

# Explanatory Statement

## Health (Fees) Determination 2005 (No 2)

### Disallowable Instrument DI2005-131

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 DI2005-72, dated 20 May 2005 and notified on 26 May 2005.

The Determination comes into effect from 1 July 2005 and reproduces Determination DI2005-72 except for:

- All fees have been increased by CPI (2.5%) with the exception of:
  - Items A & B have increased in-line with the National CPI of 2.4%;
  - Items C (Accommodation for Nursing Home Type Patients) and Item D (Hostel Fees), which have increased inline with pension rates;
  - Item P1 (Opioid Treatment Service), which has not increased;
  - Item I (Pharmaceutical Co-payment), which have not increased;
  - Item O (Dental Services), which have been adjusted to reflect 20% of the Department of Veterans' Affairs (DVA) dental services fee schedule – see attachment B;
- Item formerly labelled I “Physiotherapy and Occupational Therapy” has been renamed “Allied Health Fees” and moved to X3;
- Pharmaceutical Co-payment, which was formerly labelled Y has been moved to item I;
- Item formerly labelled M4 has been removed and subsequent items renumbered;
- New fees have been introduced at D2, G, L1b, R, U2c, X2d-e and X4-5;
- Item formerly labelled J “Patient’s personnel laundry” has been removed and replaced with “Capital Region Cancer Service fees”, which was formerly labelled X15;
- the date of effect.

Attachment A & B sets out the pre-1 July 2005 fees, the post 1 July 2005 and GST inclusive fees.

## Attachment A

### 1 JULY 2005 - ANNUAL INCREASE OF FEES & CHARGES

Item		Old Charge	New Charge	Including GST	
<b>A Hospital Accommodation Fees - Standard Patients</b>					
1 a	In multiple-bed room	per day	\$255.00	\$261.00	n/a
b	In single room not at patients request	per day	\$255.00	\$261.00	n/a
c	In single room at patients request	per day	\$441.00	\$452.00	n/a
d	Hospital in the Home	per day	\$153.00	\$157.00	n/a
2	Compensable/Non-eligible				
a	Critical Care	per day	\$1,973.00	\$2,020.00	n/a
b	Inpatient (other than critical care)	per day	\$797.00	\$816.00	n/a
c	Hospital in the Home	per day	\$325.00	\$333.00	n/a
<b>B Hospital Accommodation Fees - Day Care Patients</b>					
1	Type B	per day	\$185.00	\$189.00	n/a
2	Local anaesthetic, no sedation - < 1 hour	per day	\$208.00	\$213.00	n/a
3	General or regional anaesthetic/intravenous sedation - < 1 hour	per day	\$228.00	\$233.00	n/a
4	General or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$255.00	\$261.00	n/a
<b>C Hospital Accommodation Fees - Nursing Home Type Patients</b>					
1	Over 16:				
a	Hospital patient	per day	\$33.15	\$34.80	n/a
b	Private patient	per day	\$114.00	\$117.65	n/a
2	Under 16:				
a	Hospital patient	per day	Nil	nil	n/a
b	Private patient	per day	\$80.85	\$82.85	n/a
<b>D Hostel Fees</b>					
1	Hostel Accommodation Fees	per day	\$25.25	\$26.50	n/a
2	Group House - Maintenance Fee	per fortnight	n/a	\$9.09	\$10.00
<b>E Accommodation where the person is other than a patient</b>					
1	On wards	per day	\$7.00	\$7.00	\$7.70
2	In residences - non-IPTAS eligible, others				
a	First person	per day	\$31.00	\$32.00	\$35.20
b	Second and subsequent persons, 5 years and older	per day	\$15.00	\$16.00	\$17.60
c	Each child, under 5 years	per day	\$7.00	\$7.00	\$7.70
3	In residences - IPTAS eligible and Pensioner or health care card holders				
a	First person	per day	\$21.00	\$22.00	\$24.20
b	Second and subsequent persons, 5 years and older	per day	\$12.00	\$13.00	\$14.30
c	Each child, under 5 years	per day	Nil	Nil	n/a
<b>G Pathology Service Fees</b>					
1	Non-Medicare Testing				
a	BCL-2 Translocation	per test	n/a	\$100.00	n/a
b	Cystic Fibrosis - Delta F508 mutation	1 mutation	n/a	\$80.00	n/a
c	Cystic Fibrosis - 36 mutation screen	36 mutations	n/a	\$200.00	n/a
d	DNA Extraction and Storage	per test	n/a	\$50.00	n/a
e	IgH & TCR gamma Gene rearrangements	per test	n/a	\$200.00	n/a
f	HIV Testing	per test	n/a	\$15.00	n/a

