

Health (Fees) Determination 2005 (No 4)*

Disallowable Instrument DI2005-231

made under the

Health Act 1993, s 36 (Determination of Fees)

1. Name of Instrument

This instrument is the *Health (Fees) Determination 2005 (No 4)*.

2. Revocation

This instrument revokes DI2005-209 effective from the day after notification.

3. Commencement

This instrument commences on the day after notification.

4. Determination of fees

I make the following determinations:

(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 Act 1993*;

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:

*Name amended under Legislation Act, s 60

- (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 ACT Health;

Compensable patient means in relation to a hospital, an inpatient of the hospital who in the opinion of the General Manager 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 ACT Health;

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 *Health Professionals Act 2004*;

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 ACT Health 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;

Pathology service means a professional service in respect of which:

- (a) a fee is specified in an item in Pathology Services Category 6 of the Medicare Benefits Schedule Book; or
- (b) a fee is determined by ACT Pathology for testing not specified in the Medicare Benefits Schedule Book;

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 conducted by ACT Health 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, B, C, D and E and 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) 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.

(5) Schedule of Fees

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.

Fee are payable to the provider, by the individual or organisation in receipt of the goods and/or services listed in the schedule.

Simon Corbell MLA
Minister for Health

20 October 2005

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
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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	\$261.00	n/a
(b) in a single room, otherwise than at the patient's request;	per day	\$261.00	n/a
(c) in a single room at the patient's request; or	per day	\$452.00	n/a
(d) Hospital in the Home.	per day	\$157.00	n/a

2. If the patient is a compensable patient or a non-eligible person, and is:

(a) Critical Care;	per day	\$2,020.00	n/a
(b) Inpatient (other than critical care); or	per day	\$816.00	n/a
(c) Hospital in the Home.	per day	\$333.00	n/a

B. Hospital Accommodation Fees – Day Care Patients

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

(a) Type-B professional attention as determined under paragraph 4B(a) of the <i>Commonwealth National Health Act 1953</i> ;	per day	\$189.00	n/a
(b) 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	\$213.00	n/a
(c) 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; or	per day	\$233.00	n/a

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Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(d) 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	\$261.00	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; or	per day	\$34.80	n/a
(b) a private patient.	per day	\$117.65	n/a
2. If the patient has not attained the age of 16 years and is:			
(a) a hospital patient; or		nil	n/a
(b) a private patient.	per day	\$82.85	n/a
D. Hostel Fees			
1. Hostel Accommodation Fee	per day	\$26.50	n/a
2. Group House – Maintenance Fee	per fortnight	\$10.00	n/a
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			
(a) Ronald McDonald Family Room	per day	\$9.55	\$10.50
(b) All other wards	per day	\$7.00	\$7.70
2. In residences – non-IPTAS eligible, others:			
(a) first person;	per day	\$32.00	\$35.20
(b) second and subsequent persons, 5 years and older; or	per day	\$16.00	\$17.60
(c) Each child, under 5 years.	per day	\$7.00	\$7.70

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Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
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3. In residences – IPTAS eligible and Pensioner or a health care card holders:

(a) first person;	per day	\$22.00	\$24.20
(b) second and subsequent persons, 5 years and older; or	per day	\$13.00	\$14.30
(c) Each child, under 5 years.	per day	nil	n/a

F. Incidental Outpatient Charges

1. Dressings	per item	cost of material plus 10%	n/a
2. Waterproof Lining for Plaster Casts	per item	cost of material plus 10%	n/a
3. Diabetic Pneumatic Boot	per item	cost of material plus 10%	n/a

Note: Cost of material is reviewed and set every 6 months to avoid regular fluctuation of prices.

G. Pathology Service Fees

1. Non-Medicare Testing:

(a) BCL-2 Translocation;	per test	\$100.00	n/a
(b) Cystic Fibrosis - Delta F508 mutation;	1 mutation	\$80.00	n/a
(c) Cystic Fibrosis - 36 mutation screen;	36 mutations	\$200.00	n/a
(d) DNA Extraction and Storage;	per test	\$50.00	n/a
(e) IgH & TCR gamma Gene rearrangements;	per test	\$200.00	n/a
(f) HIV Testing;	per test	\$15.00	n/a
(g) ThinPrep Pap Test; or	per test	\$24.00	n/a
(h) Spore Testing.	per ampoule	\$7.50	\$8.25

2. Where the Pathology Service provided involves Inpatient Services:

(a) a Non-Eligible person;	100% of Medicare Benefits Schedule Fee	n/a
(b) a compensable patient;	125% of Medicare Benefits Schedule Fee	n/a
(c) a private patient; or	100% of Medicare Benefits Schedule Fee	n/a

