

EXPLANATORY STATEMENT
AUSTRALIAN CAPITAL TERRITORY
HEALTH AND COMMUNITY CARE SERVICES ACT 1996
DETERMINATION OF FEES AND CHARGES
INSTRUMENT NO. 110 OF 2001

Under Section 32 of the *Health and Community Care Services Act 1996*, the Minister may, by notice in the *Gazette*, 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 No. 334 of 2000, dated 30 October 2000, which was notified in Australian Capital Territory Gazette No. 45 on 9 November 2000.

The Determination comes into effect on 1 July 2001, and reproduces Determination No. 334 of 2000 except for:

- Hospital accommodation fees A1a-b which have increased in line with fees set by the Commonwealth Department of Health and Aged Care;
- Hospital accommodation fees A1c, A2 and B which have increased in line with the CPI movement for Australia of 6% (March 2000 to March 2001);
- Fees for Nursing Home Type Patients (C), Hostel Fees (D) and Disability Services (S1-2) which have been increased in line with pension rates;
- Fees in parts E, H-N, P1, Q-T and V-X which have been increased by 2.25%, in line with estimated CPI movements for the ACT for 2001-02;
- Dental Service Fees (O) which have been set at 15% of the Department of Veteran's Affairs (DVA) Dental Service Fees schedule;
- Radiation Safety Section (formerly U) which have been merged with V;
- Item V which has been renamed Scientific Services;
- Fees for Pharmaceutical Co-payment (Y) which are set in-line with Commonwealth Pharmaceutical Benefits Schedule;
- Item U (Community Rehabilitation Program) which is a new section and incorporates fees for the Independent Living Centre, Equipment Loan Service, ACT Equipment Scheme and Prosthetic and Orthotic Services; and
- The date of effect.

All these increases are set-out in Attachment A where 'Old Charge' represents the base fee before 1 July 2001, 'New Charge' represents the base fee effective from 1 July 2001 and 'Including GST' represents the fee inclusive of GST effective from 1 July 2001;

Dated this sixth day of June 2001

MICHAEL MOORE
Minister for Health, Housing
and Community Services

1 JULY 2001 - 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	\$222.00	\$235.00	n/a
	b In single room not at patients request	per day	\$222.00	\$235.00	n/a
	c In single room at patients request	per day	\$383.00	\$406.00	n/a
2	Compensable/Non-eligible	per day	\$683.00	\$724.00	n/a
B Hospital Accommodation Fees - Day Care Patients					
1	Type B	per day	\$159.00	\$169.00	n/a
2	Local anaesthetic, no sedation - < 1 hour	per day	\$180.00	\$191.00	n/a
3	General or regional anaesthetic/intravenous sedation - < 1 hour	per day	\$199.00	\$211.00	n/a
4	General or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$222.00	\$235.00	n/a
C Hospital Accommodation Fees - Nursing Home Type Patients					
1	Over 16:				
	a Hospital patient	per day	\$28.10	\$29.65	n/a
	b Private patient	per day	\$101.85	\$105.10	n/a
2	Under 16:				
	a Hospital patient	per day	Nil	Nil	n/a
	b Private patient	per day	\$73.75	\$75.45	n/a

D Hostel Fee

1 Hostel Accommodation Fees	per day	\$21.40	\$22.60	n/a
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E Accommodation where the person is other than a patient

1 On wards	per day	\$5.80	\$5.93	\$6.50
2 In residences				
a First person	per day	\$25.00	\$25.56	\$28.10
b Second person	per day	\$12.30	\$12.58	\$13.85
c Children 12 years and under	per day	\$6.15	\$6.29	\$6.90
d Family rooms	per day	\$45.00	\$46.01	\$50.60
3 In residences - Pensioner or health care card holder				
a First person	per day	\$18.00	\$18.41	\$20.25
b Second person	per day	\$10.25	\$10.48	\$11.55
c Children 12 years and under	per day	\$6.15	\$6.29	\$6.90
d Family rooms	per day	\$35.00	\$35.79	\$39.35
4 Flats				
a One bedroom	per week	\$143.50	\$146.73	\$161.40
b Two bedroom	per week	\$157.85	\$161.40	\$177.55

