Australian Capital Territory

Explanatory Statement

Health (Fees) Determination 2021 (No 2)

**Disallowable Instrument DI2021-161**

made under the

*Health Act 1993*, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2021-8, dated

18 January 2021.

The Determination comes into effect on 1 July 2021 and reproduces Determination DI2021-8 except for:

* items on Attachment A, which have increased by the Wage Price Index of 1.75% (subject to rounding);
* items on Attachment B, which have increased by indexation rates as advised by the Commonwealth;
* items on Attachment C, relate to the fees under section E. Other Accommodation, which have been expanded to cover up to and over 7 days, in line with NSW Interstate Patient Travel Assistance and Accommodation Scheme (IPTAAS) rebate;
* items on Attachment D, which have been removed from the fee determination;
* the inclusion of a definition of Defence;
* an amendment to include non-admitted services in (Clause 10) Involuntary Admissions and Non-Admitted services;
* minor wording and numbering changes; and
* the date of effect.

|   |   |   |   |   |   |   | **ATTACHMENT A** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1 JULY 2021 - ANNUAL REVIEW OF FEES & CHARGES** |
| **ITEMS INCREASING BY WAGE PRICE INDEX (1.75%)** |
| **Item** |  | **Frequency** | **2020-21 Charge ex. GST** | **2021-22 Charge ex. GST** | **2021-22 Charge inc. GST** |
|  |
|  |  |  |  |  |  |  |  |  |  |
| A | Hospital Accommodation Fees and Other Admitted Patient Fees - Standard Patients |  |  |  |  |
|  |  | 1 |  c  | In single room at patients request | per day | $652.60  | $664.00  | n/a |  |
|  |  |  |  d  | Hospital in the Home | $0.00  | $227.20  | $231.20  | n/a |  |
|  |  | 2 | Compensable |  |  |  |  |  |
|  |  |  | a | Critical Care1 |  |  |  |  |  |
|  |  |  | i) | First 21 days per episode | per day | $4,113.95  | $4,185.95  | n/a |  |
|  |  |  | ii) | Over 21 Days | per day | $1,799.25  | $1,830.75  | n/a |  |
|  |  |  | b | Other Inpatient2 |  |  |  |  |  |
|  |  |  | i) | First 21 days per episode | per day | $2,003.95  | $2,039.00  | n/a |  |
|  |  |  | ii) | Over 21 Days | per day | $1,115.50  | $1,135.00  | n/a |  |
|  |  |  | c | Hospital in the Home | per day | $490.80  | $499.40  | n/a |  |
|  |  |  | d | Operating Room Charges |  |  |  |  |  |
|  |  |  | i) If the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation and the patient is not a day only patient | per treatment | $3,056.35  | $3,109.85  | n/a |  |
|  |  |  | ii) Other procedures (including day only surgical patients) | per treatment | $1,070.55  | $1,089.30  | n/a |  |
|  |  | 3 | Non-Eligible |  |  |  |  |  |  |
|  |  |  | a | Critical Care1 |  |  |  |  |  |
|  |  |  | i) | First 21 days per episode | per day | $5,570.35  | $5,667.85  | n/a |  |
|  |  |  | ii) | Over 21 Days | per day | $3,190.25  | $3,246.10  | n/a |  |
|  |  |  | b | Other Inpatient2 |  |  |  |  |  |
|  |  |  | i) | First 21 days per episode | per day | $2,197.90  | $2,236.35  | n/a |  |
|  |  |  | ii) | Over 21 Days | per day | $1,288.10  | $1,310.65  | n/a |  |
|  |  |  | c | Hospital in the Home | per day | $490.80  | $499.40  | n/a |  |
|  |  |  | d | Operating Room Charges |  |  |  |  |  |
|  |  |  | i) If the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation and the patient is not a day only patient | per treatment | $3,056.35  | $3,109.85  | n/a |  |
|  |  |  | ii) Other procedures (including day only surgical patients) | per treatment | $1,070.55  | $1,089.30  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| C | Hospital Accommodation Fees - Nursing Home Type Patients |  |  |  |  |  |
|  |  | 2 | Private patient | per day | $193.20  | $196.05  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| D | Hostel Fees |  |  |  |  |  |  |
|  |  | 1 | Group House - Maintenance Fee | per fortnight | $15.10  | $15.35  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| F | Pathology Service Fees |  |  |  |  |  |
|  |  | 1 | Non-Medicare Testing |  |  |  |  |  |
|  |  |  | c | Collection fee for collection of research trials | per test | $30.55  | $31.10  | $34.21  |  |
|  |  |  | d | DNA Extraction and Storage | per test | $106.10  | $107.95  | n/a |  |
|  |  |  | f | Spore Testing | per ampoule | $13.90  | $14.15  | $15.57  |  |
|  |  |  | o | Environmental Testing | per request | $55.75  | $56.75  | $62.43  |  |
|  |  |  | u | Surveillance Screening | per test | $37.55  | $38.20  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| G | Incidental Outpatient Charges |  |  |  |  |  |
|  |  | 2 | PAP Machine Hire | per hire | $241.10  | $245.30  | n/a |  |
|  |  | 3 | Tuberculosis Testing |  |  |  |  |  |
|  |  |  | a | Standard Test and Medical Review | per test | $76.05  | $77.40  | n/a |  |
|  |  |  | b | Standard Test and Medical Review - Students | per test | $61.05  | $62.10  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| H | Non Eligible or Compensable Outpatient Service Fee |  |  |  |  |  |
