## **Explanatory Statement**

# Health (Fees) Determination 2006 (No 1)

#### **Disallowable Instrument DI2006-145**

made under the

Health Act 1993, s 36 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2005-298, dated 15 December 2005.

The Determination comes into effect on 1 July 2006 and reproduces Determination DI2005-298 except for:

- Items on Attachment A, which have increased by the Wage price index of 3.7% (subject to rounding);
- Items on Attachment B, which have increased by the national CPI rate of 3.0% (subject to rounding);
- Items on Attachment C, which have increased by other factors as outlined in the attachment;
- Items on Attachment D (Dental Fees), which are set at 17% of the Department of Veterans' Affairs (DVA) local dental officer fee schedule and 20% of the DVA dental prosthetists fee schedule;
- Item N (Prostheses), which are new to the schedule;
- Item Q (Meals on Wheels), which has been removed from the schedule;
- Items lettered from Q to V, which have been re-lettered to account for the removal of meals on wheels; and
- the date of effect

## Attachment A – Wage Price Indexation

Item			Frequency	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
G	Pathology S	Service Fees				
	1 No	n-Medicare Testing				
	а	BCL-2 Translocation	per test	\$100.00	\$104.00	n/a
	С	Cystic Fibrosis - 36 mutation screen	36 mutations	\$200.00	\$207.00	
	е	IgH & TCR gamma Gene rearrangements	per test	\$200.00	\$207.00	
	f	ThinPrep Pap Test	per test	\$24.00	\$24.90	
	g	Spore Testing	per ampoule	\$7.50	\$8.00	\$8.80
	I	Histology testing on Coronial post mortems	per post mortem	\$274.00	\$284.00	\$312.40
J	Capital Reg	ion Cancer Service				
	1 Co	pies of mammograms	per set	\$30.00	\$31.10	n/a
L	Facilities Hi					
		of Accommodation Facilities at The Canberra Hospital		<b>0.100.50</b>	<b>*</b> 400.00	0454.00
	a Us	e of Theatrette (after hours)	per hour	\$133.50	\$138.00	\$151.80
	b Us	e of Seminar Room (after hours, non-health related)	per 4 hour block (min) or part thereof	\$120.00	\$124.00	\$136.40
	2Facili	ty Hire - Community Health Conference, Meeting and Group Room	ns			
	а	Commercial Use				
	i)	- Non-Health Related	per hour	\$25.50	\$26.50	\$29.15
	ii)	- Sessional Health Related	per hour	\$18.00	\$18.50	\$20.35
	b	Community Use				
	i)	- Non-Health Related	per hour	\$18.00	\$18.50	\$20.35
	ii)	- Health Related	per hour	\$14.00	\$14.50	\$15.95
	iii)	Theatrette (Moore Street Building)	per hour	\$76.50	\$79.50	\$87.45
	3Facili	ty Hire - Health Protection Service Conference / Meeting EOC roor	n			
	а	Commercial Use				
	i)	- Non-Health Related	per hour	NEW	\$26.50	·
	ii)	- Sessional Health Related	per hour	NEW	\$18.50	\$20.35
	b	Community Use		NIEVA		
	i)	- Non-Health Related	per hour	NEW	\$18.50	
	ii)	- Health Related	per hour	NEW	\$14.50	\$15.95
M		cords and Health Reports				
	a a	edical Practitioner / Health Professional Reports  No further examination of the patient		\$177.50	\$184.00	n/a
	b	As "a" by practitioner who has not previously treated patient		\$206.00	\$214.00	n/a
	С	Where a re-examination is required		\$235.50	\$244.00	n/a
	d	As "c" by practitioner who has not previously treated patient		\$294.50	\$305.00	n/a
		arch Fees - includes time of birth, admin fee if nil records & ncellation fee		\$35.50	\$36.80	n/a
		nical Notes provided to patient's solicitor		\$130.00	\$135.00	n/a
		nical Notes provided to insurer		\$130.00	\$135.00	n/a
Q		aging Services				
	1 Se	rvices to patients - Copies of films to patients/solicitors/coroner/pol				
	a	18cm x 24cm sheet	per sheet	\$5.00	\$5.20	
	b	24cm x 30cm sheet	per sheet	\$6.00	\$6.20	
	С	35cm x 43cm sheet	per sheet	\$8.00	\$8.30	n/a

