

AUSTRALIAN CAPITAL TERRITORY
HEALTH AND COMMUNITY CARE SERVICES ACT 1996
DETERMINATION OF FEES AND CHARGES
INSTRUMENT NO. 187 OF 1999

UNDER section 32 of the *Health and Community Care Services Act 1996*, I, MICHAEL MOORE, Minister for Health and Community Care:

1. REVOKE the Determination of Fees and Charges No. 118 of 1999, dated 16 June 1999, which was notified in Australian Capital Territory Gazette No. 26 on 30 June 1999; and
2. MAKE the following determination to take effect from the date of gazettal.

- (1) In this Determination, unless the contrary intention appears:

"A right to recover from any person, by way of compensation of damages" does not include a right to recover compensation pursuant to the *Criminal Injuries Compensation Act 1983*;

"Act" means *Health and Community Care Services Act 1996*;

"Australian resident" means a person who is ordinarily resident in Australia and includes a person domiciled in Australia but does not include a person who is:

- (a) the head of a diplomatic mission, or the head of a consular post, established in Australia;
- (b) a member of the staff of a diplomatic mission, or a member of the consular staff, established in Australia;
- (c) a member of the family of a person referred to in paragraph (a) or (b), being a member who forms part of the household of that person;
- (d) employed on a full-time basis to perform domestic or other private services for a person referred to in paragraphs (a), (b) or (c);

being a person who is not an Australian citizen or is not a person domiciled in Australia;

"community health centre" means a community health centre conducted by the ACT Community Care;

"compensable patient" means in relation to a hospital, an inpatient of the hospital who in the opinion of the Chief Executive of The Canberra Hospital, has, or may have, a right to recover from any other person, by way of compensation of damages, the cost of the service;

"concessional" means a person who is the:

- (a) holder of a Pensioner Concession Card or a dependent of the holder of a Pensioner Concession Card; or
- (b) holder of a Health Care Card or a dependent of the holder of Health Care Card; or
- (c) holder of a Commonwealth Seniors Health Card; or
- (d) holder of a Repatriation Health Card for All Conditions; or
- (e) holder of a Repatriation Health Card for Specific Conditions;

"day care patient" means a person other than a compensable patient or a non-eligible person who attends hospital for a period that does not include a part of an overnight stay for the purpose of permitting the provision of professional attention to the person;

"general" means a person who is not concessional;

"hostel" means a hostel conducted by The Canberra Hospital or ACT Community Care;

"hospital" means the premises known as The Canberra Hospital;

"hospital patient" in relation to a hospital, means an inpatient of the hospital other than a private patient;

"inpatient" means a person who is formally admitted to hospital and then after a period of time discharged;

"medical practitioner" means a person registered as a medical practitioner under the *Medical Practitioners Act 1930*;

"Medicare Benefits Schedule Book" means the table of medical services prescribed for the purposes of subsection 4(2) of the *Commonwealth Health Insurance Act 1973*;

"multiple-bed room" means a room in which 2 or more beds are situated;

"non-eligible person" means -

- (a) a person who is not an Australian resident; or
- (b) a person in respect of whom, or a person included in a class of persons in respect of which, there is in force an order under Subsection 6(2) of the *Commonwealth Health Insurance Act 1973*;

"non-inpatient" with respect to a hospital, means a patient other than an inpatient of the hospital who receives any examination(s), consultation(s) or other service(s) from an individual functional unit of a health services facility;

"nursing-home type patient" means a nursing-home type patient for the purposes of the *Commonwealth Health Insurance Act 1973* but does not include a compensable patient or a non-eligible person;

"occupational therapy service" means an occupational therapy service provided to a compensable non-inpatient or non-eligible person at a community health centre conducted by the ACT Government or at a hospital;

"outpatient service" means any examination, consultation, treatment or other service provided to a non-inpatient or non-eligible person not being an inpatient of the hospital at a health services facility other than a community health centre, but does not include a Physiotherapy or Occupational Therapy Service;

"pathology service" means a professional service in respect of which a fee is specified in an item in Section 4 of the Medicare Benefits Schedule Book, being an item that includes the symbol "(OP)";

