

Health (Fees) Determination 2010 (No 2)

Disallowable Instrument DI2010-142

made under the

Health Act 1993, s 192 (Determination of Fees)

1. Name of Instrument

This instrument is the *Health (Fees) Determination 2010 (No 2)*.

2. Revocation

This instrument revokes DI2010-86 effective on 1 July 2010.

3. Commencement

This instrument commences on 1 July 2010.

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 *Victims of Crime (Financial Assistance) Act 1983*;

Act means *Health Act 1993*;

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

Asylum seeker means any person who:

- (a) has a current request for protection that is being assessed by the Commonwealth Government or;

- (b) having been deemed by the Commonwealth as not being owed protection, is seeking either a judicial review through the courts or is making a humanitarian entrant claim.

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;

Clinical intervention means treatment by a nurse, doctor or allied health professional;

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 means in relation to a health service, a patient of the health service who in the opinion of the relevant General Manager of the health service, has elected, or may have, a right to recover from any other person, by way of compensation or damages (including payment in settlement of a claim for compensation or damages), the cost of the service provided in respect of the injury, illness or disease for which he/she received care and treatment. The amount payable will be reduced by the percentage of liability for the illness or injury or disease attributed to the compensable person by the judgement or settlement in accordance with subsection 8(2) of the *Health and other Services (Compensation) Act 1995* (Cwlth).

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;

Eligible Tuberculosis Patient means a person who has been diagnosed with active tuberculosis by a medical specialist based on the patient's presenting signs, symptoms and the results of investigations;

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

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 (Cwlth)*;

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 (Cwlth)*;

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 (Cwlth)* 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 *Health Professionals Regulation 2004*;

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) Investigation, Treatment and Medication for Eligible Tuberculosis Patients

Eligible tuberculosis patients will be provided with screening, investigation, treatment, care and medication free of charge regardless of Medicare eligibility, unless the patient discloses private health insurance or travel insurance in which case a claim will be made against the insurer. If patients with active tuberculosis are deemed to present a risk to the health of the community they will be admitted to hospital for initial treatment. Following this admission, treatment will continue for at least six months, as a non-inpatient and the progress of the patient will be monitored for two years following completion of treatment.

No fees will be charged to eligible tuberculosis patient under section A, B, C, G, H and I listed in the schedule.

(6) Requests made under the *Children and Young People Act 2008*

All requests for information, advice, guidance, assistance, documents, facilities or services relevant to the physical or emotional welfare of children and young people made under section 25 of the *Children and Young People Act 2008* will be provided free of charge.

(7) Public health services for Asylum Seekers

Medicare non-eligible asylum seekers are to be provided full medical care including pathology, diagnostic, pharmaceutical and outpatient services in ACT public hospitals free of charge. This does not apply to non-eligible persons who have a contract with a Visiting Medical Officer.

No fees will be charged to non-eligible asylum seekers under section A, G, H, I and P listed in the schedule.

Medicare non-eligible asylum seekers are also to be given the same access as Health Care Card holders, to public dental and community health services and are to be charged at the concessional rate.

(8) HIV Medication for Medicare Ineligible Patients

Medicare non-eligible patients with HIV are to be provided full medical care including pathology, diagnostic, pharmaceutical and outpatient services in ACT public hospitals free of charge. This does not apply to non-eligible persons who have a contract with a Visiting Medical Officer.

No fees will be charged to non-eligible patients with HIV under section A, G, H, I and P listed in the schedule.

Medicare non-eligible patients with HIV are also to be given the same access as Health Care Card holders, to public dental and community health services and are to be charged at the concessional rate.

(9) 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.

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

Katy Gallagher MLA
Minister for Health

28 June 2010

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 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	\$303.00	n/a
(b) in a single room, otherwise than at the patient's request;	per day	\$303.00	n/a
(c) in a single room at the patient's request; or	per day	\$524.00	n/a
(d) Hospital in the Home.		Fee as specified in agreement between the relevant health fund and The Canberra Hospital	n/a

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

(a) Critical Care;			
(i) Intensive Care Unit;	per day	\$4,523.00	n/a
(ii) Neonatal Intensive Care Unit; or	per day	\$2,480.00	n/a
(iii) Coronary Care Unit.	per day	\$1,300.00	n/a
(b) Inpatient (other than critical care);	per day	\$937.00	n/a
(c) Hospital in the Home; or	per day	\$378.00	n/a
(d) Operating room charges:			
i) If the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation and the patient is not a day only patient; or	per treatment	\$2,357.00	n/a
ii) Other procedures (including day only surgical patients).	per treatment	\$825.00	n/a

SCHEDULE

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Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
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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	\$219.00	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	\$246.00	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	\$270.00	n/a
(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	\$303.00	n/a

C. Hospital Accommodation Fees – Nursing Home Type Patients

1. Hospital patient	per day	\$47.35	n/a
2. Private patient	per day	\$147.15	n/a

D. Hostel Fees

1. Hostel Accommodation Fee	per day	\$36.10	n/a
2. Group House – Maintenance Fee	per fortnight	\$11.60	n/a

SCHEDULE

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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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E. Other Accommodation

1. On wards

(a) Ronald McDonald Family Room.	per day	\$9.55	\$10.50
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2. In residences - Patients

(a) Room Only (Single); or	per day	\$36.30	n/a
(b) Room Only (Double).	per day	\$50.60	n/a

3. In residences – Non Patients

(a) Room Only (Single); or	per day	\$33.00	\$36.30
(b) Room Only (Double).	per day	\$46.00	\$50.60

Note: GST is reduced to 5.5% after 28 consecutive days of stay.