|  |  | 1 | First Visit Medical Practitioner | per visit | $341.80  | $347.80  | n/a |  |
|  |  | 2 | Second & Subsequent Visits Medical Practitioner | per visit | $157.50  | $160.25  | n/a |  |
|  |  | 4 | Nursing or Allied Health Consult - Long (60 minutes or longer) | per visit | $143.60  | $146.10  | n/a |  |
|  |  | 5 | Nursing or Allied Health Consult - Standard (30 to 60 minutes) | per visit | $76.65  | $78.00  | n/a |  |
|  |  | 6 | Nursing or Allied Health Consult - Short (less than 30 minutes) | per visit | $47.80  | $48.65  | n/a |  |
|  |  | 7 | Nursing or Allied Health Education Services - Group | per visit/ per attendee | $28.60  | $29.10  | n/a |  |
|  |  | 8 | Compulsory Third Party Motor Vehicle Insurance - Community Care Program |  |  |  |  |
|  |  |  | a | RACS Nursing - Business Hours | per hour | $89.75  | $91.30  | $100.43  |  |
|  |  |  | f | Allied Health | per hour | $167.70  | $170.65  | $187.72  |  |
|  |  | 9 | Tuberculosis Testing |  |   |   |   |  |
|  |  |  | a | Standard Test and Medical Review | per test | $260.40  | $264.95  | n/a |  |
|  |  |  | b | Standard Test and Medical Review - Students | per test | $207.90  | $211.55  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| K | Acute Support Fees |  |  |  |  |  |  |
|  |  | 2 | Acute Support, Allied Health and Other Medical Services |  |  |  |  |  |
|  |  |  | a | Chronic pain management course for compensation clients | per session | $56.75  | $57.75  | $63.53  |  |
|  |  |  | b | Sale of infection control manual | per manual | $108.20  | $110.10  | $121.11  |  |
|  |  |  | g | Hydrotherapy Pool (External Users) | per hour | $121.05  | $123.15  | $135.47  |  |
|  |  |  | m | "Replacement of Child Personal Health Record" (Blue Book)  | per item | $12.35  | $12.55  | $13.81  |  |
|  |  |  | n | Glucose Sensor | per item | $91.35  | $92.95  | n/a |  |
|  |  |  | q | Breast Pump Hire - per week | per item | $8.55  | $8.70  | n/a |  |
|  |  |  | u | Physiotherapy - Antenatal Exercise Classes for non-eligible clients | per visit | $8.55  | $8.70  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 3 | Home Enteral Nutrition Program |  |  |  |  |  |
|  |  |  | a | Equipment Only 0-6 years 11 months | per week | $18.75  | $19.10  | n/a |  |
|  |  |  | b | Equipment Only 7-12 years 11 months | per week | $18.75  | $19.10  | n/a |  |
|  |  |  | c | Equipment Only 13+ years | per week | $18.75  | $19.10  | n/a |  |
|  |  |  | d | Supplementary Feeding 0-6 years 11 months | per week | $31.40  | $31.95  | n/a |  |
|  |  |  | e | Supplementary Feeding 7-12 years 11 months | per week | $55.20  | $56.15  | n/a |  |
|  |  |  | f | Supplementary Feeding 13+ years | per week | $56.25  | $57.25  | n/a |  |
|  |  |  | g | Enteral Feeding 0-6 years 11 months | per week | $39.10  | $39.80  | n/a |  |
|  |  |  | h | Enteral Feeding 7-12 yeas 11 months | per week | $62.70  | $63.80  | n/a |  |
|  |  |  | i | Enteral Feeding 13+ years | per week | $65.35  | $66.50  | n/a |  |
| L | Clinical Support Fees |  |  |  |  |  |  |
|  |  | 1 | Medical Physics Services | per person/ per hour | $196.10  | $199.55  | n/a |  |
|  |  | 2 | Biomedical Engineering Services | per person/ per hour | $148.90  | $151.50  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| M | Medical Records and Health Reports |  |   |   |   |  |
|  |  | 1 | Medical Practitioner / Health Professional Reports |  |   |   |   |  |
|  |  |  | a | No further examination of the patient |  | $277.55  | $282.40  | n/a |  |
|  |  |  | b | As "a" by practitioner who has not previously treated patient | $323.65  | $329.30  | n/a |  |
|  |  |  | c | Where a re-examination is required |  | $369.70  | $376.15  | n/a |  |
|  |  |  | d | As "c" by practitioner who has not previously treated patient | $459.70  | $467.75  | n/a |  |
|  |  | 2 | Search Fees - includes cancellation fee, admin fee if nil records, medical certs not at time of consultation and time of birth. | $56.25  | $57.25  | $62.98  |  |
|  |  | 3 | Health Records provided to patient's solicitor |  | $203.60  | $207.15  | $227.87  |  |
|  |  | 4 | Health Records provided to insurer |  | $203.60  | $207.15  | $227.87  |  |
|  |  |  |  |  |  |  |  |  |  |
| O | Emergency Department |  |  |  |  |  |
|  | Non-eligible, Compensable and Defence Patients: |  |  |  |  |  |
|  |  | 1 | Emergency Department Treatment | per visit | $542.25  | $551.75  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| P | Dental Services |  |  |  |  |  |  |
|  |  | Group 0 - Examination/Diagnostic |  |  |  |  |  |
|  |  |  |  | Comprehensive Oral Exam |  | $12.85  | $13.05  | n/a |  |
|  |  |  |  | Periodic Exam |  | $8.05  | $8.20  | n/a |  |
|  |  |  |  | Emergency Restorative Course of Care  |  | $45.05  | $45.85  | n/a |  |