"person domiciled in Australia" means a person whose domicile is in Australia, other than a person in respect of whom the Minister for Health and Community Care is satisfied that the person's permanent place of abode is outside Australia;

"physiotherapy service" means any treatment or other service provided to a compensable non-inpatient or non-eligible person at a community health centre conducted by the Territory or at a hospital and which falls within the definition of physiotherapy in the *Physiotherapy Act 1977*;

"private patient", in relation to a hospital, means an inpatient of the hospital who:-

- (a) has made an election to be treated as a private patient, and who has not revoked that election; or
- (b) is accommodated in a single room in the hospital at a patient's own request;

"professional service" means a service that is a professional service within the meaning of the *Commonwealth Health Insurance Act 1973*;

"single room" means a room in which one bed is situated;

"standard patient", in relation to a hospital, means an inpatient of the hospital, other than:-

- (a) a day care patient; or
- (b) a nursing-home type patient.

- (2) For the purposes of this Determination, a request by a patient shall, in relation to a patient who has not attained the age of 18 years, be read as including a request by a parent or guardian of the patient.
- (3) For the purpose of services listed at A, C, D, E, J, and S of the schedule to the Determination, the day on which a person commences to be accommodated in a hospital or a hostel as a patient and the day on which that person ceases to be so accommodated shall be counted together as one day.
- (4) For the purposes of the services listed at A, B and C of the Schedule to this Determination, where a child whose age is less than 12 months and the mother of that child are both accommodated in a hospital, they shall be treated as one patient unless the child and the mother both receive treatment.
- (5)
 - (a) For the purposes of the service listed at item D of the Schedule to this Determination, where a person who has been admitted to a hostel is absent from the hostel for a period not exceeding 3 days, the fee payable pursuant to the service listed at D shall apply as if the person had been accommodated in the hostel during the whole of the period.
 - (b) For the purposes of sub-clause (5)(a) of this Determination, the day on which the absence of a person from a hostel begins and the day on which the person returns to the hostel shall be reckoned as one day.

- (6) The fee for the purposes of the service listed in Column 1 of the Schedule to this Determination shall, subject to any descriptions and/or limitations set out in Column 2 of the Schedule opposite to and in relation to that service be the amount listed in Column 3 of the Schedule opposite to and in relation to that service.

Dated this 23rd day of July 1999

MICHAEL MOORE
Minister for Health
and Community Care

SCHEDULE

This is the schedule referred to in the Determination of Fees and Charges under section 32 of the *Health and Community Care Services Act 1996*.

Column 1 Service	Column 2 Descriptions and/or Limitations	Column 3 Amount \$
A. Hospital Accommodation Fees - Standard Patients	1. If the patient is a private patient other than a compensable patient or a non-eligible person, and is:	
	(a) in a multiple-bed room,	\$216.00 per day
	(b) in a single room, otherwise than at the patients request,	\$216.00 per day
	(c) in a single room at the patients request.	\$373.00 per day
	2. If the patient is a compensable patient or a non-eligible person.	\$664.00 per day
B. Hospital Accommodation Fees - Day Care Patients	If the patient is a private patient and is provided with:	
	1. Type-B professional attention as determined under paragraph 4B(a) of the <i>Commonwealth National Health Act 1953</i> ,	\$155.00 per day
	2. procedures (other than those set out in paragraph 1) carried out under local anaesthetic, no sedation. Theatre time (actual time in theatre) less than one hour,	\$175.00 per day
	3. procedures (other than those set out in paragraph 1) carried out under general or regional anaesthetic or intravenous sedation. Theatre time (actual time in theatre) less than one hour,	\$194.00 per day

