

# Explanatory Statement

## Health (Fees) Determination 2004 (No 2)

### Disallowable Instrument DI2004-135

made under the

***Health Act 1993, s 36 (Determination of Fees)***

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This Determination of Fees revokes and replaces the Determination of Fees DI2004-90, dated 1 June 2004.

The Determination comes into effect from 1 July 2004, and reproduces Determination DI2004-90 except for:

- All fees have been increased by CPI (2.0%) with the exception of:
  - Items C (Accommodation for Nursing Home Type Patients) and Item D (Hostel Fees), which have increased inline with pension rates;
  - Item P2 (Opioid Treatment Service), which has not increased;
  - Item Y (Pharmaceutical Co-payment), which have not increased;
  - Item O (Dental Services), which have been reviewed and expanded to reflect the Department of Veterans' Affairs (DVA) dental services fee schedule – see attachment B;
- Disability Services fees (previously item S) have been removed;
- Pain Management Services Fees have moved from item Z to item S;
- Scientific Services (previously item V) and Environmental Health Services (previously item AA) have been merged under item V now titled Health Protection Services; and
- the date of effect.

Attachment A & B sets out the pre-1 July 2004 fees, the post 1 July 2004 and GST inclusive fees.

## Attachment A

Item		Old Charge	New Charge	Including GST	
<b>A Hospital Accommodation Fees - Standard Patients</b>					
1 a	In multiple-bed room	per day	250.00	255.00	n/a
b	In single room not at patients request	per day	250.00	255.00	n/a
c	In single room at patients request	per day	432.00	441.00	n/a
d	Hospital in the Home	per day	150.00	153.00	n/a
<b>2 Compensable/Non-eligible</b>					
a	Critical Care	per day	1,934.00	1,973.00	n/a
b	Inpatient (other than critical care)	per day	781.00	797.00	n/a
c	Hospital in the Home	per day	319.00	325.00	n/a
<b>B Hospital Accommodation Fees - Day Care Patients</b>					
1	Type B	per day	181.00	185.00	n/a
2	Local anaesthetic, no sedation - < 1 hour	per day	204.00	208.00	n/a
	General or regional anaesthetic/intravenous				
3	sedation - < 1 hour	per day	224.00	228.00	n/a
	General or regional anaesthetic/intravenous				
4	sedation - > 1 hour	per day	250.00	255.00	n/a
<b>C Hospital Accommodation Fees - Nursing Home Type Patients</b>					
<b>1 Over 16:</b>					
a	Hospital patient	per day	32.30	33.15	n/a
b	Private patient	per day	111.55	114.00	n/a
<b>2 Under 16:</b>					
a	Hospital patient	per day	Nil	Nil	n/a
b	Private patient	per day	79.25	80.85	n/a
<b>D Hostel Fee</b>					
1	Hostel Accommodation Fees	per day	24.60	25.25	n/a
<b>E Accommodation where the person is other than a patient</b>					
1	On wards	per day	6.50	7.00	7.7
<b>2 In residences - non-IPTAS eligible, others</b>					
a	First person	per day	30.00	31.00	34.1
	Second and subsequent persons, 5 years and				
b	older	per day	15.00	15.00	16.5
c	Each child, under 5 years	per day	7.00	7.00	7.7
<b>3 In residences - IPTAS eligible and Pensioner or health care card holders</b>					
a	First person	per day	21.00	21.00	23.1
	Second and subsequent persons, 5 years and				
b	older	per day	12.00	12.00	13.2
c	Each child, under 5 years	per day	Nil	Nil	n/a
<b>F Fees for Professional Services other than the Pathology Service</b>					
	An amount equal to the fee specified in respect of that professional service in the Schedule of Fees listed in the Medicare Benefits Schedule Book as amended from time-to-time.				

