

## Explanatory Statement

# Health and Community Care Services – Determination of Fees 2002-03 (No 2)

### Disallowable Instrument DI2002-179

made under the

*Health and Community Care Services Act 1996, s 32 (fees and charges for health services and community care services)*

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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 DI2002-97, dated 18 June 2002.

The Determination comes into effect from the date of notification, and reproduces Determination DI2002-97 except for:

- Dental Service Fees (item 0) which have been simplified by averaging prices within the previous 10 service categories, thereby reducing the number of chargeable items;
- Community Rehabilitation Program (item U) sections 2 and 6 which have been adjusted following a review of fees and charges; and
- the date of effect.

The following tables set out the old and new fees for items effected by this determination:

#### O. Dental Services

		All prices GST inclusive (where applicable)	
		Old Fee	New Fee
Group 0: Examinations/Diagnostic			
011	Initial Exam (Min. \$20 for Course of Treatment)	\$4.50	\$7.00
011A	Initial & Restorative Referral Scheme Exam	\$8.00	\$7.00
012	Periodic Exam	\$4.00	\$7.00
013a	Emerg Exam (Min. \$20: Restorative Emergencies) – Use 915 for Weekend	\$20.00	\$20.00

013b	Pros Emergency Visit	\$20.00	\$20.00
014	Consult (incl Exam)	\$5.50	\$7.00
015	Consult Ext + 30 (incl Exam)	\$10.50	\$7.00
016	Consult by Ref (incl Exam)	\$11.50	\$7.00
017	Consult by Ref Ext +30 (incl Exam)	\$14.50	\$7.00
018	Written Report	\$4.00	\$7.00
		Old Fee	New Fee
019	Letter of Referral	\$2.00	\$7.00
021	Complete intraoral series of radiographs (10 films or more, including bitewings)	\$15.00	\$7.00
022	X-Ray -1 film PA or BW	\$4.00	\$7.00
025	Intraoral radiograph - occlusal, maxillary or mandibular - single film	\$5.00	\$7.00
031	Extraoral radiograph - maxillary and/or mandibular - single film	\$6.00	\$7.00
051	Biopsy of Tissue	\$10.50	\$7.00
071	Diagnostic cast	\$5.00	\$7.00
	Group 1: Preventative Services		
111	Plaque Removal	\$5.00	\$5.00
113	Recontour rest'n (existing)	\$8.00	\$5.00
114	Calculus (supra & subging.) & Plaque Removal 1st visit	\$9.50	\$5.00
115	Calculus (supra & subging.) & Plaque Removal Addit. visit	\$9.50	\$5.00
121	Fluoride - Topical	\$3.00	\$5.00
141	Oral Hygiene Instr. (if more than 10 mins.)	\$4.00	\$5.00
151	Mouthguard (incl model)	\$81.50	\$81.00
161	Fissure Sealant	\$6.00	\$5.00
165	Apply Desensitising Agent	\$2.50	\$5.00
182	Concentrated flouride, application - single tooth	\$4.00	\$5.00
	Group 2: Periodontics		
213	Acute Perio Infection TMT	\$6.00	\$8.00
222	Root Planing & Curettage (per 8 or less teeth)	\$11.50	\$8.00
225	Non-surgical periodontal treatment not otherwise specified - per visit	\$8.50	\$8.00
231	Gingivectomy, per segment of 8 teeth or less	\$16.50	\$20.00
232	Periodontal flap surgery, per segment of 8 teeth or less	\$24.00	\$20.00
233	Osseous surgery, per segment of 8 teeth or less	\$19.50	\$20.00
241	Root resection	\$19.50	\$20.00
245	Periodontal surgery involving one tooth	\$10.50	\$8.00
246	Papillectomy	\$6.00	\$8.00
	Group 3: Oral Surgery		
311	Extraction - perm tooth	\$10.50	\$17.00
313	Extraction - deciduous tooth	\$6.50	\$17.00
316	Extraction - Additional tooth near 311/313/316	\$7.00	\$17.00
321	Surgical Extraction-Simple	\$22.50	\$17.00
324	Surgical Extraction-Complex	\$28.00	\$17.00
325	Surgical frag - Soft Tissue only	\$12.50	\$17.00
326	Surgical frag -bone	\$16.50	\$17.00
331	Alveolectomy per segment or quadrant	\$11.50	\$17.00
334	Excision of torus or exostosis	\$31.50	\$17.00
337	Reduction of fibrous tuberosity	\$38.00	\$17.00
338	Reduction of flabby ridge per segment	\$13.50	\$17.00
341	Removal of fibrous hyperplasia	\$12.00	\$17.00
376	Surgery to salivary gland	\$54.50	\$17.00
377	Removal or repair of soft tissue (not elsewhere defined)	\$47.50	\$17.00
378	Surgical removal of foreign body	\$9.50	\$17.00
379	Marsupialisation of cyst	\$11.00	\$17.00
386	Splint / reposition tooth	\$21.50	\$17.00
387	Replantation of tooth	\$33.00	\$17.00
391	Frenectomy	\$15.00	\$17.00
392	Incis drain abcess/cyst	\$7.00	\$17.00
398	Minor soft tissue surgery	\$6.50	\$17.00
399	Insertion of suture where not integral part of another item	\$6.50	\$17.00
	Group 4: Endodontics		
411	Pulp cap -direct	\$3.00	\$13.00
412	Pulpotomy - deciduous tooth	\$6.50	\$13.00
414	Pulpotomy-perm tooth	\$6.50	\$13.00
A41	Complete Endodontic treatment, incisor or canine tooth	\$39.00	\$13.00