	4. procedures (other than those set out in paragraph 1) carried out under general or regional anaesthetic or intravenous sedation. Theatre time (actual time in theatre) one hour or more.	\$216.00 per day
C.	Hospital Accommodation Fees - Nursing Home Type Patients	
	1. If the patient has attained the age of 16 years and is:	
	(a) a hospital patient,	\$27.35 per day
	(b) a private patient.	\$99.30 per day
	2. If the patient has not attained the age of 16 years and is:	
	(a) a hospital patient,	Nil
	(b) a private patient.	\$71.95 per day
D.	Hostel Fees	
	Hostel Accommodation Fees	\$20.85 per day
E.	Accommodation where the person is other than a patient	
	Whether the accommodation is in a hospital or a nursing home or a hostel:	
	1. On wards	\$5.70 per day
	2. In residences associated with a hospital, a nursing home or a hostel, where the person is not a pensioner or a health care card holder.	
	Single room	
	(a) first person	\$23.00 per day
	(b) second person	\$12.00 per day
	(c) children 12 years and under (maximum of two persons including children per room)	\$6.00 per day
	(d) family rooms (3 persons)	40.00 per day
	3. In residences associated with a hospital, a nursing home or a hostel, where the person is a pensioner or a health care card holder.	
	Single room	
	(a) first person	\$15.00 per day
	(b) second person	\$10.00 per day
	(c) children 12 years and under (maximum of two persons including children per room)	\$6.00 per day
	(d) family rooms (3 persons)	\$30.00 per day

	4. Flats (per week)	
	(a) one bedroom	\$140.00
	(b) two bedroom	\$154.00
F.	Fees for Professional Services other than the Pathology Service	<p>These do not apply in relation to:</p> <p>1. a professional service provided,</p> <p>(a) in pursuance of the <i>Public Health (Medical and Dental Inspection of School Children) Regulations</i>; or</p> <p>(b) in the course of a program of child health care,</p> <p>2. a professional service provided at a hospital,</p> <p>3. a professional service provided at the request of a member of the Australian Federal Police acting in his or her capacity as such a member;</p> <p>4. a professional service provided in accordance with a request made, or a direction given under or for the purposes of, a law in force in the Territory, or</p> <p>5. a professional service provided in the treatment or control of addiction to alcohol or drug.</p>
		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	<p>Where the pathology service is provided by the ACT to:</p> <p>1. a compensable person,</p> <p>2. a non-eligible person.</p>
		An amount equal to the fee specified in respect of that pathology service in the Schedule of Fees listed in the Medicare Benefits Schedule Book as amended from time-to-time.

H.	Outpatient Service Fees	Compensable non-inpatients and non-eligible persons:	
		1. First visit	\$118.00
		2. Second and subsequent visits.	\$78.00
I.	Physiotherapy and Occupational Therapy	Compensable non-inpatients and non-eligible persons at Community Health Center's and Hospitals:	
		First and subsequent consultation.	\$78.00
J.	Patient's Personal Laundry	Patients at Nursing Homes	\$1.24 per day
K.	Mass Vaccinations	Where there is a contract/agreement to vaccinate work groups against:	per vaccine
		1. Hepatitis A	\$62.00
		2. Hepatitis B	\$18.00
		3. Influenza	\$21.00
		4. Other (Adult Diphtheria Tetanus, Measles Mumps Rubella, Rubella, Sabin)	\$10.00
L.	Facilities Hire	1. The Canberra Hospital	
		(a). Use of theatre (after hours)	\$116.00 per hour
		2. ACT Community Care - Conference, Meeting and Group Rooms	
		(a). Commercial Use	
		(i) Non-Health Related	\$22.40 per hour
		(ii) Sessional Health Related	\$15.70 per hour
		(b). Community Use	
		(i) Non-Health Related	\$15.70 per hour
		(ii) Health Related	\$11.50 per hour
		3. ACT Community Care - Theatre	\$66.80 per hour
M.	Medical Records and Health Reports	1. Medical Practitioner Reports	
		(a). Preparation of a medical report by a treating medical practitioner appointed to or employed by the Department of Health and Community Care requiring no further examination of the patient.	\$154.00

(b) Preparation of a medical report by a medical practitioner appointed to or employed by the Department of Health and Community Care who has not previously treated the patient and no further examination of the patient is required. \$179.00

(c) A report made by a treating medical practitioner appointed to or employed by the Department of Health and Community Care where a re-examination is required. \$205.00