Item		Old Charge	New Charge	Including GST	
G	Pathology Service Fees				
	An amount equal to the fee specified in respect of that professional service in the Schedule of Fees listed in the Medicare Benefits Schedule Book as amended from time-to-time.				
H	Outpatient Service Fee				
	1 First visit	per visit	130.00	132.60	n/a
	2 second & subsequent visits	per visit	85.80	87.50	n/a
I	Physiotherapy & Occupational Therapy				
	First & subsequent visit	per visit	85.80	87.50	n/a
J	Patient's Personnel Laundry				
	Patients at Nursing Homes	per day	1.30	1.40	n/a
K	Mass Vaccinations				
	1 Hepatitis A	per vaccine	68.30	69.70	n/a
	2 Hepatitis B	per vaccine	19.90	20.30	n/a
	3 Influenza	per vaccine	23.20	23.70	n/a
	4 Other (Adult Diphtheria Tetanus, Measles Mumps Rubella, Rubella, Sabin)	per vaccine	11.10	11.30	n/a
L	Facilities Hire				
	Use of Accommodation Facilities at The Canberra Hospital				
	Use of Theatre (after hours)	per hour	127.50	130.00	143.0
	Facility Hire - Community Health				
	Conference, Meeting and Group Rooms				
	Commercial Use				
	- Non-Health Related	per hour	24.50	25.00	27.5
	- Sessional Health Related	per hour	17.00	17.50	19.3
	Community Use				
	- Non-Health Related	per hour	17.00	17.50	19.3
	- Health Related	per hour	13.00	13.50	14.9
	Theatre (Moore Street Building)	per hour	73.00	74.50	82.0
M	Medical Records and Health Reports				
	1 Medical Practitioner Reports				
	a No further examination of the patient		169.50	173.00	190.3
	b As "a" by practitioner who has not previously treated patient		197.00	201.00	221.1
				230	
	c Where a re-examination is required			225.50	253.0
	d As "c" by practitioner who has not previously treated patient		282.00	287.50	316.3
	2 Health records required to be produced by subpoena				
	a Where 5 days notice is given		49.50	50.50	55.6
	b Where less than 5 days notice is given		82.50	84.00	92.4

Item		Old Charge	New Charge	Including GST	
3 Search Fees		34.00	34.50	38.0	
4 Medical Records Department					
	Preparation of report as part of medico-legal responsibilities	113.50	116.00	127.6	
5 Health Professional Reports					
a	No further examination of the patient	169.50	173.00	190.3	
b	As "a" by practitioner who has not previously treated patient	197.00	201.00	221.1	
c	Where a re-examination is required	225.50	230.00	253.0	
d	As "c" by practitioner who has not previously treated patient	282.00	287.50	316.3	
6 Clinical Notes provided to patient's solicitor		124.50	127.00	139.7	
7 Clinical Notes provided to insurer		124.50	127.00	139.7	
N Pathology					
	Histology on Coronial post mortems	208.00	212.00	233.2	
O Dental Services					
	Revised in line with DVA Schedule - See Attachment B				
P Alcohol & Drug Service					
	Service reports supplied to insurance agents and 1 solicitors	per session	38.50	39.50	43.5
	Opioid dispensed to clients on the Opioid 2 Treatment Service	per week	15.00	TBA	n/a
	for 6 months or more				
Q Meals on Wheels					
	Supplied to Red Cross for distribution	per meal	5.06	5.15	5.7
R Magnetic Resonance Imaging					
	An amount equal to the fee specified in respect of that professional service in the Schedule of Fees listed in the Medicare Benefits Schedule Book as amended from time-to-time.				
S Pain Management Service					
	1 Multidisciplinary Assessment	per assessment	845.60	862.50	n/a
	2 Cognitive Behaviour Therapy program	per program	3,587.50	3,659.30	n/a
	3 Coping and Life Styles Program	per program	359.80	367.00	n/a
	4 Exercise Program	per program	6.20	6.30	n/a
	5 Psychology Assessment	per assessment	162.00	165.20	n/a
	6(a) Medical Assessment and Follow-ups First visit	per visit	184.50	188.20	n/a
	6(b) Medical Assessment and Follow-ups First visit	per visit	92.30	94.10	n/a
	Physiotherapy and Occupational therapy First 7(a) and subsequent visit	per visit	85.80	87.50	n/a
T Biomedical Repairs					
	Repairs on equipment and advice/training provided during:				