Item			Frequency	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
	d	35mm slides	each	\$7.00	\$7.25	n/a
	е	Digital slides	each	\$2.00	\$2.05	n/a
	f	Laminating	each	\$2.00	\$2.05	n/a
	g	CDs	each	\$2.00	\$2.05	
	h	OPG sheets	per sheet	\$6.00	\$6.20	
	I	DVB Laser Film	per sheet	\$8.00	\$8.30	n/a
	j	Service Fee	per order processed	\$25.00	\$26.00	\$28.60
	2 Ra	diographer services to coroner				
	a	Monday to Friday	per hour	\$113.00	\$117.00	\$128.70
	b	Saturday and Sunday	per hour	\$123.00	\$128.00	
	С	Public Holidays	per hour	\$165.00	\$171.00	
	d	Film	ner sheet <sup>Si</sup>	ee R1 above t		,
	~			ervice fee		
	е	Processing	per occasion of service	\$40.00	\$41.50	\$45.65
R	Pain Manag	gement Service				
	1	Multidisciplinary Assessment	per assessment	\$884.10	\$917.00	n/a
	2	Cognitive Behaviour Therapy program	per program	\$3,750.80	\$3,890.00	n/a
	3	Coping and Life Styles Program	per program	\$376.20	\$390.00	
	4	Exercise Program	per program	\$6.50	\$6.75	
	_	·	per			
	5	Psychology Assessment	assessment	\$169.30	\$176.00	n/a
	,	a) Medical Assessment and Follow-ups First visit	per visit	\$192.90	\$200.00	
	,	Medical Assessment and Follow-ups First visit      Physicitherapy and Occupational therapy First and subsequent	per visit	\$96.50	\$100.00	n/a
	7(a	Physiotherapy and Occupational therapy First and subsequent visit	per visit	\$89.70	DELETED	n/a
S	Biomedical	·				
	Repa	irs on equipment and advice/training provided during:				
	1 Co	re hours	per hour	\$100.50	\$104.00	
				+ parts	+ parts	+ parts
	2 Aft	er hours	per hour	\$130.00	\$135.00	
_		D. I. I. III. II. D		+ parts	+ parts	+ parts
T	-	Rehabilitation Program				
	1Co	mmunity - Based Rehabilitation Services				
	_	General services to whom fees apply and commercial consultance	y services			
	а	Allied Health Staff		¢00 50	<b>#02.00</b>	¢102.20
	h	i) Appointment	acatar ataff arauma	\$89.50	\$93.00	\$102.30
	b	Education and/or Training (for student groups, private and public		)		
		i) Per facilitator - business hours	per hour (half hr min)	\$52.00	\$54.00	\$59.40
		ii) Per facilitator - after hours	per hour (half hr min)	\$78.50	\$81.50	\$89.65
	2Inc	lependent Living Centre				
	а	Appointment fee for clients with third party payer				
		i) Assisted appointment	per hour (half hr min)	\$89.50	\$93.00	n/a
		ii) Non attendance at appointment		\$14.00	\$14.50	\$15.95
	b	Unassisted appointments - service provided by staff member of another organisation	per hour (half hr min)	\$30.00	\$31.00	\$34.10
	С	Education and/or Training (for student groups, private and public	,	)		
		i) ILC Education	per half day	\$65.00	\$67.50	\$74.25
		ii) ILC Education	per full day	\$120.00	\$124.00	\$136.40
	d	Second hand register (referral service)				
	d	•	per full day	\$120.00	φ124.00	Φ

Item			Frequency	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
		i) for items over \$500		\$18.00	\$18.50	\$20.35
		ii) for items under \$500		\$8.50	\$9.00	\$9.90
		iii) for more than 1 item		\$18.00	\$18.50	\$20.35
	е	Consultancy fee for commercial advisory services (including travel)	per hour (half hr min)	\$90.00	\$93.50	\$102.85
;	3 E	quipment Loan Service				
	b	Hire of pressure care products				
		i) Pressure Relief Mattress or Overlay Hire	per month	\$89.80	\$93.00	
		ii) Pressure Relief Mattress or Overlay Hire - Pensioner Rate	per month	\$44.90	\$46.60	
		iii) Pressure Reduction Mattresses and Overlays	per month	\$22.40	\$23.20	n/a
4	4 A	CT Equipment Scheme				
			Per carton of continence			
			pads or order	404.00	*****************	,
	а	Continence pads and aids for incontinence	of incontinence aids	\$21.90	\$22.70	n/a
			aius	10% of total	10% of total	
	b	Orthopaedic footwear		cost		n/a
				10% of total	10% of total	
	С	Orthoses		cost	cost (\$22.70 Min)	n/a
				1/3 of total	1/3 of total	
	d	Repairs to ACTES Equipment		cost (\$21.90 Min)	cost (\$22.70 Min)	
		11 120 12		10% of total	10% of total	
	е	Home modifications		cost (\$21.90 Min)	cost (\$22.70 Min)	
				10% of total	10% of total	
	f	Walking aids		cost (\$21.90 Min)	cost (\$22.70 Min)	
				10% of total	10% of total	
	g	Equipment and appliances for personal use		cost (\$21.90 Min)	cost (\$22.70 Min)	
	h	Wigs		\$21.90	\$22.70	
	i	Breast Prostheses Replacement		\$21.90	\$22.70	n/a
!	5 Pı	rosthetic and Orthotic Services				
	а	New prostheses or repairs for compensable clients	per hour (half	\$89.80	\$93.00	n/a
				+ components 15% of total	+ components 15% of total	
	b	New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings apply)		cost (\$219.00 p.a. max.)	cost (\$227.00 p.a. max.)	n/a
	С	New orthoses	per hour (half hr min):	\$89.80 + components	\$93.00	n/a
	d	Repairs to Orthoses	per hour (half	\$89.80 + components	\$93.00	\$102.30
	е	Rehabilitation engineering maintenance/modification on equipment and advice/training	per hour (half	\$66.00 + components	\$68.50	\$75.35
	f	Orthotics assessments for private and compensable clients	per hour (half hr min)	\$89.80	\$93.00	
ĺ	6 D	river Rehabilitation Service				
·	а	Initial Assessment - Non compensable	per	\$59.00	\$61.00	\$67.10
	b	Initial Allied Health Assessment	assessment per assessment	\$629.00	\$652.00	n/a