SCHEDULE

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Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)	
(d) a concessional patient.	75% of Medicare Benefits Schedule Fee	n/a	
3. Where the Pathology Service provided involves Outpatient Services:			
(a) an outpatient service;	85% of Medicare Benefits Schedule Fee	n/a	
(b) a Non-Eligible person; or	100% of Medicare Benefits Schedule Fee	n/a	
(c) a compensable patient.	125% of Medicare Benefits Schedule Fee	n/a	
H. Non Eligible or Compensable Outpatient Service Fee			
Compensable non-inpatients and non-eligible persons:			
1. First visit	per visit	\$135.90	n/a
2. Second and subsequent visits	per visit	\$89.70	n/a
I. Pharmaceutical Co-payment			
Collection of a co-payment for medications or pharmaceutical's dispensed from hospital for:			
1. General non-inpatient	per item	\$22.90	n/a
2. Concessional non-inpatient	per item	\$4.60	n/a
Thresholds:			
1. General non-inpatient – Once a patient reaches \$874.90 worth of prescriptions dispensed from hospital in a calendar year, all further prescriptions will be charged at the concessional rate.			
2. Concessional non-inpatient - Once a patient reaches \$239.20 worth of prescriptions dispensed from hospital in a calendar year, all further prescriptions will be supplied at no charge.			
J. Capital Region Cancer Service Fees			
1. Copies of mammograms	per set	\$30.00	\$33.00

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Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
K. Mass Vaccinations			
Where there is a contract/agreement to vaccinate work groups against:			
(a) Hepatitis A;	per vaccine	\$71.40	n/a
(b) Hepatitis B;	per vaccine	\$20.80	n/a
(c) Influenza; or	per vaccine	\$24.30	n/a
(d) Other (Adult Diphtheria Tetanus, Measles Mumps Rubella, Rubella, Sabin).	per vaccine	\$11.60	n/a
L. Facilities Hire			
1. The Canberra Hospital			
(a) Use of theatre (after hours); or	per hour	\$133.50	\$146.85
(b) Use of Seminar Room (after hours, non-health related).	per 4 hour block (min) or part thereof	\$120.00	\$132.00
2. Community Health - Conference, Meeting and Group Rooms			
(a) Commercial Use			
(i) Non-Health Related; or	per hour	\$25.50	\$28.05
(ii) Sessional Health Related.	per hour	\$18.00	\$19.80
(b) Community Use			
(i) Non-Health Related; or	per hour	\$18.00	\$19.80
(ii) Health Related.	per hour	\$14.00	\$15.40
3. Community Health (Moore St Building) - Theatre			
	per hour	\$76.50	\$84.15
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 ACT Health requiring no further examination of the patient;		\$177.50	\$195.25

SCHEDULE

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Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(b) Preparation of a medical report by a medical practitioner appointed to or employed by ACT Health who has not previously treated the patient and no further examination of the patient is required;	\$206.00	\$226.60
(c) A report made by a treating medical practitioner appointed to or employed by ACT Health where a re-examination is required; or	\$235.50	\$259.05
(d) A report made by a treating medical practitioner appointed to or employed by ACT Health who has not previously treated the patient and where an examination is required.	\$294.50	\$323.95
2. Health records required to be produced by subpoena or under notice of non-party production: ^{1&2}		
(a) Where at least 5 days notice is given for the production of the record to the Court; or	\$52.00	\$57.20
(b) Where less than 5 days notice is given.	\$86.00	\$94.60

SCHEDULE

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Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
3. Search Fees		
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:		
(a) the applicant subsequently advises that a report/record is no longer required;		
(b) where a thorough search has ascertained that the patient has never attended the hospital for that episode of illness;		
(c) for Motor Accident and Comcare medical certificates completed other than at the time of consultation; or		
(d) requests for information on date and/or time of birth.	\$35.50	\$39.05
4. Health Professional Reports		
(a) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by ACT Health requiring no further examination of the patient;	\$177.50	\$195.25
(b) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by ACT Health who has not previously treated the patient and no further examination is required;	\$206.00	\$226.60
(c) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by ACT Health where a re-examination is required; or	\$235.50	\$259.05