|  |  |  |  | Emergency Prosthodontic Course of Care  |  | $45.05  | $45.85  | n/a |  |
|  |  |  |  | Consult (incl Exam) |  | $13.90  | $14.15  | n/a |  |
|  |  |  |  | Consult Ext + 30 (incl Exam) |  | $19.80  | $20.15  | n/a |  |
|  |  |  |  | Written report (not elsewhere included) |  | $9.95  | $10.10  | $11.11  |  |
|  |  |  |  | X-Ray -1 film PA or BW |  | $8.05  | $8.20  | n/a |  |
|  |  |  |  | Intraoral radiograph - occlusal, maxillary or mandibular - single film | $13.35  | $13.60  | n/a |  |
|  |  |  |  | Extraoral radiograph - maxillary and/or mandibular - single film | $14.50  | $14.75  | n/a |  |
|  |  |  |  | Caries activity screening test |  | $7.50  | $7.65  | n/a |  |
|  |  |  |  | Biopsy of Tissue |  | $22.50  | $22.90  | n/a |  |
|  |  |  |  | Diagnostic cast |  | $13.35  | $13.60  | n/a |  |
|  |  |  |  | Photographic records - intraoral |  | $8.05  | $8.20  | n/a |  |
|  |  |  |  | Photographic records - extraoral |  | $8.00  | $8.15  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 1 - Preventative Services |  |  |  |  |  |
|  |  |  |  | Removal of Plaque and / or stain |  | $12.85  | $13.05  | n/a |  |
|  |  |  |  | Recontouring – pre-existing restoration/s |  | $3.75  | $3.80  | n/a |  |
|  |  |  |  | Calculus (supra & subging) & Plaque Removal 1st visit | $15.50  | $15.75  | n/a |  |
|  |  |  |  | Calculus (supra & subging) & Plaque Removal Addit. visit | $12.85  | $13.05  | n/a |  |
|  |  |  |  | Enamel micro- abrasion - per tooth |  | $9.10  | $9.25  | n/a |  |
|  |  |  |  | Bleaching, internal - per tooth |  | $53.05  | $54.00  | n/a |  |
|  |  |  |  | Bleaching, external - per tooth |  | $45.05  | $45.85  | n/a |  |
|  |  |  |  | Fluoride - Topical (including tooth mousse) |  | $6.45  | $6.55  | n/a |  |
|  |  |  |  | Concentrated fluoride, application single tooth |  | $5.40  | $5.50  | n/a |  |
|  |  |  |  | Dietary advice. Analysis and advice |  | $6.45  | $6.55  | n/a |  |
|  |  |  |  | Oral Hygiene Instr. (if more than 10 mins.) |  | $9.10  | $9.25  | n/a |  |
|  |  |  |  | Fissure Sealant - per tooth |  | $12.35  | $12.55  | n/a |  |
|  |  |  |  | Apply Desensitising Agent |  | $5.40  | $5.50  | n/a |  |
|  |  |  |  | Odontoplasty - per tooth |  | $12.35  | $12.55  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 2 - Periodontics |  |  |  |  |  |
|  |  |  |  | Treatment of acute Periodontal Infection |  | $14.50  | $14.75  | n/a |  |
|  |  |  |  | Periodontal Debridement - per tooth |  | $2.90  | $2.95  | n/a |  |
|  |  |  |  | Non Surgical Treatment of Peri Implant Disease |  | $19.80  | $20.15  | n/a |  |
|  |  |  |  | Gingivectomy - per tooth |  | $4.60  | $4.70  | n/a |  |
|  |  |  |  | Periodontal flap surgery - per tooth |  | $8.15  | $8.30  | n/a |  |
|  |  |  |  | Osseous surgery (per 8 teeth or less) |  | $78.80  | $80.20  | n/a |  |
|  |  |  |  | Root resection - per root |  | $41.25  | $41.95  | n/a |  |
|  |  |  |  | Periodontal surgery involving one tooth or an implant | $16.05  | $16.35  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 3 - Oral Surgery |  |  |  |  |  |
|  |  |  |  | Removal of tooth or parts |  | $22.50  | $22.90  | n/a |  |
|  |  |  |  | Sectional removal of tooth. Bone removal maybe necessary | $32.70  | $33.25  | n/a |  |
|  |  |  |  | Surgical removal of tooth or tooth fragment not including bone | $39.10  | $39.80  | n/a |  |
|  |  |  |  | Surgical removal of tooth or tooth fragment including bone | $49.85  | $50.70  | n/a |  |
|  |  |  |  | Surgical removal of tooth or tooth fragment requiring both bone and tooth division | $61.05  | $62.10  | n/a |  |
|  |  |  |  | Alveolectomy per segment |  | $23.55  | $23.95  | n/a |  |
|  |  |  |  | Ostectomy |  | $100.75  | $102.50  | n/a |  |
|  |  |  |  | Reduction of fibrous tuberosity |  | $35.35  | $35.95  | n/a |  |
|  |  |  |  | Reduction of flabby ridge - per segment |  | $19.80  | $20.15  | n/a |  |
|  |  |  |  | Removal of fibrous hyperplasia |  | $50.90  | $51.80  | n/a |  |
|  |  |  |  | Removal of tumour, cyst or scar  |  | $38.05  | $38.70  | n/a |  |
|  |  |  |  | Removal of tumour, cyst or scar involving muscle, bone or deep tissue | $136.05  | $138.45  | n/a |  |
|  |  |  |  | Surgery to salivary duct |  | $118.95  | $121.05  | n/a |  |
|  |  |  |  | Surgery to salivary gland |  | $39.65  | $40.35  | n/a |  |
|  |  |  |  | Removal or repair of soft tissue (not elsewhere defined) | $37.55  | $38.20  | n/a |  |
|  |  |  |  | Surgical removal of foreign body |  | $20.90  | $21.25  | n/a |  |
|  |  |  |  | Marsupialization of cyst |  | $71.25  | $72.50  | n/a |  |
|  |  |  |  | Surgical exposure to unerupted tooth |  | $158.60  | $161.40  | n/a |  |
|  |  |  |  | Reposition tooth / Splint |  | $35.90  | $36.55  | n/a |  |
|  |  |  |  | Replantation of /& Splinting of tooth |  | $72.35  | $73.60  | n/a |  |
|  |  |  |  | Surgery to isolate and preserve neuro vascular tissue | $40.00  | $40.70  | n/a |  |