Item			Frequency	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
	С	Initial Assessment Report and Driving Instruction	per assessment	\$287.00	\$298.00	n/a
	d	Lesson (compensable and non compensable)	per lesson	\$53.50	\$55.50	\$61.05
	е	Re-assessment - Non compensable	per	\$53.50	\$55.50	\$61.05
	f	Allied Health Re-assessment	assessment per assessment	\$269.00	\$279.00	n/a
	g	Re-assessment Report and Driving Instruction	per assessment	\$287.00	\$298.00	n/a
	7 Wh	neelchair and Posture Seating Clients whom fees apply				
		i) Occupational Therapist	per hour (half hr min)	\$89.50	\$93.00	n/a
		ii) Community Medical Officer	per hour (half hr min)	\$105.00	\$109.00	n/a
		iii) Technician	per hour (half hr min)	\$66.00 + Component costs	\$68.50 + Component costs	+ Component
U		ection Services entific Services				
	а	Other than the ACT Coroner's Office	per hour	\$128.00	\$133.00	\$146.30
	b 2 Oth	ACT Coroner's Office (Attorney-General's Dept)	per matter	\$816.00	\$846.00	\$930.60
	a	Consultation - Business Hours	per hour	\$90.00	\$93.50	\$102.85
	b	Consultation - After Hours	per hour		\$115.00	•
	С	Exhumations	per matter	\$321.50	\$333.00	
V	Audiometry					
	Adult	Hearing Tests	per consultation	\$30.30	\$31.40	n/a
w	Other Community Health Fees  2Community Health Care Program					
	f	Sale of infection control manual	per manual	\$69.00	\$71.50	\$78.65
	•	Podiatric nail surgery (materials)	per	\$48.00	\$50.00	·
	g	,	intervention	,	·	·
	h :	Non moulded innersoles	per pair	\$24.50	\$25.40	
	i :	Preformed Foot Orthoses Custom made Foot Orthoses	per pair	\$96.00	\$99.50	
	J k		per pair	\$130.00 \$5.50	\$135.00 \$5.70	
		Day care meals ad Health	per meal	φ5.50	φ3.70	n/a
	a	Physiotherapy - Antenatal Exercise Classes	per visit	NEW	\$5.50	n/a
	-	First & subsequent visit	per visit		DELETED	
	4 Oth	er Medical Supplies		,		
	а	Orthotic Modifications	per pair	\$10.00	\$10.40	n/a
	b	Foot Files	Per Item	\$3.00	\$3.00	\$3.30
	С	Tubigrip - small/med	per metre	\$3.00	\$3.10	n/a
	d	Tubigrip - large	per metre	\$10.00	\$10.40	n/a
	е	Resistance Band	per metre	\$4.00	\$4.00	\$4.40
	f	Exercise Putty	per container	\$7.00	\$7.25	n/a
	g	Sportstape	per roll	\$6.00	\$6.00	\$6.60
	i	Lumbar Roll	per item	\$17.00	\$17.60	
	j	Neck Roll	Per Item	\$16.00	\$16.60	
	k	Collar	per item	\$10.00	\$10.40	
	I	PFX Probe	Per Item	\$20.00	\$20.70	
	m	Vaginal Cone	per item	\$16.00	\$16.60	
	n	TYOB Book	per item	\$18.00	\$18.50	
	0	TYON Book	per item	\$18.00	\$18.50	
	р	Women's Waterworks Book	per item	\$10.00	\$10.50	\$11.55