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(d) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by ACT Health who has not previously treated the patient and where an examination is required.	\$294.50	\$323.95
5. Health records provided to patient's solicitor ^{1&3}		
(a) Upon receipt of written consent from the patient for the solicitor to have copies of all or part of the health records - Provision of a copy of the health record or part thereof, e.g. Clinical notes, continuation notes, pathology reports and charts.	\$130.00	\$143.00
6. Health records provided to insurer ¹		
(a) Upon written consent from the patient allowing the insurer to have copies of all or part of their Health records - Provision of a copy of the health record, or part thereof, e.g. Clinical notes, continuation notes, pathology reports and charts.	\$130.00	\$143.00
Notes:		
1. Where copies are provided these will be in gray scale only.		
2. Deduct any conduct monies received from production fee.		
3. For health records provided to a patient – see the <i>Health Records (Privacy & Access) Act 1997</i> .		
N. Pathology		
Histology testing on coronial post mortems	\$274.00	\$301.40
O. Dental Services		
Group 0 - Examination/Diagnostic		
Comprehensive Oral Exam;	\$6.50	n/a
Periodic Exam;	\$5.00	n/a
Emergency Restorative Course of Care;	\$25.00	n/a
Emergency Prosthodontic Course of Care;	\$25.00	n/a
Consult (incl. Exam);	\$7.00	n/a
Consult Ext + 30 (incl. Exam);	\$11.50	n/a

SCHEDULE

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Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Consult by Ref (incl. Exam);	nil	n/a
Consult by Ref Ext +30 (incl. Exam);	nil	n/a
Letter of Referral;	\$0.00	n/a
X-Ray -1 film PA or BW;	\$5.00	n/a
Intraoral radiograph - occlusal, maxillary or mandibular - single film;	\$7.00	n/a
Extraoral radiograph - maxillary and/or mandibular - single film;	\$8.00	n/a
Caries activity screening test;	\$4.50	n/a
Biopsy of Tissue;	\$14.00	n/a
Pulp Test Per visit;	nil	n/a
Diagnostic cast; or	\$7.00	n/a
Photographic records – intraoral.	\$5.00	n/a
Group 1 - Preventative Services		
Removal of Plaque and / or stain;	\$6.50	n/a
Recontouring - pre existing restoration/s;	\$2.50	n/a
Calculus (supra & subging) & Plaque Removal 1st visit;	\$9.00	n/a
Calculus (supra & subging) & Plaque Removal Addit. Visit;	\$6.50	n/a
Enamel micro- abrasion - per tooth;	\$5.50	n/a
Bleaching, internal - per tooth;	\$31.50	n/a
Bleaching, external - per tooth;	\$28.00	n/a
Fluoride - Topical (including tooth mousse);	\$3.50	n/a
Concentrated fluoride, application single tooth;	\$3.00	n/a
Dietary advice. Analysis and advice;	\$4.00	n/a
Oral Hygiene Instr. (If more than 10 mins.);	\$5.50	n/a
Fissure Sealant - per tooth;	\$5.50	n/a
Apply Desensitising Agent; or	\$3.00	n/a
Odontoplasty - per tooth.	\$5.50	n/a
Group 2 - Periodontics		
Treatment of acute Periodontal Infection;	\$8.00	n/a
Root Planing & Curettage (per 8 teeth or less);	\$15.50	n/a
Non-surgical periodontal treatment not otherwise specified - per visit;	\$12.00	n/a
Gingivectomy (per 8 teeth or less);	\$23.00	n/a
Periodontal flap surgery (per 8 teeth or less);	\$40.50	n/a
Osseous surgery (per 8 teeth or less);	\$48.50	n/a

SCHEDULE

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Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Root resection - per root; or	\$26.00	n/a
Periodontal surgery involving one tooth or an implant.	\$9.00	n/a
Group 3 - Oral Surgery		
Removal of tooth or parts;	\$14.00	n/a
Sectional removal of tooth. Bone removal maybe necessary;	\$19.00	n/a
Surgical removal of tooth or tooth fragment not including bone;	\$24.00	n/a
Surgical removal of tooth or tooth fragment including bone;	\$29.50	n/a
Surgical removal of tooth or tooth fragment requiring both bone and tooth division;	\$37.00	n/a
Alveolectomy per segment;	\$15.00	n/a
Ostectomy;	\$62.00	n/a
Reduction of fibrous tuberosity;	\$21.00	n/a
Reduction of flabby ridge - per segment;	\$12.00	n/a
Removal of fibrous hyperplasia;	\$31.00	n/a
Removal of tumour, cyst or scar;	\$23.00	n/a
Removal of tumour, cyst or scar involving muscle, done or deep tissue;	\$82.00	n/a
Surgery to salivary duct;	\$72.00	n/a
Surgery to salivary gland;	\$24.50	n/a
Removal or repair of soft tissue (not elsewhere defined);	\$23.00	n/a
Surgical removal of foreign body;	\$13.00	n/a
Marsupialization of cyst;	\$43.50	n/a
Surgical exposure to unerupted tooth;	\$37.50	n/a
Reposition tooth / Splint;	\$22.00	n/a
Replantation of /& Splinting of tooth;	\$43.50	n/a
Frenectomy;	\$20.00	n/a
Drainage of abscess or cyst;	\$11.00	n/a
Surgery involving the maxially antrum; or	\$95.50	n/a
Control of reactionary or secondary post operative haemorrhage.	\$7.00	n/a
Group 4 - Endodontics		
Direct pulp capping;	\$4.00	n/a
Pulpotomy;	\$8.50	n/a
Complete Endodontic treatment, incisor or canine tooth (415 & 417);	\$54.00	n/a