g	ThinPrep Pap Test	per test	n/a	\$24.00	n/a
h	Spore Testing	per ampoule	n/a	\$7.50	\$8.25
2	Where the Pathology Service provided involves Inpatient Services				
a	a Non-Eligible person		100% of Medicare Benefits Schedule Fee		n/a
b	a compensable patient		125% of Medicare Benefits Schedule Fee		n/a
c	a private patient		100% of Medicare Benefits Schedule Fee		n/a
d	a concessional patient		75% of Medicare Benefits Schedule Fee		n/a
3	Where the Pathology Service provided involves Outpatient Services				
a	an outpatient service		85% of Medicare Benefits Schedule Fee		n/a
b	a Non-Eligible person		100% of Medicare Benefits Schedule Fee		n/a
c	a compensable patient		125% of Medicare Benefits Schedule Fee		n/a
H Non Eligible or Compensable Outpatient Service Fee					
1	First visit	per visit	\$132.60	\$135.90	n/a
2	Second & subsequent visits	per visit	\$87.50	\$89.70	n/a
I Pharmaceutical Co-payment					
1	General non-inpatient	per item	\$22.90	\$22.90	n/a
2	Concessional non-inpatient	per item	\$4.60	\$4.60	n/a
Patient's Personnel Laundry (Formerly J)					
	Patients at Nursing Homes	per day	\$1.40	Deleted	n/a
J Capital Region Cancer Service					
1	Copies of mammograms	per set	\$29.09	\$30.00	\$33.00
K Mass Vaccinations					
1	Hepatitis A	per vaccine	\$69.70	\$71.40	n/a
2	Hepatitis B	per vaccine	\$20.30	\$20.80	n/a
3	Influenza	per vaccine	\$23.70	\$24.30	n/a
4	Other (Adult Diphtheria Tetanus, Measles Mumps Rubella, Rubella, Sabin)	per vaccine	\$11.30	\$11.60	n/a
L Facilities Hire					
Use of Accommodation Facilities at The Canberra Hospital					
	Use of Theatre (after hours)	per hour	\$130.00	\$133.50	\$146.85
	Use of Seminar Room (after hours, non-health related)	per 4 hour block (min) or part thereof	n/a	\$120.00	\$132.00
Facility Hire - Community Health					
Conference, Meeting and Group Rooms					
Commercial Use					
	- Non-Health Related	per hour	\$25.00	\$25.50	\$28.05
	- Sessional Health Related	per hour	\$17.50	\$18.00	\$19.80
Community Use					
	- Non-Health Related	per hour	\$17.50	\$18.00	\$19.80
	- Health Related	per hour	\$13.50	\$14.00	\$15.40
	Theatre (Moore Street Building)	per hour	\$74.50	\$76.50	\$84.15
M Medical Records and Health Reports					
1	Medical Practitioner Reports				

a	No further examination of the patient		\$173.00	\$177.50	\$195.25
b	As "a" by practitioner who has not previously treated patient		\$201.00	\$206.00	\$226.60
c	Where a re-examination is required		\$230.00	\$235.50	\$259.05
d	As "c" by practitioner who has not previously treated patient		\$287.50	\$294.50	\$323.95
2	Health records required to be produced by subpoena or under notice of non-party production				
a	Where 5 days notice is given		\$50.50	\$52.00	\$57.20
b	Where less than 5 days notice is given		\$84.00	\$86.00	\$94.60
3	Search Fees - includes time of birth, admin fee if nil records & cancellation fee		\$34.50	\$35.50	\$39.05
	Medical Records Department				
	Preparation of report as part of medico-legal responsibilities		\$116.00	Deleted	
4	Health Professional Reports				
a	No further examination of the patient		\$173.00	\$177.50	\$195.25
b	As "a" by practitioner who has not previously treated patient		\$201.00	\$206.00	\$226.60
c	Where a re-examination is required		\$230.00	\$235.50	\$259.05
d	As "c" by practitioner who has not previously treated patient		\$287.50	\$294.50	\$323.95
5	Clinical Notes provided to patient's solicitor		\$127.00	\$130.00	\$143.00
6	Clinical Notes provided to insurer		\$127.00	\$130.00	\$143.00
N Pathology					
	Histology testing on Coronial post mortems		\$212.00	\$274.00	\$301.40
P Alcohol & Drug Service					
1	Opioid dispensed to clients on the Opioid Treatment Service 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	\$5.15	\$5.30	\$5.83
R Medical Imaging Services					
1	Services to patients - Copies of films to patients/solicitors/coroner/police/insurers etc.				
a	18cm x 24cm sheet	per sheet	n/a	\$5.00	\$5.50
b	24cm x 30cm sheet	per sheet	n/a	\$6.00	\$6.60
c	35cm x 43cm sheet	per sheet	n/a	\$8.00	\$8.80
d	35mm slides	each	n/a	\$7.00	\$7.70
e	Digital slides	each	n/a	\$2.00	\$2.20
f	Laminating	each	n/a	\$2.00	\$2.20
g	CDs	each	n/a	\$2.00	\$2.20
h	OPG sheets	per sheet	n/a	\$6.00	\$6.60
i	DVB Laser Film	per sheet	n/a	\$8.00	\$8.80
j	Service Fee	per order processed	n/a	\$25.00	\$27.50
2	Radiographer services to coroner		n/a		
a	Monday to Friday	per hour	n/a	\$113.00	\$124.30
b	Saturday and Sunday	per hour	n/a	\$123.00	\$135.30
c	Public Holidays	per hour	n/a	\$165.00	\$181.50
d	Film	per sheet	n/a		see R1 (ex. service fee)
e	Processing	per occasion of service	n/a	\$40.00	\$44.00
S Pain Management Service					
1	Multidisciplinary Assessment	per assessment	\$862.50	\$884.10	n/a
2	Cognitive Behaviour Therapy program	per program	\$3,659.30	\$3,750.80	n/a
3	Coping and Life Styles Program	per program	\$367.00	\$376.20	n/a
4	Exercise Program	per program	\$6.30	\$6.50	n/a
5	Psychology Assessment	per assessment	\$165.20	\$169.30	n/a
6	Medical Assessment and Follow-ups First visit	per visit	\$188.20	\$192.90	n/a

