

AUSTRALIAN CAPITAL TERRITORY

HEALTH AND COMMUNITY CARE SERVICES ACT 1996

DETERMINATION OF FEES (ANNUAL REVIEW) 2002

Disallowable Instrument DI2002-97

EXPLANATORY STATEMENT

Under Section 32 of the *Health and Community Care Services Act 1996*, the Minister may, by notification in the Legislation Register, determine the fees and charges for or in connection with the provision of health and community care services.

This Determination of Fees and Charges revokes and replaces the Determination of Fees and Charges DI2002-40, dated 30 April 2002.

The Determination comes into effect from 1 July 2002, and reproduces Determination DI2002-40 except for:

- . The addition of item AA, Environmental Health Services, item U 'Commonwealth Rehabilitation Program' and 'Wheelchair and Posture Seating';
- . Item E4 has been deleted from the schedule;
- . Item A1a and b, C1 and 2 and D have been increased in line with Commonwealth set CPI or pension rates;
- . Driver Rehabilitation services (U4) initial assessments have been increased by 52% to reflect full cost recovery;
- . Dental Services (O) has been updated to reflect 15% of the DVA schedule;
- . Deletion of item F1(a) and subsequent re-numbering of section;
- . All other items have been increased by CPI (2.5%); and
- . the date of effect.

The attached table sets out the pre-1 July 2002 fees, the post 1 July 2002 and GST inclusive fees.

1 JULY 2002 - ANNUAL INCREASE OF FEES & CHARGES

Item			Old Charge	New Charge	Including GST	
A	Hospital Accommodation Fees - Standard Patients					
1	a	In multiple-bed room	per day	\$235.00	\$242.00	n/a
	b	In single room not at patients request	per day	\$235.00	\$242.00	n/a
	c	In single room at patients request	per day	\$406.00	\$418.00	n/a
2		Compensable/Non-eligible	per day	\$724.00	\$745.00	n/a
B	Hospital Accommodation Fees - Day Care Patients					
1		Type B	per day	\$169.00	\$174.00	n/a
2		Local anaesthetic, no sedation - < 1 hour	per day	\$191.00	\$197.00	n/a
3		General or regional anaesthetic/intravenous sedation - < 1 hour	per day	\$211.00	\$217.00	n/a
4		General or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$235.00	\$242.00	n/a
C	Hospital Accommodation Fees - Nursing Home Type Patients					
1	Over 16:					
	a	Hospital patient	per day	\$29.65	\$31.05	n/a
	b	Private patient	per day	\$105.10	\$108.35	n/a
2	Under 16:					
	a	Hospital patient	per day	Nil	Nil	n/a
	b	Private patient	per day	\$74.45	\$77.30	n/a
D	Hostel Fee					
1		Hostel Accommodation Fees	per day	\$22.60	\$23.65	n/a
E	Accommodation where the person is other than a patient					
1		On wards	per day	\$5.93	\$6.08	\$6.69
2	In residences					
	a	First person	per day	\$25.56	\$26.50	\$29.15
	b	Second person	per day	\$12.58	\$13.00	\$14.30
	c	Children 12 years and under	per day	\$6.29	\$6.50	\$7.15
	d	Family rooms	per day	\$46.01	\$47.50	\$52.25
3	In residences - Pensioner or health care card holder					
	a	First person	per day	\$18.41	\$19.00	\$20.90
	b	Second person	per day	\$10.48	\$11.00	\$12.10
	c	Children 12 years and under	per day	\$6.29	\$6.50	\$7.15
	d	Family rooms	per day	\$35.79	\$37.00	\$40.70
F	Fees for Professional Services other than the Pathology Service					
	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.					
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	\$123.70	\$126.80	n/a
2		second & subsequent visits	per visit	\$81.70	\$83.70	n/a
I	Physiotherapy & Occupational Therapy					
		First & subsequent visit	per visit	\$81.70	\$83.70	n/a
J	Patient's Personnel Laundry					
		Patients at Nursing Homes	per day	\$1.30	\$1.30	n/a
K	Mass Vaccinations					
1		Hepatitis A	per vaccine	\$65.00	\$66.60	n/a
2		Hepatitis B	per vaccine	\$18.90	\$19.40	n/a
3		Influenza	per vaccine	\$22.00	\$22.60	n/a
4		Other (Adult Diphtheria Tetanus, Measles Mumps Rubella, Rubella, Sabin)	per vaccine	\$10.50	\$10.80	n/a
L	Facilities Hire					
	Use of Accommodation Facilities at The Canberra Hospital					
		Use of Theatre (after hours)	per hour	\$121.58	\$124.62	\$137.10
	Facility Hire - ACT Community Care					
	Conference, Meeting and Group Rooms					
	Commercial Use					
		- Non-Health Related	per hour	\$23.52	\$24.11	\$26.50
		- Sessional Health Related	per hour	\$16.36	\$16.77	\$18.45
	Community Use					
		- Non-Health Related	per hour	\$16.36	\$16.77	\$18.45
		- Health Related	per hour	\$12.27	\$12.58	\$13.85
		Theatre (Moore Street Building)	per hour	\$69.53	\$71.27	\$78.40
M	Medical Records and Health Reports					
1	Medical Practitioner Reports					
	a	No further examination of the patient		\$161.40	\$165.44	\$182.00

