Health (Fees) Determination 2005 (No 2)*

Disallowable Instrument DI2005-131

made under the

Health Act 1993, s 36 (Determination of Fees)

1. Name of Instrument

This instrument is the Health (Fees) Determination 2005 (No 2).

2. Revocation

This instrument revokes DI2005-72 effective from 1 July 2005.

3. Commencement

This instrument comments on 1 July 2005.

4. Determination of fees

I make the following determinations:

(1). Definitions

In this Determination, unless the contrary intention appears:

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

Act means Health Act 1993;

After Hours means the hours outside of 'Business Hours'.

*Name amended under Legislation Act, s 60

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 consulate, 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; or

(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;

Business Hours means the hours between 8:00am and 5:00pm Monday to Friday, excluding public holidays.

cognitive behavioural therapy program means a service of The Canberra Hospital's Pain Management Unit for the purpose of educating a patient to self-manage pain;

community health centre means a community health centre conducted by the ACT Health and Community Care Service;

compensable patient means in relation to a hospital, an inpatient of the hospital who in the opinion of the General Manager of The Canberra Hospital, has, or may have, a right to recover from any other person, by way of compensation for 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;

coping and lifeskills program means a service of The Canberra Hospital's Pain Management Unit for the psychological management of comorbid depression and anxiety;

day care patient means a person other than:

(a) a compensable patient; or

(b) 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;

exercise program means a service of The Canberra Hospital's Pain Management Unit to increase mobility and wellbeing;

general means a person who is not concessional;

GST means tax that is payable under the GST law and imposed as goods and services tax by any of these:

(a) the A New Tax System (Goods and Services Tax Imposition – General) Act 1999; or

(b) the A New Tax System (Goods and Services Tax Imposition – Customs) Act 1999; or

(c) the A New Tax System (Goods and Services Tax Imposition – Excise) Act 1999.

hostel means a hostel conducted by the Health and Community Care Service;

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(1) of the *Health Insurance Act 1973* (*Cth*);

Multidisciplinary assessment means a service of The Canberra Hospital's Pain Management Unit made up of individual multidisciplinary consultations (physiotherapy, occupational therapy, psychology, nursing, medical assessment) case-conference, patient feedback, documentation and advice; *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 *Health Insurance Act 1973 (Cth)*;

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 *Health Insurance Act 1973 (Cth)* but does not include a compensable patient or a non-eligible person;

occupational therapy service means an occupational therapy service provided to:

(a) a compensable non-inpatient; or

(b) a 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) a non-inpatient; or

(b) a 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, Occupational Therapy or a Pain Management Service;

pathology service means a professional service in respect of which:

- (a) a fee is specified in an item in Pathology Services Category 6 of the Medicare Benefits Schedule Book; or
- (b) a fee is determined by ACT Pathology for testing not specified in the Medicare Benefits Schedule Book;

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

physiotherapy service means any treatment or other service provided to:

- (a) a compensable non-inpatient; or
- (b) a non-eligible person,

at a community health centre or at a hospital and which falls within the definition of physiotherapy in the *Physiotherapists 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 professional service within the meaning of the Health Insurance Act 1973 (Cwlth);

psychology assessment means a service of The Canberra Hospital's Pain Management Unit for a psychological appraisal of patients suffering chronic pain;

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) Request by a Patient

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) Period of accommodation

For the purpose of services listed at A, B, C, D and E and of the schedule to this 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) Mother and child less than 12 months

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) Absences from a Hostel

- (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 counted together as one day.

(6) Schedule of Fees

The fee for the purposes of the service listed in Column 1 of the Schedule to this Determination shall be the amount listed in Column 2 of the Schedule where GST is not payable or Column 3 where GST is payable.

Fee are payable to ACT Health, by the individual or organisation in receipt of the goods and/or services listed in the schedule.

Simon Corbell MLA Minister for Health

28 June 2005

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
A. Hospital Accommodation Fees – Stand 1. If the patient is a private patient other than a compensable patient or a non-	ard Patients		
eligible person, and is:(a) in a multiple-bed room,(b) in a single room, otherwise than at the	per day	\$261.00	n/a
(b) in a single room, otherwise than at the patients request,(c) in a single room at the patients	per day	\$261.00	n/a
request.	per day	\$452.00	n/a
(d) Hospital in the Home	per day	\$157.00	n/a
2. If the patient is a compensable patient or a non-eligible person.(a) Critical Care	per day	\$2,020.00	n/a
(b) Inpatient (other than critical care)	per day	\$816.00	n/a
(c) Hospital in the Home	per day	\$333.00	n/a
B. Hospital Accommodation Fees – Day C If the patient is a private patient and is provided with:	are Patients		
1. Type-B professional attention as determined under paragraph 4B(a) of the <i>Commonwealth National Health Act</i> 1953,	per day	\$189.00	n/a
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,	per day	\$213.00	n/a
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,	per day	\$233.00	n/a

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
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.	per day	\$261.00	n/a
C. Hospital Accommodation Fees – Nursin	ng Home Type	e Patients	
1. If the patient has attained the age of 16 years and is:			
(a) a hospital patient,	per day	\$34.80	n/a
(b) a private patient.	per day	\$117.65	n/a
2. If the patient has not attained the age of 16 years and is:			
(a) a hospital patient,		nil	n/a
(b) a private patient.	per day	\$82.85	n/a
D. Hostel Fees			
1. Hostel Accommodation Fees	per day	\$26.50	n/a
2. Group House – Maintenance Fee	per fortnight	\$9.09	\$10.00
E. Accommodation where the person is of Whether the accommodation is in a hospital or a nursing home or a hostel:	her than a pat	tient	
1. On wards	per day	\$7.00	\$7.70
2. In residences – non-IPTAS eligible, others			
(a) first person	per day	\$32.00	\$35.20
(b) second and subsequent persons, 5	per day	\$16.00	\$17.60
years and older	nor day	\$7.00	\$7.70
(c) Each child, under 5 years	per day	\$7.00	\$7.70