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	\$120.95	\$123.70	n/a
2 second & subsequent visits	per visit	\$79.95	\$81.70	n/a

I Physiotherapy & Occupational Therapy

First & subsequent visit	per visit	\$79.95	\$81.70	n/a
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J Patient's Personnel Laundry

Patients at Nursing Homes	per day	\$1.25	\$1.30	n/a
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K Mass Vaccinations

1 Hepatitis A	per vaccine	\$63.55	\$65.00	n/a
2 Hepatitis B	per vaccine	\$18.45	\$18.90	n/a
3 Influenza	per vaccine	\$21.50	\$22.00	n/a

4 Other (Adult Diphtheria Tetanus, Measles Mumps Rubella, Rubella, Sabin)	per vaccine	\$10.25	\$10.50	n/a
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L Facilities Hire

Use of Accommodation Facilities at The Canberra Hospital

Use of Theatre (after hours)	per hour	\$118.90	\$121.58	\$133.75
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Facility Hire - ACT Community Care Conference, Meeting and Group Rooms

Commercial Use

- Non-Health Related	per hour	\$23.00	\$23.52	\$25.85
- Sessional Health Related	per hour	\$16.00	\$16.36	\$18.00

Community Use

- Non-Health Related	per hour	\$16.00	\$16.36	\$18.00
- Health Related	per hour	\$12.00	\$12.27	\$13.50

Theatre (Moore Street Building)	per hour	\$68.00	\$69.53	\$76.50
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M Medical Records and Health Reports

1 Medical Practitioner Reports

a No further examination of the patient		\$157.85	\$161.40	\$177.50
b As "a" by practitioner who has not previously treated patient		\$183.45	\$187.58	\$206.35
c Where a re-examination is required		\$210.10	\$214.83	\$236.30
d As "c" by practitioner who has not previously treated patient		\$262.40	\$268.30	\$295.15

2	Health records required to be produced by subpoena			
a	Where 5 days notice is given	\$46.10	\$47.14	\$51.85
b	Where less than 5 days notice is given	\$76.85	\$78.58	\$86.40
3	Search Fees	\$31.75	\$32.46	\$35.70
4	Medical Records Department			
	Preparation of report as part of medico-legal responsibilities	\$105.55	\$107.92	\$118.70
5	Health Professional Reports			
a	No further examination of the patient	\$157.85	\$161.40	\$177.50
b	As "a" by practitioner who has not previously treated patient	\$183.45	\$187.58	\$206.35
c	Where a re-examination is required	\$210.10	\$214.83	\$236.30
d	As "c" by practitioner who has not previously treated patient	\$262.40	\$268.30	\$295.15
6	Clinical Notes provided to patient's solicitor	\$115.80	\$118.41	\$130.25
7	Clinical Notes provided to insurer	\$115.80	\$118.41	\$130.25

N Pathology

	Coronial post mortems	\$193.70	\$198.06	\$217.85
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O Dental Services

Group 0: Examinations/Diagnostic

011	Initial Exam (Min. \$20 for Course of Treatment)	\$4.00	\$4.00	n/a
011A	Initial & Restorative Referral Scheme Exam	\$7.50	\$7.50	n/a
012	Periodic Exam	\$3.50	\$3.50	n/a
013a	Emerg Exam (Min. \$20: Restorative	\$20.00	\$20.00	n/a

Emergencies) - Use 915 for Weekend				
013b	Pros Emergency Visit	\$20.00	\$20.00	n/a
013	Emerg Exam For Child & Youth Only	n/a		No Fee (M'ship Required)
014	Consult (incl Exam)	\$4.00	\$4.00	n/a
015	Consult Ext + 30 (incl Exam)	\$10.00	\$10.50	n/a
016	Consult by Ref (incl Exam)	\$11.50	\$11.50	n/a
017	Consult by Ref Ext +30 (incl Exam)	\$13.50	\$14.00	n/a
018	Written Report	\$4.00	\$4.00	n/a
019	Letter of Referral	\$1.50	\$1.50	n/a
021	Complete intraoral series of radiographs (10 films or more, including bitewings)	\$14.00	\$14.50	n/a
022	X-Ray -1 film PA or BW	\$3.50	\$3.50	n/a
023	X-Ray -2 films PA or BW	\$5.50	\$5.50	n/a
024	X-Ray -Additional PA or BW	\$2.50	\$2.50	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	\$5.50	n/a
051	Biopsy of Tissue	\$9.50	\$9.50	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	\$4.00	n/a
113	Recontour rest'n (existing)	\$7.50	\$7.50	n/a
114	Calculus (supra & subging.) & Plaque Removal 1st visit	\$9.00	\$9.00	n/a