(d) A report made by a treating medical practitioner appointed to or employed by the Department of Health and Community Care who has not previously treated the patient where an examination is required \$256.00

2. Health records required to be produced by subpoena

(a) Where at least 5 days notice is given for the production of the record to the Court \$45.00

(b) Where less than 5 days notice is given. \$75.00

3. Search Fees \$31.00

Other than requests made by a party concerned with a patient's continued treatment or future management

A search fee is to be charged where:

- the applicant subsequently advises that a report/record is no longer required.
- where a thorough search has ascertained that the patient has never attended the hospital for that episode of illness.
- for Motor Accident and Comcare medical certificates completed other than at the time of consultation.
- the fee also applies to requests for information on date or time of birth.

4. Medical Records Department

Preparation of a report by the Medical Records Department as part of its medico-legal responsibilities \$103.00

5. Health Professional Reports

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| (a) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by the Department of Health and Community Care requiring no further examination of the patient | \$154.00 |
| (b) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by the Department of Health and Community Care who has not previously treated the patient and no further examination is required. | \$179.00 |
| (c) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by the Department of Health and Community Care where a re-examination is required. | \$205.00 |
| (d) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by the Department of Health and Community Care who has not previously treated the patient and no further re-examination of the patient is required. | \$256.00 |

6. Clinical Notes provided to patient's solicitor

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| (a) Upon receipt of written consent from the patient for the solicitor to have copies of all or part of the clinical notes - Provision of a copy of the medical record or part thereof, e.g. continuation notes, pathology reports and charts. | \$113.00 |
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7. Clinical Notes provided to insurer

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| (a) Upon written consent from the patient allowing the insurer to have copies of all or part of their clinical notes and indicating their awareness of the possible inclusion of confidential medical information irrelevant to the claim - Provision of a copy of the medical record, or part thereof, e.g. continuation notes, pathology reports and charts. | \$113.00 |
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N. Pathology	Coronial post mortems	\$189.00
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O. Dental Services

Group 0: Examinations/Diagnostic		
011	Initial Exam (Min. \$20 for Course of Treatment)	\$4.00
011A	Initial & Restorative Referral Scheme Exam	\$7.50
012	Periodic Exam	\$3.50
013a	Emerg Exam (Min. \$20: Restorative Emergencies) - Use 915 for Weekend	\$20.00
013b	Pros Emergency Visit	\$20.00
014	Consult (incl Exam)	\$4.00
015	Consult Ext + 30 (incl Exam)	\$10.00
016	Consult by Ref (incl Exam)	\$11.00
017	Consult by Ref Ext +30 (incl Exam)	\$13.50
018	Written Report	\$4.00
019	Letter of Referral	\$1.50
021	Complete intraoral series of radiographs (10 films or more, including bitewings)	\$14.00
022	X-Ray -1 film PA or BW	\$4.00
023	X-Ray -2 films PA or BW	\$5.50
024	X-Ray -Additional PA or BW	\$2.50
025	Intraoral radiograph - occlusal, maxillary or mandibular - single film	\$5.00
031	Extraoral radiograph - maxillary and/or mandibular - single film	\$5.50
051	Biopsy of Tissue	\$9.00
061	Pulp Vitality Test	\$0.00
071	Diagnostic cast	\$5.00
Group 1: Preventative Services		
111	Plaque Removal	\$4.00
112	Calculus (supraging.) & Plaque Removal	\$6.00
113	Recontour rest'n (existing)	\$7.50
114	Calculus (supra & subging.) & Plaque Removal 1st visit	\$9.00
115	Calculus (supra & subging.) & Plaque Removal Addit. visit	\$9.00
121	Fluoride - Topical	\$3.00
141	Oral Hygiene Instr. (if more than 10 mins.)	\$4.00
151	Mouthguard (incl model)	\$76.50
161	Fissure Sealant	\$5.50
165	Apply Desensitising Agent	\$2.00
182	Concentrated fluoride, application - single tooth	\$4.00
Group 2: Periodontics		
213	Acute Perio Infection TMT	\$5.50
222	Root Planing & Curettage (per 8 or less teeth)	\$11.00
225	Non-surgical periodontal treatment not otherwise specified - per visit	\$8.00
231	Gingivectomy, per segment of 8 teeth or less	\$15.50
232	Periodontal flap surgery, per segment of 8 teeth or less	\$22.50
233	Osseous surgery, per segment of 8 teeth or less	\$18.50