F. Incidental Outpatient Charges

1. Dressings	per item	cost of material plus 10%	n/a
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2. Waterproof Lining for Plaster Casts	per item	cost of material plus 10%	n/a
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3. Diabetic Pneumatic Boot	per item	cost of material plus 10%	n/a
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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) MLPA DNA Testing;	per panel	\$91.50	\$100.65
(b) Sequence Analysis;	per test	\$215.00	\$236.50

(c) Collection fee for collection of research trials that do not have a current agreement (plus freight costs at cost recovery only);	per test	\$23.00 + Freight costs	\$25.30+ Freight costs
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(d) DNA Extraction and Storage;	per test	\$82.00	n/a
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(e) IgH & TCR gamma Gene rearrangements;	per test	\$241.00	n/a
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(f) ThinPrep Pap Test;	per test	\$29.10	n/a
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(g) Spore Testing;	per ampoule	\$10.00	\$11.00
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(h) FiSH - Haematology Oncology;	per test	\$292.00	n/a
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SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(i) Prenatal - Interphase FiSH;	per test	\$292.00	n/a
(j) Collection and transport of specimens for Paternity Testing;	per test	\$35.00	\$38.50
(k) Histology testing on coronial post mortems; or	per post mortem	\$331.00	\$364.10
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; or		125% of Medicare Benefits Schedule Fee	n/a
(c) a private patient.		100% of Medicare Benefits Schedule Fee	n/a
3. Where the Pathology Service provided involves Outpatient Services:			
(a) a non-eligible person;		100% of Medicare Benefits Schedule Fee	n/a
(b) a compensable patient; or		125% of Medicare Benefits Schedule Fee	n/a
(c) other outpatients.		85% of Medicare Benefits Schedule Fee	n/a
H. Non-eligible or Compensable Outpatient Service Fee			
1. First visit	per visit	\$178.00	n/a
2. Second and subsequent visits	per visit	\$116.00	n/a
3. Compulsory Third Party Motor Vehicle Insurance - Continuing Care Program			
(a) Initial Consultation (standard);	per visit	\$73.00	\$80.30
(b) Initial Consultation (complex);	per visit	\$110.00	\$121.00
(c) Initial Consultation Home Visit (standard);	per visit	\$89.00	\$97.90
(d) Initial Consultation Home Visit (complex);	per visit	\$132.00	\$145.20
(e) Review (standard);	per visit	\$61.00	\$67.10
(f) Review (complex);	per visit	\$99.00	\$108.90

SCHEDULE

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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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(g) Review Home Visit (standard); or	per visit	\$89.00	\$97.90
(h) Review Home Visit (complex).	per visit	\$113.00	\$124.30

I. Pharmaceutical Co-payment

Collection of a co-payment for medications or pharmaceutical's dispensed from hospital for:

1. General non-inpatient	per item	\$26.60	n/a
2. Concessional non-inpatient	per item	\$5.40	n/a

Thresholds:

1. General non-inpatient – Once a patient reaches \$1,281.30 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 \$324.00 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	\$36.20	n/a
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K. Staff Vaccinations for Private Purposes

All vaccinations attract a service fee plus the following vaccine cost -

1. Service Fee	per visit	\$12.40	n/a
2. Vaccinations			
(a) ADT;	per vaccine	\$12.00	n/a
(b) Flu;	per vaccine	\$15.20	n/a
(c) Hepatitis A;	per vaccine	\$62.50	n/a
(d) Hepatitis B;	per vaccine	\$19.90	n/a
(e) Hepatitis A & B;	per vaccine	\$54.50	n/a
(f) MMR;	per vaccine	\$27.10	n/a
(g) Meningococcal C;	per vaccine	\$68.00	n/a
(h) Meningococcal A, C, W, Y;	per vaccine	\$37.50	n/a
(i) Rabies;	per vaccine	\$101.50	n/a
(j) Pertussis (Whooping Cough);	per vaccine	\$32.30	n/a
(k) Typhoid;	per vaccine	\$37.50	n/a
(l) Varicella (Chicken Pox);	per vaccine	\$57.50	n/a
(m) Cholera;	per vaccine	\$49.70	n/a
(n) Hepatitis A & Typhoid;	per vaccine	\$113.50	n/a