Column 1		Column 2	Column 3
Service		Amount	Amoun
		exclusive of	inclusive of
		GST	GST
			(if applicable)
3. In residences – IPTAS eligible and			
Pensioner or a health care card holders	_		
(a) first person	per day	\$22.00	\$24.20
(b) second and subsequent persons, 5 years and older	per day	\$13.00	\$14.30
(c) Each child, under 5 years	per day	nil	n/a
G. Pathology Service Fees			
1. Non-Medicare Testing:		.	
(a) BCL-2 Translocation	per test	\$100.00	n/a
(b) Cystic Fibrosis - Delta F508 mutation	1 mutation	\$80.00	n/s
(c) Cystic Fibrosis - 36 mutation screen	36	\$200.00	n/s
	mutations		
(d) DNA Extraction and Storage	per test	\$50.00	n/a
(e) IgH & TCR gamma Gene	per test	\$200.00	n/s
rearrangements			
(f) HIV Testing	per test	\$15.00	n/s
(g) ThinPrep Pap Test	per test	\$24.00	n/s
(h) Spore Testing	per	\$7.50	\$8.2
	ampoule		
2. Where the Pathology Service provided			
involves Inpatient Services:	10	00/ CN/ 1	1
(a) a Non-Eligible person		0% of Medicare ts Schedule Fee	n/a
(b) a compensable patient		5% of Medicare	n/s
(b) a compensable patient		ts Schedule Fee	11/3
(c) a private patient		0% of Medicare	n/
(c) a private patient		ts Schedule Fee	
(d) a concessional patient	75% of M	edicare Benefits	n/s
		Schedule Fee	
3. Where the Pathology Service provided			
involves Outpatient Services:			
(a) an outpatient service		% of Medicare	n/a
		s Schedule Fee	
(b) a Non-Eligible person		% of Medicare	n/a
		s Schedule Fee	
(c) a compensable patient		% of Medicare	n/a
	Benefits	s Schedule Fee	

		Column 2	Column 3
Service		Amount	Amount
		exclusive of	inclusive of
		GST	GST
			(if applicable)
H. Non Eligible or Compensable Outpati Compensable non-inpatients and non- eligible persons:	ent Service Fee		
1. First visit	per visit	\$135.90	n/a
2. Second and subsequent visits	per visit	\$89.70	n/a
I. Pharmaceutical Co-payment Collection of a co-payment for medications for:	or pharmaceutic	cal's dispensed fr	rom hospital
1. General non-inpatient	per item	\$22.90	n/a
2. Concessional non-inpatient	per item	\$4.60	n/a
dispensed from hospital in a cale	ndar year, all f	1	orescriptions ons will be
dispensed from hospital in a cale charged at the concessional rate.2. Concessional non-inpatient - Or prescriptions dispensed from hospit will be supplied at no charge.	nce a patient i	urther prescripting seaches \$239.20	ons will be) worth of
 charged at the concessional rate. 2. Concessional non-inpatient - Or prescriptions dispensed from hospit will be supplied at no charge. J. Capital Region Cancer Service Fees 	al in a calendar	urther prescripti reaches \$239.20 year, all further p	ons will be) worth of prescriptions
 charged at the concessional rate. 2. Concessional non-inpatient - Or prescriptions dispensed from hospit will be supplied at no charge. 	nce a patient i	urther prescripting seaches \$239.20	ons will be) worth of
 charged at the concessional rate. 2. Concessional non-inpatient - Or prescriptions dispensed from hospit will be supplied at no charge. J. Capital Region Cancer Service Fees Copies of mammograms K. Mass Vaccinations Where there is a contract/agreement to vaccinate work groups against:	nce a patient n al in a calendar y per set	urther prescripti reaches \$239.20 year, all further p \$30.00	ons will be) worth of prescriptions \$33.00
 charged at the concessional rate. 2. Concessional non-inpatient - Or prescriptions dispensed from hospit will be supplied at no charge. J. Capital Region Cancer Service Fees Copies of mammograms K. Mass Vaccinations Where there is a contract/agreement to vaccinate work groups against: Hepatitis A 	nce a patient n al in a calendar per set per vaccine	urther prescripti reaches \$239.20 year, all further p \$30.00 \$71.40	ons will be) worth of prescriptions \$33.00 n/a
 charged at the concessional rate. 2. Concessional non-inpatient - Or prescriptions dispensed from hospit will be supplied at no charge. J. Capital Region Cancer Service Fees Copies of mammograms K. Mass Vaccinations Where there is a contract/agreement to vaccinate work groups against: Hepatitis A 	nce a patient n al in a calendar y per set	urther prescripti reaches \$239.20 year, all further p \$30.00	ons will be) worth of prescriptions
 charged at the concessional rate. 2. Concessional non-inpatient - Or prescriptions dispensed from hospit will be supplied at no charge. J. Capital Region Cancer Service Fees Copies of mammograms K. Mass Vaccinations Where there is a contract/agreement to vaccinate work groups against: Hepatitis A Hepatitis B 	nce a patient n al in a calendar per set per vaccine	urther prescripti reaches \$239.20 year, all further p \$30.00 \$71.40	ons will be) worth of prescriptions \$33.00 n/a
 charged at the concessional rate. 2. Concessional non-inpatient - Or prescriptions dispensed from hospit will be supplied at no charge. J. Capital Region Cancer Service Fees 1. Copies of mammograms K. Mass Vaccinations Where there is a contract/agreement to vaccinate work groups against: 1. Hepatitis A 2. Hepatitis B 3. Influenza 4. Other (Adult Diphtheria Tetanus, Measles Mumps Rubella, Rubella, Sabin) L. Facilities Hire 	nce a patient i al in a calendar per set per vaccine per vaccine	iurther prescripti reaches \$239.20 year, all further p \$30.00 \$71.40 \$20.80	ons will be) worth of prescriptions \$33.00 n/a n/a
 charged at the concessional rate. 2. Concessional non-inpatient - Or prescriptions dispensed from hospit will be supplied at no charge. J. Capital Region Cancer Service Fees Copies of mammograms K. Mass Vaccinations Where there is a contract/agreement to vaccinate work groups against:	nce a patient i al in a calendar per set per vaccine per vaccine per vaccine per vaccine	iurther prescripti reaches \$239.20 year, all further p \$30.00 \$71.40 \$20.80 \$24.30	ons will be) worth of prescriptions \$33.00 n/a n/a n/a