1 JULY 2002 - ANNUAL INCREASE OF FEES & CHARGES

Item	Old Charge	New Charge	Including GST
b As "a" by practitioner who has not previously treated patient	\$187.58	\$192.27	\$211.50
c Where a re-examination is required	\$214.83	\$220.20	\$242.20
d As "c" by practitioner who has not previously treated patient	\$268.30	\$275.01	\$302.50
2 Health records required to be produced by subpoena			
a Where 5 days notice is given	\$47.14	\$48.32	\$53.15
b Where less than 5 days notice is given	\$78.58	\$80.54	\$88.60
3 Search Fees	\$32.46	\$33.27	\$36.60
4 Medical Records Department			
Preparation of report as part of medico-legal responsibilities	\$107.92	\$110.62	\$121.70
5 Health Professional Reports			
a No further examination of the patient	\$161.40	\$165.44	\$182.00
b As "a" by practitioner who has not previously treated patient	\$187.58	\$192.27	\$211.50
c Where a re-examination is required	\$214.83	\$220.20	\$242.20
d As "c" by practitioner who has not previously treated patient	\$268.30	\$275.01	\$302.50
6 Clinical Notes provided to patient's solicitor	\$118.41	\$121.37	\$133.50
7 Clinical Notes provided to insurer	\$118.41	\$121.37	\$133.50
N Pathology			
Coronial post mortems	\$198.06	\$203.01	\$223.30
O Dental Services			
Group 0: Examinations/Diagnostic			
011 Initial Exam (Min. \$20 for Course of Treatment)	\$4.00	\$4.50	n/a
011A Initial & Restorative Referral Scheme Exam	\$7.50	\$8.00	n/a
012 Periodic Exam	\$3.50	\$4.00	n/a
013a Emerg Exam (Min. \$20: Restorative Emergencies) - Use 915 for Weekend	\$20.00	\$20.00	n/a
013b Pros Emergency Visit	\$20.00	\$20.00	n/a
013 Emerg Exam For Child & Youth Only	No Fee (M'ship Required)	No Fee (M'ship Required)	n/a
014 Consult (incl Exam)	\$4.00	\$5.50	n/a
015 Consult Ext + 30 (incl Exam)	\$10.50	\$10.50	n/a
016 Consult by Ref (incl Exam)	\$11.50	\$11.50	n/a
017 Consult by Ref Ext +30 (incl Exam)	\$14.00	\$14.50	n/a
018 Written Report	\$4.00	\$4.00	n/a
019 Letter of Referral	\$1.50	\$2.00	n/a
021 Complete intraoral series of radiographs (10 films or more, including bitewings)	\$14.50	\$15.00	n/a
022 X-Ray -I film PA or BW	\$3.50	\$4.00	n/a
025 Intraoral radiograph - occlusal, maxillary or mandibular - single film	\$5.00	\$5.00	n/a
031 Extraoral radiograph - maxillary and/or mandibular - single film	\$5.50	\$6.00	n/a
051 Biopsy of Tissue	\$9.50	\$10.50	n/a
061 Pulp Vitality Test	No Fee For Service	No Fee For Service	n/a
071 Diagnostic cast	\$5.00	\$5.00	n/a
Group 1: Preventative Services			
111 Plaque Removal	\$4.00	\$5.00	n/a
113 Recontour rest'n (existing)	\$7.50	\$8.00	n/a
114 Calculus (supra & subging.) & Plaque Removal 1st visit	\$9.00	\$9.50	n/a
115 Calculus (supra & subging.) & Plaque Removal Addit. visit	\$9.50	\$9.50	n/a
121 Fluoride - Topical	\$3.00	\$3.00	n/a
141 Oral Hygiene Instr. (if more than 10 mins.)	\$4.00	\$4.00	n/a
151 Mouthguard (incl model)	\$77.50	\$81.50	n/a
161 Fissure Sealant	\$5.50	\$6.00	n/a
165 Apply Desensitising Agent	\$2.00	\$2.50	n/a
182 Concentrated flouride, application - single tooth	\$4.00	\$4.00	n/a
Group 2: Periodontics			
213 Acute Perio Infection TMT	\$5.50	\$6.00	n/a
222 Root Planing & Curretage (per 8 or less teeth)	\$11.00	\$11.50	n/a
225 Non-surgical periodontal treatment not otherwise specified - per visit	\$8.00	\$8.50	n/a
231 Gingivectomy, per segment of 8 teeth or less	\$16.00	\$16.50	n/a
232 Periodontal flap surgery, per segment of 8 teeth or less	\$23.00	\$24.00	n/a
233 Osseous surgery, per segment of 8 teeth or less	\$19.00	\$19.50	n/a
241 Root resection	\$19.00	\$19.50	n/a
245 Periodontal surgery involving one tooth	\$10.00	\$10.50	n/a
246 Papillectomy	\$6.00	\$6.00	n/a
Group 3: Oral Surgery			
311 Extraction - perm tooth	\$10.00	\$10.50	n/a
313 Extraction - deciduous tooth	\$6.50	\$6.50	n/a
316 Extraction - Additional tooth near 311/313/316	\$6.50	\$7.00	n/a
321 Surgical Extraction-Erupted	\$21.50	\$22.50	n/a
324 Surgical removal of unerupted or partly erupted tooth, both remove bone and tooth division	\$26.50	\$28.00	n/a
325 Surgical frag - Soft Tissue only	\$12.00	\$12.50	n/a
326 Surgical frag -bone	\$16.00	\$16.50	n/a
329 Non-routine post-operative treatment - per visit	No Fee For Service	No Fee For Service	n/a
331 Alveolectomy per segment or quadrant	\$11.00	\$11.50	n/a
334 Excision of torus or exostosis	\$30.50	\$31.50	n/a
337 Reduction of fibrous tuberosity	\$36.50	\$38.00	n/a