115	Calculus (supra & subging.) & Plaque Removal Addit. visit	\$9.00	\$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	\$77.50	n/a
161	Fissure Sealant	\$5.50	\$5.50	n/a
165	Apply Desensitising Agent	\$2.00	\$2.00	n/a
182	Concentrated flouride, application - single tooth	\$4.00	\$4.00	n/a
Group 2: Periodontics				
213	Acute Perio Infection TMT	\$5.50	\$5.50	n/a
222	Root Planing & Curretage (per 8 or less teeth)	\$11.00	\$11.00	n/a
225	Non-surgical periodontal treatment not otherwise specified - per visit	\$8.00	\$8.00	n/a
231	Gingivectomy, per segment of 8 teeth or less	\$15.50	\$16.00	n/a
232	Periodontal flap surgery, per segment of 8 teeth or less	\$23.00	\$23.00	n/a
233	Osseous surgery, per segment of 8 teeth or less	\$19.00	\$19.00	n/a
241	Root resection	\$19.00	\$19.00	n/a
245	Periodontal surgery involving one tooth	\$10.00	\$10.00	n/a
246	Papillectomy	\$6.00	\$6.00	n/a
Group 3: Oral Surgery				
311	Extraction - perm tooth	\$10.00	\$10.00	n/a
312	Extract - Root Fragment (from 311/313)	\$5.00	\$5.00	n/a

313	Extraction - deciduous tooth	\$6.50	\$6.50	n/a
316	Extraction - Additional tooth near 311/313/316	\$6.50	\$6.50	n/a
321	Surgical Extraction-Erupted	\$21.50	\$21.50	n/a
324	Surgical removal of unerupted or partly erupted tooth, both remove bone and tooth division	\$26.50	\$26.50	n/a
325	Surgical frag - Soft Tissue only	\$12.00	\$12.00	n/a
326	Surgical frag -bone	\$15.50	\$16.00	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	\$10.50	\$11.00	n/a
334	Excision of torus or exostosis	\$30.00	\$30.50	n/a
337	Reduction of fibrous tuberosity	\$36.00	\$36.50	n/a
338	Reduction of flabby ridge per segment	\$13.00	\$13.00	n/a
341	Removal of fibrous hyperplasia	\$11.50	\$12.00	n/a
376	Surgery to salivary gland	\$49.50	\$50.00	n/a
377	Removal or repair of soft tissue (not elsewhere defined)	\$45.50	\$46.00	n/a
378	Surgical removal of foreign body	\$9.00	\$9.50	n/a
379	Marsupialisation of cyst	\$11.00	\$11.00	n/a
386	Splint / reposition tooth	\$20.50	\$20.50	n/a
387	Replantation of tooth	\$31.00	\$31.50	n/a
391	Frenectomy	\$13.00	\$13.00	n/a
392	Incis drain abcess/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	\$6.00	n/a
414	Pulpotomy-perm tooth	\$6.00	\$6.00	n/a
415	Prep of root canal	\$19.50	\$19.50	n/a
416	Prep of additional root canal	\$6.50	\$7.00	n/a
417	Obturation -1 canal	\$15.50	\$16.00	n/a
418	Obturation - addt. canal	\$3.50	\$4.00	n/a
419	Extirpation of pulp and debridement of root canal(s) - emerg	\$10.50	\$10.50	n/a
431	Periapical curettage	\$31.50	\$31.50	n/a
432	Apicectomy 1 root	\$54.00	\$54.50	n/a
434	Retrograde Rt Fil 1 root	\$42.00	\$42.00	n/a
436	Sealing of perforation	\$42.00	\$42.00	n/a
437	Treatment of external root resorption and repair	\$42.00	\$42.00	n/a
441	Bleaching Non-vital (complete tmt)	\$14.50	\$15.00	n/a
445	Explore blocked rt. canal	\$16.50	\$17.00	n/a
451	Removal of root filling, per canal	\$16.50	\$17.00	n/a
452	Removal of post or post crown	\$25.00	\$25.50	n/a
453	Removing or bypassing fractured endodontic instrument	\$21.00	\$21.00	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	\$10.50	n/a