Column 1 Service		Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
(b) Use of Seminar Room (after hours, non-health related)	per 4 hour block (min) or part thereof	\$120.00	\$132.00
2. Community Health - Conference, Meeting and Group Rooms			
 (a) Commercial Use (i) Non-Health Related (ii) Sessional Health Related (b) Community Use 	per hour per hour	\$25.50 \$18.00	\$28.05 \$19.80
(i) Non-Health Related (ii) Health Related	per hour per hour	\$18.00 \$14.00	\$19.80 \$15.40
3. Community Health (Moore St Building) - Theatrette	per hour	\$76.50	\$84.15
M. Medical Records and Health Repor 1. Medical Practitioner Reports:	ts		
 (a) Preparation of a medical reports. (a) Preparation of a medical report by a tr practitioner appointed to or employed by Community Care Service requiring no fun examination of the patient. 	the Health and	\$177.50	\$195.25
(b) Preparation of a medical report by a m practitioner appointed to or employed by Community Care Service who has not pre the patient and no further examination of required.	the Health and eviously treated	\$206.00	\$226.60
(c) A report made by a treating medical p appointed to or employed by the Health a Care Service where a re-examination is re-	nd Community	\$235.50	\$259.05
(d) A report made by a treating medical p appointed to or employed by the Health a Care Service who has not previously treat and where an examination is required.	nd Community	\$294.50	\$323.95

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
2. Health records required to be produced by subpoena or under notice of non-party production: $^{1\&2}$		
(a) Where at least 5 days notice is given for the production of the record to the Court	\$52.00	\$57.20
(b) Where less than 5 days notice is given.	\$86.00	\$94.60
3. Search Fees	\$35.50	\$39.05
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. Health Professional Reports		
(a) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by the Health and Community Care Service requiring no further examination of the patient	\$177.50	\$195.25
(b) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by the Health and Community Care Service who has not previously treated the patient and no further examination is required.	\$206.00	\$226.60
(c) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by the Health and Community Care Service where a re-examination is required.	\$235.50	\$259.05

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
		(II applicable)
(d) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by the Health and Community Care Service who has not previously treated the patient and where an examination is required.	\$294.50	\$323.95
5. Clinical Notes provided to patient's solicitor ^{1&3}		
(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.	\$130.00	\$143.00
6. Clinical Notes provided to insurer ¹		
(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.	\$130.00	\$143.00
 Notes: Where copies are provided these will be in gray scale. Deduct any conduct monies received from production. Clinical notes or copies of clinical records provided <i>Records (Privacy & Access) Act 1997.</i> 	on fee.	e the <i>Health</i>
N. Pathology		
Histology testing on coronial post mortems	\$274.00	\$301.40
O. Dental Services		
Group 0 - Examination/Diagnostic		
Comprehensive Oral Exam	\$6.50	n/a
Periodic Exam	\$5.00	n/a
Emergency Restorative Course of Care	\$25.00	n/a
Emergency Prosthodontic Course of Care	\$25.00	n/a
Consult (incl. Exam)	\$7.00	n/a
Consult Ext + 30 (incl. Exam)	\$11.50	n/a

Column 1 Service	Column 2 Amount	Column 3 Amount
	exclusive of	inclusive of
	GST	GST
		(if applicable)
Consult by Pof (incl. Exam)	nil	n/a
Consult by Ref (incl. Exam) Consult by Ref Ext +30 (incl. Exam)	nil	n/a
Letter of Referral	\$0.00	n/a
X-Ray -1 film PA or BW	\$0.00	n/a
5	\$3.00 \$7.00	n/a
Intraoral radiograph - occlusal, maxillary or mandibular - single film		
Extraoral radiograph - maxillary and/or mandibular - single film	\$8.00	n/a
Caries activity screening test	\$4.50	n/a
Biopsy of Tissue	\$14.00	n/a
Pulp Test Per visit	nil	n/a
Diagnostic cast	\$7.00	n/a
Photographic records - intraoral	\$5.00	n/a
Group 1 - Preventative Services		
Removal of Plaque and / or stain	\$6.50	n/a
Recontouring - pre existing restoration/s	\$2.50	n/a
Calculus (supra & subging) & Plaque Removal 1st visit	\$9.00	n/a
Calculus (supra & subging) & Plaque Removal Addit. visit	\$6.50	n/a
Enamel micro- abrasion - per tooth	\$5.50	n/a
Bleaching, internal - per tooth	\$31.50	n/a
Bleaching, external - per tooth	\$28.00	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	¢0,00	
Treatment of acute Periodontal Infection	\$8.00	n/a
Root Planing & Curettage (per 8 teeth or less)	\$15.50 \$12.00	n/a
Non-surgical periodontal treatment not otherwise specified - per visit	- \$12.00	n/a
Gingivectomy (per 8 teeth or less)	\$23.00	n/a
Periodontal flap surgery (per 8 teeth or less)	\$40.50	n/a
Osseous surgery (per 8 teeth or less)	\$48.50	n/a