|  |  |  |  | Frenectomy |  | $34.25  | $34.85  | n/a |  |
|  |  |  |  | Drainage of abscess or cyst |  | $18.75  | $19.10  | n/a |  |
|  |  |  |  | Surgery involving the maxially antrum |  | $158.60  | $161.40  | n/a |  |
|  |  |  |  | Control of reactionary or secondary post-operative haemorrhage | $13.35  | $13.60  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 4 - Endodontics |  |  |  |  |  |
|  |  |  |  | Direct pulp capping |  | $6.45  | $6.55  | n/a |  |
|  |  |  |  | Pulpotomy  |  | $15.50  | $15.75  | n/a |  |
|  |  |  |  | Incomplete endodontic therapy (tooth not suitable for further treatment) | $25.40  | $25.85  | n/a |  |
|  |  |  |  | Complete chemo-mechanical preparation of root canal - one canal | $45.55  | $46.35  | n/a |  |
|  |  |  |  | Complete chemo-mechanical preparation of root canal - each additional canal | $21.70  | $22.10  | n/a |  |
|  |  |  |  | Root Canal obturation - one canal |  | $44.35  | $45.15  | n/a |  |
|  |  |  |  | Root canal obturation - each additional canal |  | $20.75  | $21.10  | n/a |  |
|  |  |  |  | Extirpation of pulp and debridement of root canal(s) - emergency and palliative | $29.35  | $29.85  | n/a |  |
|  |  |  |  | Resorbable root canal filling - primary tooth |  | $53.60  | $54.55  | n/a |  |
|  |  |  |  | Periapical curettage - per root |  | $53.60  | $54.55  | n/a |  |
|  |  |  |  | Apicectomy- per root |  | $55.20  | $56.15  | n/a |  |
|  |  |  |  | Apical seal - per canal |  | $22.50  | $22.90  | n/a |  |
|  |  |  |  | Sealing of perforation |  | $63.75  | $64.85  | n/a |  |
|  |  |  |  | Surgical treatment or repair of external root resorption |  | $84.10  | $85.55  | n/a |  |
|  |  |  |  | Exploration and/or negotiation of calcified canal -per canal, per visit | $19.80  | $20.15  | n/a |  |
|  |  |  |  | Removal of root filling, per canal |  | $19.80  | $20.15  | n/a |  |
|  |  |  |  | Removal of cemented root canal post or post crown | $19.80  | $20.15  | n/a |  |
|  |  |  |  | Removing or bypassing fractured endodontic instrument | $17.15  | $17.45  | n/a |  |
|  |  |  |  | Additional visit for irrigation and/or dressing of the root canal system - per tooth | $19.80  | $20.15  | n/a |  |
|  |  |  |  | Interim therapeutic root filling - per tooth |  | $25.70  | $26.15  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 5 - Restorative Services |  |  |  |  |  |
|  |  |  |  | Metallic restoration - 1 surface - direct |  | $19.80  | $20.15  | n/a |  |
|  |  |  |  | Metallic restoration - 2 surface - direct |  | $23.05  | $23.45  | n/a |  |
|  |  |  |  | Metallic restoration - 3 surface - direct |  | $31.60  | $32.15  | n/a |  |
|  |  |  |  | Metallic restoration - 4 surface - direct |  | $35.35  | $35.95  | n/a |  |
|  |  |  |  | Metallic restoration - 5 surface - direct |  | $39.10  | $39.80  | n/a |  |
|  |  |  |  | Adhesive restoration - 1 surface - Anterior tooth - direct | $21.95  | $22.35  | n/a |  |
|  |  |  |  | Adhesive restoration - 2 surface - Anterior tooth - direct | $26.80  | $27.25  | n/a |  |
|  |  |  |  | Adhesive restoration - 3 surface - Anterior tooth - direct | $33.20  | $33.80  | n/a |  |
|  |  |  |  | Adhesive restoration - 4 surface - Anterior tooth - direct | $37.00  | $37.65  | n/a |  |
|  |  |  |  | Adhesive restoration - 5 surface - Anterior tooth - direct | $42.35  | $43.10  | n/a |  |
|  |  |  |  | Adhesive restoration - 1 surface Posterior tooth - direct | $23.05  | $23.45  | n/a |  |
|  |  |  |  | Adhesive restoration - 2 surface Posterior tooth - direct | $32.70  | $33.25  | n/a |  |
|  |  |  |  | Adhesive restoration - 3 surface Posterior tooth - direct | $37.55  | $38.20  | n/a |  |
|  |  |  |  | Adhesive restoration - 4 surface Posterior tooth - direct | $43.40  | $44.15  | n/a |  |
|  |  |  |  | Adhesive restoration - 5 surface Posterior tooth - direct | $49.85  | $50.70  | n/a |  |
|  |  |  |  | Provisional (Intermediate / temporary) restoration |  | $9.10  | $9.25  | n/a |  |
|  |  |  |  | Metal band |  | $7.50  | $7.65  | n/a |  |
|  |  |  |  | Pin restoration -per pin |  | $5.90  | $6.00  | n/a |  |
|  |  |  |  | Stainless Steel Crown |  | $55.75  | $56.75  | n/a |  |
|  |  |  |  | Restoration of an incisal corner - per corner |  | $5.90  | $6.00  | n/a |  |
|  |  |  |  | Removal of inlay/onlay |  | $18.75  | $19.10  | n/a |  |
|  |  |  |  | Recementing onlay/inlay |  | $16.05  | $16.35  | n/a |  |
|  |  |  |  | Post - direct |  | $27.85  | $28.35  | n/a |  |
|  |  |  |  | Adhesive restoration - veneer - anterior - direct |  | $24.60  | $25.05  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 6 - Crown and Bridge |  |  |  |  |  |
|  |  |  |  | Provisional Crown |  | $30.55  | $31.10  | n/a |  |
|  |  |  |  | Recrement Crown or veneer |  | $17.15  | $17.45  | n/a |  |
|  |  |  |  | Recrement bridge or splint |  | $19.30  | $19.65  | n/a |  |
|  |  |  |  | Removal of crown |  | $13.35  | $13.60  | n/a |  |