Group 5: Restorative Services

511	Amalgam - 1S -Perm	\$8.00	\$8.50	n/a
512	Amalgam - 2S -Perm	\$10.50	\$10.50	n/a
513	Amalgam- 3+S -Perm	\$12.50	\$13.00	n/a
514	Amalgam - 1S - deciduous tooth	\$8.00	\$8.50	n/a
515	Amalgam - 2S -Perm deciduous tooth	\$10.50	\$10.50	n/a
516	Amalgam- 3+S -Perm deciduous tooth	\$12.50	\$13.00	n/a
521	G.I.C. - 1S	\$9.00	\$9.00	n/a
522	G.I.C. - 2S	\$9.50	\$10.00	n/a
523	G.I.C. - 3+S	\$10.50	\$10.50	n/a
529	Adhesive Cervical GIC/Comp resin (non caries)	\$8.00	\$8.00	n/a
531	Comp resin 1S -Posterior	\$10.50	\$10.50	n/a
532	Comp resin 2S -Posterior	\$13.00	\$13.00	n/a
533	Comp resin 3+S -Posterior	\$16.00	\$16.00	n/a
537	Comp resin 1S -Anterior	\$9.50	\$10.00	n/a
538	Comp resin 2S -Anterior	\$12.00	\$12.00	n/a
539	Comp resin 3+S -Anterior	\$13.50	\$13.50	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	\$12.50	n/a
574	Temp Rest'n & Metal band	\$7.00	\$7.50	n/a
575	Pin retentsion -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	\$19.00	n/a

597	POST - cast,wrought or preformed	\$9.50	\$9.50	n/a
598	Complex crown -Amalgam	\$17.00	\$17.50	n/a
599	Complex crown - Comp resin	\$18.50	\$19.00	n/a

Group 6: Crown and Bridge

611	Resin Jacket crown	\$74.50	\$75.50	n/a
619	Cast gold crown with facing	\$108.00	\$109.50	n/a
651	Recement Crown	\$7.00	\$7.00	n/a
652	Recement bridge or splint	\$8.00	\$8.00	n/a
655	Removal of crown	\$10.50	\$10.50	n/a
656	Removal of bridge or splint	\$10.50	\$10.50	n/a

Group 7: Prosthodontics

711	Full upper denture	\$59.00	\$59.50	n/a
712	Full lower denture	\$59.00	\$59.50	n/a
716a	Metal palate or plate (additional to items 711, 712, 719)	\$156.50	\$158.00	n/a
716b	Mesh only	\$129.00	\$130.00	n/a
719	FU & FL dentures	\$100.00	\$101.50	n/a
721a	Partial max denture - acrylic base1-4 teeth, insert appliance	\$42.50	\$47.00	n/a
721b	Partial max denture - acrylic base, 5-9 teeth inclusive, insert appliance	\$55.50	\$55.50	n/a
721c	Partial max.denture - acrylic base, 10-12 teeth inclusive, insert appliance	\$62.00	\$62.00	n/a
722a	Partial mand denture - acrylic base1-4 teeth, insert appliance	\$42.50	\$47.00	n/a
722b	Partial mand denture - acrylic base, 5-9 teeth	\$55.50	\$55.50	n/a