a)					
6(	Medical Assessment and Follow-ups First visit	per visit	\$94.10	\$96.50	n/a
b)					
7(	Physiotherapy and Occupational therapy First	per visit	\$87.50	\$89.70	n/a
a)	and subsequent visit				
<b>T Biomedical Repairs</b>					
Repairs on equipment and advice/training provided during:					
1	Core hours	per hour	\$98.00	\$100.50	\$110.55
			+ parts	+ parts	+ parts
2	After hours	per hour	\$127.00	\$130.00	\$143.00
			+ parts	+ parts	+ parts
<b>U Community Rehabilitation Program</b>					
1 Community - Based Rehabilitation Services					
General services to whom fees apply and commercial consultancy services					
a Allied Health Staff					
i)	Appointment		\$87.50	\$89.50	\$98.45
Education and/or Training (for student groups, private and public sector staff groups)					
ii)	Per facilitator - business hours	per hour (half hr min)	\$50.50	\$52.00	\$57.20
iii)	Per facilitator - after hours	per hour (half hr min)	\$76.50	\$78.50	\$86.35
2 Independent Living Centre					
a Appointment fee for clients with third party payer					
i)	Assisted appointment	per hour (half hr min)	\$87.50	\$89.50	n/a
ii)	Non attendance at appointment		\$13.50	\$14.00	\$15.40
b	Unassisted appointments - service provided by staff member of another organisation	per hour (half hr min)	\$29.50	\$30.00	\$33.00
c Education and/or Training (for private organisations and interstate staff)					
i)	ILC Education	per half day	n/a	\$65.00	\$71.50
ii)	ILC Education	per full day	n/a	\$120.00	\$132.00
d Second hand register (referral service)					
i)	for items over \$500		\$17.50	\$18.00	\$19.80
ii)	for items under \$500		\$8.50	\$8.50	\$9.35
iii)	for more than 1 item		\$17.50	\$18.00	\$19.80
e	Consultancy fee for commercial advisory services (including travel)	per hour (half hr min)	\$88.00	\$90.00	\$99.00
3 Equipment Loan Service					
a Default on loan agreements					
			Cost of replacement + 10% admin charge (\$157 Max)	Cost of replacement + 10% admin charge (\$161 Max)	Cost of replacement + 11% admin charge (\$177.10 Max)
b Hire of pressure care products					
i)	Pressure Relief Mattress or Overlay Hire	per month	\$87.60	\$89.80	n/a
ii)	Pressure Relief Mattress or Overlay Hire - Pensioner Rate	per month	\$43.80	\$44.90	n/a
iii)	Pressure Reduction Mattresses and Overlays	per month	\$21.90	\$22.40	n/a
4 ACT Equipment Scheme					

