Health (Fees) Determination 2005 (No 3)

Disallowable Instrument DI2005-209

made under the

Health Act 1993, s 36 (Determination of Fees)

1. Name of Instrument

This instrument is the Health (Fees) Determination 2005 (No 3).

2. Revocation

This instrument revokes DI2005-131 effective from the day after notification.

3. Commencement

This instrument comments on the day after notification.

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';

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:

*Name amended under Legislation Act, s 60

(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 ACT Health;

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 ACT Health;

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 *Health Professionals Act 2004*;

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 ACT Health 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;

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 conducted by ACT Health 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) 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.

(5) 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 the provider, by the individual or organisation in receipt of the goods and/or services listed in the schedule.

Simon Corbell MLA Minister for Health

19 September 2005

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

| Column 1 Service | | Column 2 Amount exclusive of GST | Column 3 Amount inclusive of GST (if applicable) |
|---|--------------------|---|--|
| (d) 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 |
| | | | 11/ u |
| C. Hospital Accommodation Fees – Nursi 1. If the patient has attained the age of 16 | ng Home Type | e Patients | |
| years and is: | man darr | ¢24.90 | |
| (a) a hospital patient; or(b) a private patient. | per day per day | \$34.80 \$117.65 | n/a n/a |
| (b) a private patient. | per day | \$117.05 | 11/ a |
| 2. If the patient has not attained the age of 16 years and is: | | | |
| (a) a hospital patient; or | | nil | n/a |
| (b) a private patient. | per day | \$82.85 | n/a |
| | 1 2 | | |
| D. Hostel Fees | | | |
| 1. Hostel Accommodation Fee | per day | \$26.50 | n/a |
| 2. Group House – Maintenance Fee | per | \$10.00 | , |
| | fortnight | \$10.00 | n/a |
| 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; or | man darr | \$ 7 .00 | ¢7.70 |
| (c) Each child, under 5 years. | per day | \$7.00 | \$7.70 |
| 3. In residences – IPTAS eligible and Pensioner or a health care card holders: | | | |
| (a) first person; | per day | \$22.00 | \$24.20 |
| () 1 | 1 | | |