	inclusive, insert appliance			
722c	Partial mand.denture - acrylic base, 10-12 teeth inclusive, insert appliance	\$62.00	\$62.00	n/a
727a	Partial max denture - cast CO/CR base, 1-4 teeth, insert appliance	\$221.00	\$204.00	n/a
727b	Partial max denture - cast CO/CR base, 5-9 teeth inclusive, insert appliance	\$237.50	\$214.50	n/a
727c	Partial max denture - cast CO/CR base, 10-12 teeth inclusive, insert appl.	\$248.00	\$222.50	n/a
728a	Partial mand denture - cast CO/CR base, 1-4 teeth, insert appliance	\$221.00	\$204.00	n/a
728b	Partial mand denture - cast CO/CR base, 5-9 teeth inclusive, insert appl.	\$237.50	\$214.50	n/a
728c	Partial mand denture - cast CO/CR base, 10-12 teeth inclusive, insert appl.	\$248.00	\$222.50	n/a
734	Chrome cobalt onlay/backings/Per Tooth	\$4.00	\$4.00	n/a
737	Resilient Lining in addit'n to new denture	\$15.00	\$11.50	n/a
741	Adjust complete denture (not new)	\$4.00	\$3.50	n/a
742	Adjust part denture (not new)	\$4.00	\$3.50	n/a
743	Reline -Complete denture	\$21.50	\$23.50	n/a
744	Reline -Part denture	\$16.50	\$21.55	n/a
749	Resilient lining (not new)	\$29.00	\$32.50	n/a
753	Clean and polish of denture	\$5.00	\$5.00	n/a
761	Repair - 1 Point	\$8.00	\$8.50	n/a
762	Repair - 2 Point	\$15.50	\$17.00	n/a
763	Repair - 3 Point	\$23.00	\$25.50	n/a
768A	Add tooth due to extraction	\$10.50	\$11.50	n/a
768B	Add extra per tooth due to extraction	\$5.50	\$6.00	n/a

769a	Repair to metal casting: one point	\$68.00	\$68.50	n/a
769b	Repair to metal casting: each additional point	\$38.50	\$39.00	n/a
771a	Tissue conditioning - one treatment	\$4.50	\$4.50	n/a
771b	Tissue conditioning - two treatments	\$8.50	\$8.50	n/a
771c	Tissue conditioning - three treatments	\$12.50	\$13.50	n/a
776	Impression for denture repair	\$2.50	\$2.50	n/a

Group 8: Orthodontics (When used for an Adult)

811	Passive removable appliance - one arch	\$28.50	\$29.00	n/a
812	Passive removable appliance - two arches	\$38.50	\$38.50	n/a
821	Active removable appliance - one arch	\$49.50	\$50.00	n/a
822	Active removable appliance - two arches	\$99.00	\$100.00	n/a
823	Functional orthopaedic appliance	\$120.50	\$122.00	n/a
829	Partial banding - one arch	\$153.50	\$155.00	n/a
830	Partial banding - two arches	\$256.00	\$258.50	n/a
831	Full arch banding - one arch	\$233.00	\$235.00	n/a
834	Full arch banding - two arches	\$388.00	\$392.00	n/a
841	Fixed palatal or lingual arch appliance	\$123.00	\$124.00	n/a
843	Rapid maxillary expansion appliance	\$123.00	\$124.00	n/a
845	Space maintainer - fixed	\$41.00	\$41.50	n/a
851	Extra-oral appliance	\$164.00	\$165.50	n/a
871	Orthodontic adjustment	No Fee For Service	No Fee For Service	n/a
875	Repair removable appliance	\$13.00	\$13.00	n/a
877	Orthodontic extrusion of tooth	\$92.00	\$93.00	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
936A	Failed to attend appointment	\$20.00	\$20.00	n/a
936B	Cancelled By Patient with insufficient notice IE On the DAY	\$20.00	\$20.00	n/a
941	Local anaesthesia:- Diagnostic Local Anesthesia+B15	\$1.50	\$1.50	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	
961	Minor Occlusal adjustment	\$5.00	\$5.00	n/a
965	Occlusal splint	\$43.00	\$43.00	n/a
966	Adjust occlusal splint	\$6.00	\$6.00	n/a
981	Splinting & Stabilisation	\$16.50	\$16.50	n/a
Group A: Restorative Referral Scheme				
A31	Mucoperiosteal flap to remove tooth or root (321 or 324)	\$43.55	\$21.50	n/a
A41	Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$35.00	\$35.00	n/a
A42	Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$45.50	\$45.50	n/a