A42	Complete Endodontic treatment, premolar tooth	\$55.50	\$53.00
A43	Complete Endodontic treatment, molar tooth	\$72.50	\$53.00
419	Extirpation of pulp and debridement of root canal(s) - emerg	\$11.50	\$13.00
431	Periapical curettage	\$33.00	\$13.00
432	Apicectomy 1 root	\$56.50	\$53.00
434	Retrograde Rt Fil 1 root	\$44.00	\$53.00
		Old Fee	New Fee
436	Sealing of perforation	\$44.00	\$53.00
437	Treatment of external root resorption and repair	\$44.00	\$53.00
441	Bleaching Non-vital (complete tmt)	\$15.50	\$13.00
445	Explore blocked rt. canal	\$17.50	\$13.00
451	Removal of root filling, per canal	\$17.50	\$13.00
452	Removal of post or post crown	\$26.50	\$13.00
453	Removing or bypassing fractured endodontic instrument	\$22.00	\$13.00
454	Preparation of root canal to receive dowel	\$7.00	\$13.00
458	Interim therapeutic rct	\$11.00	\$13.00
	Group 5: Restorative Services		
511	Metallic - 1S -Permanent Posterior	\$9.00	\$10.00
512	Metallic - 2S -Permanent Posterior	\$11.00	\$10.00
513	Metallic - 3+S -Permanent Posterior	\$13.50	\$10.00
514	Metallic/Non-Metallic - 1S - deciduous tooth	\$8.50	\$10.00
515	Metallic/Non-Metallic - 2S - Perm deciduous tooth	\$11.00	\$10.00
516	Metallic/Non-Metallic - 3+S - Perm deciduous tooth	\$13.50	\$10.00
529	Adhesive Cervical GIC/Comp resin (non caries)	\$8.50	\$10.00
531	Non Metallic 1S - Permanent Posterior	\$11.00	\$10.00
532	Non Metallic 2S - Permanent Posterior	\$14.00	\$10.00
533	Non Metallic 3+S - Permanent Posterior	\$17.00	\$10.00
537	Non Metallic 1S - Anterior	\$10.50	\$10.00
538	Non Metallic 2S - Anterior	\$12.50	\$10.00
539	Non Metallic 3+S - Anterior	\$14.50	\$10.00
571	Recement inlay	\$6.50	\$10.00
572A	Temp. Restoration	\$5.00	\$10.00
573	Temp Crown	\$13.00	\$10.00
574	Temp Rest'n & Metal band	\$7.50	\$10.00
575	Pin retension -per pin	\$2.50	\$10.00
577	Cusp capping - per cusp	\$3.00	\$10.00
584	Resin lam veneer facing	\$19.50	\$10.00
597	POST - cast,wrought or preformed	\$10.00	\$10.00
598	Complex crown -Amalgam	\$18.00	\$10.00
599	Complex crown - Comp resin	\$19.50	\$10.00
	Group 6: Crown and Bridge		
611	Resin Jacket crown	\$78.50	\$40.00
619	Cast gold crown with facing	\$126.00	\$40.00
651	Recement Crown	\$7.50	\$40.00
652	Recement bridge or splint	\$8.50	\$40.00
655	Removal of crown	\$11.00	\$40.00
656	Removal of bridge or splint	\$11.00	\$40.00
	Group 7: Prosthodontics		
711	Full Maxillary denture	\$66.50	\$60.00
712	Full Mandibular denture	\$66.50	\$60.00
716a	Metal palate or plate (additional to items 711, 712, 719)	\$170.00	\$170.00
716b	Mesh only	\$144.50	\$170.00
721a	Partial max denture - acrylic base, 1-4 teeth, insert appliance	\$45.00	\$60.00
721b	Partial max denture - acrylic base, 5-9 teeth inclusive, insert appliance	\$54.50	\$60.00
721c	Partial max.denture - acrylic base, 10-12 teeth inclusive, insert appliance	\$61.50	\$60.00
722a	Partial mand denture - acrylic base, 1-4 teeth, insert appliance	\$45.00	\$60.00
722b	Partial mand denture - acrylic base, 5-9 teeth inclusive, insert appliance	\$54.50	\$60.00
722c	Partial mand.denture - acrylic base, 10-12 teeth inclusive, insert appliance	\$61.50	\$60.00
727a	Partial max denture - cast CO/CR base, 1-4 teeth, insert appliance	\$215.00	\$230.00
727b	Partial max denture - cast CO/CR base, 5-9 teeth inclusive, insert appliance	\$224.50	\$230.00
727c	Partial max denture - cast CO/CR base,10-12 teeth inclusive, insert appl.	\$231.50	\$230.00
728a	Partial mand denture - cast CO/CR base, 1-4 teeth, insert appliance	\$215.00	\$230.00
728b	Partial mand denture - cast CO/CR base, 5-9 teeth inclusive, insert appl.	\$224.50	\$230.00
728c	Partial mand denture - cast CO/CR base,10-12 teeth inclusive, insert appl.	\$231.50	\$230.00