Column 1	Column 2	Column 3
Service	Amount	Amount
	exclusive of	inclusive of
	GST	GST (if applicable)
		(II upplicubic)
Root resection - per root	\$26.00	n/
Periodontal surgery involving one tooth or an implant	\$9.00	n/
Group 3 - Oral Surgery		
Removal of tooth or parts	\$14.00	n/
Sectional removal of tooth. Bone removal maybe necessary	\$19.00	n/
Surgical removal of tooth or tooth fragment not including bone	\$24.00	n/
Surgical removal of tooth or tooth fragment including bone	\$29.50	n/
Surgical removal of tooth or tooth fragment requiring both bone and tooth dividon	\$37.00	n/
Alveolectomy per segment	\$15.00	n/
Ostectomy	\$62.00	n/
Reduction of fibrous tuberosity	\$21.00	n/
Reduction of flabby ridge - per segment	\$12.00	n/
Removal of fibrous hyperplasia	\$31.00	n/
Removal of tumour, cyst or scar	\$23.00	n/
Removal of tumour, cyst or scar involving muscle, done or deep tissue	\$82.00	n/
Surgery to salivary duct	\$72.00	n/
Surgery to salivary gland	\$24.50	n/
Removal or repair of soft tissue (not elsewhere defined)	\$23.00	n/
Surgical removal of foreign body	\$13.00	n/
Marsupialization of cyst	\$43.50	n/
Surgical exposure to unerupted tooth	\$37.50	n/
Reposition tooth / Splint	\$22.00	n/
Replantation of /& Splinting of tooth	\$43.50	n/
Frenectomy	\$20.00	n/
Drainage of abscess or cyst	\$11.00	n/
Surgery involving the maxially antrum	\$95.50	n/
Control of reactionary or secondary post operative	\$7.00	n/
haemorrhage		
Group 4 - Endodontics		
Direct pulp capping	\$4.00	n/
Pulpotomy	\$8.50	n/
Complete Endodontic treatment, incisor or canine tooth (415 & 417)	\$54.00	n/

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST (if applicable)
		,
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$75.50	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416	\$99.00	n/a
& 2x418])	<i> </i>	
Extirpation of pulp and debridement of root canal(s) - emerg	\$15.50	n/a
Resorbable root canal filling - primary tooth	\$32.00	n/a
Periapical curettage - per root	\$32.00	n/a
Apicectomy- per root	\$33.50	n/a
Apical seal - per canal	\$14.50	n/a
Sealing of perforation	\$39.50	n/a
Surgical treatment or repair of external root resorption	\$52.50	n/a
Exploration and/or negotiation of calcified canal -per canal,	\$12.00	n/a
per visit	¢1 2 00	1
Removal of root filling, per canal	\$12.00	n/a
Removal of cemented root canal post or post crown	\$12.00	n/a
Removing or bypassing fractured endodontic instrument	\$10.00	n/a
Additional visit for irrigation and/or dressing of the root can system - per tooth	al \$12.00	n/a
Interim therapeutic root filling - per tooth	\$16.00	n/a
Group 5 - Restorative Services	¢11.50	<i>a</i> / 2
Metallic restoration - 1 surface - direct	\$11.50 \$14.50	n/a
Metallic restoration - 2 surface - direct	\$14.50 \$17.50	n/a
Metallic restoration - 3 surface - direct	\$17.50 \$21.00	n/a
Metallic restoration - 4 surface - direct	\$21.00 \$24.00	n/a
Metallic restoration - 5 surface - direct	\$24.00 \$12.50	n/a
Adhesive restoration - 1 surface - Anterior tooth - direct	\$13.50 \$16.50	n/a
Adhesive restoration - 2 surface - Anterior tooth - direct	\$16.50	n/a
Adhesive restoration - 3 surface - Anterior tooth - direct	\$19.00 \$22.50	n/a
Adhesive restoration - 4 surface - Anterior tooth - direct	\$22.50 \$2(.00	n/a
Adhesive restoration - 5 surface - Anterior tooth - direct	\$26.00 \$14.50	n/a
Adhesive restoration - 1 surface Posterior tooth - direct	\$14.50 \$18.50	n/a
Adhesive restoration - 2 surface Posterior tooth - direct	\$18.50 \$22.00	n/a
Adhesive restoration - 3 surface Posterior tooth - direct	\$23.00 \$27.00	n/a
Adhesive restoration - 4 surface Posterior tooth - direct	\$27.00 \$20.50	n/a
Adhesive restoration - 5 surface Posterior tooth - direct	\$30.50	n/a
Provisional (Intermediate / temporary) restoration	\$5.50	n/a
Provisional (Intermediate / temporary) restoration Endo	nil	n/a