SCHEDULE

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Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(o) Japanese Encephalitis; or	pack for 3 doses	\$317.95	n/a
(p) Yellow Fever.	per vaccine	\$49.70	n/a
L. Audiometry			
Adult Hearing Tests	per consultation	\$36.70	n/a
M. Medical Records and Health Reports			
1. Medical Practitioner/Health Professional Reports:			
(a) Preparation of a report by a treating medical practitioner/health professional appointed to or employed by ACT Health requiring no further examination of the patient;		\$214.00	n/a
(b) Preparation of a report by a medical practitioner/health professional appointed to or employed by ACT Health who has not previously treated the patient and no further examination of the patient is required;		\$249.00	n/a
(c) A report made by a treating medical practitioner/health professional appointed to or employed by ACT Health where a re-examination is required; or		\$286.00	n/a
(d) A report made by a treating medical practitioner/health professional appointed to or employed by ACT Health who has not previously treated the patient and where an examination is required.		\$355.00	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 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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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:

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|---|---------|-----|
| <ul style="list-style-type: none"> (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. | \$43.00 | n/a |
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3. Health records provided to patient's solicitor ^{1&2}

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| <ul style="list-style-type: none"> (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 materials (blockers and slides), pathology reports and charts. | \$157.00 | n/a |
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4. Health records provided to insurer ¹

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|---|----------|-----|
| <ul style="list-style-type: none"> (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 materials (blockers and slides), pathology reports and charts. | \$157.00 | n/a |
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Notes:

1. Where copies are provided these will be in grey scale unless required by the courts in colour (if available).
2. For health records provided to a patient – see the *Health Records (Privacy and Access) Act 1997*.

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 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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N. Surgical Prostheses

1. Non-eligible (without insurance), self-insured and Compensable patients	per item	At Cost	n/a
2. Private patients	per item	<p>For items with a minimum benefit only, the fee charged will be the minimum benefit amount in accordance with the Current <i>Private Health Insurance (Prostheses) Rules</i>.</p> <p>For items with a maximum and minimum benefit, the maximum charge for these prostheses is the maximum benefit level in accordance with the Current <i>Private Health Insurance (Prostheses) Rules</i>. Reimbursement from health funds above the minimum benefit is at the discretion of health funds.</p>	n/a n/a

Note: *Private Health Insurance (Prostheses) Rules 2007* set out the method for determining the minimum (and maximum) benefits payable for listed prostheses. These rules are made under Section 333-20 of the *Private Health Insurance Act 2007*(Cwlth).

O. Emergency Department Treatment

Non-eligible or Compensable Patients Following administrative registration as a patient all further clinical intervention will be charged.	per visit	\$418.00	n/a
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P. Dental Services

Group 0 - Examination/Diagnostic

Comprehensive Oral Exam;	\$9.00	n/a
Periodic Exam;	\$6.00	n/a
Emergency Restorative Course of Care;	\$35.00	n/a
Emergency Prosthodontic Course of Care;	\$35.00	n/a
Consult (incl. Exam);	\$10.00	n/a
Consult Ext + 30 (incl. Exam);	\$15.00	n/a
Consult by Ref (incl. Exam);	nil	n/a
Consult by Ref Ext +30 (incl. Exam);	nil	n/a
Letter of Referral;	nil	n/a
X-Ray -1 film PA or BW;	\$6.00	n/a
Intraoral radiograph - occlusal, maxillary or mandibular - single film;	\$9.50	n/a
Extraoral radiograph - maxillary and/or mandibular - single film;	\$10.50	n/a

SCHEDULE

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Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Caries activity screening test;	\$5.50	n/a
Biopsy of Tissue;	\$17.50	n/a
Pulp Test Per visit;	Nil	n/a
Diagnostic cast; or	\$9.50	n/a
Photographic records – intraoral.	\$6.00	n/a
Group 1 - Preventative Services		
Removal of Plaque and / or stain;	\$9.00	n/a
Recontouring - pre existing restoration/s;	\$2.50	n/a
Calculus (supra & subging) & Plaque Removal 1st visit;	\$11.50	n/a
Calculus (supra & subging) & Plaque Removal Addit. Visit;	\$9.00	n/a
Enamel micro- abrasion - per tooth;	\$7.00	n/a
Bleaching, internal - per tooth;	\$40.00	n/a
Bleaching, external - per tooth;	\$35.00	n/a
Fluoride - Topical (including tooth mousse);	\$5.00	n/a
Concentrated fluoride, application single tooth;	\$4.00	n/a
Dietary advice. Analysis and advice;	\$5.00	n/a
Oral Hygiene Instr. (If more than 10 mins.);	\$7.00	n/a
Fissure Sealant - per tooth;	\$8.50	n/a
Apply Desensitising Agent; or	\$4.00	n/a
Odontoplasty - per tooth.	\$8.50	n/a
Group 2 - Periodontics		
Treatment of acute Periodontal Infection;	\$10.50	n/a
Root Planing & Curettage (per 8 teeth or less);	\$19.00	n/a
Non-surgical periodontal treatment not otherwise specified - per visit;	\$15.00	n/a
Gingivectomy (per 8 teeth or less);	\$28.50	n/a
Periodontal flap surgery (per 8 teeth or less);	\$50.50	n/a
Osseous surgery (per 8 teeth or less);	\$61.00	n/a
Root resection - per root; or	\$32.00	n/a
Periodontal surgery involving one tooth or an implant.	\$12.00	n/a
Group 3 - Oral Surgery		
Removal of tooth or parts;	\$17.50	n/a
Sectional removal of tooth. Bone removal maybe necessary;	\$24.50	n/a
Surgical removal of tooth or tooth fragment not including bone;	\$30.50	n/a