241	Root resection	\$18.50
245	Periodontal surgery involving one tooth	\$10.00
246	Papillectomy	\$6.00
Group 3: Oral Surgery		
311	Extraction - perm tooth	\$10.00
312	Extract - Root Fragment (from 311/313)	\$5.00
313	Extraction - deciduous tooth	\$6.00
316	Extraction - Additional tooth near 311/313/316	\$6.50
317a	Remove teeth Gen. Anaes. - up to 4 teeth	\$24.50
317b	Remove teeth Gen. Anaes. - 5 or more teeth	\$30.50
321	Surgical Extraction-Erupted	\$17.00
322	Surgical removal of unerupted or partly erupted tooth, not requiring removal of bone or tooth division	\$17.00
323	Surgical removal of unerupted or partly erupted tooth, requiring removal of bone or tooth division	\$21.00
324	Surgical removal of unerupted or partly erupted tooth, both remove bone and tooth division	\$26.00
325	Surgical frag - Soft Tissue only	\$11.50
326	Surgical frag -bone	\$15.50
329	Non-routine post-operative treatment - per visit	\$4.50
331	Alveolectomy per segment or quadrant	\$10.50
334	Excision of torus or exostosis	\$30.00
337	Reduction of fibrous tuberosity	\$35.50
338	Reduction of flabby ridge per segment	\$13.00
341	Removal of fibrous hyperplasia	\$11.50
376	Surgery to salivary gland	\$49.00
377	Removal or repair of soft tissue (not elsewhere defined)	\$45.00
378	Surgical removal of foreign body	\$9.00
379	Marsupialisation of cyst	\$10.50
386	Splint / reposition tooth	\$20.00
387	Replantation of tooth	\$30.50
391	Frenectomy	\$13.00
392	Incis drain abcess/cyst	\$7.00
398	Minor soft tissue surgery	\$6.00
399	Insertion of suture where not integral part of another item	\$6.00
Group 4: Endodontics		
411	Pulp cap -direct	\$3.00
412	Pulpotomy - deciduous tooth	\$6.00
414	Pulpotomy-perm tooth	\$6.00
415	Prep of root canal	\$19.00
416	Prep of additional root canal	\$6.50
417	Obturation -1 canal	\$15.50
418	Obturation - addt. canal	\$3.50
419	Extirpation of pulp and debridement of root canal(s) - emerg	\$10.00
431	Periapical curettage	\$31.00
432	Apicectomy 1 root	\$53.00
434	Retrograde Rt Fil 1 root	\$41.00

436	Sealing of perforation	\$41.00
437	Treatment of external root resorption and repair	\$41.00
441	Bleaching Non-vital (complete tmt)	\$14.50
445	Explore blocked rt. canal	\$16.50
451	Removal of root filling, per canal	\$16.50
452	Removal of post or post crown	\$24.50
453	Removing or bypassing fractured endodontic instrument	\$20.50
454	Preparation of root canal to receive dowel	\$6.50
455	Endo dressing visit additional	\$0.00
458	Interim therapeutic rct	\$10.50