Column 1	Column 2	Column 3
Service	Amount	Amount
	exclusive of	inclusive of
	GST	GST
		(if applicable)
Metal band	\$4.50	n/a
Pin restoration -per pin	\$3.50	n/a
Stainless Steel Crown	\$34.00	n/a
Cusp capping - per cusp	\$3.50	n/a
Restoration of an incisal corner - per corner	\$3.50	n/a
Removal of inlay/onlay	\$11.00	n/a
Recementing onlay/inlay	\$9.00	n/a
Post - direct	\$17.00	n/a
Group 6 - Crown and Bridge		,
Provisional Crown	\$17.00	n/a
Recrement Crown or veneer	\$10.00	n/a
Recrement bridge or splint	\$11.50	n/a
Removal of crown	\$7.00	n/a
Removal of bridge or splint	\$21.00	n/a
Group 7 - Prosthodontics		,
Full Maxillary denture	\$77.50	n/a
Full Mandibular denture	\$77.50	n/a
Metal plate or mesh	\$184.00	n/a
Full Maxillary & Full Mandibular dentures	\$139.00	n/a
Partial Max Denture - resin base	\$65.00	n/a
Partial Mand Denture - resin base	\$65.00	n/a
Partial Max Denture - cast CO/CR base	\$250.00	n/a
Partial Mand Denture - cast CO/CR base	\$250.00	n/a
Retainer - per tooth	nil	n/a
Occlusal rest - per rest	nil	n/a
Tooth/ Teeth (partial denture)	nil nil	n/a
Overlays - per tooth	nil	n/a
Immediate tooth replacement - per tooth	\$20.00	n/a
Resilient Lining in addition to new denture Wrought Bar	\$20.00 nil	n/a n/a
Metal Backing - per backing	nil	n/a
Denture Adjustment (not new)	\$4.00	n/a
Denture Adjustment (new)	s4.00 nil	n/a
Reline -Complete denture	\$31.50	n/a
Reline -Part denture	\$23.00	n/a
		5/11

Column 1 Service	Column 2 Amount exclusive of GST	Column 3 Amount inclusive of GST
		(if applicable)
Remodel - Partial denture	\$45.50	n/a
Clean and polish of pre-existing denture	\$3.50	n/a
Denture base modification	\$28.50	n/a
Reattaching pre-existing tooth or clasp to denture	nil	n/a
Replacing/added clasp to denture	nil	n/a
Repairing broken base of complete denture	nil	n/a
Repairing broken base of partial denture	nil	n/a
Added tooth to partial denture to replace an extraction or decoronated tooth	nil	n/a
Repair to metal casting: one point	\$85.00	n/a
Tissue conditioning preparatory to impressions - per application	\$7.00	n/a
Impression for denture repair	nil	n/a
Identification	\$4.00	n/a
Group 7 - Provision for New Dentures (No ADA Item N 1st Impression (New Denture) Per Impression 2nd Impression (New Denture) Per Impression Bite (New Denture) Try In (New Denture) Re Try (New Denture)	N umbers) nil nil nil nil nil	n/a n/a n/a n/a
Crown 8 Orthodoptics (When Used for an Adult)		
Group 8 - Orthodontics (When Used for an Adult)	nil	n/a
Passive removable appliance - one arch Active removable appliance - one arch	nil	n/a
Functional orthopaedic appliance	nil	n/a
Passive fixed appliance	nil	n/a
Extra-oral appliance	nil	n/a n/a
Orthodontic adjustment	nil	n/a
Repair removable appliance	nil	n/a n/a
Repair removable appliance - clasp, spring or tooth	nil	n/a
additional to removable appliance	nil	n/a n/a
Relining removable appliance	nil	n/a
Group 9 - General Services		
Palliative care	\$5.50	n/a
After hours emergency	nil	n/a
Travel to provide service	\$7.50	n/a

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1	Column 2	Column 3
Service	Amount	Amount
	exclusive of	inclusive of
	GST	GST
		(if applicable)
Provision of medication/ medicaments	\$3.00	n/a
Local anaesthesia (diagnosis 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
Treatment not otherwise included	\$6.00	n/a
Group A - Restorative Referral Scheme (No ADA Item N	(umbers)	
Complete Endodontic treatment, incisor or canine tooth (41: & 417)	· · · · · · · · · · · · · · · · · · ·	n/a
Complete Endodontic treatment, premolar tooth (415,417,416,& 418)	\$75.50	n/a
Complete Endodontic treatment, molar tooth(415,417[2x416 & 2x418])	6 \$99.00	n/a
Group B - Child & Youth Dental		
Assessment or Screening Examination Visit	nil	n/a
Standard Annual Fee	\$40.00	n/a
Free for families meeting eligibility criteria.	nil	n/a
Group C - Child and Youth Extra Fee Services		
Passive removable appliance - one arch	\$41.50	n/a
Active removable appliance - one arch	\$41.50	n/a
Functional orthopaedic appliance	\$32.50	n/a n/a
Passive fixed appliance	\$27.00	n/a
Extra-oral appliance	\$108.00	n/a n/a
Orthodontic adjustment	nil	n/a n/a
Repair removable appliance	\$8.50	n/a n/a
Repair removable appliance - clasp, spring or tooth	\$8.00	n/a
Additional to removable appliance	\$8.00 \$8.50	n/a
Relining removable appliance	\$8.50	n/a
Occlusal splint	\$17.00	n/a
	φ30.00	11/a

Note Special Conditions apply below:

Column 1	Column 2	Column 3
Service	Amount	Amount
	exclusive of	inclusive of
	GST	GST
		(if applicable)