1 JULY 2002 - ANNUAL INCREASE OF FEES & CHARGES

Item	Old Charge	New Charge	Including GST
338 Reduction of flabby ridge per segment	\$13.00	\$13.50	n/a
341 Removal of fibrous hyperplasia	\$12.00	\$12.00	n/a
376 Surgery to salivary gland	\$50.00	\$54.50	n/a
377 Removal or repair of soft tissue (not elsewhere defined)	\$46.00	\$47.50	n/a
378 Surgical removal of foreign body	\$9.50	\$9.50	n/a
379 Marsupialisation of cyst	\$11.00	\$11.00	n/a
386 Splint / reposition tooth	\$20.50	\$21.50	n/a
387 Replantation of tooth	\$31.50	\$33.00	n/a
391 Frenectomy	\$13.00	\$15.00	n/a
392 Incis drain abscess/cyst	\$7.00	\$7.00	n/a
398 Minor soft tissue surgery	\$6.50	\$6.50	n/a
399 Insertion of suture where not integral part of another item	\$6.50	\$6.50	n/a
700 Post Op Check	No Fee For Service	No Fee For Service	n/a
Group 4: Endodontics			
411 Pulp cap -direct	\$3.00	\$3.00	n/a
412 Pulpotomy - deciduous tooth	\$6.00	\$6.50	n/a
414 Pulpotomy-perm tooth	\$6.00	\$6.50	n/a
A41 Complete Endodontic treatment, incisor or canine tooth	\$35.00	\$39.00	n/a
A42 Complete Endodontic treatment, molar tooth	\$45.50	\$55.50	n/a
A43 Complete Endodontic treatment, permolar tooth	\$56.00	\$72.50	n/a
419 Extirpation of pulp and debridement of root canal(s) - emerg	\$10.50	\$11.50	n/a
431 Periapical curettage	\$31.50	\$33.00	n/a
432 Apicectomy 1 root	\$54.50	\$56.50	n/a
434 Retrograde Rt Fil 1 root	\$42.00	\$44.00	n/a
436 Sealing of perforation	\$42.00	\$44.00	n/a
437 Treatment of external root resorption and repair	\$42.00	\$44.00	n/a
441 Bleaching Non-vital (complete tmt)	\$15.00	\$15.50	n/a
445 Explore blocked rt. canal	\$17.00	\$17.50	n/a
451 Removal of root filling, per canal	\$17.00	\$17.50	n/a
452 Removal of post or post crown	\$25.50	\$26.50	n/a
453 Removing or bypassing fractured endodontic instrument	\$21.00	\$22.00	n/a
454 Preparation of root canal to receive dowel	\$7.00	\$7.00	n/a
455 Endo dressing visit additional	No Fee For Service	No Fee For Service	n/a
458 Interim therapeutic rct	\$10.50	\$11.00	n/a
Group 5: Restorative Services			