|  |  |  |  | Removal of bridge or splint |  | $35.35  | $35.95  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 7 - Prosthodontics |  |  |  |  |  |
|  |  |  |  | Full Maxillary denture |  | $145.20  | $147.75  | n/a |  |
|  |  |  |  | Full Mandibular denture |  | $145.20  | $147.75  | n/a |  |
|  |  |  |  | Metal plate or mesh |  | $278.60  | $283.50  | n/a |  |
|  |  |  |  | Full Maxillary & Full Mandibular dentures |  | $261.50  | $266.10  | n/a |  |
|  |  |  |  | Partial Max Denture - resin base |  | $117.85  | $119.90  | n/a |  |
|  |  |  |  | Partial Mand Denture - resin base |  | $117.85  | $119.90  | n/a |  |
|  |  |  |  | Partial Max Denture - cast CO/CR base |  | $413.15  | $420.40  | n/a |  |
|  |  |  |  | Partial Mand Denture - cast CO/CR base  |  | $413.15  | $420.40  | n/a |  |
|  |  |  |  | Resilient Lining in addit'n to new denture |  | $32.15  | $32.70  | n/a |  |
|  |  |  |  | Wrought Bar |  | $34.25  | $34.85  | n/a |  |
|  |  |  |  | Metal Backing - per backing |  | $32.15  | $32.70  | n/a |  |
|  |  |  |  | Denture Adjustment (not new) |  | $45.05  | $45.85  | n/a |  |
|  |  |  |  | Reline -Complete denture |  | $58.40  | $59.40  | n/a |  |
|  |  |  |  | Reline -Part denture |  | $45.05  | $45.85  | n/a |  |
|  |  |  |  | Remodel - complete denture  |  | $107.15  | $109.05  | n/a |  |
|  |  |  |  | Remodel - Partial denture  |  | $84.10  | $85.55  | n/a |  |
|  |  |  |  | Clean and polish of pre-existing denture |  | $45.05  | $45.85  | n/a |  |
|  |  |  |  | Denture base modification |  | $54.65  | $55.60  | n/a |  |
|  |  |  |  | Repair to metal casting: one point |  | $136.65  | $139.05  | n/a |  |
|  |  |  |  | Tissue conditioning preparatory to impressions - per application | $12.85  | $13.05  | n/a |  |
|  |  |  |  | Identification |  | $6.45  | $6.55  | n/a |  |
|  |  |  |  | Obturator |  | $144.85  | $147.40  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 9 - General Services |  |  |  |  |  |
|  |  |  |  | Palliative care |  | $9.10  | $9.25  | n/a |  |
|  |  |  |  | Travel to provide service |  | $14.50  | $14.75  | n/a |  |
|  |  |  |  | Provision of medication/ medicaments |  | $5.40  | $5.50  | n/a |  |
|  |  |  |  | Local anaesthesia (diagnosis or pain relief) |  | $3.75  | $3.80  | n/a |  |
|  |  |  |  | Minor Occlusal adjustment |  | $12.35  | $12.55  | n/a |  |
|  |  |  |  | Occlusal splint |  | $98.60  | $100.35  | n/a |  |
|  |  |  |  | Adjust occlusal splint |  | $15.50  | $15.75  | n/a |  |
|  |  |  |  | Repair/addition - occlusal splint |  | $56.75  | $57.75  | n/a |  |
|  |  |  |  | Splinting and stabilization - direct - per tooth |  | $18.75  | $19.10  | n/a |  |
|  |  |  |  | Post-operative care not elsewhere included |  | $14.50  | $14.75  | n/a |  |
|  |  |  |  | Treatment not otherwise included |  | $9.10  | $9.25  | n/a |  |
|  |  |  |  | Sedation/Inhalation per appointment |  | $5.35  | $5.45  | n/a |  |
|  |  |  |  | Precision or Magnetic Denture Attachment |  | $180.00 | $183.15 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group A - Child & Youth Dental |  |  |  |  |  |
|  |  |  |  | Standard Fee per course of care |  | $69.10  | $70.30  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group B - Child and Youth Extra Fee Services |  |  |  |  |  |
|  |  |  |  | Passive/Active removable appliance - one arch |  | $67.45  | $68.65  | n/a |  |
|  |  |  |  | Functional orthopaedic appliance |  | $54.10  | $55.05  | n/a |  |
|  |  |  |  | Passive fixed appliance |  | $43.40  | $44.15  | n/a |  |
|  |  |  |  | Extra-oral appliance  |  | $174.10  | $177.15  | n/a |  |
|  |  |  |  | Repair removable appliance |  | $16.05  | $16.35  | n/a |  |
|  |  |  |  | Repair removable appliance - clasp, spring or tooth | $15.50  | $15.75  | n/a |  |
|  |  |  |  | additional to removable appliance |  | $16.05  | $16.35  | n/a |  |
|  |  |  |  | Relining removable appliance |  | $26.80  | $27.25  | n/a |  |
|  |  |  |  | Occlusal splint |  | $54.10  | $55.05  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| Q | Medical Imaging Services |  |  |  |  |  |
|  |  | 1 | Services to patients - Copies of Images to patients/solicitors/coroner/police/insurers etc. |  |  |  |
|  |  |  | a | Service Fee | per order processed | $38.55  | $39.20  | $43.12  |  |
|  |  |  | b | Research MRI - Non funded pilot project | each | $222.90  | $226.80  | n/a |  |
|  |  |  | c | Research MRI - Funded project without radiologist input | each | $307.55  | $312.95  | n/a |  |
|  |  |  | d | Research MRI - PPTF Funded project without Radiologist input | each | $251.80  | $256.20  | n/a |  |
|  |  |  | e | Research MRI - PPTF Funded project with Radiologist input | each | $391.10  | $397.95  | n/a |  |
|  |  |  | f | Coroners Fee | each | $218.65  | $222.50  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 2 | Radiographer services to external agencies |  |  |  |  |  |