Item		Old Charge	New Charge	Including GST
4 ACT Equipment Scheme				
	Per carton of continence pads or order of incontinence aids			
a	Continence pads and aids for incontinence	21.00	21.40	n/a
		10% of total cost	10% of total cost	
b	Orthopaedic footwear	52.60	53.70	n/a
		10% of total cost	10% of total cost	
c	Orthoses	21.00	21.40	n/a
		1/3 of total cost	1/3 of total cost	
d	Repairs to ACTES Equipment	21.00	21.40	n/a
		10% of total cost	10% of total cost	
e	Home modifications	21.00	21.40	n/a
		10% of total cost	10% of total cost	
f	Walking aids	21.00	21.40	n/a
		10% of total cost	10% of total cost	
g	Equipment and appliances for personal use	21.00	21.40	n/a
h	Wigs	21.00	21.40	n/a
i	Breast Prostheses Replacement	21.00	21.40	n/a
Notes:				
i) For items other than above a client contribution may be payable direct to supplier				
ii) Cost ceilings apply - excess is paid direct to supplier.				
iii) Only charges levied by ACT Health are listed above. Additional costs may be payable to suppliers.				
iv) 'Total cost' above refers to cost of procurement of parts plus labour incurred by ACT Health.				
5 Prosthetic and Orthotic Services				
a	New prostheses or repairs for compensable clients	per hour (half hr min) 85.90 +	87.60 +	n/a
		components	components	
b	New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings apply)	15% of total cost 210.00	15% of total cost 214.00	n/a
c	New orthoses	per hour (half hr min) 85.90 +	87.60 +	n/a
		components	components	
d	Repairs to Orthoses	per hour (half hr min) 86.00 +	87.50 +	96.3
		components	components	+ components
e	Rehabilitation engineering maintenance/modification on equipment and advice/training	per hour (half hr min) 63.00 +	64.50 +	71.0
		components	components	+ components

Item		Old Charge	New Charge	Including GST	
f	Orthotics assessments for private and compensable clients	per hour (half hr min)	86.00	87.50	n/a
<b>6 Driver Rehabilitation Service</b>					
a	Initial Assessment - Non compensable	per assessment	56.50	57.50	63.3
b	Initial Allied Health Assessment	per assessment	601.50	613.50	n/a
c	Initial Assessment Report and Driving Instruction	per assessment	274.50	280.00	308.0
d	Lesson (compensable and non compensable)	per lesson	51.00	52.00	57.2
e	Re-assessment - Non compensable	per assessment	51.00	52.00	57.2
f	Allied Health Re-assessment	per assessment	257.50	262.50	n/a
g	Re-assessment Report and Driving Instruction	per assessment	274.50	280.00	308.0
Note:					
i) Cost ceilings apply to certain items - excess costs born by client.					
ii) 'Total cost' above refers to cost of procurement of parts plus labour incurred by ACT Health.					
<b>7 Wheelchair and Posture Seating</b>					
a	ACT residents, not including residential care (covered by concession card)		Component costs	Component costs	Components Cost + 10%
b	Clients whom fees apply				
	i) Occupational Therapist	per hour (half hr min)	86.00	87.50	n/a
	ii) Community Medical Officer	per hour (half hr min)	100.50	102.50	n/a
	iii) Technician	per hour (half hr min)	63.00	64.50	n/a
			+ Component costs	+ Component costs	Components Cost + 10%
<b>V Health Protection Services</b>					
<b>1 Scientific Services</b>					
a	Other than the ACT Coroner's Office	per hour	123.00	125.00	137.5
b	ACT Coroner's Office (Attorney-General's Dept)	per matter	780.00	796.00	875.6
<b>2 Other</b>					
a	Consultation - Business Hours	per hour	86.50	88.00	96.8
b	Consultation - After Hours	per hour	106.50	108.50	119.4
c	Exhumations	per matter	307.50	313.50	344.9
<b>W Audiometry</b>					
	Adult Hearing Tests	per consultation	29.00	29.60	n/a
<b>X Other Community Health Fees</b>					
<b>ACT Specialist Scheme</b>					
	1 Specialist Scheme		20% of total	20% of total	