a	Continence pads and aids for incontinence	Per carton of continence pads or order of incontinence aids	\$21.40	\$21.90	n/a
b	Orthopaedic footwear		10% of total cost (\$53.70 Min)	10% of total cost (\$55.00 Min)	n/a
c	Orthoses		10% of total cost (\$21.40 Min)	10% of total cost (\$21.90 Min)	n/a
d	Repairs to ACTES Equipment		1/3 of total cost (\$21.40 Min)	1/3 of total cost (\$21.90 Min)	n/a
e	Home modifications		10% of total cost (\$21.40 Min)	10% of total cost (\$21.90 Min)	n/a
f	Walking aids		10% of total cost (\$21.40 Min)	10% of total cost (\$21.90 Min)	n/a
g	Equipment and appliances for personal use		10% of total cost (\$21.40 Min)	10% of total cost (\$21.90 Min)	n/a
h	Wigs		\$21.40	\$21.90	n/a
i	Breast Prostheses Replacement		\$21.40	\$21.90	n/a
5 Prosthetic and Orthotic Services					
a	New prostheses or repairs for compensable clients	per hour (half hr min)	\$87.60	\$89.80	n/a
b	New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings apply)		15% of total cost (\$214 pa Max)	15% of total cost (\$219 pa Max)	n/a
c	New orthoses	per hour (half hr min)	\$87.60	\$89.80	n/a
d	Repairs to Orthoses	per hour (half hr min)	\$87.50	\$89.80	\$98.78
e	Rehabilitation engineering maintenance/modification on equipment and advice/training	per hour (half hr min)	\$64.50	\$66.00	\$72.60
f	Orthotics assessments for private and compensable clients	per hour (half hr min)	\$87.50	\$89.80	n/a
6 Driver Rehabilitation Service					
a	Initial Assessment - Non compensable	per assessment	\$57.50	\$59.00	\$64.90
b	Initial Allied Health Assessment	per assessment	\$613.50	\$629.00	n/a
c	Initial Assessment Report and Driving Instruction	per assessment	\$280.00	\$287.00	\$315.70
d	Lesson (compensable and non compensable)	per lesson	\$52.00	\$53.50	\$58.85
e	Re-assessment - Non compensable	per assessment	\$52.00	\$53.50	\$58.85
f	Allied Health Re-assessment	per assessment	\$262.50	\$269.00	n/a
g	Re-assessment Report and Driving Instruction	per assessment	\$280.00	\$287.00	\$315.70
7 Wheelchair and Posture Seating					
a	ACT residents, not including residential care (covered by concession card)		Component costs	Component costs	Component Cost + 10%
b	Clients whom fees apply				

i) Occupational Therapist	per hour (half hr min)	\$87.50	\$89.50	n/a
ii) Community Medical Officer	per hour (half hr min)	\$102.50	\$105.00	n/a
iii) Technician	per hour (half hr min)	\$64.50	\$66.00	n/a
		+ Comp. costs	+ Comp. costs	Component Cost + 10%
<b>V Health Protection Services</b>				
1 Scientific Services				
a Other than the ACT Coroner's Office	per hour	\$125.00	\$128.00	\$140.80
b ACT Coroner's Office (Attorney-General's Dept)	per matter	\$796.00	\$816.00	\$897.60
2 Other				
a Consultation - Business Hours	per hour	\$88.00	\$90.00	\$99.00
b Consultation - After Hours	per hour	\$108.50	\$111.00	\$122.10
c Exhumations	per matter	\$313.50	\$321.50	\$353.65
<b>W Audiometry</b>				
Adult Hearing Tests	per consultation	\$29.60	\$30.30	n/a
<b>X Other Community Health Fees</b>				
1 ACT Specialist Scheme				
a Specialist Scheme		20% of total cost	20% of total cost	20% of total cost
2 Community Health Care Program				
a Chronic pain management course for compensation clients	per session	\$32.50	\$33.50	\$36.85
b Nursing and Allied Health education - business hours	per hour	\$62.50	\$64.00	\$70.40
c Nursing and Allied Health education - after hours	per hour	\$94.00	\$96.50	\$106.15
d Nursing and Allied Health education (tertiary standard) - business hours	per hour	n/a	\$150.00	\$165.00
e Nursing and Allied Health education (tertiary standard) - after hours	per hour	n/a	\$225.00	\$247.50
f Sale of infection control manual	per manual	\$67.50	\$69.00	\$75.90
g Podiatric nail surgery (materials)	per intervention	\$35.00	\$48.00	\$52.80
h Non moulded innersoles	per pair	\$24.00	\$24.50	n/a
i Preformed Foot Orthoses	per pair	\$92.50	\$48.00	n/a
j Custom made Foot Orthoses	per pair	\$208.00	\$130.00	n/a
k Day care meals	per meal	\$5.50	\$5.50	n/a
l Consultation in private hospitals	per hour	\$64.00	\$65.50	\$72.05
m Community nursing	per hour	\$64.00	\$65.50	n/a
n Consultation overseas clients	per hour	\$64.00	\$65.50	n/a
3 Allied Health				
a First & subsequent visit	per visit	\$87.50	\$89.70	n/a
4 Other Medical Supplies				
a Orthotic Modifications	per pair	n/a	\$10.00	n/a
b Foot Files	Per Item	n/a	\$3.00	\$3.30
c Tubigrip - small/med	per metre	n/a	\$3.00	n/a
d Tubigrip - large	per metre	n/a	\$10.00	n/a
e Resistance Band	per metre	n/a	\$4.00	\$4.40
f Exercise Putty	per container	n/a	\$7.00	n/a
g Sportstape	per roll	n/a	\$6.00	\$6.60
h Undertape	per metre	n/a	\$5.00	\$5.50
i Lumbar Roll	per item	n/a	\$17.00	n/a
j Neck Roll	Per Item	n/a	\$16.00	n/a