|  |  |  | a | Monday to Friday | per hour | $177.90  | $181.00  | $199.10  |  |
|  |  |  | b | Saturday and Sunday | per hour | $195.00  | $198.40  | $218.24  |  |
|  |  |  | c | Public Holidays | per hour | $259.35  | $263.90  | $290.29  |  |
|  |  |  | e | Additional image processing/reconstruction | per occasion of service | $62.15  | $63.25  | $69.58  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 3 | Non-rebatable services to outpatients |  |  |  |  |  |
|  |  |  | a | MRI | per scan | $415.80  | $423.10  | n/a |  |
|  |  |  | b | MRI - Breast | per scan | $583.00  | $593.20  | n/a |  |
|  |  |  | c | MRI - Breast Core Biopsy | per session | $452.20  | $460.10  | n/a |  |
|  |  |  | d | Non-rebateable Sedation in MRI | each | $62.15  | $63.25  | n/a |  |
|  |  |  | e | Non-rebateable Contrast in MRI | each | $62.15  | $63.25  | n/a |  |
|  |  |  | f | Positron Emission Tomography Scan | per scan | $402.90  | $409.95  | n/a |  |
|  |  |  | g | Non-rebatable CT Colonography | each | $836.90  | $851.55  | n/a |  |
|  |  |  | h | Non-rebatable Bone Density Scan (DEXA) | each | $128.55  | $130.80  | n/a |  |
|  |  |  | i | Non-Rebateable Cardiac CT | per scan | $510.00  | $518.95  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| R | Pain Management Service |  |  |  |  |  |
|  |  | 1 | Multidisciplinary Assessment | per assessment | $1,386.70  | $1,410.95  | n/a |  |
|  |  | 2 | Cognitive Behaviour Therapy program (2 week program) | per program | $5,889.75  | $5,992.80  | n/a |  |
|  |  | 3 | One-day Education Program for Chronic Pain (JUMP) | per program | $589.40  | $599.70  | n/a |  |
|  |  | 4 | Psychology |  |  |  |  |  |  |
|  |  |  | a | Psychology Assessment | per assessment | $427.55  | $435.05  | n/a |  |
|  |  |  | b | Group Psychology Session | per session | $118.95  | $121.05  | n/a |  |
|  |  | 5 | Medical Assessment and Follow-ups  |  |  |  |  |  |
|  |  |  | a | First Visit | per visit | $341.80  | $347.80  | n/a |  |
|  |  |  | b | Second & Subsequent Visits | per visit | $157.50  | $160.25  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| S | Rehabilitation, Aged & Community Care |  |  |  |  |  |
|  |  | 1 | RACS Nursing and Allied Health |  |  |  |  |  |
|  |  |  | a | Allied Health Staff  | per hour | $167.70  | $170.65  | $187.72  |  |
|  |  |  | b | Seating Technician (Non manufacture) | per hour | $151.30  | $153.95  | n/a |  |
|  |  |  | c | Nursing Staff | per hour | $89.75  | $91.30 |  n/a |  |
|  |  |  | d | Education and/or Training (for student groups, private and public sector staff groups) - Business Hours | per hour | $167.70  | $170.65  | $187.72  |  |
|  |  |  | f | Maintenance Exercise Therapy Session | per session | $8.55  | $8.70  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 2 | Clinical Technology Service Workshop |  |  |  |  |  |
|  |  |  | a | Rehabilitation aids maintenance and repair | per hour | $151.30  | $153.95  | n/a |  |
|  |  |  | b | Equipment componentry manufacture | per hour | $151.30  | $153.95  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 4 | Prosthetic and Orthotic Services |  |  |  |  |  |
|  |  |  | a | New prosthesis for compensable and private clients - labour | per hour | $167.70  | $170.65  | n/a |  |
|  |  |  | c | Repair prosthesis for compensable and private clients- labour | per hour | $151.30  | $153.95  | n/a |  |
|  |  |  | i | New orthoses  | per hour | $167.70  | $170.65  | n/a |  |
|  |  |  | j | Repairs to Orthoses  | per hour | $151.30  | $153.95  | n/a |  |
|  |  |  | k | Orthotics assessments for private and compensable clients | per hour | $167.70  | $170.65  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 5 | Driver Rehabilitation Service |  |  |  |  |  |
|  |  |  | Non Compensable Patients |  |  |  |  |  |
|  |  |  | a | Initial Assessment and Report by Occupational Therapist | per assessment | $635.45  | $646.55  | n/a |  |
|  |  |  | b | Initial Assessment by Driving Instructor | per assessment | $257.20  | $261.70  | $287.87  |  |
|  |  |  | c | Joint Assessment and Report by Occupational Therapist and Driving Instructor | per assessment | $588.25  | $598.55  | $658.41  |  |
|  |  |  | d | Re-Assessment by Occupational Therapist | per assessment | $156.45  | $159.20  | n/a |  |
|  |  |  | e | Lesson | per lesson | $135.05  | $137.40  | $151.14  |  |
|  |  |  | Compensable Patients |  |  |  |  |  |
|  |  |  | f | Initial Assessment and Report by Occupational Therapist | per assessment | $872.30  | $887.55  | n/a |  |
|  |  |  | g | Re-Assessment by Occupational Therapist | per assessment | $378.25  | $384.85  | n/a |  |
|  |  |  | h | Lesson | per lesson | $135.05  | $137.40  | $151.14  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 6 | Specialised Wheelchair and Posture Seating (SWAPS) |  |  |  |  |  |
|  |  |  | a | For compensable and private clients: |  |  |  |  |  |