## Attachment A

Item		Old Charge cost	New Charge cost	Including GST	
Education and/or Training					
1	Per facilitator - business hours	per hour	49.50	50.50	55.6
2	Per facilitator - after hours	per hour	75.00	76.50	84.2
Community Health Care Program					
3	Chronic pain management course for compensation clients	per session	32.00	32.50	35.8
4	Nursing education - business hours	per hour	61.50	62.50	68.8
5	Nursing education - after hours	per hour	92.00	94.00	103.4
6	Sale of infection control manual	per manual	66.00	67.50	74.3
7	Podiatric surgery (materials)	per intervention	34.50	35.00	38.5
8	Simple innersoles	per pair	23.50	24.00	n/a
9	Accommodative	per pair	90.50	92.50	n/a
10	Rigid innersole	per pair	204.00	208.00	n/a
11	Day care meals	per meal	5.50	5.50	n/a
12	Consultation for nurses in private hospitals	per hour	62.50	64.00	70.4
13	Home nursing	per hour	62.50	64.00	n/a
14	Consultation overseas clients	per hour	62.50	64.00	n/a
Child, Youth, and Women's' Health Program					
15	Copies of mammograms	per set	28.50	29.09	32.0
Y Pharmaceutical Co-payment					
1	General non-inpatient	per item	19.00	19.00	n/a
2	Concessional non-inpatient	per item	3.80	3.80	n/a



**Dental Service Fees****Attachment B**

<b>Item</b>	<b>Charge</b>
<b>2003-04 (Old) Fee Schedule</b>	
O Dental Services	
Group 0 - Examination/Diagnostic	
Emergency Exam	\$21.00
All Other Items	\$7.00
Group 1 - Preventative Services	
Mouthguards	\$83.00
All Other Items	\$9.00
Group 2 - Periodontics	
Simple Items	\$8.00
Complex Items	\$21.00
Group 3 - Oral Surgery	
Simple Extractions	\$10.00
All Other Items	\$21.00
Group 4 - Endodontics	
Simple Items	\$15.00
Complex Items	\$61.00
Group 5 - Restorative Services	
Fillings	\$13.00
Temporary Restorations	\$5.00
All Other Items	\$10.00
Group 6 - Crown and Bridge	
All Items	\$10.00
Group 7 - Prosthodontics	
New Dentures - Acrylic (upper or lower)	\$61.00
New Dentures - Cast Alloy Framework (upper or lower)	\$236.00
Mental Palate or Plate	\$174.00
Onlay/Backings	\$29.00
Simple Prosthetic Services	\$5.00
Relining and Remodelling	\$27.00
Denture Repairs	\$21.00
Repair to Casting	\$78.00
Group 8 - Orthodontics	
Orthodontic Repair	\$21.00
All Other Items	\$122.00
Group 9 - General Services	
Load Treatment under GA	\$82.00
Occlusal Splint	\$46.00
All Other Items	\$6.00
<b>2004-05 (New) Fee Schedule</b>	
Group 0 - Examination/Diagnostic	
Comprehensive Oral Exam	\$7.00
Periodic Exam	\$7.00