k	Collar	per item	n/a	\$10.00	n/a
l	PFX Probe	Per Item	n/a	\$20.00	n/a
m	Vaginal Cone	per item	n/a	\$16.00	n/a
n	TYOB Book	per item	n/a	\$18.00	\$19.80
o	TYON Book	per item	n/a	\$18.00	\$19.80
p	Women's Waterworks Book	per item	n/a	\$10.00	\$11.00
q	Lets Get Things Moving Book	per item	n/a	\$10.00	\$11.00
r	One Step at a time Book	per item	n/a	\$20.00	\$22.00
s	Parkinson's Disease Book	per item	n/a	\$4.00	\$4.40
t	Stroke Survival Guide	per item	n/a	\$12.00	\$13.20
u	Hinged Ankle Brace	per item	n/a	\$220.00	n/a
v	Fixed Ankle Brace	per item	n/a	\$75.00	n/a
w	Limited motion brace (knee)	per item	n/a	\$130.00	n/a
x	Limited motion brace (elbow)	per item	n/a	\$225.00	n/a
y	Limited motion brace replacement foam	per item	n/a	\$20.00	n/a
z	Orthotics	per pair	n/a	\$40.00	n/a
aa	Crutches	per pair	n/a	\$30.00	n/a
bb	Crutch Tips and Handles	per item	n/a	\$3.00	n/a
cc	Collar Cervical Rigid	per item	n/a	\$80.00	n/a
dd	Walking Stick	per item	n/a	\$15.00	n/a
ee	Wrist Splint Rigid	per item	n/a	\$20.00	n/a
ff	Wrist Splint Elastic	per item	n/a	\$36.00	n/a
gg	Neoprene Thumb Splints	per item	n/a	\$35.00	n/a
hh	Foam Blocks	per item	n/a	\$2.50	\$2.75
ii	Coban Small	per item	n/a	\$2.00	n/a
jj	Coban Large	per item	n/a	\$5.00	n/a
kk	Tubigrip Sizes K	per metre	n/a	\$5.00	n/a
ll	Garment - ready made	per item	n/a	At Cost	n/a
m	Pressure Garment - made to measure	per item	n/a	At Cost	n/a
m					
nn	Paediatric Feeding Consumables	per item	n/a	At Cost	n/a
oo	Voice Protheses/consumables	per item	n/a	At Cost	n/a
pp	Simple Splints	per item	n/a	At Cost	n/a
qq	Complex Splints	per item	n/a	At Cost	n/a
5	Home Enteral Nutrition Program				
a	Equipment Only 0-6 years 11 months	per week	n/a	\$12.00	n/a
b	Equipment Only 7-12 years 11 months	per week	n/a	\$12.00	n/a
c	Equipment Only 13+ years	per week	n/a	\$12.00	n/a
d	Supplementary Feeding 0-6 years 11 months	per week	n/a	\$20.00	n/a
e	Supplementary Feeding 7-12 years 11 months	per week	n/a	\$35.00	n/a
f	Supplementary Feeding 13+ years	per week	n/a	\$36.00	n/a
g	Enteral Feeding 0-6 years 11 months	per week	n/a	\$25.00	n/a
h	Enteral Feeding 7-12 yeas 11 months	per week	n/a	\$40.00	n/a
i	Enteral Feeding 13+ years	per week	n/a	\$42.00	n/a