Item		Frequency	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
q	Lets Get Things Moving Book	per item	\$10.00	\$10.50	\$11.55
r	One Step at a time Book	per item	\$20.00	\$20.50	\$22.55
t	Stroke Survival Guide	per item	\$12.00	\$12.50	\$13.75
5 Hor	ne Enteral Nutrition Program				
а	Equipment Only 0-6 years 11 months	per week	\$12.00	\$12.40	n/a
b	Equipment Only 7-12 years 11 months	per week	\$12.00	\$12.40	n/a
С	Equipment Only 13+ years	per week	\$12.00	\$12.40	n/a
d	Supplementary Feeding 0-6 years 11 months	per week	\$20.00	\$20.70	n/a
е	Supplementary Feeding 7-12 years 11 months	per week	\$35.00	\$36.30	n/a
f	Supplementary Feeding 13+ years	per week	\$36.00	\$37.30	n/a
g	Enteral Feeding 0-6 years 11 months	per week	\$25.00	\$25.90	n/a
h	Enteral Feeding 7-12 yeas 11 months	per week	\$40.00	\$41.50	n/a
i	Enteral Feeding 13+ years	per week	\$42.00	\$43.60	n/a

## Attachment B – National Consumer Price Indexation

Item			Frequency	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
A Hos	spital Acco	Accommodation Fees - Standard Patients  a In multiple-bed room  b In single room not at patients request  c In single room at patients request  d Hospital in the Home  Accommodation Fees - Day Care Patients  a Type B  b Local anaesthetic, no sedation - < 1 hour  c General or regional anaesthetic/intravenous sedation - < 1 hour				
	а	In multiple-bed room	per day	\$261.00	\$269.00	n/a
	b	In single room not at patients request	per day	\$261.00	\$269.00	n/a
	С	In single room at patients request	per day	\$452.00	\$466.00	n/a
	d	Hospital in the Home	per day	\$157.00	\$162.00	n/a
B Hos	spital Acco	mmodation Fees - Day Care Patients				
	а Тур	e B	per day	\$189.00	\$195.00	n/a
	b Loc	al anaesthetic, no sedation - < 1 hour	per day	\$213.00	\$219.00	n/a
	c Ger	neral or regional anaesthetic/intravenous sedation - < 1 hour	per day	\$233.00	\$240.00	n/a
	d Ger	neral or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$261.00	\$269.00	n/a

#### Attachment C – Other Factors

Item		Frequency	Adjustment based on	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
Α	Hospital Accommodation Fees - Standard Patients					
	2 Compensable/Non-eligible					
	a Critical Care;					
	(i) Intensive Care Unit;	per day	Cost	\$2,020.00		n/a
	(ii) Neonatal Intensive Care Unit; or	per day	Cost	\$2,020.00		n/a
	(iii)Coronary Care Unit.	per day	Cost	\$2,020.00		n/a
	b Inpatient (other than critical care);	per day	Cost	\$816.00		n/a
	c Hospital in the Home; or	per day	Cost	\$333.00	\$295.00	n/a
	<ul><li>d Operating room charges:</li><li>i) If the treatment involves undergoing</li></ul>					
	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; or	per treatment	Cost	NEW	\$2,000.00	n/a
	<ul><li>ii) Other procedures (including day only surgical patients).</li></ul>	per treatment	Cost	NEW	\$700.00	n/a
С	Hospital Accommodation Fees - Nursing Home Type Patien	ts				
	1 Hospital patient	per day	Pension Rates	\$34.80	•	n/a
	2 Private patient	per day	Pension Rates	\$117.65	\$122.30	n/a
	2 Under 16:					
	a Hospital patient	per day		nil		n/a
	b Private patient	per day		\$82.85	DELETED	n/a
D	Hostel Fees					
	Hostel Accommodation Fees	per day	Pension Rates	\$26.50	•	
	2 Group House - Maintenance Fee	per fortnight	Not increased	\$10.00	\$10.00	n/a
E	Other Accommodation					
	1 On wards	nor dov	Not increased	¢0 55	<b>\$0.55</b>	¢10 50
	a Ronald McDonald Family Room b On wards	per day	Not increased	\$9.55 \$7.00		
	2 In Residences - Patients	per day		φ1.00	DELETED	n/a
		ner day		NEW	\$33.00	n/a
	a Room Only (Single) b Room Only (Double)	per day per day	NSW IPTAS Rates	NEW	•	n/a
	3 In Residences - Non Patients	per day		INLVV	Ψ40.00	11/a
	a Room Only (Single)	per day		NEW	\$30.00	\$33.00
	b Room Only (Double)	per day	NSW IPTAS Rates	NEW		
	In residences - non-IPTAS eligible, others					
	a First person	per day		\$32.00	DELETED	
	b Second and subsequent persons,	per day		\$16.00	DELETED	
	5 years and older c Each child, under 5 years	per day		\$7.00		
	In residences - IPTAS eligible and Pensioner or health care card holders					
	a First person	per day		\$22.00	DELETED	
	Second and subsequent persons					
	b 5 years and older c Each child, under 5 years	per day per day		\$13.00 Nil		
G	·	,,				
J	Pathology Service Fees  1 Non-Medicare Testing					
	b Cystic Fibrosis - Delta F508 mutation	1 mutation	Cost	\$80.00	\$88.00	n/a
	•		Cost	\$50.00		
	d DNA Extraction and Storage	per test	COSt	<b>Φ</b> 50.00	\$70.00	n/a