|  |  |  |  | i) Seating Therapist | per hour | $167.70  | $170.65  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| T | Health Protection Services |  |  |  |  |  |
|  |  | 1 | Scientific Services |  |  |  |  |  |
|  |  |  | a | Other than the ACT Coroner's Office | per hour | $201.45  | $205.00  | $225.50  |  |
|  |  |  | b | ACT Coroner's Office (Justice and Community Safety Directorate) | per matter | $1,280.60  | $1,303.00  | $1,433.30  |  |
|  |  |  | c | Asbestos Id single sample | per matter | $96.36  | $98.18  | $108.00  |  |
|  |  |  | d | Asbestos Id additional samples | per matter | $57.27  | $58.18  | $64.00  |  |
|  |  |  | e | Regular client Asbestos Fibre Count per Filter Counted | per matter | $116.36  | $118.18  | $130.00  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 2 | Other |  |  |  |  |  |  |
|  |  |  | a | Consultation - Business hours | per hour | $142.50  | $145.00  | $159.50  |  |
|  |  |  | b | Consultation - After hours | per hour | $174.70  | $177.75  | $195.53  |  |
|  |  |  | c | Exhumations | per matter | $502.55  | $511.35  | $562.49  |  |

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|  |  |  |  |  |  |  | **ATTACHMENT B** |
| **1 JULY 2021 - ANNUAL REVIEW OF FEES & CHARGES** |
| **ITEMS INCREASING BY INDEXATION RATES ADVISED BY THE COMMONWEALTH** |
| **Item** |  | **Frequency** | **2020-21 Charge ex. GST** | **2021-22 Charge ex. GST** | **2021-22 Charge inc. GST** |
|  |
|  |  |  |  |  |  |  |  |  |  |
| A | Hospital Accommodation Fees - Standard Patients |  |  |  |  |  |
|  | 1 | a | In multiple-bed room | per day | $370.00  | $374.00  | n/a |  |
|  |  | b | In single room not at patients request | per day | $370.00  | $374.00  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| B | Hospital Accommodation Fees - Day Care Patients |  |  |  |  |  |
|  |  | a | Type B |  | per day | $268.00  | $271.00  | n/a |  |
|  |  | b | Local anaesthetic, no sedation - < 1 hour | per day | $300.00  | $303.00  | n/a |  |
|  |  | c | General or regional anaesthetic/intravenous sedation - < 1 hour | per day | $329.00  | $333.00  | n/a |  |
|  |  | d | General or regional anaesthetic/intravenous sedation - > 1 hour | per day | $370.00  | $374.00  | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| C | Hospital Accommodation Fees - Nursing Home Type Patients |  |  |  |  |  |
|  |  | 1 | Hospital patient | per day | $62.50  | $63.05  | n/a |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | **ATTACHMENT C** |
| **1 JULY 2021 - ANNUAL REVIEW OF FEES & CHARGES** |
| **OTHER FEE CHANGES** |
| **Item** |  | **Frequency** | **2020-21 Charge ex. GST** | **2021-22 Charge ex. GST** | **2021-22 Charge inc. GST** |
|  |
|  |  |  |  |  |  |  |  |  |  |
| **Previous Fees** |  |  |  |  |  |  |
| E | Other Accommodation |  |  |  |  |  |
|  |  | 1 | In Residences - Patients |  |  |  |  |  |
|  |  |  | a | Room Only (single) | per day | $46.10  |  |  |  |
|  |  |  | b | Room Only (Double) | per day | $64.30  |  |  |  |
|  |  | 2 | In Residences - Non Patients |  |  |  |  |  |
|  |  |  | a | Room Only (single) | per day | $41.90  |  |  |  |
|  |  |  | b | Room Only (Double) | per day | $58.45  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **New Fees** |  |  |  |  |  |  |  |
| E | Other Accommodation |  |  |  |  |  |
|  |  | 1 | In Residences - Patients - First 7 Days within a Financial Year |  |  |  |  |  |
|  |  |  | a | Room Only (Single) | per day |  | $43.00  | n/a |  |
|  |  |  | b | Room Only (Double) | per day |  | $60.00  | n/a |  |
|  |  | 2 | In Residences - Patients - 8+ Days within a Financial Year |  |  |  |  |  |
|  |  |  | a | Room Only (Single) | per day |  | $65.00  | n/a |  |
|  |  |  | b | Room Only (Double) | per day |  | $85.00  | n/a |  |
|  |  | 3 | In Residences - Non Patients - First 7 Days within a Financial Year |  |  |  |  |  |
|  |  |  | a | Room Only (Single) | per day |  | $39.09  | $43.00  |  |
|  |  |  | b | Room Only (Double) | per day |  | $54.55  | $60.00  |  |
|  |  | 4 | In Residences - Non Patients - 8+ Days within a Financial Year |  |  |  |  |  |
|  |  |  | a | Room Only (Single) | per day |  | $59.09  | $65.00  |  |
|  |  |  | b | Room Only (Double) | per day |  | $77.27  | $85.00  |  |

|  |  |  |  |  |  | **ATTACHMENT D** |
| --- | --- | --- | --- | --- | --- | --- |
| **1 JULY 2021 - ANNUAL REVIEW OF FEES & CHARGES** |
| **DELETED FEES** |
| **Item** |  | **2020-21 Charge ex. GST** | **2021-22 Charge ex. GST** | **2021-22 Charge inc. GST** |
|  |
|  |  |  |  |  |  |  |  |  |
| D | Hostel Fees |  |  |  |  |  |
|  |  | 1 | Hostel Accommodation Fees | $48.00  | n/a | n/a |  |
|  |  |  |  |  |  |  |  |  |
| K | Staff Vaccinations for Private Purposes |  |  |  |  |
|  |  | All vaccinations attract a service fee plus the following vaccine cost -  |  |  |  |  |
|  |  | 1 |  | Service Fee | $15.95  | n/a | n/a |  |
|  |  | 2 |  | Vaccinations |  |  |  |  |