**Attachment B**

**1 JULY 2005 - ANNUAL INCREASE OF FEES & CHARGES  
DENTAL SERVICE FEES**

<b>Item</b>	<b>Old Charge</b>	<b>New Charge</b>	<b>Including GST</b>
<b>O Dental Services</b>			
<b>Group 0 - Examination/Diagnostic</b>			
Comprehensive Oral Exam	\$7.00	\$6.50	n/a
Periodic Exam	\$7.00	\$5.00	n/a
Emerg Exam (Min. \$20: Restorative Emergencies) -		nil	n/a
Pros Emergency Visit	\$25.00	nil	n/a
Emergency Restorative Course of Care	N/A	\$25.00	n/a
Emergency Prosthodontic Course of Care	N/A	\$25.00	n/a
Consult (incl Exam)	\$7.00	\$7.00	n/a
Consult Ext + 30 (incl Exam)	\$7.00	\$11.50	n/a
Consult by Ref (incl Exam)	nil	nil	n/a
Consult by Ref Ext +30 (incl Exam)	\$7.00	nil	n/a
Letter of Referral	\$0.00	nil	n/a
X-Ray -1 film PA or BW	\$7.00	\$5.00	n/a
Intraoral radiograph - occlusal, maxillary or mandibular - single film	\$7.00	\$7.00	n/a
Extraoral radiograph - maxillary and/or mandibular - single film	\$7.00	\$8.00	n/a
Caries activity screening test	N/A	\$4.50	n/a
Biopsy of Tissue	\$7.00	\$14.00	n/a
Pulp Test Per visit	nil	nil	n/a
Diagnostic cast	\$7.00	\$7.00	n/a
Photographic records - intraoral	nil	\$5.00	n/a
<b>Group 1 - Preventative Services</b>			
Removal of Plaque and / or stain	\$9.00	\$6.50	n/a
Recontouring - pre existing restoration/s	\$9.00	\$2.50	n/a
Calculus (supra & subging.) & Plaque Removal 1st visit	\$9.00	\$9.00	n/a
Calculus (supra & subging.) & Plaque Removal Addit. visit	\$9.00	\$6.50	n/a
Enamel micro- abrasion - per tooth	\$9.00	\$5.50	n/a
Bleaching, internal - per tooth	\$9.00	\$31.50	n/a
Bleaching, external - per tooth	\$9.00	\$28.00	n/a
Fluoride - Topical (including tooth mousse)	\$9.00	\$3.50	n/a
Concentrated fluoride, application single tooth	\$9.00	\$3.00	n/a
Dietary advice. Analysis and advice	\$9.00	\$4.00	n/a
Oral Hygiene Instr. (if more than 10 mins.)	\$9.00	\$5.50	n/a
Fissure Sealant - per tooth	\$9.00	\$5.50	n/a
Apply Desensitising Agent	\$9.00	\$3.00	n/a
Odontoplasty - per tooth	\$9.00	\$5.50	n/a
<b>Group 2 - Periodontics</b>			
Treatment of acute Periodontal Infection	\$8.00	\$8.00	n/a
Root Planing & Curettage (per 8 teeth or less)	\$20.00	\$15.50	n/a
Non-surgical periodontal treatment not otherwise specified - per visit		\$12.00	n/a
Gingivectomy (per 8 teeth or less)	\$20.00	\$23.00	n/a
Periodontal flap surgery (per 8 teeth or less)	\$20.00	\$40.50	n/a
Osseous surgery (per 8 teeth or less)	\$20.00	\$48.50	n/a
Root resection - per root	\$20.00	\$26.00	n/a
Periodontal surgery involving one tooth or an implant	\$8.00	\$9.00	n/a
<b>Group 3 - Oral Surgery</b>			
Removal of tooth or parts	\$10.00	\$14.00	n/a
Sectional removal of tooth. Bone removal maybe necessary	\$10.00	\$19.00	n/a
Surgical removal of tooth or tooth fragment not including bone	\$21.00	\$24.00	n/a
Surgical removal of tooth or tooth fragment including bone	\$21.00	\$29.50	n/a