SCHEDULE

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Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Surgical removal of tooth or tooth fragment including bone;	\$38.50	n/a
Surgical removal of tooth or tooth fragment requiring both bone and tooth division;	\$47.50	n/a
Alveolectomy per segment;	\$18.50	n/a
Ostectomy;	\$77.50	n/a
Reduction of fibrous tuberosity;	\$27.00	n/a
Reduction of flabby ridge - per segment;	\$15.00	n/a
Removal of fibrous hyperplasia;	\$39.00	n/a
Removal of tumour, cyst or scar;	\$29.50	n/a
Removal of tumour, cyst or scar involving muscle, bone or deep tissue;	\$104.50	n/a
Surgery to salivary duct;	\$92.00	n/a
Surgery to salivary gland;	\$31.00	n/a
Removal or repair of soft tissue (not elsewhere defined);	\$29.00	n/a
Surgical removal of foreign body;	\$16.00	n/a
Marsupialization of cyst;	\$54.50	n/a
Surgical exposure to unerupted tooth;	\$121.50	n/a
Reposition tooth / Splint;	\$27.50	n/a
Replantation of /& Splinting of tooth;	\$55.50	n/a
Frenectomy;	\$26.00	n/a
Drainage of abscess or cyst;	\$14.00	n/a
Surgery involving the maxially antrum; or	\$121.50	n/a
Control of reactionary or secondary post operative haemorrhage.	\$9.50	n/a
Group 4 - Endodontics		
Direct pulp capping;	\$5.00	n/a
Pulpotomy;	\$11.50	n/a
Complete Endodontic treatment, incisor or canine tooth (415 & 417);	\$65.00	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418);	\$94.00	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418]);	\$123.00	n/a
Extirpation of pulp and debridement of root canal(s) – emerg;	\$19.00	n/a
Resorbable root canal filling - primary tooth;	\$40.50	n/a
Periapical curettage - per root;	\$40.50	n/a
Apicectomy- per root;	\$42.00	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Apical seal - per canal;	\$17.50	n/a
Sealing of perforation;	\$49.50	n/a
Surgical treatment or repair of external root resorption;	\$65.00	n/a
Exploration and/or negotiation of calcified canal -per canal, per visit;	\$15.00	n/a
Removal of root filling, per canal;	\$15.00	n/a
Removal of cemented root canal post or post crown;	\$15.00	n/a
Removing or bypassing fractured endodontic instrument;	\$13.00	n/a
Additional visit for irrigation and/or dressing of the root canal system - per tooth; or	\$15.00	n/a
Interim therapeutic root filling - per tooth.	\$20.50	n/a
Group 5 - Restorative Services		
Metallic restoration - 1 surface – direct;	\$15.00	n/a
Metallic restoration - 2 surface – direct;	\$18.00	n/a
Metallic restoration - 3 surface – direct;	\$23.50	n/a
Metallic restoration - 4 surface – direct;	\$27.00	n/a
Metallic restoration - 5 surface – direct;	\$30.50	n/a
Adhesive restoration - 1 surface - Anterior tooth – direct;	\$17.00	n/a
Adhesive restoration - 2 surface - Anterior tooth – direct;	\$21.00	n/a
Adhesive restoration - 3 surface - Anterior tooth – direct;	\$25.00	n/a
Adhesive restoration - 4 surface - Anterior tooth – direct;	\$28.50	n/a
Adhesive restoration - 5 surface - Anterior tooth – direct;	\$33.00	n/a
Adhesive restoration - 1 surface Posterior tooth – direct;	\$18.00	n/a
Adhesive restoration - 2 surface Posterior tooth – direct;	\$24.50	n/a
Adhesive restoration - 3 surface Posterior tooth – direct;	\$29.00	n/a
Adhesive restoration - 4 surface Posterior tooth – direct;	\$34.00	n/a
Adhesive restoration - 5 surface Posterior tooth – direct;	\$38.50	n/a
Provisional (Intermediate / temporary) restoration;	\$7.00	n/a
Provisional (Intermediate / temporary) restoration Endo;	nil	n/a
Metal band;	\$5.50	n/a
Pin restoration -per pin;	\$4.50	n/a
Stainless Steel Crown;	\$42.50	n/a
Cusp capping - per cusp;	\$4.50	n/a
Restoration of an incisal corner - per corner;	\$4.50	n/a
Removal of inlay/onlay;	\$14.00	n/a
Recementing onlay/inlay; or	\$12.00	n/a
Post – direct.	\$21.50	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Group 6 - Crown and Bridge		
Provisional Crown;	\$23.00	n/a
Recrement Crown or veneer;	\$13.00	n/a
Recrement bridge or splint;	\$14.50	n/a
Removal of crown; or	\$9.50	n/a
Removal of bridge or splint.	\$27.00	n/a
Group 7 - Prosthodontics		
Full Maxillary denture;	\$112.50	n/a
Full Mandibular denture;	\$112.50	n/a
Metal plate or mesh;	\$215.00	n/a
Full Maxillary & Full Mandibular dentures;	\$201.00	n/a
Partial Max Denture - resin base;	\$91.00	n/a
Partial Mand Denture - resin base;	\$91.00	n/a
Partial Max Denture - cast CO/CR base;	\$319.00	n/a
Partial Mand Denture - cast CO/CR base;	\$319.00	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;	\$24.00	n/a
Wrought Bar;	\$26.00	n/a
Metal Backing - per backing;	\$24.00	n/a
Denture Adjustment (not new);	\$35.00	n/a
Denture Adjustment (new);	nil	n/a
Reline -Complete denture;	\$45.00	n/a
Reline -Part denture;	\$35.00	n/a
Remodel - complete denture;	\$83.00	n/a
Remodel - Partial denture;	\$65.00	n/a
Clean and polish of pre-existing denture;	\$35.00	n/a
Denture base modification;	\$41.50	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	nil	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
decoronated tooth;		n/a
Repair to metal casting: one point;	\$105.00	n/a
Tissue conditioning preparatory to impressions - per application;	\$9.00	n/a
Impression for denture repair; or	nil	n/a
Identification.	\$5.00	n/a
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;	\$7.00	n/a
After hours emergency;	nil	n/a
Travel to provide service;	\$10.50	n/a
Provision of medication/ medicaments;	\$4.00	n/a
Local anaesthesia (diagnosis or pain relief);	\$2.50	n/a
Minor Occlusal adjustment;	\$8.50	n/a
Occlusal splint;	\$76.00	n/a
Adjust occlusal splint;	\$11.50	n/a
Repair/addition - occlusal splint;	\$43.50	n/a
Splinting and stabilization - direct - per tooth;	\$14.00	n/a
Post-operative care not elsewhere included; or	\$10.50	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
Treatment not otherwise included.	\$7.00	n/a
Group A - Restorative Referral Scheme (No ADA Item Numbers)		
Complete Endodontic treatment, incisor or canine tooth (415 & 417);	\$79.50	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418); or	\$94.00	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418]).	\$123.00	n/a
Group B - Child & Youth Dental		
Assessment or Screening Examination Visit;	nil	n/a
Standard fee per course of care; or	\$53.00	n/a
Free for families meeting eligibility criteria.	nil	n/a
Group C - Child and Youth Extra Fee Services		
Passive/Active removable appliance - one arch;	\$52.50	n/a
Functional orthopaedic appliance;	\$41.00	n/a
Passive fixed appliance;	\$34.00	n/a
Extra-oral appliance;	\$134.50	n/a
Orthodontic adjustment;	nil	n/a
Repair removable appliance;	\$12.00	n/a
Repair removable appliance - clasp, spring or tooth;	\$11.50	n/a
Additional to removable appliance;	\$12.00	n/a
Relining removable appliance; or	\$21.00	n/a
Occlusal splint.	\$41.00	n/a