|  |  |  | a | ADT | $15.50  | n/a | n/a |  |
|  |  |  | b | Flu | $19.70  | n/a | n/a |  |
|  |  |  | c | Hepatitis A | $80.95  | n/a | n/a |  |
|  |  |  | d | Hepatitis B | $25.80  | n/a | n/a |  |
|  |  |  | e | Hepatitis A & B | $71.25  | n/a | n/a |  |
|  |  |  | f | MMR | $35.05  | n/a | n/a |  |
|  |  |  | g | Meningococcal C | $88.40  | n/a | n/a |  |
|  |  |  | h | Meningococcal A, C, W, Y | $48.65  | n/a | n/a |  |
|  |  |  | I | Rabies | $130.75  | n/a | n/a |  |
|  |  |  | j | Pertussis (Whooping Cough) | $41.90  | n/a | n/a |  |
|  |  |  | k | Typhoid | $48.65  | n/a | n/a |  |
|  |  |  | l | Varicella (Chicken Pox) | $75.00  | n/a | n/a |  |
|  |  |  | m | Cholera | $64.40  | n/a | n/a |  |
|  |  |  | n | Hepatitis A & Typhoid | $147.15  | n/a | n/a |  |
|  |  |  | o | Japanese Encephalitis | $412.30  | n/a | n/a |  |
|  |  |  | p | Yellow Fever | $64.40  | n/a | n/a |  |
|  |  |  |  |  |  |  |  |  |
| N | Surgical Prostheses |  |  |  |  |
|  |  | 1 | Non-eligible (without insurance), self-insured and Compensable patients | At cost | n/a | n/a |  |
|  |  |  |  |  |  |  |  |  |
| U | Acute Support Fees (Note: This is now section K) |  |  |  |  |
|  |  | 2 | Acute Support and Other Medical Services |  |  |  |  |
|  |  |  | j | Tubular Bandage | At cost + 15% | n/a | n/a |  |
|  |  |  | k | Resistance Band | At cost + 15% | n/a | n/a |  |
|  |  |  | l | Exercise Putty "Theraputty" | At cost + 15% | n/a | n/a |  |
|  |  |  | m | Sportstape | At cost + 15% | n/a | n/a |  |
|  |  |  | n | Undertape | At cost + 15% | n/a | n/a |  |
|  |  |  | o | Nebuliser | At cost + 15% | n/a | n/a |  |
|  |  |  | p | Recognise Flash Cards | At cost + 15% | n/a | n/a |  |
|  |  |  | q | Mirror Box | At cost + 15% | n/a | n/a |  |
|  |  |  | r | Positive Expiratory Pressure (PEP) Device  | At cost + 15% | n/a | n/a |  |
|  |  |  | s | Ankle Foot Orthosis | At cost + 15% | n/a | n/a |  |
|  |  |  | t | Formfit night ankle and foot resting splint | At cost + 15% | n/a | n/a |  |
|  |  |  | u | Limited motion brace (knee) | At cost + 15% | n/a | n/a |  |
|   |  |  | v | Limited motion brace (elbow) | At cost + 15% | n/a | n/a |  |
|  |  |  | w | Limited motion brace replacement foam | At cost + 15% | n/a | n/a |  |
|  |  |  | x | Orthotics | At cost + 15% | n/a | n/a |  |
|  |  |  | y | Collar Cervical Rigid | At cost + 15% | n/a | n/a |  |
|  |  |  | z | Collar Cervical Rigid (Miami J) Liner | At cost + 15% | n/a | n/a |  |
|  |  |  | aa | Wrist Splint Rigid | At cost + 15% | n/a | n/a |  |
|  |  |  | ab | Wrist Splint Elastic | At cost + 15% | n/a | n/a |  |
|  |  |  | ac  | Wrist Widget wrist stabilisation splint | At cost + 15% | n/a | n/a |  |
|  |  |  | ad | Neoprene Thumb Splints | At cost + 15% | n/a | n/a |  |
|  |  |  | ae | Foam Blocks | At cost + 15% | n/a | n/a |  |
|  |  |  | af | Coban Small | At cost + 15% | n/a | n/a |  |
|  |  |  | ag | Coban Large | At cost + 15% | n/a | n/a |  |
|  |  |  | ah | Pressure Garment - ready made | At cost + 15% | n/a | n/a |  |
|  |  |  | ai | Pressure Garment - made to measure | At cost + 15% | n/a | n/a |  |
|  |  |  | al | Simple Splints | At cost + 15% | n/a | n/a |  |
|  |  |  | am | Complex Splints | At cost + 15% | n/a | n/a |  |
|  |  |  | ap | sacro iliac supports | At cost + 15% | n/a | n/a |  |
|  |  |  | as | Semi-rigid pre-fabricated wrist/thumb splint | At cost + 15% | n/a | n/a |  |
|  |  |  | at | Pre-fabricated finger splint | At cost + 15% | n/a | n/a |  |
|  |  |  | au | Silicone scar products (sheets, moulds, gels, silicone-lined products) | At cost + 15% | n/a | n/a |  |
|  |  |  | av | Pavlik Harness | At cost + 15% | n/a | n/a |  |
|  |  |  | aw | Paediatric Rhino Brace | At cost + 15% | n/a | n/a |  |
|  |  |  | ax | Correction Hip Abduction Brace (Paediatric) | At cost + 15% | n/a | n/a |  |
|  |  |  | ay | Thermoplastic Humeral Braces | At cost + 15% | n/a | n/a |  |
|  |  |  | az | Mitchell Boots for CTEV | At cost + 15% | n/a | n/a |  |
|  |  |  | ba | Inspiratory Muscle Trainer | At cost + 15% | n/a | n/a |  |
|  |  |  | bb | Therabubble (bubble PEP device) | At cost + 15% | n/a | n/a |  |
|  |  |  | bc | "Medifix" Garment Glue | At cost + 15% | n/a | n/a |  |
|  |  |  | bd | Mini-massager (hand therapy scar management) | At cost + 15% | n/a | n/a |  |
|  |  |  | be | Aircast Boot | At cost + 15% | n/a | n/a |  |
|  |  |  | bf | Camboot | At cost + 15% | n/a | n/a |  |
|  |  |  | bg | Zimmer Splint | At cost + 15% | n/a | n/a |  |
|  |  |  | bh | Shoulder Pulley | At cost + 15% | n/a | n/a |  |
|  |  | 3 | Allied Health |  |  |  |  |
|  |  |  | Compensable non-inpatients and non-eligible clients: |  |  |  |  |
|  |  |  | d | Shoulder Pulley | At cost + 15% | n/a | n/a |  |
|  |  |  |  |  |  |  |  |  |
| V | Health Policy and Research |  |  |  |  |
|  |  | 1 | Student Clinical Placement cancellation fee | $63.75  | n/a | n/a |  |