Surgical removal of tooth or tooth fragment requiring both bone and tooth division	\$21.00	\$37.00	n/a
Alveolectomy per segment	\$21.00	\$15.00	n/a
Ostectomy	N/A	\$62.00	n/a
Reduction of fibrous tuberosity	\$21.00	\$21.00	n/a
Reduction of flabby ridge - per segment	\$21.00	\$12.00	n/a
Removal of fibrous hyperplasia	\$21.00	\$31.00	n/a
Removal of tumour, cyst or scar	\$21.00	\$23.00	n/a
Removal of tumour, cyst or scar involving muscle, done or deep tissue	\$21.00	\$82.00	n/a
Surgery to salivary duct	\$21.00	\$72.00	n/a
Surgery to salivary gland	\$21.00	\$24.50	n/a
Removal or repair of soft tissue (not elsewhere defined)	\$21.00	\$23.00	n/a
Surgical removal of foreign body	\$21.00	\$13.00	n/a
Marsupialization of cyst	\$21.00	\$43.50	n/a
Surgical exposure to unerupted tooth	\$21.00	\$37.50	n/a
Reposition tooth / Splint	\$21.00	\$22.00	n/a
Replantation of /& Splinting of tooth	\$21.00	\$43.50	n/a
Frenectomy	\$21.00	\$20.00	n/a
Drainage of abscess or cyst	\$21.00	\$11.00	n/a
Surgery involving the maxially antrum	\$21.00	\$95.50	n/a
Control of reactionary or secondary post operative haemorrhage	\$21.00	\$7.00	n/a
Group 4 - Endodontics			
Direct pulp capping	nil	\$4.00	n/a
Pulpotomy	\$15.00	\$8.50	n/a
Complete Endodontic treatment, incisor or canine tooth	\$61.00	\$54.00	n/a
Complete Endodontic treatment, premolar tooth	\$61.00	\$75.50	n/a
Complete Endodontic treatment, molar tooth	\$61.00	\$99.00	n/a
Extirpation of pulp and debridement of root canal(s) - emerg	\$15.00	\$15.50	n/a
Resorbable root canal filling - primary tooth	\$15.00	\$32.00	n/a
Periapical curettage - per root	\$15.00	\$32.00	n/a
Apicectomy- per root	\$60.00	\$33.50	n/a
Apical seal - per canal	nil	\$14.50	n/a
Sealing of perforation	\$60.00	\$39.50	n/a
Surgical treatment or repair of external root resorption	\$60.00	\$52.50	n/a
Exploration and/or negotiation of calcified canal -per canal, per visit	\$15.00	\$12.00	n/a
Removal of root filling, per canal	\$15.00	\$12.00	n/a
Removal of cemented root canal post or post crown	\$15.00	\$12.00	n/a
Removing or bypassing fractured endodontic instrument	\$15.00	\$10.00	n/a
Additional visit for irrigation and/or dressing of the root canal system - per tooth	Nil	\$12.00	n/a
Interim therapeutic root filling - per tooth	\$15.00	\$16.00	n/a
Group 5 - Restorative Services			
Metallic restoration - 1 surface - direct	\$13.00	\$11.50	n/a
Metallic restoration - 2 surface - direct	\$13.00	\$14.50	n/a
Metallic restoration - 3 surface - direct	\$13.00	\$17.50	n/a
Metallic restoration - 4 surface - direct	\$13.00	\$21.00	n/a
Metallic restoration - 5 surface - direct	\$13.00	\$24.00	n/a
Adhesive restoration - 1 surface - Anterior tooth - direct	\$13.00	\$13.50	n/a
Adhesive restoration - 2 surface - Anterior tooth - direct	\$13.00	\$16.50	n/a
Adhesive restoration - 3 surface - Anterior tooth - direct	\$13.00	\$19.00	n/a
Adhesive restoration - 4 surface - Anterior tooth - direct	\$13.00	\$22.50	n/a
Adhesive restoration - 5 surface - Anterior tooth - direct	\$13.00	\$26.00	n/a
Adhesive restoration - 1 surface Posterior tooth - direct	\$13.00	\$14.50	n/a
Adhesive restoration - 2 surface Posterior tooth - direct	\$13.00	\$18.50	n/a
Adhesive restoration - 3 surface Posterior tooth - direct	\$13.00	\$23.00	n/a
Adhesive restoration - 4 surface Posterior tooth - direct	\$13.00	\$27.00	n/a
Adhesive restoration - 5 surface Posterior tooth - direct	\$13.00	\$30.50	n/a
Provisional (Intermediate / temporary) restoration	\$5.00	\$5.50	n/a

Provisional (Intermediate / temporary) restoration Endo	nil	nil	n/a
Metal band	\$5.00	\$4.50	n/a
Pin restoration -per pin	\$5.00	\$3.50	n/a
Stainless Steel Crown	N/A	\$34.00	n/a
Cusp capping - per cusp	nil	\$3.50	n/a
Restoration of an incisal corner - per corner	nil	\$3.50	n/a
Removal of inlay/onlay	\$5.00	\$11.00	n/a
Recementing onlay/inlay	\$5.00	\$9.00	n/a
Post - direct	\$5.00	\$17.00	n/a
Group 6 - Crown and Bridge			
Provisional Crown	N/A	\$17.00	n/a
Recement Crown or veneer	\$10.00	\$10.00	n/a
Recement bridge or splint	\$10.00	\$11.50	n/a
Removal of crown	\$10.00	\$7.00	n/a
Removal of bridge or splint	\$10.00	\$21.00	n/a
Group 7 - Prosthodontics			
Full Maxillary denture	\$61.00	\$77.50	n/a
Full Mandibular denture	\$61.00	\$77.50	n/a
Metal plate or mesh	\$160.00	\$184.00	n/a
Full Maxillary & Full Mandibular dentures	\$122.00	\$139.00	n/a
Partial Max Denture - resin base	\$61.00	\$65.00	n/a
Partial Mand Denture - resin base	\$61.00	\$65.00	n/a
Partial Max Denture - cast CO/CR base	\$241.00	\$250.00	n/a
Partial Mand Denture - cast CO/CR base	\$241.00	\$250.00	n/a
Retainer - per tooth	nil	nil	n/a
Occlusal rest - per rest	nil	nil	n/a
Tooth/ Teeth (Partial denture)	nil	nil	n/a
Overlays - per tooth	nil	nil	n/a
Immediate tooth replacement - per tooth	nil	nil	n/a
Resilient Lining in addit'n to new denture	\$28.00	\$20.00	n/a
Wrought Bar	nil	nil	n/a
Metal Backing - per backing	nil	nil	n/a
Denture Adjustment (not new)	\$5.00	\$4.00	n/a
Denture Adjustment ( new)	nil	nil	n/a
Reline -Complete denture	\$28.00	\$31.50	n/a
Reline -Part denture	\$28.00	\$23.00	n/a
Remodel - complete denture	\$28.00	\$57.00	n/a
Remodel - Partial denture	\$28.00	\$45.50	n/a
Clean and polish of pre-existing denture	\$5.00	\$3.50	n/a
Denture base modification	\$28.00	\$28.50	n/a
Reattaching pre-existing tooth or clasp to denture	nil	nil	n/a
Replacing/added clasp to denture	nil	nil	n/a
Repairing broken base of complete denture	nil	nil	n/a
Repairing broken base of partial denture	nil	nil	n/a
Added tooth to partial denture to replace an extraction or decoronated tooth	nil	nil	n/a
Repair to metal casting: one point	\$85.00	\$85.00	n/a
Tissue conditioning preparatory to impressions - per application	\$5.00	\$7.00	n/a
Impression for denture repair	nil	nil	n/a
Identification	\$5.00	\$4.00	n/a
Group 7 - Provision for New Dentures (No ADA Item Numbers)			
1st Impression (New Denture) Per Impression	nil	nil	n/a
2nd Impression (New Denture) Per Impression	nil	nil	n/a
Bite (New Denture)	nil	nil	n/a
Try In (New Denture)	nil	nil	n/a
Re Try (New Denture)	nil	nil	n/a
Group 8 - Orthodontics (When Used for an Adult)			
Passive removable appliance - one arch	\$122.00	nil	n/a
Active removable appliance - one arch	\$122.00	nil	n/a
Functional orthopaedic appliance	\$122.00	nil	n/a