Note Special Conditions apply below:

1. Total fees charged per year to any Adult client, is capped at \$300.00 for all services except:
 - a. Group 7, Prosthodontics;
 - b. Complete Endodontics treatment molar tooth; or
 - c. External Specialist services (clients contribute 20% of the cost based on the estimate given by the private specialist).
2. Children in care (foster care), providing appropriate documentation, are provided with assessment and treatment free of charge.
3. Children screened at school, are screened without charge.

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 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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4. Eligible children, under five years of age who live in the ACT, are provided with a free examination or screening, screening radiographs, dietary advice, oral hygiene instruction, simple cleaning and topical fluoride application.
5. Exemption from fees and charges apply to clients for a range of services identified by Service Level Agreements (SLA) and/or Memorandum of Understanding (MOU's) with other program/agencies.
6. 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.
7. 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.
8. A \$30.00 minimum fee applies for initial 'restorative' emergency appointment applies.
9. A \$30.00 minimum fee applies for a denture maintenance course of care.
10. Repeat treatment on same tooth, same surface and same item number does not attract a fee within 3 months of initial treatment.
11. Repairs to new dentures attract no fee if denture was broken under normal usage within first 12 months.
12. Client presenting with a voucher from Medicare in relation to the Teen Dental Plan will not be charged the standard Course Of Care fee unless they require dental treatment outside of the following items of service; Comprehensive oral exam; Periodic Exam; Consultation; Consultation extended 30 minutes (incl Exam); Consult by referral; Consult (incl. Exam); Consult Ext + 30 (incl. Exam); Consult by Ref (incl. Exam); X-Ray -1 film PA or BW; Intraoral radiograph - occlusal, maxillary or mandibular - single film; Pulp Test Per visit; Removal of Plaque and / or stain; Recontouring - pre existing restoration/s; Calculus (supra & subging) & Plaque Removal 1st visit; Fluoride - Topical (including tooth mousse); Concentrated fluoride, application single tooth; Dietary advice; Analysis and advice; Oral Hygiene Instr. (If more than 10 mins.); Fissure Sealant - per tooth.