SCHEDULE

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Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Complete Endodontic treatment, premolar tooth (415,417,416,& 418);	\$75.50	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418]);	\$99.00	n/a
Extirpation of pulp and debridement of root canal(s) – emerg;	\$15.50	n/a
Resorbable root canal filling - primary tooth;	\$32.00	n/a
Periapical curettage - per root;	\$32.00	n/a
Apicectomy- per root;	\$33.50	n/a
Apical seal - per canal;	\$14.50	n/a
Sealing of perforation;	\$39.50	n/a
Surgical treatment or repair of external root resorption;	\$52.50	n/a
Exploration and/or negotiation of calcified canal -per canal, per visit;	\$12.00	n/a
Removal of root filling, per canal;	\$12.00	n/a
Removal of cemented root canal post or post crown;	\$12.00	n/a
Removing or bypassing fractured endodontic instrument;	\$10.00	n/a
Additional visit for irrigation and/or dressing of the root canal system - per tooth; or	\$12.00	n/a
Interim therapeutic root filling - per tooth.	\$16.00	n/a

SCHEDULE

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Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Group 5 - Restorative Services		
Metallic restoration - 1 surface – direct;	\$11.50	n/a
Metallic restoration - 2 surface – direct;	\$14.50	n/a
Metallic restoration - 3 surface – direct;	\$17.50	n/a
Metallic restoration - 4 surface – direct;	\$21.00	n/a
Metallic restoration - 5 surface – direct;	\$24.00	n/a
Adhesive restoration - 1 surface - Anterior tooth – direct;	\$13.50	n/a
Adhesive restoration - 2 surface - Anterior tooth – direct;	\$16.50	n/a
Adhesive restoration - 3 surface - Anterior tooth – direct;	\$19.00	n/a
Adhesive restoration - 4 surface - Anterior tooth – direct;	\$22.50	n/a
Adhesive restoration - 5 surface - Anterior tooth – direct;	\$26.00	n/a
Adhesive restoration - 1 surface Posterior tooth – direct;	\$14.50	n/a
Adhesive restoration - 2 surface Posterior tooth – direct;	\$18.50	n/a
Adhesive restoration - 3 surface Posterior tooth – direct;	\$23.00	n/a
Adhesive restoration - 4 surface Posterior tooth – direct;	\$27.00	n/a
Adhesive restoration - 5 surface Posterior tooth – direct;	\$30.50	n/a
Provisional (Intermediate / temporary) restoration;	\$5.50	n/a
Provisional (Intermediate / temporary) restoration Endo;	nil	n/a
Metal band;	\$4.50	n/a
Pin restoration -per pin;	\$3.50	n/a
Stainless Steel Crown;	\$34.00	n/a
Cusp capping - per cusp;	\$3.50	n/a
Restoration of an incisal corner - per corner;	\$3.50	n/a
Removal of inlay/onlay;	\$11.00	n/a
Recementing onlay/inlay; or	\$9.00	n/a
Post – direct.	\$17.00	n/a
Group 6 - Crown and Bridge		
Provisional Crown;	\$17.00	n/a
Recement Crown or veneer;	\$10.00	n/a
Recement bridge or splint;	\$11.50	n/a
Removal of crown; or	\$7.00	n/a
Removal of bridge or splint.	\$21.00	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Group 7 - Prosthodontics		
Full Maxillary denture;	\$77.50	n/a
Full Mandibular denture;	\$77.50	n/a
Metal plate or mesh;	\$184.00	n/a
Full Maxillary & Full Mandibular dentures;	\$139.00	n/a
Partial Max Denture - resin base;	\$65.00	n/a
Partial Mand Denture - resin base;	\$65.00	n/a
Partial Max Denture - cast CO/CR base;	\$250.00	n/a
Partial Mand Denture - cast CO/CR base;	\$250.00	n/a
Retainer - per tooth;	nil	n/a
Occlusal rest - per rest;	nil	n/a
Tooth/ Teeth (partial denture);	nil	n/a
Overlays - per tooth;	nil	n/a
Immediate tooth replacement - per tooth;	nil	n/a
Resilient Lining in addition to new denture;	\$20.00	n/a
Wrought Bar;	nil	n/a
Metal Backing - per backing;	nil	n/a
Denture Adjustment (not new);	\$4.00	n/a
Denture Adjustment (new);	nil	n/a
Reline -Complete denture;	\$31.50	n/a
Reline -Part denture;	\$23.00	n/a
Remodel - complete denture;	\$57.00	n/a
Remodel - Partial denture;	\$45.50	n/a
Clean and polish of pre-existing denture;	\$3.50	n/a
Denture base modification;	\$28.50	n/a
Reattaching pre-existing tooth or clasp to denture;	nil	n/a
Replacing/added clasp to denture;	nil	n/a
Repairing broken base of complete denture;	nil	n/a
Repairing broken base of partial denture;	nil	n/a
Added tooth to partial denture to replace an extraction or decoronated tooth;	nil	n/a
Repair to metal casting: one point;	\$85.00	n/a
Tissue conditioning preparatory to impressions - per application;	\$7.00	n/a
Impression for denture repair; or	nil	n/a
Identification.	\$4.00	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Group 7 - Provision for New Dentures (No ADA Item Numbers)		