734	Chrome cobalt onlay/backings	\$28.50	\$28.00
743	Reline -Complete denture	\$26.00	\$40.00
744	Reline -Part denture	\$19.00	\$40.00
746A	Remodel - Partial denture – acrylic base, 1-4 teeth	\$40.00	\$40.00
746B	Remodel - Partial denture – acrylic base, 5-9 teeth	\$54.50	\$40.00
746C	Remodel - Partial denture – acrylic base, 10-12 teeth	\$61.00	\$40.00
		Old Fee	New Fee
749	Resilient lining (not new)	\$31.00	\$40.00
761	Repair - 1 Point	\$8.50	\$20.00
762	Repair - 2 Point	\$17.00	\$20.00
763	Repair - 3 Point	\$25.50	\$20.00
768A	Add tooth due to extraction	\$12.00	\$40.00
768B	Add extra per tooth due to extraction	\$6.00	\$40.00
769a	Repair to metal casting: one point	\$76.00	\$40.00
769b	Repair to metal casting: each additional point	\$43.00	\$40.00
	Group 8: Orthodontics (When used for an Adult)		
811	Passive removable appliance - one arch	\$30.00	\$119.00
812	Passive removable appliance - two arches	\$40.00	\$119.00
821	Active removable appliance - one arch	\$52.00	\$119.00
822	Active removable appliance - two arches	\$104.00	\$119.00
823	Functional orthopaedic appliance	\$127.00	\$119.00
829	Partial banding - one arch	\$161.50	\$119.00
830	Partial banding - two arches	\$269.00	\$119.00
831	Full arch banding - one arch	\$244.50	\$119.00
834	Full arch banding - two arches	\$407.50	\$119.00
841	Fixed palatal or lingual arch appliance	\$129.00	\$119.00
843	Rapid maxillary expansion appliance	\$129.00	\$119.00
845	Space maintainer - fixed	\$43.00	\$119.00
851	Extra-oral appliance	\$172.00	\$119.00
875	Repair removable appliance	\$13.50	\$119.00
877	Orthodontic extrusion of tooth	\$97.00	\$119.00
	Group 9: General Services		
911	Palliative emergency care	\$4.00	\$6.00
912	Sedative dressing (emerg)	\$5.50	\$6.00
915	After hours emergency	\$4.00	\$6.00
924	Drug prescription	\$2.50	\$6.00
931	Home visit (additional to other items)	\$4.00	\$6.00
932	Hospital visit (additional to other items)	\$4.00	\$6.00
943	Sedation - Inhalation	\$5.00	\$6.00
949	Load treat under G.A.	\$20.00 Flat Fee for GA appointment	\$80.00
961	Minor Occlusal adjustment	\$5.00	\$6.00
965	Occlusal splint	\$45.50	\$45.00
966	Adjust occlusal splint	\$6.00	\$6.00
981	Splinting & Stabilisation	\$17.50	\$6.00

## U. Community Rehabilitation Program

All prices GST inclusive (where applicable)

### 2. Independent Living Centre

	Old Fee	New Fee
(a) Appointment fee for client with third party payer		
i) Assisted appointment and report writing	\$83.80	\$83.80
ii) Non attendance at appointment	\$14.00	\$14.00
(b) Unassisted appointments - service provided by staff member of another organisation		
i) Unassisted appointment under 1.5 hour	\$31.00	\$31.00
(c) Education and/or Training (for student groups private and public sector staff groups)		
i) Per facilitator - business hours	\$54.00	\$54.00
ii) Per facilitator - after hours	\$81.00	\$81.00
(d) Second hand register (referral service)		
i) for items over \$500	\$18.00	\$18.00
ii) for items under \$500	\$9.00	\$9.00
iii) for more than 1 item	\$18.00	\$18.00
(e) Consultancy fee for commercial advisory services (including travel)		
(i) Consultancy Fee	\$93.00	\$93.00

All prices GST inclusive (where applicable)

## 6. Driver Rehabilitation Service

	Old Fee	New Fee
(a) Initial Assessment – Non Compensable	\$83.80	\$55.00
- Initial Assessment – Compensable (replaced by b & c)	\$958.45	-
(b) Initial Allied Health Assessment	-	\$586.60
(c) Initial Assessment Report and Driving Instruction	-	\$294.36
(d) Lesson	\$56.45	\$55.00
- Lesson – Compensable (charge included in d)	\$73.25	-
(e) Re-assessment – Non Compensable	\$83.80	\$55.00
- Re-assessment – Compensable (replaced by f & g)	\$451.00	-
(f) Allied Health Re-assessment	-	\$251.40
(g) Re-assessment Report and Driving Instruction	-	\$294.36