# Health (Fees) Determination 2005 (No 6)\*

#### Disallowable Instrument DI2005-298

made under the

Health Act 1993, s 36 (Determination of Fees)

#### 1. Name of Instrument

This instrument is the *Health (Fees ) Determination 2005 (No 6)*.

#### 2. Revocation

This instrument revokes DI2005-231 effective from 1 January 2006.

#### 3. Commencement

This instrument commences on 1 January 2006.

#### 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:

- (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

15.12.05

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
A. Hospital Accommodation Fees – Standa  1. If the patient is a private patient other than a compensable patient or a non-	ard Patients		
eligible person, and is:  (a) in a multiple-bed room;	per day	\$261.00	n/a
<ul><li>(b) in a single room, otherwise than at the patient's request;</li><li>(c) in a single room at the patient's</li></ul>	per day	\$261.00	n/a
request; or (d) Hospital in the Home.	per day per day	\$452.00 \$157.00	n/a n/a
<ul><li>2. If the patient is a compensable patient or a non-eligible person, and is:</li><li>(a) Critical Care;</li><li>(b) Inpatient (other than critical care); or</li><li>(c) Hospital in the Home.</li></ul>	per day per day per day	\$2,020.00 \$816.00 \$333.00	n/a n/a n/a
<b>B.</b> Hospital Accommodation Fees – Day Callf the patient is a private patient and is provided with:	are Patients		
(a) Type-B professional attention as determined under paragraph 4B(a) of the <i>Commonwealth National Health Act</i> 1953;	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

Column 1		Column 2	Column 3
Service		Amount	Amount
		exclusive of	inclusive of
		GST	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 – Nursin	og Homa Tyne	Pationts	
1. If the patient has attained the age of 16	ig Home Type	e i atients	
years and is:			
(a) a hospital patient; or	per day	\$34.80	n/a
(b) a private patient.	per day	\$117.65	n/a
2.164			
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
(b) a private patient.	per day	Ψ02.03	11/ 4
D. Hostel Fees			
1. Hostel Accommodation Fee	per day	\$26.50	n/a
2. Group House – Maintenance Fee	ner		
2. Group House – Maintenance Fee	per fortnight	\$10.00	n/a
	Torungii	Ψ10.00	11/4
E. Accommodation where the person is oth	ier than a pat	tient	
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
	1 3		·
2. In residences – non-IPTAS eligible,			
others:	_		
(a) first person;	per day	\$32.00	\$35.20
(b) second and subsequent persons, 5	per day	\$16.00	\$17.60
years and older; or (c) Each child, under 5 years.	per day	\$7.00	\$7.70
(c) Lucii ciiiia, ander 5 years.	per day	Ψ1.00	Ψ1.10

Column 1		Column 2	Column 3
Service		Amount	Amount
Service		exclusive of	inclusive of
		GST	GST
		351	(if applicable)
			(ii uppiiouoio)
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	n/a
		plus 10%	
3. Diabetic Pneumatic Boot	per item	cost of material	n/a
		plus 10%	
Note: Cost of material is reviewed and set	every 6 months	to avoid regular fl	uctuation
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	1 mutation	\$80.00	n/a
mutation;			
(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;		00% of Medicare	,
		efits Schedule Fee	n/a
(1-) 1-1 + ' - +			
(b) a compensable patient;		25% of Medicare	n/a
<ul><li>(b) a compensable patient;</li><li>(c) a private patient; or</li></ul>	Bene	efits Schedule Fee 00% of Medicare	n/a