1st Impression (New Denture) Per Impression;	nil	n/a
2nd Impression (New Denture) Per Impression;	nil	n/a
Bite (New Denture);	nil	n/a
Try In (New Denture); or	nil	n/a
Re Try (New Denture).	nil	n/a
Group 8 - Orthodontics (When Used for an Adult)		
Passive removable appliance - one arch;	nil	n/a
Active removable appliance - one arch;	nil	n/a
Functional orthopaedic appliance;	nil	n/a
Passive fixed appliance;	nil	n/a
Extra-oral appliance ;	nil	n/a
Orthodontic adjustment;	nil	n/a
Repair removable appliance;	nil	n/a
Repair removable appliance - clasp, spring or tooth;	nil	n/a
additional to removable appliance; or	nil	n/a
Relining removable appliance.	nil	n/a
Group 9 - General Services		
Palliative care;	\$5.50	n/a
After hours emergency;	nil	n/a
Travel to provide service;	\$7.50	n/a
Provision of medication/ medicaments;	\$3.00	n/a
Local anaesthesia (diagnosis or pain relief);	\$2.00	n/a
Treatment under G.A.;	\$122.00	n/a
Minor Occlusal adjustment;	\$5.50	n/a
Occlusal splint;	\$60.00	n/a
Adjust occlusal splint;	\$8.00	n/a
Repair/addition - occlusal splint;	\$31.50	n/a
Splinting and stabilization - direct - per tooth;	\$11.00	n/a
Post-operative care not elsewhere included; or	\$8.00	n/a
Treatment not otherwise included.	\$6.00	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Group A - Restorative Referral Scheme (No ADA Item Numbers)		
Complete Endodontic treatment, incisor or canine tooth (415 & 417);	\$54.00	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418); or	\$75.50	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418]).	\$99.00	n/a
Group B - Child & Youth Dental		
Assessment or Screening Examination Visit;	nil	n/a
Standard Annual Fee; or	\$40.00	n/a
Free for families meeting eligibility criteria.	nil	n/a
Group C - Child and Youth Extra Fee Services		
Passive removable appliance - one arch;	\$41.50	n/a
Active removable appliance - one arch;	\$41.50	n/a
Functional orthopaedic appliance;	\$32.50	n/a
Passive fixed appliance;	\$27.00	n/a
Extra-oral appliance;	\$108.00	n/a
Orthodontic adjustment;	nil	n/a
Repair removable appliance;	\$8.50	n/a
Repair removable appliance - clasp, spring or tooth;	\$8.00	n/a
Additional to removable appliance;	\$8.50	n/a
Relining removable appliance; or	\$17.00	n/a
Occlusal splint.	\$30.00	n/a

Note Special Conditions apply below:

1. Total fees charged per year to any Adult Restorative Client, is capped at \$250.00 for all services except Group 7, Prosthodontics and treatment under General Anaesthetic, item 949.
2. Children in care, providing appropriate documentation, are provided with assessment and treatment free of charge.
3. Children screened at school, are screened without charge.
4. Eligible children, under five years of age, are provided with a free examination or screening.
5. Refugee's providing appropriate documentation, have free assessment and treatment for 12 months after the assessment.

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
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6. Methadone/Buprenorphine clients - Clients presenting with appropriate documentation are given free assessment and oral hygiene appointments every six months. Only urgent treatment is provided immediately and normal fees apply. For routine and non-urgent treatment, these clients are placed on the waiting list and normal fees apply.
7. A free assessment session, oral hygiene and treatment planning is available for adult clients with medical conditions that complicate dental treatment, or where dental disease is a significant health risk, on the provision of a letter from a medical practitioner or other appropriate documentation. Eligible conditions include haemophilia; HIV/AIDS; clients at risk of Subacute Bacterial Endocarditis; people with a disability who have complex physical problems or associated medical conditions. Normal fees apply for all other treatment.
8. Eligible, special needs clients, where appropriate documentation is provided from a responsible organisation, to show evidence that they are genuinely in this category, are provided with assessment and initial treatment to restore oral health at no charge.
9. A \$25.00 minimum and maximum fee per initial 'restorative' emergency appointment applies.
10. A minimum \$25.00 fee applies for a denture maintenance course of care.
11. There is no maximum fee for a denture prosthodontic course of care.
12. Repeat treatment on same tooth, same item number, does not attract a fee within 6 months of initial treatment.