511 Amalgam - 1S -Perm	\$9.50	\$9.00	n/a
512 Amalgam - 2S -Perm	\$11.50	\$11.00	n/a
513 Amalgam- 3+S -Perm	\$14.50	\$13.50	n/a
514 Amalgam - 1S - deciduous tooth	\$8.50	\$8.50	n/a
515 Amalgam - 2S -Perm deciduous tooth	\$10.50	\$11.00	n/a
516 Amalgam- 3+S -Perm deciduous tooth	\$13.00	\$13.50	n/a
529 Adhesive Cervical GIC/Comp resin (non caries)	\$8.00	\$8.50	n/a
531 Comp resin 1S -Posterior	\$9.50	\$11.00	n/a
532 Comp resin 2S -Posterior	\$11.50	\$14.00	n/a
533 Comp resin 3+S -Posterior	\$14.50	\$17.00	n/a
537 Comp resin 1S -Anterior	\$10.00	\$10.50	n/a
538 Comp resin 2S -Anterior	\$12.00	\$12.50	n/a
539 Comp resin 3+S -Anterior	\$13.50	\$14.50	n/a
571 Recement inlay	\$6.50	\$6.50	n/a
572A Temp. Restoration	\$5.00	\$5.00	n/a
572B Temp. Restoration Endo Temp Dressing	No Fee For Service	No Fee For Service	n/a
573 Temp Crown	\$12.50	\$13.00	n/a
574 Temp Rest'n & Metal band	\$7.50	\$7.50	n/a
575 Pin retension -per pin	\$2.50	\$2.50	n/a
577 Cusp capping - per cusp	\$3.00	\$3.00	n/a
584 Resin lam veneer facing	\$19.00	\$19.50	n/a
597 POST - cast,wrought or preformed	\$9.50	\$10.00	n/a
598 Complex crown -Amalgam	\$17.50	\$18.00	n/a
599 Complex crown - Comp resin	\$19.00	\$19.50	n/a
Group 6: Crown and Bridge			
611 Resin Jacket crown	\$75.50	\$78.50	n/a
619 Cast gold crown with facing	\$109.50	\$126.00	n/a
651 Recement Crown	\$7.00	\$7.50	n/a
652 Recement bridge or splint	\$8.00	\$8.50	n/a
655 Removal of crown	\$10.50	\$11.00	n/a
656 Removal of bridge or splint	\$10.50	\$11.00	n/a
Group 7: Prosthodontics			
711 Full upper denture	\$59.50	\$66.50	n/a
712 Full lower denture	\$59.50	\$66.50	n/a
716a Metal palate or plate (additional to items 711, 712, 719)	\$158.00	\$170.00	n/a
716b Mesh only	\$130.00	\$144.50	n/a
719 FU & FL dentures	\$101.50	\$119.00	n/a
721a Partial max denture - acrylic base1-4 teeth, insert appliance	\$47.00	\$45.00	n/a
721b Partial max denture - acrylic base, 5-9 teeth inclusive, insert appliance	\$55.50	\$54.50	n/a
721c Partial max.denture - acrylic base, 10-12 teeth inclusive, insert appliance	\$62.00	\$61.50	n/a