| Column 1 | | Column 2 | Column (|
|--|--|--|---|
| Service | | Amount | Amoun |
| | | exclusive of | inclusive o |
| | | GST | GST |
| | | | (if applicable |
| | | | |
| (b) second and subsequent persons, 5 | | ¢12.00 | ¢14.24 |
| years and older; or | per day | \$13.00 | \$14.30 |
| (c) Each child, under 5 years. | per day | nil | n/ |
| F. Incidental Outpatient Charges | | | |
| 1. Dressings | per item | cost of material plus 10% | n/s |
| 2. Waterproof Lining for Plaster Casts | per item | cost of material | n/s |
| | I | plus 10% | |
| 3. Diabetic Pneumatic Boot | per item | cost of material | n/s |
| | Ĩ | plus 10% | |
| Note: Cost of material is reviewed and set of prices. | every 6 months | to avoid regular fl | uctuation |
| G. Pathology Service Fees | | | |
| 1. Non-Medicare Testing: | | | |
| (a) BCL-2 Translocation; | per test | \$100.00 | n/s |
| (b) Cystic Fibrosis - Delta F508 | 1 mutation | \$80.00 | n/ |
| mutation; | | | |
| (c) Cystic Fibrosis - 36 mutation screen; | 36 | | |
| | | \$200.00 | n/ |
| | mutations | \$200.00 | 11/ |
| (d) DNA Extraction and Storage; | mutations per test | \$200.00 \$50.00 | |
| | | \$50.00 | |
| (d) DNA Extraction and Storage;(e) IgH & TCR gamma Generearrangements; | per test per test | \$50.00 \$200.00 | n/ n/ |
| (d) DNA Extraction and Storage; (e) IgH & TCR gamma Gene rearrangements; (f) HIV Testing; | per test per test per test | \$50.00 \$200.00 \$15.00 | n/ n/ n/ |
| (d) DNA Extraction and Storage; (e) IgH & TCR gamma Gene rearrangements; (f) HIV Testing; (g) ThinPrep Pap Test; or | per test per test per test per test | \$50.00 \$200.00 | n/ n/ n/ |
| (d) DNA Extraction and Storage; (e) IgH & TCR gamma Gene rearrangements; (f) HIV Testing; | per test per test per test per test per | \$50.00 \$200.00 \$15.00 \$24.00 | n/ n/ n/ |
| (d) DNA Extraction and Storage; (e) IgH & TCR gamma Gene rearrangements; (f) HIV Testing; (g) ThinPrep Pap Test; or | per test per test per test per test | \$50.00 \$200.00 \$15.00 | n/ n/ n/ |
| (d) DNA Extraction and Storage; (e) IgH & TCR gamma Gene rearrangements; (f) HIV Testing; (g) ThinPrep Pap Test; or | per test per test per test per test per | \$50.00 \$200.00 \$15.00 \$24.00 | n/ n/ n/ |
| (d) DNA Extraction and Storage; (e) IgH & TCR gamma Gene rearrangements; (f) HIV Testing; (g) ThinPrep Pap Test; or (h) Spore Testing. | per test per test per test per test per | \$50.00 \$200.00 \$15.00 \$24.00 | n/ n/ n/ |
| (d) DNA Extraction and Storage; (e) IgH & TCR gamma Gene rearrangements; (f) HIV Testing; (g) ThinPrep Pap Test; or (h) Spore Testing. 2. Where the Pathology Service provided | per test per test per test per ampoule | \$50.00 \$200.00 \$15.00 \$24.00 \$7.50 00% of Medicare | n/- n/- n/- \$8.2: |
| (d) DNA Extraction and Storage; (e) IgH & TCR gamma Gene rearrangements; (f) HIV Testing; (g) ThinPrep Pap Test; or (h) Spore Testing. 2. Where the Pathology Service provided involves Inpatient Services: (a) a Non-Eligible person; | per test per test per test per ampoule 1 Bene | \$50.00 \$200.00 \$15.00 \$24.00 \$7.50 00% of Medicare efits Schedule Fee | n/- n/- n/- \$8.2: |
| (d) DNA Extraction and Storage; (e) IgH & TCR gamma Gene rearrangements; (f) HIV Testing; (g) ThinPrep Pap Test; or (h) Spore Testing. 2. Where the Pathology Service provided involves Inpatient Services: | per test per test per test per test per ampoule | \$50.00 \$200.00 \$15.00 \$24.00 \$7.50 00% of Medicare efits Schedule Fee 25% of Medicare | n/- n/- n/- \$8.2: n/- |
| (d) DNA Extraction and Storage; (e) IgH & TCR gamma Gene rearrangements; (f) HIV Testing; (g) ThinPrep Pap Test; or (h) Spore Testing. 2. Where the Pathology Service provided involves Inpatient Services: (a) a Non-Eligible person; (b) a compensable patient; | per test per test per test per test per ampoule | \$50.00 \$200.00 \$15.00 \$24.00 \$7.50 00% of Medicare efits Schedule Fee 25% of Medicare efits Schedule Fee | n/- n/- n/- \$8.2: n/- |
| (d) DNA Extraction and Storage; (e) IgH & TCR gamma Gene rearrangements; (f) HIV Testing; (g) ThinPrep Pap Test; or (h) Spore Testing. 2. Where the Pathology Service provided involves Inpatient Services: (a) a Non-Eligible person; | per test per test per test per test per ampoule 1 Bene 1 Bene | \$50.00 \$200.00 \$15.00 \$24.00 \$7.50 00% of Medicare efits Schedule Fee 25% of Medicare efits Schedule Fee 00% of Medicare | n/ n/ n/ \$8.2. n/ |
| (d) DNA Extraction and Storage; (e) IgH & TCR gamma Gene rearrangements; (f) HIV Testing; (g) ThinPrep Pap Test; or (h) Spore Testing. 2. Where the Pathology Service provided involves Inpatient Services: (a) a Non-Eligible person; (b) a compensable patient; | per test per test per test per test per ampoule 1 Bene 1 Bene | \$50.00 \$200.00 \$15.00 \$24.00 \$7.50 00% of Medicare efits Schedule Fee 25% of Medicare efits Schedule Fee | n/: n/: n/: n/: \$8.2: \$8.2: n/: n/: n/: |