Item			Frequency	Adjustment based on	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
	l i	Prenatal - Interphase Fish Constitutional/Microdeletions	per test per test	Cost Cost	NEW NEW	·	n/a n/a
	k	Collection and transport of specimens for Paternity Testing	per test	Cost	NEW		\$33.00
		HIV Testing	per test		\$15.00	DELETED	n/a
		ere the Pathology Service provided involves atient Services					
	d	a concessional patient			75% of MBS Fee	DELETED	n/a
Н	Non Eligib	le or Compensable Outpatient Service Fee					
	1 Firs	st visit	per visit	Cost	\$135.90	\$152.00	n/a
	2 Sec	cond & subsequent visits	per visit	Cost	\$89.70	\$100.00	n/a
	3 Em	ergency Department Presentation	per visit	Cost	NEW	\$357.00	n/a
K		inations for Private Purposes	following vocains	a cont			
		ccinations attract a \$10.70 service fee plus the f	rollowing vaccine		NIEVA	<b>#5.00</b>	- 1-
	a AD	I		Cost	NEW	•	n/a
	b Flu			Cost	NEW		n/a
		patitis A		Cost	NEW	·	n/a
	d Hep	patitis B	Cost of	Cost	NEW	\$12.00	n/a
	e Her	patitis A & B	Vaccines	Cost	NEW	\$42.00	n/a
	f MM	IR .	plus \$10.70.	Cost	NEW	nil	n/a
	g Mei	ningococcal C	\$10.70 is 20	Cost	NEW	\$55.00	n/a
	h Mei	ningococcal A, C, W, Y	minutes of	Cost	NEW	\$25.00	n/a
	i Rat	pies	nursing time	Cost	NEW	\$72.00	n/a
	j Per	tussis (Whooping Cough)		Cost	NEW	\$25.00	n/a
	k Typ			Cost	NEW	\$26.00	n/a
		icella (Chicken Pox)		Cost	NEW		n/a
		patitis A		000.	\$71.40		n/a
		patitis B			\$20.80		n/a
		Jenza			\$24.30		n/a
	Oth	er (Adult Diphtheria Tetanus, Measles Mumps pella, Sabin)	Rubella,		\$24.30 \$11.60		n/a
N		,					
N	Prosthese						
		n-eligible (without insurance), self-insured and mpensable patients	per item	Cost	NEW		n/a
							only, the fee
	2 Priv	vate patients	per item	Schedule	NEW	minimum bene	
						Commonwealt	ance with the n Prostheses Schedule.
						For items with	
						and minimur	n benefit, the
						maximum cha	-
						prostheses is t benefit level in	
							mmonwealth
							es Schedule.
						Reimbursemer	
						funds above	
						benefit is at the	discretion of health funds.
Q	Medical In	naging Services					
Q							
Q	3 a	Non-rebatable MRI services to outpatients	per scan	Cost	NEW	\$275.00	n/a
Q	₄ Wh	Non-rebatable MRI services to outpatients ere the Medical Imaging Service provided olves Inpatient Services	per scan	Cost	NEW	\$275.00	n/a