1 JULY 2002 - ANNUAL INCREASE OF FEES & CHARGES

Item	Old Charge	New Charge	Including GST
722a Partial mand denture - acrylic base 1-4 teeth, insert appliance	\$47.00	\$45.00	n/a
722b Partial mand denture - acrylic base, 5-9 teeth inclusive, insert appliance	\$55.50	\$54.50	n/a
722c Partial mand denture - acrylic base, 10-12 teeth inclusive, insert appliance	\$62.00	\$61.50	n/a
727a Partial max denture - cast CO/CR base, 1-4 teeth, insert appliance	\$204.00	\$215.00	n/a
727b Partial max denture - cast CO/CR base, 5-9 teeth inclusive, insert appliance	\$214.50	\$224.50	n/a
727c Partial max denture - cast CO/CR base, 10-12 teeth inclusive, insert appl.	\$222.50	\$231.50	n/a
728a Partial mand denture - cast CO/CR base, 1-4 teeth, insert appliance	\$204.00	\$215.00	n/a
728b Partial mand denture - cast CO/CR base, 5-9 teeth inclusive, insert appl.	\$214.50	\$224.50	n/a
728c Partial mand denture - cast CO/CR base, 10-12 teeth inclusive, insert appl.	\$222.50	\$231.50	n/a
734 Chrome cobalt onlay/backings/Per Tooth	\$26.00	\$28.50	n/a
736 Immed. Tooth replace (per tooth)	\$1.00	\$1.00	n/a
737 Resilient Lining in addit'n to new denture	\$11.50	\$13.00	n/a
741A Adjust complet denture (not new)	\$3.50	\$3.50	n/a
741B Adjust complet denture (new)	No fee for service	No fee for service	n/a
742A Adjust part denture (not new)	\$3.50	\$3.50	n/a
742B Adjust part denture (new)	No fee for service	No fee for service	n/a
743 Reline -Complete denture	\$21.98	\$24.35	\$26.00
744 Reline -Part denture	\$19.98	\$17.80	\$19.00
746A Remodel - partial denture - acrylic base, 1-4 teeth	\$36.00	\$37.20	\$40.00
746B Remodel - partial denture - acrylic base, 5-9 teeth	\$49.00	\$50.70	\$54.50
746C Remodel - partial denture - acrylic base, 10-12 teeth	\$55.00	\$56.72	\$61.00
749 Resilient lining (not new)	\$30.45	\$28.18	\$31.00
753 Clean and polish of denture	\$5.00	\$6.00	n/a
761 Repair - 1 Point	\$7.89	\$7.87	\$8.50
762 Repair - 2 Point	\$15.78	\$16.35	\$17.00
763 Repair - 3 Point	\$23.67	\$24.83	\$25.50
768A Add tooth due to extraction	\$10.64	\$11.13	\$12.00
768B Add extra per tooth due to extraction	\$5.54	\$5.54	\$6.00
769a Repair to metal casting: one point	\$68.50	\$76.00	n/a
769b Repair to metal casting: each additional point	\$39.00	\$43.00	n/a
771a Tissue conditioning - one treatment	\$4.50	\$5.00	n/a