- 1. Total fees charged per year to any Adult Restorative Client, is capped at \$250.00 for all services except Group 7, Prosthodontics and treatment under General Anaesthetic, item 949.
- 2. Children in care, providing appropriate documentation, are provided with assessment and treatment free of charge.
- 3. Children screened at school, are screened without charge.
- 4. Eligible children, under five years of age, are provided with a free examination or screening.
- 5. Refugee's providing appropriate documentation, have free assessment and treatment for 12 months after the assessment.
- 6. Methadone/Buprenorphine clients Clients presenting with appropriate documentation are given free assessment and oral hygiene appointments every six months. Only urgent treatment is provided immediately and normal fees apply. For routine and non-urgent treatment, these clients are placed on the waiting list and normal fees apply.
- 7. Adult clients with medical conditions that complicate dental treatment, or where dental disease is a significant health risk. Conditions such as haemophilia; HIV/AIDS; clients at risk of Subacute Bacterial Endocarditis; people with a disability who have complex physical problems or associated medical conditions, providing a letter from a medical practitioner or other appropriate documentation can have a free assessment session, oral hygiene and treatment planning. Normal fees apply for all other treatment.
- 8. Eligible, special needs clients, where appropriate documentation is provided from a responsible organisation, to show evidence that they are genuinely in this category, are provided with assessment and initial treatment to restore oral health at no charge.
- 9. A \$25.00 minimum and maximum fee per initial 'restorative' emergency appointment applies.
- 10. A minimum \$25.00 fee applies for a denture maintenance course of care there is no maximum fee for a denture prosthodontic course of care.
- 11. Repeat treatment on same tooth, same item number, does not attract a fee within 6 months of initial treatment.

P. Alcohol and Drug Service 1. Opioid dispensed to clients on the Opioid Treatment Service for 6 months or more	per week	\$15.00	n/a
Q. Meals on Wheels Supplied to Red Cross for distribution	per meal	\$5.30	\$5.83

Column 1 Service		Column 2 Amount	Column 3 Amount
Scivice		exclusive of	inclusive of
		GST	GST
		051	(if applicable)
R. Medical Imaging Services			
1. Services to patients - Copies of films to			
patients/solicitors/coroner/police/insurers		Ф <i>Г</i> ОО	Ф <i>С</i> . со
(a) $18 \text{ cm x} 24 \text{ cm sheet}$	per sheet	\$5.00	\$5.50
(b) 24 cm x 30 cm sheet	per sheet	\$6.00	\$6.60
(c) 35cm x 43cm sheet	per sheet	\$8.00 \$7.00	\$8.80 \$7.70
(d) 35mm slides	each	+ · · · ·	\$7.70 \$2.20
(e) Digital slides(f) Laminating	each each	\$2.00 \$2.00	\$2.20 \$2.20
(g) CDs	each	\$2.00 \$2.00	\$2.20
(h) OPG sheets	per sheet	\$2.00	\$6.60
(i) DVB Laser Film	per sheet	\$8.00	\$8.80
(j) Service Fee	per order	\$25.00	\$27.50
	processed	φ23.00	Ψ27.50
2. Radiographer services to coroner			
(a) Monday to Friday	per hour	\$113.00	\$124.30
(b) Saturday and Sunday	per hour	\$123.00	\$135.30
(c) Public Holidays	per hour	\$165.00	\$181.50
(d) Film	per sheet	see above for r service fee	ates excluding
(e) Processing	per occasion of service	\$40.00	\$44.00
S. Pain Management Service			
Provide to compensable non-inpatients an management Unit of The Canberra Hospit	-	-inpatients of the	e Pain
1. Multidisciplinary Assessment	per assessment	\$884.10	n/a
2. Cognitive Behavioural Therapy	per program	\$3,750.80	n/a
Program			
3. Coping and Lifeskills Program	per program	\$376.20	n/a
4. Exercise Program	per program	\$6.50	n/a
5. Psychology Assessment6. Medical assessment and Follow-ups	per assessment	\$169.30	n/a
(a) First visit	per visit	\$192.90	n/a
(b) Second and subsequent visits7. Physiotherapy and Occupational	per visit	\$96.50	n/a
therapy (a) First and subsequent visits	per visit	\$89.70	n/a

This is the schedule referred to in the Determination of Fees under section 36 of the Health Act 1993.

Column 3	Column 2	Column 1
Amount	Amount	Service
inclusive of	exclusive of	
GST	GST	
(if applicable)		

T. Biomedical Repairs

Repairs on equipment and advice/training provided during:

1. Business Hours	per hour	\$100.50	\$110.55
2. After Hours	per hour	+ parts \$130.00 + parts	+ parts \$143.00 + parts

U. Community Rehabilitation Program nity Based Rehabilitation S

1. Community – Based Rehabilitation Se	rvices		
General services to whom fees app		consultancy servi	ces
(a) Allied Health Staff	-	-	
i) Appointment		\$89.50	\$98.45
(b) Education and/or Training (for stude	nt groups, private a	nd public sector s	taff groups)
i) Per facilitator – business hours	Per hour (half hour min)	\$52.00	\$57.20
ii) Per facilitator – after hours	Per hour (half hour min)	\$78.50	\$86.35
2. Independent Living Centre			
(a) Appointment fee for clients with third	party payer		
i) Assisted appointment and report writing	Per hour (half hour min)	\$89.50	n/a
ii) Non attendance at appointment		\$14.00	\$15.40
(b) Unassisted appointments - service prov	vided by staff meml	per of another orga	anisation
i) Unassisted appointment	Per hour (half hour min)	\$30.00	\$33.00
(c) Education and/or Training (for private	organisations and i	nterstate governm	ent staff)
i) ILC Education	per half day	\$65.00	\$71.50
ii) ILC Education	per full day	\$120.00	\$132.00
(d) Second hand register (referral service)			
i) for items over \$500		\$18.00	\$19.80
ii) for items under \$500		\$8.50	\$9.35
iii) for more than 1 item		\$18.00	\$19.80
(e) Consultancy fee for commercial adviso	-	•	
(i) Consultancy Fee	Per hour (half hour min)	\$90.00	\$99.00