Item			Frequency	Adjustment based on	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
	а	a non-eligible patient		Schedule		100% of MBS Fee	n/a
	b	a compensable patient		Schedule		125% of MBS Fee	n/a
	С	a private patient		Schedule	NEW	100% of MBS Fee	n/a
		ere the Medical Imaging Service provided olves Outpatient Services					
	а	a non-eligible patient		Schedule	NEW	100% of MBS Fee	n/a
	b	a compensable patient		Schedule	NEW	125% of MBS Fee	n/a
	С	other outpatients		Schedule	NEW	85% of MBS Fee	n/a
Т		ry Rehabilitation Program uipment Loan Service					
	а	Default on loan agreements		Cost	Cost of replacement + 10% admin charge	Retail Price + 10% admin charge	Cost of replacement + 11% admin charge
147	041	on the Haaltha East			(\$161 Max)	DELETED	
W		nmunity Health Fees nunity Health Care Program					
	а	Chronic pain management course for compensation clients	per session	Cost	\$33.50	\$37.50	\$41.25
	b	Nursing and Allied Health education - business hours	per hour	Cost	\$64.00	\$72.50	\$79.75
	С	Nursing and Allied Health education - after hours	per hour	Cost	\$96.50	\$108.50	\$119.35
	d	Nursing and Allied Health education (tertiary standard) - business hours	per hour	Cost	\$150.00	\$155.00	\$170.50
	е	Nursing and Allied Health education (tertiary standard) - after hours	per hour	Cost	\$225.00	\$232.00	\$255.20
	I	Consultation in private hospitals	per hour	Cost	\$65.50	\$73.50	\$80.85
	m	Community nursing:	per hour	Cost	\$65.50	\$73.50	n/a
		<ul> <li>i) Community nursing - evening shift Mon-Fri (excluding public holidays)</li> </ul>		Cost	NEW	At cost	n/a
		<ul><li>ii) Community nursing - night shift Mon Fri. (excluding public holidays)</li></ul>		Cost	NEW	At cost	n/a
		iii) Community nursing - after hours (midnight Fri midnight - Saturday)		Cost	NEW	At cost	n/a
		<ul><li>iv) Community nursing - after hours - midnight Sat. to midnight Sunday)</li></ul>		Cost	NEW	At cost	n/a
	n	Consultation overseas clients	per hour	Cost	\$65.50	\$71.50	n/a
		Medical Supplies		_			
	h	Undertape	per metre	Cost	\$5.00		\$5.50
	u	Hinged Ankle Brace	per item	Cost	\$220.00		
	٧	Fixed Ankle Brace	per item	Cost	\$75.00		
	W	Limited motion brace (knee)	per item	Cost	\$130.00 \$335.00		
	X	Limited motion brace (elbow)	per item	Cost Cost	\$225.00 \$20.00		
	у	Limited motion brace replacement foam Orthotics	per item	Cost	\$20.00 \$40.00		
	z aa	Crutches	per pair per pair	Cost	\$40.00 \$30.00		
	aa ab	Crutch Tips and Handles	per item	Cost	\$30.00		
	ac ac	Collar Cervical Rigid	per item	Cost	\$3.00 \$80.00		
	ad	Walking Stick	per item	Cost	\$15.00		
	ae	Wrist Splint Rigid	per item	Cost	\$20.00		
	af	Wrist Splint Rigid Wrist Splint Elastic	per item	Cost	\$36.00		

Item			Frequency	Adjustment based on	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
	ag	Neoprene Thumb Splints	per item	Cost	\$35.00	At Cost	n/a
	ah	Foam Blocks	per item	Cost	\$2.50	At Cost	At cost + 10%
	ai	Coban Small	per item	Cost	\$2.00	At Cost	n/a
	aj	Coban Large	per item	Cost	\$5.00	At Cost	n/a
	ak	Tubigrip Sizes K	per metre	Cost	\$5.00	At Cost	n/a
	ar	"Replacement of Child Personal Health Record	d" (Blue Book)	Cost	NEW	\$7.00	\$7.70

Ite	m	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
0	Dental Services			
	Group 0 - Examination/Diagnostic			
	Comprehensive Oral Exam	\$6.50	\$7.00	n/a
	Periodic Exam	\$5.00	\$5.50	n/a
	Emergency Restorative Course of Care	\$25.00	\$30.00	n/a
	Emergency Prosthodontic Course of Care	\$25.00	\$30.00	n/a
	Consult (incl Exam)	\$7.00	\$8.00	n/a
	Consult Ext + 30 (incl Exam)	\$11.50	\$13.00	n/a
	X-Ray -1 film PA or BW	\$5.00	\$5.50	n/a
	Intraoral radiograph - occlusal, maxillary or mandibular - single film	\$7.00	\$7.50	n/a
	Extraoral radiograph - maxillary and/or mandibular - single film	\$8.00	\$8.50	n/a
	Caries activity screening test	\$4.50	\$5.00	n/a
	Biopsy of Tissue	\$14.00	\$15.50	n/a
	Diagnostic cast	\$7.00	\$7.50	n/a
	Photographic records - intraoral	\$5.00	\$5.50	n/a
	Group 1 - Preventative Services			
	Removal of Plaque and / or stain	\$6.50	\$7.00	n/a
	Calculus (supra & subging.) & Plaque Removal 1st visit	\$9.00	\$9.50	n/a
	Calculus (supra & subging.) & Plaque Removal Addit. visit	\$6.50	\$7.00	n/a
	Enamel micro- abrasion - per tooth	\$5.50	\$6.00	n/a
	Bleaching, internal - per tooth	\$31.50	\$34.00	n/a
	Bleaching, external - per tooth	\$28.00	\$30.00	n/a
	Fluoride - Topical (including tooth mousse)	\$3.50		n/a
	Concentrated fluoride, application single tooth	\$3.00		n/a
	Dietary advice. Analysis and advice	\$4.00		n/a
	Oral Hygiene Instr. (if more than 10 mins.)	\$5.50		n/a
	Fissure Sealant - per tooth	\$5.50		n/a
	Apply Desensitising Agent	\$3.00		n/a
	Odontoplasty - per tooth	\$5.50		n/a
	Group 2 - Periodontics			
	Treatment of acute Periodontal Infection	\$8.00	\$8.50	n/a
	Root Planing & Curettage (per 8 teeth or less)	\$15.50	\$17.00	n/a
	Non-surgical periodontal treatment not otherwise specified - per visit	\$12.00	\$13.00	n/a
	Gingivectomy (per 8 teeth or less)	\$23.00	\$24.50	n/a
	Periodontal flap surgery (per 8 teeth or less)	\$40.50	\$43.50	n/a
	Osseous surgery (per 8 teeth or less)	\$48.50	\$52.00	n/a
	Root resection - per root	\$26.00	\$28.00	n/a
	Periodontal surgery involving one tooth or an implant	\$9.00	\$10.00	n/a
	Group 3 - Oral Surgery			
	Removal of tooth or parts	\$14.00	\$15.50	n/a
	Sectional removal of tooth. Bone removal may be necessary.	\$19.00	\$20.50	n/a
	Surgical removal of tooth or tooth fragment not including bone	\$24.00	\$26.50	n/a
	Surgical removal of tooth or tooth fragment including bone	\$29.50	\$32.50	n/a
	Surgical removal of tooth or tooth fragment requiring both bone and tooth division	\$37.00		n/a
	Alveolectomy per segment	\$15.00	\$16.50	n/a
	Ostectomy	\$62.00		n/a
	Reduction of fibrous tuberosity	\$21.00		n/a
				n/a
	Reduction of flabby ridge - per segment	\$12.00	\$13.00	