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

Column 1		Column 2	Column 3
Service		Amount	Amount
		exclusive of	inclusive of
		GST	GST
			(if applicable)
(d) a concessional patient.	75% of Me	edicare 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	1009	% of Medicare	
	Benefits	Schedule Fee	n/a
(c) a compensable patient.	125%	% of Medicare	
	Benefits	Schedule Fee	n/a
H. Non Eligible or Compensable Outpatien Compensable non-inpatients and non-eligible persons:	t Service Fee		
1. First visit	per visit	\$135.90	n/a
2. Second and subsequent visits	per visit	\$89.70	n/a
<ul><li>I. Pharmaceutical Co-payment</li><li>Collection of a co-payment for medications or for:</li><li>1. General non-inpatient</li><li>2. Concessional non-inpatient</li></ul>	pharmaceutic per item per item	\$23.60 \$4.70	rom hospital n/a n/a

#### Thresholds:

- 1. General non-inpatient Once a patient reaches \$960.10 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 \$253.80 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

Column 1		Column 2	Column 3
Service		Amount	Amount
		exclusive of	inclusive of
		GST	GST (if applicable)
_			(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			
<ul><li>1. The Canberra Hospital</li><li>(a) Use of theatrette (after hours); or</li><li>(b) Use of Seminar Room (after hours,</li></ul>	per hour per 4 hour	\$133.50	\$146.85
non-health related).	block (min) or part thereof	\$120.00	\$132.00
<ul><li>2. Community Health - Conference,</li><li>Meeting and Group Rooms</li><li>(a) Commercial Use</li></ul>			
(i) Non-Health Related; or	per hour	\$25.50	\$28.05
(ii) Sessional Health Related.	per hour	\$18.00	\$19.80
(b) Community Use	1		
(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) - Theatrette	per hour	\$76.50	\$84.15
Building) Theutette	per nour	Ψ70.50	ψ01.13
M. Medical Records and Health Reports  1. Medical Practitioner Reports:			
(a) Preparation of a medical report by a tre practitioner appointed to or employed by A	-		
requiring no further examination of the par		\$177.50	\$195.25

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 reexamination 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. 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:	\$35.50	\$39.05
<ul> <li>(a) the applicant subsequently advises that a report/record is no longer required;</li> <li>(b) where a thorough search has ascertained that the patient has never attended the hospital for that episode of illness;</li> <li>(c) for Motor Accident and Comcare medical certificates completed other than at the time of consultation; or</li> </ul>		
(d) requests for information on date and/or time of birth.		
3. 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;		\$195.25

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) 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;	\$225.50	\$250.05
or	\$235.50	\$259.05
(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
4. Health records provided to patient's solicitor <sup>1&amp;2</sup>		
(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
5. Health records provided to insurer <sup>1</sup>		
<ul><li>(a) Upon written consent from the patient allowing the insurer to have copies of all or part of their Health records</li><li>Provision of a copy of the health record, or part thereof,</li><li>e.g. Clinical notes, continuation notes, pathology reports</li></ul>		
and charts.	\$130.00	\$143.00

## Notes:

- 1. Where copies are provided these will be in grey scale only.
- 2. For health records provided to a patient see the *Health Records (Privacy &* Access) Act 1997.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
		(
N. Pathology	\$274.00	\$201.40
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
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	<b></b>	,
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		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

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
		(II applicable)
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
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		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

Column 1	Column 2	Column 3
Service	Amount	Amount
ex	xclusive of	inclusive of
	GST	GST
		(if applicable)
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	42000	<b></b>
haemorrhage.	\$7.00	n/a
5	·	
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
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

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

Column 1	Column 2	Column 3
Service	Amount	Amount
	exclusive of	inclusive of
	GST	GST
		(if applicable)
<b>Group 5 - Restorative Services</b>		
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
Recrement Crown or veneer;	\$10.00	n/a
Recrement bridge or splint;	\$11.50	n/a
D 1 C	Φ <b>7</b> .00	,

Removal of crown; or

Removal of bridge or splint.