Group 5: Restorative Services

511	Amalgam - 1S -Perm	\$8.00
512	Amalgam - 2S -Perm	\$10.50
513	Amalgam- 3+S -Perm	\$12.50
514	Amalgam - 1S - deciduous tooth	\$8.00
515	Amalgam - 2S -Perm deciduous tooth	\$10.50
516	Amalgam- 3+S -Perm deciduous tooth	\$12.50
521	G.I.C. - 1S	\$9.00
522	G.I.C. - 2S	\$9.50
523	G.I.C. - 3+S	\$10.50
529	Adhesive Cervical GIC/Comp resin (non caries)	\$8.00
531	Comp resin 1S -Posterior	\$10.00
532	Comp resin 2S -Posterior	\$13.00
533	Comp resin 3+S -Posterior	\$15.50
537	Comp resin 1S -Anterior	\$9.50
538	Comp resin 2S -Anterior	\$12.00
539	Comp resin 3+S -Anterior	\$13.50
571	Recement inlay	\$6.50
572	Temp. Restoration	\$4.50
573	Temp Crown	\$12.00
574	Temp Rest'n & Metal band	\$7.00
575	Pin retentions -per pin	\$2.50
577	Cusp capping - per cusp	\$3.00
584	Resin lam veneer facing	\$18.50
597	POST - cast,wrought or preformed	\$9.50
598	Complex crown -Amalgam	\$17.00
599	Complex crown - Comp resin	\$18.50

Group 6: Crown and Bridge

611	Resin Jacket crown	\$73.50
619	Cast gold crown with facing	\$106.50
623	Cast ceramic crown	\$0.00
651	Recement Crown	\$7.00
652	Recement bridge or splint	\$8.00
655	Removal of crown	\$10.50
656	Removal of bridge or splint	\$10.50

Group 7: Prosthodontics		
711	Full upper denture	\$58.00
712	Full lower denture	\$58.00
716a	Metal palate or plate (additional to items 711, 712, 719)	\$154.00
716b	Mesh only	\$127.00
719	FU & FL dentures	\$99.00
721a	Part max. denture -acrylic	\$26.50
721b	Partial max .denture - acrylic base, two teeth, insert appliance	\$30.00
721c	Partial max denture - acrylic base, three teeth, insert appliance	\$35.00
721d	Partial max denture - acrylic base, four teeth, insert appliance	\$39.50
721e	Partial max denture - acrylic base, five to nine teeth inclusive, insert appliance	\$48.00
721f	Partial max.denture - acrylic base, ten to twelve teeth inclusive, insert appliance	\$54.00
722a	Part mand denture -acrylic	\$26.50
722b	Partial mand denture - acrylic base, two teeth, insert appliance	\$30.00
722c	Partial mand denture - acrylic base, three teeth, insert appliance	\$35.00
722d	Partial mand denture - acrylic base, four teeth, insert appliance	\$39.50
722e	Partial mand denture - acrylic base, five to nine teeth inclusive, insert appliance	\$48.00
722f	Partial mand denture - acrylic base, ten to twelve teeth inclusive, insert appliance	\$54.00
727a	Part max denture - CO/CR	\$43.00
727b	Partial max denture - cast cobalt chromium base, two teeth, insert appliance	\$50.00
727c	Partial max denture - cast cobalt chromium base, three teeth, insert appliance	\$57.00
727d	Partial max denture - cast cobalt chromium base, four teeth, insert appliance	\$60.00
727e	Partial max denture - cast cobalt chromium base, five to nine teeth inclusive, insert appliance	\$73.00
727f	Partial max denture - cast cobalt chromium base, ten to twelve teeth inclusive, insert appliance	\$84.00
728a	Part mand denture - CO/CR	\$43.00
728b	Partial mand denture - cast cobalt chromium base, two teeth, insert appliance	\$50.00
728c	Partial mand denture - cast cobalt chromium base, three teeth, insert appliance	\$57.00
728d	Partial mand denture - cast cobalt chromium base, four teeth, insert appliance	\$60.00
728e	Partial mand denture - cast cobalt chromium base, five to nine teeth inclusive, insert appliance	\$73.00
728f	Partial mand denture - cast cobalt chromium base, ten to twelve teeth inclusive, insert appliance	\$84.00
730	Provision of casting	\$160.50
731	Denture Retainer each	\$3.50
732	Occlusal rest (where not used as part of retainer)	\$1.50
734	Chrome cobalt onlay/backings	\$25.50
736	Immed. Tooth replace per tooth	\$1.00