P. Alcohol and Drug Service

1. Opioid dispensed to clients on the Opioid Treatment Service for 6 months or more	per week	\$15.00	n/a
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Q. Meals on Wheels

Supplied to Red Cross for distribution	per meal	\$5.30	\$5.83
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R. Medical Imaging Services

1. Services to patients - Copies of films to patients/solicitors/coroner/police/insurers etc.			
(a) 18cm x 24cm sheet;	per sheet	\$5.00	\$5.50
(b) 24cm x 30cm sheet;	per sheet	\$6.00	\$6.60
(c) 35cm x 43cm sheet;	per sheet	\$8.00	\$8.80
(d) 35mm slides;	each	\$7.00	\$7.70
(e) Digital slides;	each	\$2.00	\$2.20

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(f) Laminating;	each	\$2.00	\$2.20
(g) CDs;	each	\$2.00	\$2.20
(h) OPG sheets;	per sheet	\$6.00	\$6.60
(i) DVB Laser Film; and/or	per sheet	\$8.00	\$8.80
(j) Service Fee.	per order processed	\$25.00	\$27.50
2. Radiographer services to coroner			
(a) Monday to Friday;	per hour	\$113.00	\$124.30
(b) Saturday and Sunday;	per hour	\$123.00	\$135.30
(c) Public Holidays;	per hour	\$165.00	\$181.50
(d) Film; and/or	per sheet	see above for rates excluding service fee	
(e) Processing.	per occasion of service	\$40.00	\$44.00
S. Pain Management Service			
Provide to compensable non-inpatients and non-eligible non-inpatients of the Pain management Unit of The Canberra Hospital:			
1. Multidisciplinary Assessment	per assessment	\$884.10	n/a
2. Cognitive Behavioural Therapy Program	per program	\$3,750.80	n/a
3. Coping and Lifeskills Program	per program	\$376.20	n/a
4. Exercise Program	per program	\$6.50	n/a
5. Psychology Assessment	per assessment	\$169.30	n/a
6. Medical assessment and Follow-ups			
(a) First visit; or	per visit	\$192.90	n/a
(b) Second and subsequent visits.	per visit	\$96.50	n/a
7. Physiotherapy and Occupational therapy			
(a) First and subsequent visits.	per visit	\$89.70	n/a
T. Biomedical Repairs			
Repairs on equipment and advice/training provided during:			
1. Business Hours	per hour	\$100.50	\$110.55
		+ parts	+ parts
2. After Hours	per hour	\$130.00	\$143.00
		+ parts	+ parts

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
U. Community Rehabilitation Program			
1. Community – Based Rehabilitation Services			
General services to whom fees apply and commercial consultancy services			
(a) Allied Health Staff			
i) Appointment.		\$89.50	\$98.45
(b) Education and/or Training (for student groups, private and public sector staff groups)			
i) Per facilitator – business hours;	Per hour (half hour min)	\$52.00	\$57.20
or			
ii) Per facilitator – after hours.	Per hour (half hour min)	\$78.50	\$86.35
2. Independent Living Centre			
(a) Appointment fee for clients with third party payer			
i) Assisted appointment and report	Per hour (half hour min)	\$89.50	n/a
writing; or			
ii) Non attendance at appointment.		\$14.00	\$15.40
(b) Unassisted appointments - service provided by staff member of another organisation			
i) Unassisted appointment.	Per hour (half hour min)	\$30.00	\$33.00
(c) Education and/or Training (for private organisations and interstate government staff)			
i) ILC Education; or	per half day	\$65.00	\$71.50
ii) ILC Education.	per full day	\$120.00	\$132.00
(d) Second hand register (referral service)			
i) for items over \$500;		\$18.00	\$19.80
ii) for items under \$500; or		\$8.50	\$9.35
iii) for more than 1 item.		\$18.00	\$19.80
(e) Consultancy fee for commercial advisory services (including travel)			
(i) Consultancy Fee	Per hour (half hour min)	\$90.00	\$99.00
3. Equipment Loan Service			
(a) Default on loan agreements; or		Cost of replacement + 10% admin charge (\$161 max.)	Cost of replacement + 11% admin charge (\$177.10 max.)

