
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	\$4.94	\$5.43
R. Magnetic Resonance Imaging Compensable patients, non-eligible patients research.	and	specified in pathology Schedule of Fe	efits Schedule
S. Disability Services 1. Respite Care Services (per day)			
(a) Under 16 years	per day	\$5.80	n/a
(b) 16-17 years	per day	\$22.70	n/a n/a
(c) 18-20 years	per day	\$24.00	n/a n/a
(d) 21 years and over	per day	\$25.20	n/a
	1 2		
2. Integrated day service (aCe Link)			
(a) Activities	per session	\$3.20	n/a
		+ consumables	
(b) Leapfrog Outdoor Adventure Program	per day	\$8.40	n/a
T. Biomedical Repairs Repairs on equipment and advice/training			
provided during:			
1. Business Hours	per hour	\$93.44	\$102.80
1. Dusiness from	permean	+ parts	+ parts
2. After Hours	per hour	\$121.37	\$133.50
	P	+ parts	+ parts
		•	4
U. Community Rehabilitation Program			
1. Community – Based Rehabilitation Serv		aial aanaultas	vi o o g
General services to whom fees apply	y and commerc Per hour	ciai consultancy serv \$100.50	
a Community Medical Officer	(half hour	\$100.30	\$111.00
	min)		
b Allied Health Staff	111111)		
i) Appointment		\$83.80	\$93.00
1) 1 ippointment		ψυ3.00	Ψ/3.00

Education and/or (for student groups, private and public sector staff			
groups) ii) Per facilitator – business hours	Per hour (half hour	\$48.20	\$54.00
iii) Per facilitator – after hours	min) Per hour (half hour min)	\$73.40	\$81.00
2. Independent Living Centre	111111)		
(a) Appointment fee for compensible injury	//illness and or	work related inju	ıry/illness
i) Assisted appointment and report writing	Per hour (half hour	\$83.80	n/a
::) Non attendence at annaintment	min)	¢12 10	¢14 00
ii) Non attendance at appointment	: 1 - 1 14- 66	\$12.10	\$14.00
(b) Unassisted appointments - service provii) Unassisted appointment under 1.5hour	Per hour (half hour	\$28.00	\$31.00
(a) Education and/an Training (for student)	min)	and muhlia aaatam	ata ff amazza a)
(c) Education and/or Training (for student g		-	• •
i) Per facilitator - business hours	Per hour (half hour min)	\$48.20	\$54.00
ii) Per facilitator - after hours	Per hour (half hour	\$73.40	\$81.00
(I) Q	min)		
(d) Second hand register (referral service)		Φ1 C 1 O	Ф10.06
i) for items over \$500		\$16.10	\$18.00
ii) for items under \$500		\$7.50	\$9.00
iii) for more than 1 item		\$16.10	\$18.00
(e) Consultancy fee for commercial advisor		• ,	¢02.00
(i) Consultancy Fee	Per hour (half hour min)	\$83.80	\$93.00
	11111)		
3. Equipment Loan Service			
(a) Default on loan agreements		Cost of replacement + 10% admin charge (\$150 max.)	Cost of replacement + 11% admir charge (\$165 max.)
(b) Hire of pressure care products		1114/11.)	1114/11
i) Pressure Relief Mattress or Overlay Hire	per month	\$83.80	n/a
ii) Pressure Relief Mattress or Overlay Hire – Pensioner Rate	per month	\$41.90	n/a
iii) Pressure Reduction Mattresses and Overlays	per month	\$21.00	n/a

4. ACT Equipment Scheme			
(a) Continence pads and aids for	Per carton of	\$20.50	n/a
incontinence	continence pads		
	or order of		
	incontinence aids		
(b) Orthopaedic footwear		10% of total	n/a
		cost (\$51.30	
		min.)	
(c) Orthoses		10% of total	n/a
		cost (\$20.50	
		min.)	
(d) Repairs to ACTES Equipment		1/3 of total	n/a
		cost (\$20.50	
		min.)	
(e) Home modifications		\$20.50	n/a
(f) Walking aids		10% of total	n/a
		cost (\$20.50	
		min.)	
(g) Equipment and appliances for		10% of total	n/a
personal use		cost (\$20.50	
		min.)	
(h) Wigs		\$20.50	n/a
(i) Breast Prostheses		\$20.50	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.