A43	Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])		\$56.00	\$56.00	n/a
A51	Simple filling, not involving proximal surface(Av 511,512,531,537 & 521)		\$9.50	\$9.50	n/a
A52	Complex filling, involving proximal surface (Av. 513,538 & 539)		\$12.50	\$12.50	n/a
A53	Full coverage complex restoration, including pins/ or bonding (598)		\$17.00	\$17.00	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)		n/a	\$100.00	n/a
	Category B (Reduced fee for families receiving more than the minimum rate of Centrelink Family Allowance payment)		n/a	\$50.00	n/a
P Alcohol & Drug Service					
1	Service reports supplied to insurance agents and solicitors	per session	\$36.00	\$36.81	\$40.50
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	\$2.45	\$2.51	\$2.75

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 Disability Services

1 Respite care services

a	Under 16 years	per day	\$5.60	\$5.70	n/a
b	16-17 years	per day	\$21.60	\$22.10	n/a
c	18-20 years	per day	\$22.90	\$23.40	n/a
d	21 years and over	per day	\$24.10	\$24.60	n/a

2 Long term accommodation fees

a	Under 16 years	per fortnight	\$78.40	\$80.15	n/a
b	16-17 years	per fortnight	\$302.40	\$309.20	n/a
c	18-20 years	per fortnight	\$320.60	\$327.80	n/a
d	21 years and over	per fortnight	\$337.40	\$345.00	n/a

3 Integrated day service (aCe Link)

a	Activities	per session	\$3.00	\$3.10	n/a
			+ consumables	+	
				consumables	

b	Leapfrog Outdoor Adventure Program	per day	\$8.00	\$8.20	n/a
T Biomedical Repairs					
	Repairs on equipment and advice/training provided during:				
1	Core hours	per hour	\$89.15	\$91.16	\$100.30
			+ parts	+ parts	+ parts
2	After hours	per hour	\$115.80	\$118.41	\$130.25
			+ parts	+ parts	+ parts
U Community Rehabilitation Program					
1	Independent Living Centre				
a	Appointment fee for compensable injury/illness and or work related injury/illness				
	i) Assisted appointment	per hour	\$66.60	\$81.75	n/a
	ii) Non attendance at appointment		\$10.30	\$11.85	\$13.05
b	Unassisted appointments - service provided by staff member of another organisation	per hour	\$26.70	\$27.30	\$30.05
c	Education and/or Training (for student groups private and public sector staff groups)				
	i) Per facilitator - business hours	per hour	\$46.00	\$47.04	\$51.75
	ii) Per facilitator - after hours	per hour	\$70.00	\$71.58	\$78.75
d	Second hand register (referral service)				
	i) for items over \$500		\$15.40	\$15.75	\$17.35
	ii) for items under \$500		\$7.20	\$7.36	\$8.10
	iii) for more than 1 item		\$15.40	\$15.75	\$17.35
e	Consultancy fee for commercial advisory services (including travel)	per hour	-	\$81.75	\$89.95

2 Equipment Loan Service

a	Default on loan agreements			-	Cost of replacement + 10% admin charge (\$150 max.)	Cost of replacement + 11% admin charge (\$165 max.)	
b	Hire of pressure care products						
	i) Pressure Relief Mattress or Overlay Hire	per month	\$80.00		\$81.80		n/a
	ii) Pressure Relief Mattress or Overlay Hire - Pensioner Rate	per month	\$40.00		\$40.90		n/a
	iii) Pressure Reduction Mattresses and Overlays	per month	\$20.00		\$20.45		n/a

3 ACT Equipment Scheme

a	Continence pads and aids for incontinence	Per carton of continence pads or order of incontinence aids		-	\$20.00		n/a
b	Orthopaedic footwear			-	10% of total cost (\$50 min.)		n/a
c	Orthoses			-	10% of total cost (\$20 min.)		n/a

d	Repairs to ACTES Equipment	- 1/3 of total cost (\$20 min.)	n/a
e	Home modifications	- \$20.00	n/a
f	Walking aids	- 10% of total cost (\$20 min.)	n/a
g	Equipment and appliances for personal use	- 10% of total cost (\$20 min.)	n/a
h	Wigs	- \$20.00	n/a
i	Breast Prostheses	- \$20.00	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.