Q. Medical Imaging Services

1. Services to patients - Copies of films to patients/solicitors/coroner/police/insurers etc.

(a) 18cm x 24cm sheet;	per sheet	\$6.10	n/a
(b) 24cm x 30cm sheet;	per sheet	\$7.20	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(c) 35cm x 43cm sheet;	per sheet	\$9.70	n/a
(d) 35mm slides;	each	\$8.45	n/a
(e) Digital slides;	each	\$2.45	n/a
(f) Laminating;	each	\$2.45	n/a
(g) CDs;	each	\$2.45	n/a
(h) OPG sheets;	per sheet	\$7.20	n/a
(i) DVB Laser Film; and/or	per sheet	\$9.70	n/a
(j) Service Fee.	per order processed	\$30.00	\$33.00
(k) Non-refundable CT Colonography	each	\$646.00	n/a
(l) Non-refundable Bone Density Scan (DEXA)	each	\$99.50	n/a
(m) Research MRI - Non funded pilot project	each	\$172.00	n/a
(n) Research MRI - Funded project without Radiologist input	each	\$237.00	n/a
(o) Research MRI - PPTF Funded project without Radiologist input	each	\$194.00	n/a
(p) Research MRI - PPTF Funded project with Radiologist input	each	\$301.00	n/a
2. Radiographer services to external agencies			
(a) Monday to Friday;	per hour	\$137.00	\$150.70
(b) Saturday and Sunday;	per hour	\$150.00	\$165.00
(c) Public Holidays;	per hour	\$200.00	\$220.00
(d) Film; and/or	per sheet	see above for rates excluding service fee	
(e) Processing.	per occasion of service	\$48.50	\$53.35
3. Non-rebatable MRI services to outpatients			
(a) MRI	per scan	\$320.00	n/a
(b) MRI – Breast	per scan	\$450.00	n/a
(c) MRI – Breast Core Biopsy	per session	\$347.70	n/a
(d) Non-rebateable Sedation in MRI	each	\$48.20	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(e) Non-rebateable Contrast in MRI	each	\$48.20	n/a
4. Where the Medical Imaging Service provided involves Inpatient Services			
(a) a non-eligible patient;		100% of Medicare Benefits Schedule Fee	n/a
(b) a compensable patient; or		125% of Medicare Benefits Schedule Fee	n/a
(c) a private patient.		100% of Medicare Benefits Schedule Fee	n/a
5. Where the Medical Imaging Service provided involves Outpatient Services			
(a) a non-eligible patient;		100% of Medicare Benefits Schedule Fee	n/a
(b) a compensable patient; or		125% of Medicare Benefits Schedule Fee	n/a
(c) other outpatients.		85% of Medicare Benefits Schedule Fee	n/a
R. 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	\$1,071.00	n/a
2. Cognitive Behavioural Therapy Program	per program	\$4,541.00	n/a
3. Coping and Lifeskills Program	per program	\$455.00	n/a
4. Exercise Program	per program	\$7.85	n/a
5. Psychology Assessment	per assessment	\$206.00	n/a
6. Medical assessment and Follow-ups			
(a) First visit; or	per visit	\$234.00	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(b) Second and subsequent visits.	per visit	\$116.00	n/a
S. Aged Care and Rehabilitation Service			
1. Community – Based Rehabilitation Services			
General services to whom fees apply and commercial consultancy services			
(a) Allied Health Staff			
i) Appointment.		\$61.00	\$67.10
(b) Education and/or Training (for student groups, private and public sector staff groups)			
i) Per facilitator – business hours;	Per hour (half hour min)	\$63.00	\$69.30
or			
ii) Per facilitator – after hours.	Per hour (half hour min)	\$95.00	\$104.50
(c) Maintenance Exercise Therapy session			
	Per session	\$6.00	n/a
2. Independent Living Centre			
(a) Appointment fee for clients with third party payer			
i) Assisted appointment and/or report writing; or	Per hour (half hour min)	\$61.00	n/a
ii) Non attendance at appointment.		\$16.50	\$18.15
(b) Unassisted appointment - service provided by third party agency with ILC facilities used.			
	Per hour (half hour min)	\$36.00	\$39.60
(c) Education and/or Training (for private organisations and interstate government staff)			
i) ILC Education	per half day	\$78.50	\$86.35
ii) ILC Education	per full day	\$144.00	\$158.40
(d) Second hand register			
i) for items over \$500;		\$21.50	\$23.65
ii) for items under \$500; or		\$11.00	\$12.10
iii) for more than 1 item.		\$21.50	\$23.65
(e) Room Hire			
i) Commercial Sector rate;	Per hour (half hour min)	\$30.50	\$33.55
ii) Public Sector and Community rate;	Per hour (half hour min)	\$21.50	\$23.65
or			
iii) Cancellation of Room Hire within seven days of booked date	Based on Hours booked	50% of total booking fee	50% of total booking fee
3. Equipment Loan Service			