3. Equipment Loan Service

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1 Service		Column 2 Amount	Column 3 Amount
Service		exclusive of	inclusive of
		GST	GST
		051	(if applicable)
			(II applicable)
(a) Default on loan agreements		Cost of	Cost of
()		replacement	replacement +
		+10% admin	11% admin
		charge (\$161	charge (\$177.10
		max.)	max.)
(b) Hire of pressure care products		,	,
i) Pressure Relief Mattress or Overlay Hire	per month	\$89.80	n/a
ii) Pressure Relief Mattress or Overlay Hire – Pensioner Rate	per month	\$44.90	n/a
iii) Pressure Reduction Mattresses and Overlays	per month	\$22.40	n/a
4. ACT Equipment Scheme			
(a) Continence pads and aids for	Per carton of	\$21.90	n/a
incontinence con	tinence pads or	\$21.90	11/ a
	of incontinence		
	aids	100/ 0/ 1	,
(b) Orthopaedic footwear		10% of total	n/a
		cost (\$55.00	
() 0 4		$\min.$	1
(c) Orthoses		10% of total	n/a
		cost (\$21.90	
(d) Densing to ACTES Equipment		min.) 1/3 of total	a / 2
(d) Repairs to ACTES Equipment			n/a
		cost (\$21.90	
(e) Home modifications		min.) 10% of total	n/a
(e) Home modifications		cost (\$21.90	11/ a
		min.)	
(f) Walking aids		10% of total	n/a
(1) waiking alds		cost (\$21.90	11/ a
		min.)	
(g) Equipment and appliances for		10% of total	n/a
personal use		cost (\$21.90	11/ u
r on a of		min.)	
(h) Wigs		\$21.90	n/a
(i) Breast Prostheses Replacement		\$21.90	n/a
Notes:		· · · · ·	*

1. For items other than above a client contribution may be payable direct to supplier

2. Cost ceilings apply - excess is paid direct to supplier.

This is the schedule referred to in the Determination of Fees under section 36 of the *Health Act 1993*.

Column 1	Column 2	Column 3
Service	Amount	Amount
	exclusive of	inclusive of
	GST	GST
		(if applicable)

3. Only charges levied by ACT Health are listed above, additional costs may be payable to suppliers.

4. 'Total cost' above refers to cost of procurement or parts plus labour incurred by ACT Health.

5. Prosthetic and Orthotic Services

J. FI	ostiletic and Orthotic Services			
(a)	New prostheses or repairs for compensable clients	Per hour (half hour min)	\$89.80 + components	n/a
(b)	New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings apply)	Per hour (half hour min)	15% of total cost (\$219pa max.)	n/a
(c)	New orthoses	Per hour (half hour min)	\$89.80 + components	n/a
(d)	Repairs to Orthoses	Per hour (half hour min)	\$89.80 + components	\$98.78 + components
(e)	Rehabilitation engineering maintenance/modification on equipment and advice/training	Per hour (half hour min)	\$66.00 + components	\$72.60 + components
(f)	Orthotics assessment for private and compensable clients	Per hour (half hour min)	\$89.80	n/a
6. D	river Rehabilitation Service			
(a)	Initial Assessment – Non compensable	Per assessment	\$59.00	\$64.90
(b)	Initial Allied Health Assessment	Per assessment	\$629.00	n/a
(c)	Initial Assessment Report and Driving Instruction	Per assessment	\$287.00	\$315.70
(d)	Lesson (compensable and non compensable)	Per lesson	\$53.50	\$58.85
(e)	Re-assessment – Non compensable	Per assessment	\$53.50	\$58.85
(f)	Allied Health Re-assessment	Per assessment	\$269.00	n/a
(g)	Re-assessment Report and Driving Instruction	Per assessment	\$287.00	\$315.70
NT-4				

Notes:

1. Cost ceilings apply to certain items - excess costs borne by client

2. 'Total cost' above refers to cost of procurement or parts plus labour incurred by ACT Health.

Servi	mn 1		Column 2 Amount	Column 3 Amoun
SCIVI			exclusive of	inclusive of
			GST	GST
			051	(if applicable)
7. W (a)	heelchair and Posture Seating ACT Residents, not including		Component	Components
(u)	residential care (covered by concession card)		costs	costs + 10%
(b)	Clients whom fees apply			
	i) Occupational therapist	Per hour (half hour min)	\$89.50	n/a
	ii) Community Medical Officer	Per hour (half hour min)	\$105.00	n/a
	iii) Technician	Per hour (half	\$66.00	n/a
	,	hour min)	+ Component	+ (Componen
			costs	Costs + 10%
	ealth Protection Services			
	ientific Services	D 1	¢1 2 0.00	ф140.04
· /	Other than the ACT Coroner's Offic ACT Coroners Office	Per hour Per matter	\$128.00 \$816.00	\$140.80 \$897.60
· /	(Attorney-General's Dept)	r ei mattei	\$810.00	\$097.00
2. Ot				
(a)	Consultation - Business Hours	Per hour	\$90.00	\$99.00
(b)	Consultation – After Hours	Per hour	\$111.00	\$122.1
(c)	Exhumations	Per matter	\$321.50	\$353.65
W. A	Audiometry			
Adul	t Hearing Tests p	per consultation	\$30.30	n/a
	ther Community Health Fees			
	CT Specialist Scheme		20% of total	n/a
(a)	Specialist Scheme		20% of total costs	11/0
2. Co (a)	ommunity Health Care Program Chronic pain management	per session	\$33.50	\$36.83
(b)	course for compensation clients Nursing and Allied Health	per hour	\$64.00	\$70.4
	education - business hours	-		
(c)	Nursing and Allied Health education - after hours	per hour	\$96.50	\$106.1:
(d)	Nursing and Allied Health education (tertiary standard) -	per hour	\$150.00	\$165.00
	business hours			

 This is the schedule referred to in the Determination of Fees under section 36 of the Health Act 1993.