**Dental Service Fees****Attachment B**

<b>Item</b>	<b>Charge</b>
Emerg Exam (Min. \$20: Restorative Emergencies) -	\$25.00
Pros Emergency Visit	\$25.00
Consult (incl Exam)	\$7.00
Consult Ext + 30 (incl Exam)	\$7.00
Consult by Ref (incl Exam)	nil
Consult by Ref Ext +30 (incl Exam)	\$7.00
Letter of Referral	\$0.00
X-Ray -1 film PA or BW	\$7.00
Intraoral radiograph - occlusal, maxillary or mandibular - single film	\$7.00
Extraoral radiograph - maxillary and/or mandibular - single film	\$7.00
Biopsy of Tissue	\$7.00
Pulp Test Per visit	nil
Diagnostic cast	\$7.00
Photographic records - intraoral	nil
<b>Group 1 - Preventative Services</b>	
Removal of Plaque and / or stain	\$9.00
Recontouring - pre existing restoration/s	\$9.00
Calculus (supra & subging.) & Plaque Removal 1st visit	\$9.00
Calculus (supra & subging.) & Plaque Removal Addit. visit	\$9.00
Enamel micro- abrasion - per tooth	\$9.00
Bleaching, internal - per tooth	\$9.00
Fluoride - Topical (including tooth mouse)	\$9.00
Concentrated fluoride, application single tooth	\$9.00
Dietary advice. Analysis and advice	\$9.00
Oral Hygiene Instr. (if more than 10 mins.)	\$9.00
Fissure Sealant - per tooth	\$9.00
Apply Desensitising Agent	\$9.00
Odontoplasty - per tooth	\$9.00
<b>Group 2 - Periodontics</b>	
Treatment of acute Periodontal Infection	\$8.00
Root Planing & Curettage (per 8 or less teeth)	\$20.00
Non-surgical periodontal treatment not otherwise specified - per visit	\$8.00
Gingivectomy - per 8 teeth or less	\$20.00
Periodontal flap surgery - per 8 teeth or less	\$20.00
Osseous surgery - per 8 teeth or less	\$20.00
Root resection - per root	\$20.00
Periodontal surgery involving one tooth or an implant	\$8.00
<b>Group 3 - Oral Surgery</b>	
Removal of tooth or parts	\$10.00
Sectional removal of tooth. Bone removal maybe necessary	\$10.00
Surgical removal of tooth or tooth fragment not including bone	\$21.00
Surgical removal of tooth or tooth fragment including bone	\$21.00
Surgical removal of tooth or tooth fragment requiring both bone and tooth dividon	\$21.00
Alveolectomy per segment	\$21.00
Reduction of fibrous tuberosity	\$21.00
Reduction of flabby ridge - per segment	\$21.00
Removal of fibrous hyperplasia	\$21.00
Removal of tumour, cyst or scar	\$21.00

**Dental Service Fees****Attachment B**

<b>Item</b>	<b>Charge</b>
Removal of tumour, cyst or scar involving muscle, done or deep tissue	\$21.00
Surgery to salivary duct	\$21.00
Surgery to salivary gland	\$21.00
Removal or repair of soft tissue (not elsewhere defined)	\$21.00
Surgical removal of foreign body	\$21.00
Marsupialization of cyst	\$21.00
Surgical exposure to unerupted tooth	\$21.00
Reposition tooth / Splint	\$21.00
Replantation of /& Splinting of tooth	\$21.00
Frenectomy	\$21.00
Drainage of abscess or cyst	\$21.00
Surgery involving the maxially antrum	\$21.00
Control of reactionary or secondary post operative haemorrhage	\$21.00
<b>Group 4 - Endodontics</b>	
Pulp cap -direct	nil
Pulpotomy	\$15.00
Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$61.00
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$61.00
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	\$61.00
Extirpation of pulp and debridement of root canal(s) - emerg	\$15.00
Resorbable root canal filling - primary tooth	\$15.00
Periapical curettage - per root	\$15.00
Apicectomy- per root	\$60.00
Apical seal - per canal	nil
Sealing of perforation	\$60.00
Surgical treatment or repair of external root resorption	\$60.00
Exploration and/or negotiation of calcified canal -per canal, per visit	\$15.00
Removal of root filling, per canal	\$15.00
Removal of cemented root canal post or post crown	\$15.00
Removing or bypassing fractured endodontic instrument	\$15.00
Additional visit for irrigation and/or dressing of the root canal system - per tooth	nil
Interim therapeutic root filling - per tooth	\$15.00
<b>Group 5 - Restorative Services</b>	
Metallic restoration - 1 surface - direct	\$13.00
Metallic restoration - 2 surface - direct	\$13.00
Metallic restoration - 3 surface - direct	\$13.00
Metallic restoration - 4 surface - direct	\$13.00
Metallic restoration - 5 surface - direct	\$13.00
Adhesive restoration - 1 surface - Anterior tooth - direct	\$13.00
Adhesive restoration - 2 surface - Anterior tooth - direct	\$13.00
Adhesive restoration - 3 surface - Anterior tooth - direct	\$13.00
Adhesive restoration - 4 surface - Anterior tooth - direct	\$13.00
Adhesive restoration - 5 surface - Anterior tooth - direct	\$13.00
Adhesive restoration - 1 surface Posterior tooth - direct	\$13.00
Adhesive restoration - 2 surface Posterior tooth - direct	\$13.00
Adhesive restoration - 3 surface Posterior tooth - direct	\$13.00
Adhesive restoration - 4 surface Posterior tooth - direct	\$13.00
Adhesive restoration - 5 surface Posterior tooth - direct	\$13.00