5. Prosthetic and Orthotic Services

J. 11	rostnetie and orthotic services			
(a)	New prostheses or repairs for	Per hour	\$83.80	n/a
	compensible clients	(half hour	+ components	
		min)		
(b)	New prostheses or repairs for non	Per hour	15% of	n/a
	compensible clients not holding	(half hour	total cost	
	concession cards (cost ceilings	min)	(\$205pa max.)	
	apply)			
(c)	New orthoses	Per hour	\$83.80	n/a
		(half hour	+ components	
		min)	_	
(d)	Repairs to Orthoses	Per hour	\$83.80	\$92.20
	-	(half hour	+ components	+ components
		min)	-	-
(e)	Rehabilitation engineering	Per hour	\$61.50	\$67.65
. ,	maintenance/modification on	(half hour	+ components	+ components
	equipment and advice/training	min)	•	•
		,		

(f)	Orthotics assessment for private and compensable clients	Per hour (half hour min)	\$83.80	n/a
6. D	river Rehabilitation Service			
(a)	Initial Assessment – Allied Health	Per hour (half hour min)	\$83.80	n/a
(b)	Initial Assessment- Compensible)	\$871.30	\$958.45
(c)	Lesson	Per hour (half hour min)	\$51.30	\$56.45
(d)	Lesson- Compensible	Per hour (half hour min)	\$66.60	\$73.25
(e)	Re-assessment	Per hour (half hour min)	\$83.80	n/a
(f) Note	Re-assessment- compensible		\$410.00	\$451.00
i) Co ii) ''	ost ceilings apply to certain items - exc Total cost' above refers to cost of pr TCC.			incurred by
7. W	heelchair and Posture Seating			
(a)	ACT Residents, not including		Component	Components

(a)	ACT Residents, not including residential care (covered by concession card)		Component costs	Components costs + 10%
(b)	Clients whom fees apply			
	i) Occupational therapist	Per hour (half hour min)	\$83.80	n/a
	ii) Community Medical Officer	Per hour (half hour min)	\$98.00	n/a
	iii) Technician	Per hour (half hour min)	\$61.50 + Component costs	\$61.50+ Components costs + 10%
	cientific Services ided to:			
	Other than the ACT Coroner's Office (Attorney-	ce per hour	\$120.00	\$132.00
	General's Dept)	per matter	\$761.00	\$837.10
$\mathbf{W}.A$	Audiometry			
Adul	t Hearing Tests	per consultation	\$28.30	n/a

X. Other ACT Community Care Fees

ACT Specialist Scheme			
ACT Specialist Scheme 1. Specialist Scheme		20% of total	n/a
1. Specialist Scheme		costs	11/ a
Education and/or Training		Costs	
1. Per facilitator - business hours	per hour	\$48.22	\$53.05
2. Per facilitator - after hours	per hour	\$73.37	\$80.70
Community Health Care Program	1		
3. Chronic pain management course			
for compensation clients	per hour	\$31.45	\$34.60
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	\$64.45	\$70.90
7. Podiatric surgery (materials)	per	\$33.54	\$36.90
	intervention		,
8. Simple innersoles	per pair	\$23.05	n/a
9. Accommodative	per pair	\$88.05	n/a
10. Rigid innersoles	per pair	\$199.15	n/a
11. Day care meals	per meal	\$5.25	n/a
12. Consultation for nurses in private	mar have	\$60.70	\$66.85
hospitals 13. Home nursing	per hour per hour	\$60.79 \$60.80	\$00.83 n/a
14. Consultation overseas clients	per hour	\$60.80	n/a
14. Consultation overseas enems	per nour	\$00.80	11/ a
Child, Youth & Women's Health Program	1		
15. Copies of mammograms	per set	\$27.93	\$30.70
1 2	1		
Y. Pharmaceutical Co-payment			
Collection of a co-payment for medication	ns or pharmaceutical	l's dispensed fron	n hospital
for:			
1. General non-inpatient	per item	\$15.40	n/a
2. Concessional non-inpatient	per item	\$3.60	n/a
Z. Pain Management Service			
Provide to compensable non-patients and		oatients of the Pai	ın
management Unit of The Canberra Hospit		0045.60	ФОЗО 15
1. Multidisciplinary Assessment	per assessment	\$845.60	\$930.15
2. Cognitive Behavioural Therapy	per program	\$3,587.50	\$3,946.25
Program 3. Coping and Lifeskills Program	nor program	\$359.80	\$395.80
4. Exercise Program	per program per program	\$339.80 \$6.20	\$595.80
5. Psychology Assessment	per assessment	\$162.00	\$178.20
6. Medical assessment and Follow-ups	per assessment	ψ102.00	\$170.20
(a) First visit	per visit	\$184.50	\$202.95
(b) Second and subsequent visits	per visit	\$92.30	\$101.55
7. Physiotherapy and Occupational	F	4- 11-	,
therapy			
(a) First and subsequent visits	per visit	83.70	\$92.05
•	•		

AA. Environmental Health Services

1. Consultation – Business Hours	per hour	\$84.54	\$93.00
2. Consultation – After Hours	per hour	\$103.77	\$114.15
3. Exhumations	per matter	\$300.00	\$330.00