 Column 1
 Column 2
 Column 3

 Service
 Amount
 Amount

Colun	nn 1		Column 2	Column 3
Servio	ce		Amount	Amount
			exclusive of	inclusive of
			GST	GST
				(if applicable)
(a)	Nursing and Allied Health	per hour	\$225.00	\$247.50
(e)	education (tertiary standard) -	per nour	\$225.00	\$247.30
	after hours			
(f)	Sale of infection control manual	nor monual	\$69.00	\$75.90
(f)		per manual	\$48.00	\$75.90
(g)	Podiatric Nail surgery	per intervention	\$40.00	\$32.80
(1-)	(materials)		¢24.50	a /a
(h)	Non moulded innersoles	per pair	\$24.50 \$48.00	n/a
(i)	Preformed Foot Orthoses	per pair	\$48.00	n/a
(j)	Custom made Foot Orthoses	per pair	\$130.00	n/a
(k)	Day care meals	per meal	\$5.50	n/a
(1)	Consultation in private hospitals	per hour	\$65.50	\$72.05
(m)	Community Nursing	per hour	\$65.50	n/a
(n)	Consultation overseas clients	per hour	\$65.50	n/a
	ied Health Fees			~ .
-	ensable non-inpatients and non-eligi		-	
(a)	First & subsequent visit	per visit	\$89.70	n/a
	ner Medical Supplies			
(a)	Orthotic Modifications	per pair	\$10.00	n/a
(b)	Foot Files	per item	\$3.00	\$3.30
(c)	Tubigrip - small/med	per metre	\$3.00	n/a
(d)	Tubigrip - large	per metre	\$10.00	n/a
(e)	Resistance Band	per metre	\$4.00	\$4.40
(f)	Exercise Putty	per	\$7.00	n/a
		container		
(g)	Sportstape	per roll	\$6.00	\$6.60
(h)	Undertape	per metre	\$5.00	\$5.50
(i)	Lumbar Roll	per item	\$17.00	n/a
(j)	Neck Roll	per item	\$16.00	n/a
(k)	Collar	per item	\$10.00	n/a
(1)	PFX Probe	per item	\$20.00	n/a
(m)	Vaginal Cone	per item	\$16.00	n/a
(n)	TYOB Book	per item	\$18.00	\$19.80
(0)	TYON Book	per item	\$18.00	\$19.80
(p)	Women's Waterworks Book	per item	\$10.00	\$11.00
(q)	Lets Get Things Moving Book	per item	\$10.00	\$11.00
(\mathbf{r})	One Step at a time Book	per item	\$20.00	\$22.00
(s)	Parkinson's Disease Book	per item	\$4.00	\$4.40
(t)	Stroke Survival Guide	per item	\$12.00	\$13.20
(u) (u)	Hinged Ankle Brace	per item	\$220.00	n/a
(\mathbf{v})	Fixed Ankle Brace	per item	\$75.00	n/a n/a
(\mathbf{v})	I INCL I HINIC DILLCC	Per item	ψ / $J.00$	11/ d

Column 1			Column 2	Column 3
Servic	e		Amount	Amount
			exclusive of	inclusive of
			GST	GST
				(if applicable)
	T [*] (1) (1) (1)	·,	¢120.00	1
(w)	Limited motion brace (knee)	per item	\$130.00	n/a
(x)	Limited motion brace (elbow)	per item	\$225.00	n/a
(y)	Limited motion brace replacement foam	per item	\$20.00	n/a
(z)	Orthotics	per pair	\$40.00	n/a
(aa)	Crutches	per pair	\$30.00	n/a
(ab)	Crutch Tips and Handles	per item	\$3.00	n/a
(ac)	Collar Cervical Rigid	per item	\$80.00	n/a
(ad)	Walking Stick	per item	\$15.00	n/a
(ae)	Wrist Splint Rigid	per item	\$20.00	n/a
(af)	Wrist Splint Elastic	per item	\$36.00	n/a
(ag)	Neoprene Thumb Splints	per item	\$35.00	n/a
(ah)	Foam Blocks	per item	\$2.50	\$2.75
(ai)	Coban Small	per item	\$2.00	n/a
(aj)	Coban Large	per item	\$5.00	n/a
(ak)	Tubigrip Sizes K	per metre	\$5.00	n/a
(al)	Pressure Garment - ready made	per item	at cost	n/a
(am)	Pressure Garment - made to measure	per item	at cost	n/a
(an)	Paediatric Feeding Consumables	per item	at cost	n/a
(ao)	Voice Prostheses/consumables	per item	at cost	n/a
(ap)	Simple Splints	per item	at cost	n/a
(aq)	Complex Splints	per item	at cost	n/a
	ne Enteral Nutrition Program			
(a)	Equipment Only 0-6 years 11 months	per week	\$12.00	n/a
(b)	Equipment Only 7-12 years 11 months	per week	\$12.00	n/a
(c)	Equipment Only 13+ years	per week	\$12.00	n/a
(d)	Supplementary Feeding 0-6 years 11 months	per week	\$20.00	n/a
(e)	Supplementary Feeding 7-12 years 11 months	per week	\$35.00	n/a
(f)	Supplementary Feeding 13+ years	per week	\$36.00	n/a
(g)	Enteral Feeding 0-6 years 11 months	per week	\$25.00	n/a
(h)	Enteral Feeding 7-12 years 11 months	per week	\$40.00	n/a
(i)	Enteral Feeding 13+ years	per week	\$42.00	n/a

Column 1	Column 2	Column 3
Service	Amount	Amount
	exclusive of	inclusive of
	GST	GST
		(if applicable)