771b Tissue conditioning - two treatments	\$8.50	\$9.50	n/a
771c Tissue conditioning - three treatments	\$13.50	\$15.00	n/a
776 Impression for denture repair	\$2.50	\$3.00	n/a
Group 8: Orthodontics (When used for an Adult)			
811 Passive removable appliance - one arch	\$29.00	\$30.00	n/a
812 Passive removable appliance - two arches	\$38.50	\$40.00	n/a
821 Active removable appliance - one arch	\$50.00	\$52.00	n/a
822 Active removable appliance - two arches	\$100.00	\$104.00	n/a
823 Functional orthopaedic appliance	\$122.00	\$127.00	n/a
829 Partial banding - one arch	\$155.00	\$161.50	n/a
830 Partial banding - two arches	\$258.50	\$269.00	n/a
831 Full arch banding - one arch	\$235.00	\$244.50	n/a
834 Full arch banding - two arches	\$392.00	\$407.50	n/a
841 Fixed palatal or lingual arch appliance	\$124.00	\$129.00	n/a
843 Rapid maxillary expansion appliance	\$124.00	\$129.00	n/a
845 Space maintainer - fixed	\$41.50	\$43.00	n/a
851 Extra-oral appliance	\$165.50	\$172.00	n/a
871 Orthodontic adjustment	No Fee For Service	No Fee For Service	n/a
875 Repair removable appliance	\$13.00	\$13.50	n/a
877 Orthodontic extrusion of tooth	\$93.00	\$97.00	n/a
Group 9: General Services			
911 Palliative emergency care	\$4.00	\$4.00	n/a
912 Sedative dressing (emerg)	\$5.50	\$5.50	n/a
915 After hours emergency	\$4.00	\$4.00	n/a
924 Drug prescription	\$2.50	\$2.50	n/a
931 Home visit (additional to other items)	\$4.00	\$4.00	n/a
932 Hospital visit (additional to other items)	\$4.00	\$4.00	n/a
935 Interpreter (per 15 min)	No Fee For Service	No Fee For Service	n/a
943 Sedation - Inhalation	\$5.00	\$5.00	n/a
949 Load treat under G.A.	\$20.00 Flat Fee For GA Appointment	\$20.00 Flat Fee For GA Appointment	n/a
961 Minor Occlusal adjustment	\$5.00	\$5.00	n/a
965 Occlusal splint	\$43.00	\$45.50	n/a
966 Adjust occlusal splint	\$6.00	\$6.00	n/a
981 Splinting & Stabilisation	\$16.50	\$17.50	n/a
Provision of New denture			
100 1st Impression (New Denture) Per Impression	\$20.00	\$20.00	n/a
200 2nd Impression (New Denture) Per Impression	\$20.00	\$20.00	n/a
300 Bite (New Denture)	\$20.00	\$20.00	n/a
400 Try In (New Denture)	\$20.00	\$20.00	n/a
500 Re Try (New Denture)	\$20.00	\$20.00	n/a
Group A: Restorative Referral Scheme			
A31 Mucoperiosteal flap to remove tooth or root (321 or 324)	\$21.50	\$23.00	n/a