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(b) Hire of pressure care products.			
i) Pressure Relief Mattress or Overlay Hire;	per month	\$89.80	n/a
ii) Pressure Relief Mattress or Overlay Hire – Pensioner Rate; or	per month	\$44.90	n/a
iii) Pressure Reduction Mattresses and Overlays.	per month	\$22.40	n/a
4. ACT Equipment Scheme			
(a) Contenance pads and aids for incontinence;	Per carton of contenance pads or order of incontinence aids	\$21.90	n/a
(b) Orthopaedic footwear;		10% of total cost (\$55.00 min.)	n/a
(c) Orthoses;		10% of total cost (\$21.90 min.)	n/a
(d) Repairs to ACTES Equipment;		1/3 of total cost (\$21.90 min.)	n/a
(e) Home modifications;		10% of total cost (\$21.90 min.)	n/a
(f) Walking aids;		10% of total cost (\$21.90 min.)	n/a
(g) Equipment and appliances for personal use;		10% of total cost (\$21.90 min.)	n/a
(h) Wigs; or		\$21.90	n/a
(i) Breast Prostheses Replacement.		\$21.90	n/a

Notes:

1. For items other than above a client contribution may be payable direct to supplier.
2. Cost ceilings apply - excess is paid direct to supplier.
3. Only charges levied by ACT Health are listed above, additional costs may be payable to suppliers.
4. 'Total cost' above refers to cost of procurement or parts plus labour incurred by ACT Health.

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
5. Prosthetic and Orthotic Services			
(a) New prostheses or repairs for compensable clients;	Per hour (half hour min)	\$89.80 + components	n/a
(b) New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings apply);	Per hour (half hour min)	15% of total cost (\$219pa max.)	n/a
(c) New orthoses;	Per hour (half hour min)	\$89.80 + components	n/a
(d) Repairs to Orthoses;	Per hour (half hour min)	\$89.80 + components	\$98.78 + components
(e) Rehabilitation engineering maintenance/modification on equipment and advice/training; or	Per hour (half hour min)	\$66.00 + components	\$72.60 + components
(f) Orthotics assessment for private and compensable clients.	Per hour (half hour min)	\$89.80	n/a
6. Driver Rehabilitation Service			
(a) Initial Assessment – Non compensable;	Per assessment	\$59.00	\$64.90
(b) Initial Allied Health Assessment;	Per assessment	\$629.00	n/a
(c) Initial Assessment Report and Driving Instruction;	Per assessment	\$287.00	\$315.70
(d) Lesson (compensable and non compensable);	Per lesson	\$53.50	\$58.85
(e) Re-assessment – Non compensable;	Per assessment	\$53.50	\$58.85
(f) Allied Health Re-assessment; or	Per assessment	\$269.00	n/a
(g) Re-assessment Report and Driving Instruction.	Per assessment	\$287.00	\$315.70

Notes:

1. Cost ceilings apply to certain items - excess costs borne by client.
2. 'Total cost' above refers to cost of procurement or parts plus labour incurred by ACT Health.

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
7. Wheelchair and Posture Seating			
(a) ACT Residents, not including residential care (covered by concession card); or		Component costs	Components costs + 10%
(b) Clients whom fees apply.			
i) Occupational therapist;	Per hour (half hour min)	\$89.50	n/a
ii) Community Medical Officer; or	Per hour (half hour min)	\$105.00	n/a
iii) Technician.	Per hour (half hour min)	\$66.00	n/a
		+ Component costs	+ (Component Costs + 10%)
V. Health Protection Services			
1. Scientific Services			
(a) Other than the ACT Coroner's Office; or	Per hour	\$128.00	\$140.80
(b) ACT Coroners Office. (Attorney-General's Dept)	Per matter	\$816.00	\$897.60
2. Other			
(a) Consultation - Business Hours;	Per hour	\$90.00	\$99.00
(b) Consultation – After Hours; or	Per hour	\$111.00	\$122.10
(c) Exhumations.	Per matter	\$321.50	\$353.65
W. Audiometry			
Adult Hearing Tests	per consultation	\$30.30	n/a
X. Other Community Health Fees			
1. ACT Specialist Scheme			
(a) Specialist Scheme.		20% of total costs	n/a
2. Community Health Care Program			
(a) Chronic pain management course for compensation clients;	per session	\$33.50	\$36.85
(b) Nursing and Allied Health education - business hours;	per hour	\$64.00	\$70.40
(c) Nursing and Allied Health education - after hours;	per hour	\$96.50	\$106.15