737	Resilient Lining in addit'n to new denture	\$15.00
741	Adjust complet denture (not new)	\$4.00
742	Adjust part denture (not new)	\$4.00
743	Reline -Complete denture	\$28.50
744	Reline -Part denture	\$22.00
745	Remodelling complete dent {Re-arrangement of teeth}	\$58.00
746a	Remodel - Partial denture -acrylic {re-arrangement of teeth}	\$26.50
746b	Remodel - Partial denture - acrylic base, two teeth, insert appliance	\$30.00
746c	Remodel -Partial denture - acrylic base, three teeth, insert appliance	\$35.00
746d	Remodel -Partial denture - acrylic base, four teeth, insert appliance	\$39.50
746e	Remodel -Part denture - acrylic base, five to nine teeth inclusive, insert	\$47.50
746f	Remodel - Part denture - acrylic base, ten to twelve teeth inclusive, insert	\$54.00
748	Rebase complete denture {New heat-cured base}	\$35.50
749	Resilient lining (not new)	\$28.50
753	Clean and polish of denture	\$5.00
761	Repair - reattach tooth/clasp	\$10.00
762	Replace lost clasp	\$10.50
763	Repair #Base on complete denture	\$10.00
764	Repair #Base on part denture	\$10.00
765	Replace tooth - complete denture	\$10.50
766	Replace tooth - part denture	\$10.50
767	Tooth replacement (additional to repairs)	\$3.00
768	Add tooth due to extraction	\$14.00
769a	Repair to metal casting: one point	\$10.00
769b	Repair to metal casting: each additional point	\$5.50
771a	Tissue conditioning - one treatment	\$5.50
771b	Tissue conditioning - two treatments	\$11.00
771c	Tissue conditioning - three treatments	\$16.50
776	Impression for denture repair	\$3.50
Group 8: Orthodontics (When used for an Adult)		
811	Passive removable appliance - one arch	\$29.00
812	Passive removable appliance - two arches	\$38.50
821	Active removable appliance - one arch	\$49.50
822	Active removable appliance - two arches	\$99.00
823	Functional orthopaedic appliance	\$119.00
829	Partial banding - one arch	\$151.50
830	Partial banding - two arches	\$252.50
831	Full arch banding - one arch	\$229.50
834	Full arch banding - two arches	\$382.50
841	Fixed palatal or lingual arch appliance	\$121.00
843	Rapid maxillary expansion appliance	\$121.00
845	Space maintainer - fixed	\$40.50
851	Extra-oral appliance	\$161.50

871	Orthodontic adjustment	\$0.00
875	Repair removable appliance	\$13.00
877	Orthodontic extrusion of tooth	\$91.00

Group 9: General Services

911	Palliative emergency care	\$4.00
912	Sedative dressing (emerg)	\$5.50
915	After hours emergency	\$20.00
924	Drug prescription	\$2.50
931	Home visit (additional to other items)	\$5.50
932	Hospital visit (additional to other items)	\$5.50
935	Interpreter (per 15 min)	\$0.00
936	Failed appointment or insufficient notice by patient	\$20.00
941	Local anaesthesia:- Diagnostic Local Anaesthesia+B15	\$1.00
943	Sedation - Inhalation	\$5.00
949	Load treat under G.A.	\$6.00
961	Minor Occlusal adjustment	\$5.00
965	Occlusal splint	\$42.50
966	Adjust occlusal splint	\$6.00
981	Splinting & Stabilisation	\$16.50

Group A: Restorative Referral Scheme

31A	Mucoperiosteal flap to remove tooth or root (322 or 323 or 324)	\$21.00
41A	Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$34.50
42A	Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$45.00
43A	Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	\$55.00
51A	Simple filling, not involving proximal surface(Av 511,512,531,537 & 521)	\$9.50
52A	Complex filling, involving proximal surface (Av. 513,538 & 539)	\$12.50
53A	Full coverage complex restoration, including pins/ or bonding (598)	\$17.00

Child and Youth Dental Annual Membership Fees

Per Child

Category A (Full fee)	\$40.00
Category B (Reduced fee for families receiving more than the minimum rate of Centrelink Family Allowance payment)	\$20.00
Category C (No fee for children and high school aged young people under 18 years covered by concession cards)	\$0.00

Maximum Annual Family Fee

Category A (Full fee)	\$100.00
Category B (Reduced fee for families receiving more than the minimum rate of Centrelink Family Allowance payment)	\$50.00