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(a) Default on loan agreements;		Retail Price + 10% admin charge	Retail Price (GST inclusive) + 10% admin charge
4. ACT Equipment Scheme			
(a) Continence pads and aids for incontinence;	Per carton of continence pads or order of incontinence aids	\$26.50	n/a
(b) Orthopaedic footwear;		10% of total cost (\$67.00 min.)	n/a
(c) Orthoses;		10% of total cost (\$26.50 min.)	n/a
(d) Repairs to ACTES Equipment;		1/3 of total cost (\$26.50 min.)	n/a
(e) Home modifications;		10% of total cost (\$26.50 min.)	n/a
(f) Walking aids;		10% of total cost (\$26.50 min.)	n/a
(g) Equipment and appliances for personal use;		10% of total cost (\$26.50 min.)	n/a
(h) Wigs; or		\$26.50	n/a
(i) Breast Prostheses Replacement.		\$26.50	n/a
5. Prosthetic and Orthotic Services			
(a) New prosthesis for compensable and private clients - labour;	Per hour (half hour min)	\$61.00	n/a
(b) New prosthesis for compensable and private clients - components		Component Costs	n/a
(c) Repair prosthesis for compensable and private clients- labour	Per hour (half hour min)	\$61.00	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(d) Repair prosthesis for compensable and private clients- components		Component Costs	n/a
(e) New prosthesis, non-compensable and not ALS exempt client – Labour	Per hour (half hour min)	15% of labour cost	n/a
(f) New prosthesis, non-compensable and not ALS exempt client – Components		15% of the total cost of components	n/a
(g) Repair of prosthesis for non compensable clients and not ALS exempt client – Labour	Per hour	15% of labour cost	n/a
(h) Repair of prosthesis for non compensable clients and not ALS exempt – Components	Per hour	15% of the total cost of components	n/a
(i) New orthoses;	Per hour (half hour min)	\$61.00 + components	n/a
(j) Repairs to Orthoses;	Per hour (half hour min)	\$61.00 + components	n/a
(k) Orthotics assessment for private and compensable clients.	Per hour (half hour min)	\$61.00	n/a
6. Driver Rehabilitation Service			
(a) Initial Assessment – Non compensable;	Per assessment	\$198.00	\$217.80
(b) Initial Allied Health Assessment;	Per assessment	\$380.00	n/a
(c) Initial Assessment Report and Driving Instruction;	Per assessment	\$292.00	n/a
(d) Lesson (compensable and non compensable);	Per lesson	\$105.00	\$115.50
(e) Re-assessment – Non compensable;	Per assessment	\$121.00	\$133.10
(f) Allied Health Re-assessment; or	Per assessment	\$292.00	n/a
7. Specialised Wheelchair and Posture Seating (SWAPS)			
(a) ACT Residents, not including residential care (covered by concession card); or		Component costs	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(b) For clients not meeting ACT HACC eligibility for:			
i) Seating therapist;	Per hour (half hour min)	\$61.00	n/a
ii) Technician (Non-manufacture)	Per hour (half hour min)	\$61.00 + Component costs	n/a
8. Clinical Technology Service Workshop			
(a) Rehabilitation aids maintenance and repair	Per hour (half hour min)	\$61.00 + Component costs	n/a
(b) Equipment componentry manufacture	Per hour (half hour min)	\$61.00 + Component costs	n/a

Notes:

1. Charges apply to items 5.e, 5.f, 5.g, and 5.h after a minimum cost of \$29 per financial year is incurred up to a cost ceiling of \$246 per financial year (GST exclusive).
2. 'Total cost' refers to the cost of procurement or parts incurred by ACT Health.
3. 'ALS' is an abbreviation for Artificial Limb Scheme.
4. Full cost recovery will apply for Components outside the ALS approved component listing.

T. Health Protection Services

1. Scientific Services

(a) Other than the ACT Coroner's Office; or	Per hour	\$155.00	\$170.50
(b) ACT Coroners Office. (Attorney-General's Dept)	Per matter	\$987.00	\$1,085.70

2. Other

(a) Consultation - Business Hours;	Per hour	\$109.00	\$119.90
(b) Consultation – After Hours; or	Per hour	\$135.00	\$148.50
(c) Exhumations.	Per matter	\$388.00	\$426.80