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Item			Old Charge	New Charge	Including GST
A41	Complete Endodontic treatment, incisor or canine tooth (415 & 417)		\$35.00	\$39.00	n/a
A42	Complete Endodontic treatment, premolar tooth (415,417,416,& 418)		\$45.50	\$55.50	n/a
A43	Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])		\$56.00	\$72.50	n/a
A51	Simple filling, not involving proximal surface(Av 511,512,531,537 & 521)		\$9.50	\$10.50	n/a
A52	Complex filling, involving proximal surface (Av. 513,538 & 539)		\$12.50	\$13.50	n/a
A53	Full coverage complex restoration, including pins/ or bonding (598)		\$17.00	\$18.00	n/a
Child and Youth Dental Annual Membership Fees					
	Category A:- Full fee	per child	\$40.00	\$40.00	n/a
	Category B:- Reduced fee	per child	\$20.00	\$20.00	n/a
	Category C:- No Fees		\$0.00	\$0.00	n/a
Maximum Annual Family Fee					
	Category A (Full fee)		\$100.00	\$100.00	n/a
	Category B (Reduced fee for families receiving more than the minimum rate of Centrelink Family Allowance payment)		\$50.00	\$50.00	n/a
P	Alcohol & Drug Service				
	1 Service reports supplied to insurance agents and solicitors	per session	\$36.81	\$37.73	\$41.50
	2 Methadone dispensed to clients on public methadone program for 6 months or more	per week	\$15.00	\$15.00	n/a
Q	Meals on Wheels				
	Supplied to Red Cross for distribution	per meal	\$4.82	\$4.94	\$5.43
R	Magnetic Resonance Imaging				
	<i>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.</i>				
S	Disability Services				
	1 Respite care services				
	a Under 16 years	per day	\$5.70	\$5.80	n/a
	b 16-17 years	per day	\$22.10	\$22.70	n/a
	c 18-20 years	per day	\$23.40	\$24.00	n/a
	d 21 years and over	per day	\$24.60	\$25.20	n/a
	2 Integrated day service (aCe Link)				
	a Activities	per session	\$3.10	\$3.20	n/a
			+ consumables	+ consumables	
	b Leapfrog Outdoor Adventure Program	per day	\$8.20	\$8.40	n/a
T	Biomedical Repairs				
	Repairs on equipment and advice/training provided during:				
	1 Core hours	per hour	\$91.16	\$93.44	\$102.80
			+ parts	+ parts	+ parts
	2 After hours	per hour	\$118.41	\$121.37	\$133.50
			+ parts	+ parts	+ parts
U	Community Rehabilitation Program				
	1 Community - Based Rehabilitation Services				
	General services to whom fees apply and commercial consultancy services				
	a Community Medical Officer	per hour (half hr min)	n/a	\$100.50	\$111.00
	b Allied Health Staff				
	i) Appointment		n/a	\$83.80	\$93.00
	Education and/or Training (for student groups, private and public sector staff groups)				
	ii) Per facilitator - business hours	per hour (half hr min)	n/a	\$48.20	\$54.00
	iii) Per facilitator - after hours	per hour (half hr min)	n/a	\$73.40	\$81.00
	2 Independent Living Centre				
	a Appointment fee for clients with third party payer				
	i) Assisted appointment	per hour (half hr min)	\$81.75	\$83.80	n/a
	ii) Non attendance at appointment		\$11.85	\$12.10	\$14.00
	b Unassisted appointments - service provided by staff member of another	per hour (half hr min)	\$27.30	\$28.00	\$31.00
	c Education and/or Training (for student groups, private and public sector staff groups)				
	i) Per facilitator - business hours	per hour (half hr min)	\$47.04	\$48.20	\$54.00
	ii) Per facilitator - after hours	per hour (half hr min)	\$71.58	\$73.40	\$81.00
	d Second hand register (referral service)				
	i) for items over \$500		\$15.75	\$16.10	\$18.00
	ii) for items under \$500		\$7.36	\$7.50	\$9.00
	iii) for more than 1 item		\$15.75	\$16.10	\$18.00
	e Consultancy fee for commercial advisory services (including travel)	per hour (half hr min)	\$81.75	\$83.80	\$93.00
	3 Equipment Loan Service				
	a Default on loan agreements	replacement + 10% admin charge (\$150 max.)	charge (\$150 max.)	charge (\$165 max.)	
	b Hire of pressure care products				
	i) Pressure Relief Mattress or Overlay Hire	per month	\$81.80	\$83.80	n/a
	ii) Pressure Relief Mattress or Overlay Hire - Pensioner Rate	per month	\$40.90	\$41.90	n/a
	iii) Pressure Reduction Mattresses and Overlays	per month	\$20.45	\$21.00	n/a
	4 ACT Equipment Scheme				
	a Continence pads and aids for incontinence	ion of continence pads or order of incontinence aids	\$20.00	\$20.50	n/a