**Dental Service Fees****Attachment B**

<b>Item</b>	<b>Charge</b>
Provisional (Intermediate / temporary) restoration	\$5.00
Provisional (Intermediate / temporary) restoration	nil
Metal band	\$5.00
Pin restoration -per pin	\$5.00
Cusp capping - per cusp	nil
Restoration of an incisal corner - per corner	nil
Removal of inlay/onlay	\$5.00
Recementing onlay/inlay	\$5.00
Post - direct	\$5.00
Group 6 - Crown and Bridge	
Recement Crown or veneer	\$10.00
Recement bridge or splint	\$10.00
Removal of crown	\$10.00
Removal of bridge or splint	\$10.00
Group 7 - Prosthodontics	
Full Maxillary denture	\$61.00
Full Mandibular denture	\$61.00
Metal plate or mesh	\$160.00
Full Maxillary & Full Mandibular dentures	\$122.00
Partial Max Denture - resin base	\$61.00
Partial Mand Denture - resin base	\$61.00
Partial Max Denture - cast CO/CR base	\$241.00
Partial Mand Denture - cast CO/CR base	\$241.00
Retainer - per tooth	nil
Occlusal rest - per rest	nil
Tooth/ Teeth ( partial denture)	nil
Overlays - per tooth	nil
Immediate tooth replacement - per tooth	nil
Resilient Lining in addit'n to new denture	\$28.00
Wrought Bar	nil
Metal Backing - per backing	nil
Denture Adjustment (not new)	\$5.00
Denture Adjustment ( new)	nil
Reline -Complete denture	\$28.00
Reline -Part denture	\$28.00
Remodel - complete denture	\$28.00
Remodel - Partial denture	\$28.00
Clean and polish of pre-existing denture	\$5.00
Denture base modification	\$28.00
Reattaching pre-existing tooth or clasp to denture	nil
Replacing/added clasp to denture	nil
Repairing broken base of complete denture	nil
Repairing broken base of partial denture	nil
Added tooth to partial denture to replace an extraction or decoronated tooth	nil
Repair to metal casting: one point	\$85.00
Tissue conditioning preparatory to impressions - per application	\$5.00
Impression for denture repair	nil
Identification	\$5.00

**Dental Service Fees****Attachment B**

<b>Item</b>	<b>Charge</b>
Group 7 -Provision for New Dentures (No ADA Item Numbers)	
Ist Impression (New Denture) Per Impression	nil
2nd Impression (New Denture) Per Impression	nil
Bite (New Denture)	nil
Try In (New Denture)	nil
Re Try (New Denture)	nil
Group 8 - Orthodontics (When Used for an Adult)	
Passive removable appliance - one arch	\$122.00
Active removable appliance - one arch	\$122.00
Functional orthopaedic appliance	\$122.00
Passive fixed appliance	\$122.00
Extra-oral appliance	\$122.00
Orthodontic adjustment	nil
Repair removable appliance	\$21.00
Repair removable appliance - clasp, spring or tooth	\$21.00
Addition to removable appliance	\$21.00
Relining removable appliance	\$21.00
Group 9 - General Services	
Palliative care	\$6.00
After hours emergency	nil
Travel to provide service	\$6.00
Provision of medication/ medicaments	nil
Local anaesthesia(dignosis or pain relief)	\$6.00
Treatment under G.A.	\$82.00
Minor Occlusal adjustment	\$6.00
Occlusal splint	\$46.00
Adjust occlusal splint	\$6.00
Repair/addition - occlusal splint	\$6.00
Splinting and stabilization - direct - per tooth	\$6.00
Post-operative care not elsewhere included	nil
Treatment not otherwise included	\$6.00
Group A - Restorative Referral Scheme (No ADA Item Numbers)	
Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$61.00
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$61.00
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	\$61.00
Group B - Child & Youth Membership Fees	
Standard Annual Fee	\$40.00
Maximum Standard Annual Family Fee	\$100.00
Reduced Annual Fee For Low Income Families	\$20.00
Maximum Reduced Annual Family Fee	\$20.00
Free for Families Covered by a Concession Card	nil