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
U. Other Community Health & Acute Support Fees			
1. ACT Specialist Scheme			
(a) Specialist Scheme.		20% of total costs	n/a
2. Community Health Care Program & Acute Support			
(a) Chronic pain management course for compensation clients;	per session	\$43.50	\$47.85
(b) Nursing and Allied Health education - business hours;	per hour	\$84.50	\$92.95
(c) Nursing and Allied Health education - after hours;	per hour	\$127.00	\$139.70
(d) Nursing and Allied Health education (tertiary standard) - business hours;	per hour	\$181.00	\$199.10
(e) Nursing and Allied Health education (tertiary standard) - after hours;	per hour	\$270.00	\$297.00
(f) Sale of infection control manual;	per manual	\$83.50	\$91.85
(g) Podiatric Nail surgery (materials);	per intervention	At cost	At cost + 10%
(h) Non moulded innersoles;	per pair	At cost	n/a
(i) Preformed Foot Orthoses;	per pair	At cost	n/a
(j) Custom made Foot Orthoses;	per pair	At cost	n/a
(k) Day care meals;	per meal	\$6.70	n/a
(l) Consultation in private hospitals;	per hour	\$86.00	\$94.60
(m) Community Nursing and Diabetes Education: Compensable non-inpatients and non-eligible clients of Community Health Service and Diabetes Service:			
(i) Ordinary Hours	per hour	\$86.00	n/a
(ii) Evening shift Mon-Fri (excluding public holidays);	per hour	At cost	n/a
(iii) Night shift Mon – Fri (excluding public holidays);	per hour	At cost	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(iv) After hours (midnight Fri - midnight Sat); or	per hour	At cost	n/a
(v) After hours - midnight Sat - midnight Sun);	per hour	At cost	n/a
(n) Consultation overseas clients.	per hour	\$83.50	n/a
3. Allied Health Fees			
Compensable non-inpatients and non-eligible clients:			
(a) Physiotherapy – Antenatal			
Exercise Classes	per visit	\$6.40	n/a
(b) Pelvic Joint Support Belt	per item	At cost	n/a
(c) Back Brace;	per item	At cost	n/a
(d) Heel Wedge; or	per item	At cost	n/a
(e) Sling	per item	At cost	n/a
Note: Concessional clients exempt from Item V 3 (b)			
4. Other Medical Supplies			
(a) Orthotic Modifications;	per pair	At cost	n/a
(b) Foot Files;	per item	At cost	At cost + 10%
(c) Tubular Bandage	per item	At cost	n/a
(d) Resistance Band;	per metre	At cost	At cost + 10%
(e) Exercise Putty;	per container	At cost	n/a
(f) Sportstape;	per roll	At cost	At cost + 10%
(g) Undertape;	per metre	At cost	At cost + 10%
(h) Lumbar Roll;	per item	At cost	n/a
(i) Neck Roll;	per item	At cost	n/a
(j) Collar;	per item	At cost	n/a
(k) PFX Probe;	per item	At cost	n/a
(l) Vaginal Cone;	per item	At cost	n/a
(m) TYOB Book;	per item	At cost	At cost + 10%
(n) TYON Book;	per item	At cost	At cost + 10%
(o) Women's Waterworks Book;	per item	At cost	At cost + 10%
(p) Lets Get Things Moving Book;	per item	At cost	At cost + 10%
(q) One Step at a time Book;	per item	At cost	At cost + 10%
(r) Parkinson's Disease Book;	per item	At cost	At cost + 10%
(s) Stroke Survival Guide;	per item	At cost	At cost + 10%
(t) Hinged Ankle Brace;	per item	At cost	n/a
(u) Fixed Ankle Brace;	per item	At cost	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)	
(v)	Limited motion brace (knee);	per item	At cost	n/a
(w)	Limited motion brace (elbow);	per item	At cost	n/a
(x)	Limited motion brace replacement foam;	per item	At cost	n/a
(y)	Orthotics;	per pair	At cost	n/a
(z)	Crutches;	per pair	At cost	n/a
(aa)	Crutch Tips and Handles;	per item	At cost	n/a
(ab)	Collar Cervical Rigid;	per item	At cost	n/a
(ac)	Walking Stick;	per item	At cost	n/a
(ad)	Wrist Splint Rigid;	per item	At cost	n/a
(ae)	Wrist Splint Elastic;	per item	At cost	n/a
(af)	Neoprene Thumb Splints;	per item	At cost	n/a
(ag)	Foam Blocks;	per item	At cost	At cost + 10%
(ah)	Coban Small;	per item	At cost	n/a
(ai)	Coban Large;	per item	At cost	n/a
(aj)	Pressure Garment - ready made;	per item	At cost	n/a
(ak)	Pressure Garment - made to measure;	per item	At cost	n/a
(al)	Paediatric Feeding Consumables;	per item	At cost	n/a
(am)	Voice Prostheses/consumables;	per item	At cost	n/a
(an)	Simple Splints;	per item	At cost	n/a
(ao)	Complex Splints;	per item	At cost	n/a
(ap)	"Replacement of Child Personal Health Record" (Blue Book);	per item	\$8.50	\$9.35
(aq)	Silicone foot products;	per item	At cost	At cost + 10%
(ar)	Sacro iliac supports;	per item	At cost	n/a
(as)	Glucose Sensor	per item	\$70.45	n/a
(at)	Elimination Diet Handbook	per item	\$20.00	\$22.00
5. Home Enteral Nutrition Program				
(a)	Equipment Only 0-6 years 11 months;	per week	\$14.40	n/a
(b)	Equipment Only 7-12 years 11 months;	per week	\$14.40	n/a
(c)	Equipment Only 13+ years;	per week	\$14.40	n/a
(d)	Supplementary Feeding 0-6 years 11 months;	per week	\$24.10	n/a

SCHEDULE

This is the schedule referred to in the Determination of Fees under section 192 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	\$42.40	n/a
(f) Supplementary Feeding 13+ years;	per week	\$43.50	n/a
(g) Enteral Feeding 0-6 years 11 months;	per week	\$30.10	n/a
(h) Enteral Feeding 7-12 years 11 months; or	per week	\$48.40	n/a
(i) Enteral Feeding 13+ years.	per week	\$50.80	n/a
(j) Equipment to support enteral feeding not covered by HENS		At cost	
(k) Nutrition support products (supplements and tube feeds) not covered by HENS		At cost	
(l) Food/fluid thickening agents		At cost	