1 JULY 2002 - ANNUAL INCREASE OF FEES & CHARGES

Item		Old Charge	New Charge	Including GST
b	Orthopaedic footwear	10% of total cost (\$50 min.)	1 cost (\$51.30 min.)	n/a
c	Orthoses	10% of total cost (\$20 min.)	1 cost (\$20.50 min.)	n/a
d	Repairs to ACTES Equipment	1/3 of total cost (\$20 min.)	1 cost (\$20.50 min.)	n/a
e	Minor home modifications	\$20.00	\$20.50	n/a
f	Walking aids	10% of total cost (\$20 min.)	1 cost (\$20.50 min.)	n/a
g	Equipment and appliances for personal use	10% of total cost (\$20 min.)	1 cost (\$20.50 min.)	n/a
h	Wigs	\$20.00	\$20.50	n/a
i	Breast Prostheses Replacement	\$20.00	\$20.50	n/a
Notes:				
i) For items other than above a client contribution may be payable direct to supplier				
ii) Cost ceilings apply - excess is paid direct to supplier.				
iii) Only charges levied by ACT Community Care (ACTCC) are listed above. Additional costs may be payable to suppliers.				
iv) 'Total cost' above refers to cost of procurement of parts plus labour incurred by ACTCC.				
5	Prosthetic and Orthotic Services			
a	New prostheses or repairs for compensable clients	per hour (half hr min)	\$81.75	\$83.80
			+ components	+ components
b	New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings apply)		15% of total cost (\$200pa max.)	15% of total cost (\$205 pa max.)
c	New orthoses	per hour (half hr min)	\$81.75	\$83.80
			+ components	+ components
d	Repairs to Orthoses	per hour (half hr min)	\$81.75	\$83.80
			+ components	+ components
e	Rehabilitation engineering maintenance/modification on equipment and advice/training	per hour (half hr min)	\$60.00	\$61.50
			+ components	+ components
f	Orthotics assessments for private and compensable clients	per hour (half hr min)		\$83.80
6	Driver Rehabilitation Service			
a	Initial Assessment - Allied Health	per hour (half hr min)	\$55.00	\$83.80
b	Initial Assessment- Compensable		\$850.00	\$871.30
c	Lesson	per hour (half hr min)	\$50.00	\$51.30
d	Lesson- Compensable	per hour (half hr min)	\$65.00	\$66.60
e	Re-assessment	per hour (half hr min)	\$50.00	\$83.80
f	Re-assessment- compensable		\$400.00	\$410.00
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 Community Care.				
7	Wheelchair and Posture Seating			
a	ACT residents, not including residential care (covered by concession card)		Component costs	Components Cost + 10%
b	Clients whom fees apply			
	i) Occupational Therapist	per hour (half hr min)	n/a	\$83.80
	ii) Community Medical Officer	per hour (half hr min)	n/a	\$98.00
	iii) Technician	per hour (half hr min)	n/a	\$61.50
			Component costs	Components Cost + 10%
V	Scientific Services			
1	Other than the ACT Coroner's Office	per hour	\$116.60	\$120.00
2	ACT Coroner's Office (Attorney-General's Dept)	per matter	\$742.00	\$761.00
W	Audiometry			
	Adult Hearing Tests	per consultation	\$27.60	\$28.30
X	Other ACT Community Care Fees			
	ACT Specialist Scheme			
1	Specialist Scheme		n/a	20% of total cost
	Education and/or Training			
1	Per facilitator - business hours	per hour	\$47.04	\$48.22
2	Per facilitator - after hours	per hour	\$71.58	\$73.37
	Community Health Care Program			
3	Chronic pain management course for compensation clients	per session	\$30.68	\$31.45
4	Nursing education - business hours	per hour	\$60.00	\$60.00
5	Nursing education - after hours	per hour	\$90.00	\$90.00
6	Sale of infection control manual	per manual	\$62.88	\$64.45
7	Podiatric surgery (materials)	per intervention	\$32.72	\$33.54
8	Simple innersoles	per pair	\$22.50	\$23.05
9	Accommodative	per pair	\$85.90	\$88.05
10	Rigid innersole	per pair	\$194.30	\$199.15
11	Day care meals	per meal	\$5.10	\$5.25
12	Consultation for nurses in private hospitals	per hour	\$59.31	\$60.79
13	Home nursing	per hour	\$59.30	\$60.80
14	Consultation overseas clients	per hour	\$59.30	\$60.80
	Child, Youth, and Womens' Health Program			
15	Copies of mammograms	per set	\$27.25	\$27.93
Y	Pharmaceutical Co-payment			

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Item			Old Charge	New Charge	Including GST
1	General non-inpatient	per item	\$15.00	\$15.40	n/a
2	Concessional non-inpatient	per item	\$3.50	\$3.60	n/a
Z	Pain Management Service				
1	Multidisciplinary Assessment	per assessment	\$825.00	\$845.60	\$930.15
2	Cognitive Behaviour Therapy program	per program	\$3,500.00	\$3,587.50	\$3,946.25
3	Coping and Life Styles Program	per program	\$351.00	\$359.80	\$395.80
4	Exercise Program	per program	\$6.00	\$6.20	\$6.80
5	Psychology Assessment	per assessment	\$158.00	\$162.00	\$178.20
6(a)	Medical Assessment and Follow-ups First visit	per visit	\$180.00	\$184.50	\$202.95
6(b)	Medical Assessment and Follow-ups First visit	per visit	\$90.00	\$92.30	\$101.55
7(a)	Pyhsiotherapy and Occuptational therapy First and subsequent visit	per visit	\$81.70	\$83.70	\$92.05
AA	Environmental Health Services				
1	Consultation - Business Hours	per hour	n/a	\$84.54	\$93.00
2	Consultation - After Hours	per hour	n/a	\$103.77	\$114.15
3	Exhumations	per matter	n/a	\$300.00	\$330.00