P.	Alcohol and Drug Service	1. Service reports supplied to insurance agents and solicitors	\$35.00 per session
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	2. Methadone dispensed to clients on public methadone program for 6 months or more	\$15.00 per week
Q.	Meals on Wheels	Supplied to Red Cross for distribution. \$2.40 per meal
R.	Magnetic Resonance Imaging	Compensable patients, non-eligible patients and research. An amount equal to the fee specified in respect of that pathology 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 (per day)	
	(a) Under 16 years	\$5.60
	(b) 16-17 years	\$21.50
	(c) 18-20 years	\$22.80
	(d) 21 years and over	\$23.30
	2. Long Term Accommodation Fees (per fortnight)	
	(a) Under 16 years	\$78.40
	(b) 16-17 years	\$301.00
	(c) 18-20 years	\$319.20
	(d) 21 years and over	\$325.50
	3. Independent Living Centre	
	(a) Visits	
	(i) General Public	\$5.00
	(ii) Pension, health care cardholder or students	\$2.00
	(b) Assisted appointment less than 1.5 hours	\$65.00
	(c) Assisted Appointment over 1.5 hours	\$97.00
	(d) Unassisted	\$26.00
	(e) Non attendance for appointment	\$10.00
	(f) Home Visits less than 1.5 hours (including travel)	\$65.00
	(g) Home Visits more than 1.5 hours (including travel)	\$97.00

		(h) Second Hand Register (referral service)	
		(i) for items over \$500	\$15.00
		(ii) for items under \$500	\$7.00
		(iii) for more than 1 item	\$15.00
		(i) Educational Tours for Groups	
		(i) General Public	\$5.00
		(ii) Pension, health care cardholder or students	\$2.00
		(j) Building Access Advisory Service (including travel)	\$75.00 per hour
		4. Integrated day service (aCe Link)	
		(a) Activities	\$3.00 per session + consumables
		(b) Leapfrog Outdoor Adventure Program	\$8.00 per day
T.	Biomedical Repairs	Repairs on equipment and advice/training provided during:	per hour + parts
		1. Core Hours	\$87.00
		2. After Hours	\$113.00
U.	Radiation Safety Section	Consultancy fees for services provided to outside organisations.	\$90.00 per hour
V.	ACT Government Analytical Laboratory	Analytical services provided to:	
		1. ACT Government organisations except for ACT Coroner's Office	\$60.00 per hour
		2. ACT Coroner's Office (Attorney-General's Dept)	\$708.00 per matter
		3. Other	\$92.00 per hour
W.	Audiometry	Adult Hearing Tests - per consultation	\$26.10
X.	ACT Community Care	Education and/or Training	
		1. Per facilitator - business hours	\$45.00 per hour
		2. Per facilitator - after hours	\$70.00 per hour
		Community Health Care Program	
		3. Chronic pain management course for compensation clients	\$29.00 per session
		4. Nursing education - business hours	\$45.00 per session
		5. Nursing education - after hours	\$70.00 per session

	6. Sale of infection control manual	\$60.00
		per manual
	7. Podiatric surgery (materials)	\$31.00
		per intervention
	8. Simple innorsoles	\$21.00 per pair
	9. Accommodative	\$82.00 per pair
	10. Rigid innersole	\$185.00 per pair
	11. Day care meals	\$5.00 per meal
	12. Mattress hire full	\$80.00
		per month
	13. Mattress hire pensioner	\$40.00
		per month
	14. Cushion hire	\$20.00
		per month
	15. Consultation for nurses in private hospitals	\$58.00 per hour
	16. Home nursing	\$58.00 per hour
	17. Consultation overseas clients	\$58.00 per hour
	Women's Health Program	
	18. Copies of mammograms	\$26.00 per set
Y.	Pharmaceutical Co-payment	
	Collection of a co-payment for medications or pharmaceuticals dispensed from hospital for:	
	1. General non-inpatient	\$15.00
		per item
		per month
	2. Concessional non-inpatient	\$3.20
		per item
		per month