\$7.00

\$21.00

n/a

n/a

Column 1	Column 2	Column 3
Service	Amount	Amount
	exclusive of	inclusive of
	GST	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

Column 1	Column 2	Column 3
Service	Amount	Amount
	exclusive of	inclusive of
	GST	GST
		(if applicable)
	<b>N</b> Y	
Group 7 - Provision for New Dentures (No ADA Item	· ·	1
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	Φ.C. C.O.	,
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

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

Column 1	Column 2	Column 3
Service	Amount	Amount
	exclusive of	inclusive of
	GST	GST
		(if applicable)

Group A - Restorative Referral Scheme (No ADA Item Num Complete Endodontic treatment, incisor or canine tooth (415	nbers)	
& 417); Complete Endodontic treatment, premolar tooth	\$54.00	n/a
(415,417,416,& 418); or Complete Endodontic treatment, molar tooth(415,417[2x416]	\$75.50	n/a
& 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
<b>Group C - Child and Youth Extra Fee Services</b>		
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.

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

Column 1	Column 2	Column 3
Service	Amount	Amount
	exclusive of	inclusive of
	GST	GST
		(if applicable)

- 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
<b>Q. Meals on Wheels</b> Supplied to Red Cross for distribution	per meal	\$5.30	\$5.83
<ul><li>R. Medical Imaging Services</li><li>1. Services to patients - Copies of films to patients/solicitors/coroner/police/insurers etc</li></ul>			
(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

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 s	ee above for rate	es excluding
	S	ervice fee	
(e) Processing.	per occasion		
	of service	\$40.00	\$44.00
S. Pain Management Service Provide to compensable non-inpatients an management Unit of The Canberra Hospir	_	n-inpatients of th	e Pain
1. Multidisciplinary Assessment	per assessment	\$884.10	n/a
2. Cognitive Behavioural Therapy	per program		
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 6. Madical assessment and Fallow upon	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		n/a
7. Physiotherapy and Occupational therapy	per visit	\$70.50	11/ a
(a) First and subsequent visits.	per visit	\$89.70	n/a
<b>T. Biomedical Repairs</b> Repairs on equipment and advice/training provided during:			
1. Business Hours	per hour	\$100.50 + parts	\$110.55 + parts

Column 1		Column 2	Column 3
Service		Amount	Amount
		exclusive of	inclusive of
		GST	GST
			(if applicable)
			11
2. After Hours	per hour	\$130.00	\$143.00
	1	+ parts	+ parts
		1	1
U. Community Rehabilitation Program			
1. Community – Based Rehabilitation Ser	vices		
General services to whom fees apply and co		sultancy services	
(a) Allied Health Staff			
i) Appointment.		\$89.50	\$98.45
(b) Education and/or Training (for studen	nt groups, priva	·	·
i) Per facilitator – business hours;	Per hour (half	or and passing sec	ver souri groups)
or	hour min)	\$52.00	\$57.20
ii) Per facilitator – after hours.	Per hour (half	Ψ02.00	φεγ.=σ
ii) i oi iuoiiiuutoi uitoi iiouis.	hour min)	\$78.50	\$86.35
		Ψ70.50	Ψ00.33
2. Independent Living Centre			
(a) Appointment fee for clients with third p	arty naver		
i) Assisted appointment and report	Per hour (half		
writing; or	hour min)	\$89.50	n/a
ii) Non attendance at appointment.		\$14.00	\$15.40
(b) Unassisted appointments - service provi	ided by staff m	·	
i) Unassisted appointment.	Per hour (half	icinioci or unother	organisation
i) onasisted appointment.	hour min)	\$30.00	\$33.00
(c) Education and/or Training (for private of	organisations a	*	
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)	per run day	Ψ120.00	Ψ132.00
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 advisor	ry services (inc		\$17.00
(i) Consultancy Fee	Per hour (half	Juding traver)	
(1) Consultancy 1 ee	hour min)	\$90.00	\$99.00
	,	\$90.00	\$99.00
3. Equipment Loan Service			
* *		Cost of	Cost of
(a) Default on loan agreements; or			
		replacement	replacement +
		+ 10% admin	11% admin
		charge (\$161	charge (\$177.10
		max.)	max.)