Passive fixed appliance	\$122.00	nil	n/a
Extra-oral appliance	\$122.00	nil	n/a
Orthodontic adjustment	nil	nil	n/a
Repair removable appliance	\$21.00	nil	n/a
Repair removable appliance - clasp, spring or tooth additional to removable appliance	\$21.00	nil	n/a
Relining removable appliance	\$21.00	nil	n/a
Group 9 - General Services			
Palliative care	\$6.00	\$5.50	n/a
After hours emergency	nil	nil	n/a
Travel to provide service	\$6.00	\$7.50	n/a
Provision of medication/ medicaments	nil	\$3.00	n/a
Local anaesthesia (dignosis or pain relief)	\$6.00	\$2.00	n/a
Treatment under G.A.	\$82.00	\$122.00	n/a
Minor Occlusal adjustment	\$6.00	\$5.50	n/a
Occlusal splint	\$46.00	\$60.00	n/a
Adjust occlusal splint	\$6.00	\$8.00	n/a
Repair/addition - occlusal splint	\$6.00	\$31.50	n/a
Splinting and stabilization - direct - per tooth	\$6.00	\$11.00	n/a
Post-operative care not elsewhere included	nil	\$8.00	n/a
Treatment not otherwise included	\$6.00	\$6.00	n/a
Group A - Restorative Referral Scheme (No ADA Item Numbers)			
Complete Endodontic treatment, incisor or canine tooth	\$61.00	\$54.00	n/a
Complete Endodontic treatment, premolar tooth	\$61.00	\$75.50	n/a
Complete Endodontic treatment, molar tooth	\$61.00	\$99.00	n/a
Group B - Child & Youth Membership Fees			
Standard Annual Fee	\$40.00	nil	n/a
Maximum Standard Annual Family Fee	\$100.00	nil	n/a
Reduced Annual Fee For Low Income Families	\$20.00	nil	n/a
Maximum Reduced Annual Family Fee	\$20.00	nil	n/a
Free for Families Covered by a Concession Card	nil	nil	n/a
Group B - Child & Youth Dental			
Assessment or Screening Examination Visit	nil	\$0.00	n/a
Standard Annual Fee	\$40.00	\$40.00	n/a
Free for families meeting eligibility criteria.	nil	nil	n/a
Group C - Child and Youth Extra Fee Services			
Passive removable appliance - one arch	50% of Group 8	\$41.50	n/a
Active removable appliance - one arch	50% of Group 8	\$41.50	n/a
Functional orthopaedic appliance	50% of Group 8	\$32.50	n/a
Passive fixed appliance	50% of Group 8	\$27.00	n/a
Extra-oral appliance	50% of Group 8	\$108.00	n/a
Orthodontic adjustment	50% of Group 8	nil	n/a
Repair removable appliance	50% of Group 8	\$8.50	n/a
Repair removable appliance - clasp, spring or tooth additional to removable appliance	50% of Group 8	\$8.00	n/a
Relining removable appliance	50% of Group 8	\$17.00	n/a
Occlusal splint	50% of Group 8	\$30.00	n/a