Removal of fibrous hyperplasia Removal of tumour, cyst or scar Removal of tumour, cyst or scar involving muscle, bone or deep tissue Surgery to salivary duct Surgery to salivary gland Removal or repair of soft tissue (not elsewhere defined) Surgical removal of foreign body	\$31.00 \$23.00 \$82.00 \$72.00 \$24.50 \$23.00	\$25.50 \$89.50	n/a n/a
Removal of tumour, cyst or scar involving muscle, bone or deep tissue Surgery to salivary duct Surgery to salivary gland Removal or repair of soft tissue (not elsewhere defined) Surgical removal of foreign body	\$82.00 \$72.00 \$24.50 \$23.00	\$89.50	n/a
tissue Surgery to salivary duct Surgery to salivary gland Removal or repair of soft tissue (not elsewhere defined) Surgical removal of foreign body	\$72.00 \$24.50 \$23.00	·	
Surgery to salivary gland Removal or repair of soft tissue (not elsewhere defined) Surgical removal of foreign body	\$24.50 \$23.00		n/a
Removal or repair of soft tissue (not elsewhere defined) Surgical removal of foreign body	\$23.00	\$79.00	n/a
Surgical removal of foreign body		\$27.00	n/a
		\$25.00	n/a
	\$13.00	·	
Marsupialization of cyst	\$43.50		
Surgical exposure to unerupted tooth	\$37.50	·	
Reposition tooth / Splint	\$22.00		
Replantation of /& Splinting of tooth	\$43.50	·	
Frenectomy	\$20.00		
Drainage of abscess or cyst	\$11.00		
Surgery involving the maxially antrum  Control of reactionary or secondary post operative haemorrhage	\$95.50 \$7.00	•	n/a n/a
Group 4 - Endodontics			
Direct pulp capping	\$4.00	\$4.50	n/a
Pulpotomy	\$8.50	\$9.50	n/a
Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$54.00	\$56.00	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$75.50	\$81.00	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	\$99.00	\$106.00	n/a
Extirpation of pulp and debridement of root canal(s) - emerg	\$15.50	\$17.00	n/a
Resorbable root canal filling - primary tooth	\$32.00	\$34.50	n/a
Periapical curettage - per root	\$32.00	\$34.50	n/a
Apicectomy- per root	\$33.50		n/a
Apical seal - per canal	\$14.50		
Sealing of perforation	\$39.50	\$42.50	n/a
Surgical treatment or repair of external root resorption	\$52.50	\$56.00	n/a
Exploration and/or negotiation of calcified canal -per canal, per visit	\$12.00	nil	n/a
Removal of root filling, per canal	\$12.00	\$13.00	n/a
Removal of cemented root canal post or post crown	\$12.00	\$13.00	n/a
Removing or bypassing fractured endodontic instrument	\$10.00	\$11.00	n/a
Additional visit for irrigation and/or dressing of the root canal system - per tooth	\$12.00	\$13.00	n/a
Interim therapeutic root filling - per tooth	\$16.00	\$17.50	n/a
Group 5 - Restorative Services			
Metallic restoration - 1 surface - direct	\$11.50		n/a
Metallic restoration - 2 surface - direct	\$14.50		n/a
Metallic restoration - 3 surface - direct	\$17.50		
Metallic restoration - 4 surface - direct	\$21.00	·	n/a
Metallic restoration - 5 surface - direct	\$24.00		n/a
Adhesive restoration - 1 surface - Anterior tooth - direct	\$13.50		n/a
Adhesive restoration - 2 surface - Anterior tooth - direct	\$16.50		n/a
Adhesive restoration - 3 surface - Anterior tooth - direct	\$19.00		n/a
Adhesive restoration - 4 surface - Anterior tooth - direct	\$22.50		n/a
Adhesive restoration - 5 surface - Anterior tooth - direct	\$26.00 \$14.50		n/a
Adhesive restoration - 1 surface Posterior tooth - direct	\$14.50		n/a
Adhesive restoration - 2 surface Posterior tooth - direct	\$18.50		n/a
Adhesive restoration - 3 surface Posterior tooth - direct	\$23.00		n/a
Adhesive restoration - 4 surface Posterior tooth - direct	\$27.00		n/a
Adhesive restoration - 5 surface Posterior tooth - direct	\$30.50		n/a
Provisional (Intermediate / temporary) restoration  Metal band	\$5.50 \$4.50		n/a n/a