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(d) Nursing and Allied Health education (tertiary standard) - business hours;	per hour	\$150.00	\$165.00
(e) Nursing and Allied Health education (tertiary standard) - after hours;	per hour	\$225.00	\$247.50
(f) Sale of infection control manual;	per manual	\$69.00	\$75.90
(g) Podiatric Nail surgery (materials);	per intervention	\$48.00	\$52.80
(h) Non moulded innersoles;	per pair	\$24.50	n/a
(i) Preformed Foot Orthoses;	per pair	\$48.00	n/a
(j) Custom made Foot Orthoses;	per pair	\$130.00	n/a
(k) Day care meals;	per meal	\$5.50	n/a
(l) Consultation in private hospitals;	per hour	\$65.50	\$72.05
(m) Community Nursing; or	per hour	\$65.50	n/a
(n) Consultation overseas clients.	per hour	\$65.50	n/a
 3. Allied Health Fees			
Compensable non-inpatients and non-eligible clients of Community Health Service:			
(a) First & subsequent visit	per visit	\$89.70	n/a
 4. Other Medical Supplies			
(a) Orthotic Modifications;	per pair	\$10.00	n/a
(b) Foot Files;	per item	\$3.00	\$3.30
(c) Tubigrip - small/med;	per metre	\$3.00	n/a
(d) Tubigrip – large;	per metre	\$10.00	n/a
(e) Resistance Band;	per metre	\$4.00	\$4.40
(f) Exercise Putty;	per container	\$7.00	n/a
(g) Sportstape;	per roll	\$6.00	\$6.60
(h) Undertape;	per metre	\$5.00	\$5.50
(i) Lumbar Roll;	per item	\$17.00	n/a
(j) Neck Roll;	per item	\$16.00	n/a
(k) Collar;	per item	\$10.00	n/a
(l) PFX Probe;	per item	\$20.00	n/a
(m) Vaginal Cone;	per item	\$16.00	n/a
(n) TYOB Book;	per item	\$18.00	\$19.80
(o) TYON Book;	per item	\$18.00	\$19.80
(p) Women's Waterworks Book;	per item	\$10.00	\$11.00

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)	
(q)	Lets Get Things Moving Book;	per item	\$10.00	\$11.00
(r)	One Step at a time Book;	per item	\$20.00	\$22.00
(s)	Parkinson's Disease Book;	per item	\$4.00	\$4.40
(t)	Stroke Survival Guide;	per item	\$12.00	\$13.20
(u)	Hinged Ankle Brace;	per item	\$220.00	n/a
(v)	Fixed Ankle Brace;	per item	\$75.00	n/a
(w)	Limited motion brace (knee);	per item	\$130.00	n/a
(x)	Limited motion brace (elbow);	per item	\$225.00	n/a
(y)	Limited motion brace replacement foam;	per item	\$20.00	n/a
(z)	Orthotics;	per pair	\$40.00	n/a
(aa)	Crutches;	per pair	\$30.00	n/a
(ab)	Crutch Tips and Handles;	per item	\$3.00	n/a
(ac)	Collar Cervical Rigid;	per item	\$80.00	n/a
(ad)	Walking Stick;	per item	\$15.00	n/a
(ae)	Wrist Splint Rigid;	per item	\$20.00	n/a
(af)	Wrist Splint Elastic;	per item	\$36.00	n/a
(ag)	Neoprene Thumb Splints;	per item	\$35.00	n/a
(ah)	Foam Blocks;	per item	\$2.50	\$2.75
(ai)	Coban Small;	per item	\$2.00	n/a
(aj)	Coban Large;	per item	\$5.00	n/a
(ak)	Tubigrip Sizes K;	per metre	\$5.00	n/a
(al)	Pressure Garment - ready made;	per item	at cost	n/a
(am)	Pressure Garment - made to measure;	per item	at cost	n/a
(an)	Paediatric Feeding Consumables;	per item	at cost	n/a
(ao)	Voice Prostheses/consumables;	per item	at cost	n/a
(ap)	Simple Splints; or	per item	at cost	n/a
(aq)	Complex Splints.	per item	at cost	n/a
5. Home Enteral Nutrition Program				
(a)	Equipment Only 0-6 years 11 months;	per week	\$12.00	n/a
(b)	Equipment Only 7-12 years 11 months;	per week	\$12.00	n/a
(c)	Equipment Only 13+ years;	per week	\$12.00	n/a
(d)	Supplementary Feeding 0-6 years 11 months;	per week	\$20.00	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(e) Supplementary Feeding 7-12 years 11 months;	per week	\$35.00	n/a
(f) Supplementary Feeding 13+ years;	per week	\$36.00	n/a
(g) Enteral Feeding 0-6 years 11 months;	per week	\$25.00	n/a
(h) Enteral Feeding 7-12 years 11 months; or	per week	\$40.00	n/a
(i) Enteral Feeding 13+ years.	per week	\$42.00	n/a