4	Prosthetic and Orthotic Services				
a	New prostheses or repairs for compensible clients	per hour	-	\$81.75	n/a
				+	
				components	
b	New prostheses or repairs for non compensible clients not holding concession cards (cost ceilings apply)	per hour	-	15% of total cost (\$200pa max.)	n/a
c	New orthoses	per hour	-	\$81.75	n/a
				+	
				components	
d	Repairs to Orthoses	per hour	-	\$81.75	\$89.95
				+	+ components
				components	
e	Rehabilitation engineering maintenance/modification on equipment and advice/training	per hour	-	\$60.00	\$66.00
				+	+ components
				components	
f	Community Medical Officer		-		
	i) Consultation not covered by concession card	per hour		\$98.00	\$107.80
g	Driver Rehabilitation Service				
	i) Initial Assessment	per hour	-	\$55.00	n/a
	ii) Initial Assessment- Compensible		-	\$850.00	\$935.00
	iii) Lesson	per hour	-	\$50.00	\$55.00
	iv) Lesson- Compensible	per hour	-	\$65.00	\$71.50

v) Re-assessment	per hour	-	\$50.00	n/a
vi) Re-assessment- compensible		-	\$400.00	\$440.00

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.

Radiation Safety Section

Consultancy fees for outside organisations	per hour	\$92.25	n/a	n/a
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V Scientific Services

1 Other than the ACT Coroner's Office	per hour	\$114.00	\$116.60	\$128.25
2 ACT Coroner's Office (Attorney-General's Dept)	per matter	\$725.70	\$742.00	\$816.20

W Audiomtry

Adult Hearing Tests	per consultati on	\$27.00	\$27.60	n/a
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X Other ACT Community Care Fees

Education and/or Training

1 Per facilitator - business hours	per hour	\$46.00	\$47.04	\$51.75
2 Per facilitator - after hours	per hour	\$70.00	\$71.58	\$78.75
Community Health Care Program				
3 Chronic pain management course for	per	\$30.00	\$30.68	\$33.75

	compensation clients	session			
4	Nursing education - business hours	per hour	\$45.00	\$60.00	\$66.00
5	Nursing education - after hours	per hour	\$70.00	\$90.00	\$99.00
6	Sale of infection control manual	per manual	\$61.50	\$62.88	\$69.15
7	Podiatric surgery (materials)	per intervention	\$32.00	\$32.72	\$36.00
8	Simple innersoles	per pair	\$22.00	\$22.50	n/a
9	Accommodative	per pair	\$84.00	\$85.90	n/a
10	Rigid innersole	per pair	\$190.00	\$194.30	n/a
11	Day care meals	per meal	\$5.00	\$5.10	n/a
12	Pressure Relief Mattress or Overlay Hire	per month	\$80.00	\$81.80	n/a
13	Pressure Relief Mattress or Overlay Hire - Pensioner Rate	per month	\$40.00	\$40.90	n/a
14	Pressure Reduction Mattresses and Overlays	per month	\$20.00	\$20.45	n/a
15	Cushion hire	per month	\$20.00	\$20.45	\$22.50
16	Consultation for nurses in private hospitals	per hour	\$58.00	\$59.31	\$65.25
17	Home nursing	per hour	\$58.00	\$59.30	n/a
18	Consultation overseas clients	per hour	\$58.00	\$59.30	n/a
Child, Youth, and Womens' Health Program					
19	Copies of mammograms	per set	\$26.65	\$27.25	\$30.00
Y Pharmaceutical Co-payment					
1	General non-inpatient	per item	\$15.00	\$15.00	n/a

2 Concessional non-inpatient	per item	\$3.20	\$3.50	n/a
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