Column 1		Column 2	Column 3
Service		Amount	Amount
		exclusive of	inclusive of
		GST	GST
			(if applicable)
(1) II. C 1 4			
(b) Hire of pressure care products.			
i) Pressure Relief Mattress or Overlay		¢00 00	<b>12</b> /0
Hire; ii) Pressure Relief Mattress or Overlay	per month	\$89.80	n/a
Hire – Pensioner Rate; or	per month	\$44.90	n/a
iii) Pressure Reduction Mattresses and	•	\$44.90	11/ a
Overlays.	per month	\$22.40	n/a
Overlays.	per monun	\$22.40	11/ a
4. ACT Equipment Scheme			
(a) Continence pads and aids for	Per carton of		
incontinence;	continence pads or		
,	order of incontinence	\$21.90	n/a
(b) Orthopaedic footwear;	aids	10% of total	
(b) Orthopaedic footwear,		cost (\$55.00	
		min.)	n/a
(c) Orthoses;		10% of total	II/ W
(c) oranges,		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		10% of total	
personal use;		cost (\$21.90	,
4 N XXII		min.)	n/a
(h) Wigs; or		\$21.90	n/a
(i) Breast Prostheses Replacement.		\$21.90	n/a
Notes:	1	11 1:	1.

- 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.

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

Column 2

Column 3

Serv	vice		Amount exclusive of GST	Amount inclusive of GST (if applicable)
5. Pı	rosthetic and Orthotic Services			
(a)	New prostheses or repairs for	Per hour (half hour min)	\$89.80	,
(b)	compensable clients;	Per hour (half	+ components	n/a
(b)	New prostheses or repairs for non compensable clients not holding	hour min)	15% of	
	concession cards (cost ceilings		total cost	
	apply);		(\$219pa max.)	n/a
(c)	New orthoses;	Per hour (half	\$89.80	
( 1)		hour min)	+ components	n/a
(d)	Repairs to Orthoses;	Per hour (half hour min)	\$89.80	\$98.78
(e)	Rehabilitation engineering	Per hour (half	+ components	+ components
(0)	maintenance/modification on	hour min)	\$66.00	\$72.60
	equipment and advice/training; or		+ components	+ components
(f)	Orthotics assessment for private	Per hour (half		
	and compensable clients.	hour min)	\$89.80	n/a
6 D	river Rehabilitation Service			
(a)	Initial Assessment – Non			
()	compensable;	Per	\$59.00	\$64.90
(b)	Initial Allied Health Assessment;	assessment Per	\$629.00	n/a
(0)	initial Affect Health Assessment,	assessment	\$027.00	II/ a
(c)	Initial Assessment Report and	Dom		
	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	\$269.00	n/a
	ŕ	assessment	·	
(g)	Re-assessment Report and Driving Instruction.	Per	¢207.00	¢215 70
	HISH UCHOH.	assessment	\$287.00	\$315.70
MInte				

Column 1

- 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.

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

Column 2

Column 3

Column 1

Serv	vice		Amount	Amount
			exclusive of	inclusive of
			GST	GST
				(if applicable)
7. W	heelchair and Posture Seating			
(a)	ACT Residents, not including			
( )	residential care (covered by		Component	Components
	concession card); or		costs	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	\$66.00	n/a
	,	hour min)	+ Component	+ (Component
			costs	Costs + 10%)
				ŕ
V. I	<b>Iealth Protection Services</b>			
1. S	cientific Services			
(a)	Other than the ACT Coroner's Office	e; or Per hour	\$128.00	\$140.80
(b)	ACT Coroners Office.			
	(Attorney-General's Dept)	Per matter	\$816.00	\$897.60
2. O	ther			
(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
	Audiometry	4	Ф20.20	,
Adu	lt Hearing Tests p	er consultation	\$30.30	n/a
v	м с чинг			
	Other Community Health Fees			
	CT Specialist Scheme		200/ aftatal	
(a)	Specialist Scheme.		20% of total	<b>12</b> /2
			costs	n/a
2 C	ommunity Health Care Program			
(a)	Chronic pain management			
(a)	course for compensation clients;	per session	\$33.50	\$36.85
(b)	Nursing and Allied Health	per session	\$55.50	\$30.63
(0)	education - business hours;	per hour	\$64.00	\$70.40
(c)	Nursing and Allied Health	per nour	φυ4.υυ	\$70.40
(0)	education - after hours;	per hour	\$96.50	\$106.15
	education - arter nours,	per nour	Ψ/0.50	ψ100.13