n	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
Pin restoration -per pin	\$3.50	\$4.00	n/a
Stainless Steel Crown	\$34.00		n/a
Cusp capping - per cusp	\$3.50	\$4.00	n/a
Restoration of an incisal corner - per corner	\$3.50	\$4.00	n/a
Removal of inlay/onlay	\$11.00	\$12.00	n/a
Recementing onlay/inlay	\$9.00	\$10.00	n/a
Post - direct	\$17.00	\$18.50	n/a
Group 6 - Crown and Bridge			
Provisional Crown	\$17.00	\$19.00	n/a
Recrement Crown or veneer	\$10.00	\$11.00	n/a
Recrement bridge or splint	\$11.50	\$12.50	n/a
Removal of crown	\$7.00	\$7.50	n/a
Removal of bridge or splint	\$21.00	\$23.00	n/a
Group 7 - Prosthodontics			
Full Maxillary denture	\$77.50	\$96.00	n/a
Full Mandibular denture	\$77.50	\$96.00	n/a
Full Maxillary & Full Mandibular dentures	\$139.00	\$172.00	n/a
Partial Max Denture - resin base	\$65.00	\$78.00	n/a
Partial Mand Denture - resin base	\$65.00	\$78.00	n/a
Partial Max Denture - cast CO/CR base	\$250.00	\$273.00	n/a
Partial Mand Denture - cast CO/CR base	\$250.00		n/a
Wrought Bar	nil		n/a
Metal Backing - per backing	nil	•	n/a
Denture Adjustment (not new)	\$4.00		n/a
Reline -Complete denture	\$31.50		n/a
Reline -Part denture	\$23.00	·	n/a
Remodel - complete denture	\$57.00		n/a
·	\$45.50	·	n/a
Remodel - Partial denture		·	
Clean and polish of pre-existing denture	\$3.50	·	n/a
Denture base modification	\$28.50		n/a
Repair to metal casting: one point Identification	\$85.00 \$4.00		n/a n/a
Group 9 - General Services			
Palliative care	\$5.50	\$6.00	n/a
Travel to provide service	\$7.50		n/a
Provision of medication/ medicaments	\$3.00		n/a
Local anaesthesia (dignosis or pain relief)	\$2.00		n/a
Treatment under G.A.	\$122.00		n/a
Minor Occlusal adjustment	\$5.50		n/a
Occlusal splint	\$60.00		n/a
Adjust occlusal splint	\$8.00	·	n/a
Repair/addition - occlusal splint	\$31.50		n/a
Splinting and stabilization - direct - per tooth	\$11.00		n/a
Post-operative care not elsewhere included	\$8.00		n/a
Group A - Restorative Referal Scheme (No ADA Item Numbers)			
Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$54.00	\$68.50	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,&	ψ04.00	Ψ00.00	11/0
418)	\$75.50	\$81.00	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	\$99.00	\$106.00	n/a
Group B - Child & Youth Dental			
Standard fee per course of care	\$40.00	\$45.00	n/a
Group C - Child and Youth Extra Fee Services			
Passive removable appliance - one arch	\$41.50	\$44.50	n/a

İtem	2005-06 Charge excl. GST	2006-07 Charge excl. GST	2006-07 Charge inc. GST
Active removable appliance - one arch	\$41.50	\$44.50	n/a
Functional orthopaedic appliance	\$32.50	\$35.00	n/a
Passive fixed appliance	\$27.00	\$29.00	n/a
Extra-oral appliance	\$108.00	\$115.50	n/a
Treatment under G.A.	\$122.00	\$264.00	n/a
Repair removable appliance	\$8.50	\$10.00	n/a
Repair removable appliance - clasp, spring or tooth	\$8.00	\$9.50	n/a
Additional to removable appliance	\$8.50	\$10.00	n/a
Relining removable appliance	\$17.00	\$18.00	n/a
Occlusal splint	\$30.00	\$35.00	n/a