Colum			Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST
				(if applicable)
(1)	N . 1 A 11: 1 X 14			
(d)	Nursing and Allied Health education (tertiary standard) -			
	business hours;	per hour	\$150.00	\$165.00
(e)	Nursing and Allied Health	permean	Ψ12 0.00	Ψ102.00
( )	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	per	<b>#40.00</b>	Φ.5.2. 0.0
(1.)	(materials);	intervention	\$48.00	\$52.80
(h)	Non moulded innersoles; Preformed Foot Orthoses;	per pair	\$24.50 \$48.00	n/a
(i) (j)	Custom made Foot Orthoses;	per pair per pair	\$130.00	n/a n/a
(k)	Day care meals;	per meal	\$5.50	n/a
(l)	Consultation in private	per hour	\$65.50	\$72.05
(-)	hospitals;	p er me en	φου.υ σ	φ,=.00
(m)	Community Nursing; or	per hour	\$65.50	n/a
(n)	Consultation overseas clients.	per hour	\$65.50	n/a
	ed Health Fees	11 1: 4 60	· TT 1/1	a :
-	ensable non-inpatients and non-eligi First & subsequent visit	per visit	\$89.70	Service: n/a
(a)	First & subsequent visit	per visit	\$69.70	II/a
4. Oth	er 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	<b>45</b> 00	,
( )		container	\$7.00	n/a
(g)	Sportstape;	per roll	\$6.00 \$5.00	\$6.60 \$5.50
(h)	Undertape; Lumbar Roll;	per metre per item	\$5.00 \$17.00	\$3.30 n/a
(i) (j)	Neck Roll;	per item	\$16.00	n/a
(k)	Collar;	per item	\$10.00	n/a
(1)	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

Column 1			Column 2	Column 3
Service			Amount	Amount
			exclusive of	inclusive of
			GST	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	1		
,	measure;	per item	at cost	n/a
(an)	Paediatric Feeding	1		
	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
(1)	o con-process of process	P		**
5. Hon	ne Enteral Nutrition Program			
(a)	Equipment Only 0-6 years 11			
	months;	per week	\$12.00	n/a
(b)	Equipment Only 7-12 years 11	por woon	Ψ12.00	11/ 44
(~)	months;	per week	\$12.00	n/a
(c)	Equipment Only 13+ years;	per week	\$12.00	n/a
(d)	Supplementary Feeding 0-6	per week	Ψ12.00	11/ 4
(4)	years 11 months;	per week	\$20.00	n/a
	yours if monuis,	per week	Ψ20.00	11/ a

Colum			Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(e)	Supplementary Feeding 7-12		<b>***</b>	,
(0	years 11 months;	per week	\$35.00	n/a
(f)	Supplementary Feeding 13+	nor wools	\$36.00	n/a
(g)	years; Enteral Feeding 0-6 years 11	per week	\$30.00	II/a
(5)	months;	per week	\$25.00	n/a
(h)	Enteral Feeding 7-12 years 11	por woon	Ψ=0.00	
	months; or	per week	\$40.00	n/a
(i)	Enteral Feeding 13+ years.	per week	\$42.00	n/a