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

| Service | | Column 2 | Column 3 |
|---|--|--|--|
| | | Amount | Amount |
| | | exclusive of | inclusive of |
| | | GST | GST |
| | | | (if applicable) |
| 3. Where the Pathology Service provided | 4 | | |
| involves Outpatient Services: | 1 | | |
| (a) an outpatient service; | 850/ | of Medicare | |
| (a) an outpatient service, | | Schedule Fee | n/a |
| (b) a Non-Eligible person; or | | of Medicare | 11/ d |
| (b) a Non-Englore person, or | | Schedule Fee | n/a |
| (a) a companyable nationt | | of Medicare | 11/a |
| (c) a compensable patient. | | | m / a |
| | Benefits S | Schedule Fee | n/a |
| H. Non Eligible or Compensable Outp Compensable non-inpatients and non- eligible persons: | atient 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 medication for: | ons or pharmaceutica | l's dispensed fr | om hospital |
| 1. General non-inpatient | per item | \$22.90 | n/a |
| First | I · · · | | |
| 2. Concessional non-inpatient | per item | \$4.60 | |
| | patient reaches \$874 alendar year, all fur Once a patient rea | .90 worth of p ther prescription aches \$239.20 | n/a rescriptions ons will be worth of |
| Concessional non-inpatient Thresholds: General non-inpatient – Once a dispensed from hospital in a c charged at the concessional rate. Concessional non-inpatient - prescriptions dispensed from hos will be supplied at no charge. Capital Region Cancer Service Fees | patient reaches \$874 alendar year, all fur Once a patient rea pital in a calendar ye | .90 worth of p ther prescription aches \$239.20 ar, all further p | n/a rescriptions ons will be worth of rescriptions |
| Concessional non-inpatient Thresholds: General non-inpatient – Once a dispensed from hospital in a c charged at the concessional rate. Concessional non-inpatient - prescriptions dispensed from hos will be supplied at no charge. | patient reaches \$874 alendar year, all fur Once a patient rea pital in a calendar ye | .90 worth of p ther prescription aches \$239.20 | n/a rescriptions ons will be worth of rescriptions |
| Concessional non-inpatient Thresholds: General non-inpatient – Once a dispensed from hospital in a c charged at the concessional rate. Concessional non-inpatient - prescriptions dispensed from hos will be supplied at no charge. Capital Region Cancer Service Fees | patient reaches \$874 alendar year, all fur Once a patient rea pital in a calendar ye | .90 worth of p ther prescription aches \$239.20 ar, all further p | n/a rescriptions ons will be worth of rescriptions |
| Concessional non-inpatient Thresholds: General non-inpatient – Once a dispensed from hospital in a c charged at the concessional rate. Concessional non-inpatient - prescriptions dispensed from hos will be supplied at no charge. Capital Region Cancer Service Fees Copies of mammograms K. Mass Vaccinations Where there is a contract/agreement to | patient reaches \$874 alendar year, all fur Once a patient rea pital in a calendar ye | .90 worth of p ther prescription aches \$239.20 ar, all further p | n/a rescriptions ons will be worth of |

Page 10 of DI2005-209

| Column 1 Service | | Column 2 Amount exclusive of GST | Column 3 Amount inclusive of GST (if applicable) |
|---|--|---|--|
| (c) Influenza; or | per vaccine | \$24.30 | n/a |
| (d) Other (Adult Diphtheria Tetanus, Measles Mumps Rubella, Rubella,Sabin). | per vaccine | \$11.60 | n/a |
| L. Facilities Hire 1. The Canberra Hospital (a) Use of theatrette (after hours); or (b) Use of Seminar Room (after hours, non-health related). | per hour per 4 hour block (min) or part thereof | \$133.50 \$120.00 | \$146.85 \$132.00 |
| Community Health - Conference, Meeting and Group Rooms (a) Commercial Use (i) Non-Health Related; or (ii) Sessional Health Related. (b) Community Use (i) Non-Health Related; or (ii) Health Related. | per hour per hour per hour per hour | \$25.50 \$18.00 \$18.00 \$14.00 | \$28.05 \$19.80 \$19.80 \$15.40 |
| 3. Community Health (Moore St Building) - Theatrette | per hour | \$76.50 | \$84.15 |
| M. Medical Records and Health Reports 1. Medical Practitioner Reports: (a) Preparation of a medical report by a tree practitioner appointed to or employed by A requiring no further examination of the patents | ating medical ACT Health | \$177.50 | \$195.25 |
| (b) Preparation of a medical report by a medical report by a medical report by A practitioner appointed to or employed by A who has not previously treated the patient examination of the patient is required; | ACT Health | \$206.00 | \$226.60 |
| (c) A report made by a treating medical pra appointed to or employed by ACT Health examination is required; or | | \$235.50 | \$259.05 |

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

Page 11 of DI2005-209

| Colur Servio | | Column 2 Amount exclusive of GST | Column 3 Amount inclusive of GST (if applicable) |
|-------------------------|---|---|--|
| appoi | report made by a treating medical practitioner nted to or employed by ACT Health who has not ously treated the patient and where an examination uired. | \$294.50 | \$323.95 |
| under (a) W produ | alth records required to be produced by subpoena or notice of non-party production: $^{1\&2}$ here at least 5 days notice is given for the action of the record to the Court; or here less than 5 days notice is given. | \$52.00 \$86.00 | \$57.20 \$94.60 |
| 3. Sea | arch Fees | | |
| | than requests made by a party concerned with a nt's continued treatment or future management | | |
| A sea | rch fee is to be charged where: | | |
| (a) | the applicant subsequently advises that a report/record is no longer required; | | |
| (b) | where a thorough search has ascertained that the patient has never attended the hospital for that episode of illness; | | |
| (c) | for Motor Accident and Comcare medical certificates completed other than at the time of consultation; or | | |
| (d) 4. Hea | requests for information on date and/or time of birth. alth Professional Reports | \$35.50 | \$39.05 |
| profes | reparation of a report by a treating health ssional, other than a medical practitioner, appointed by ACT Health requiring no further examination of atient; | \$177.50 | \$195.25 |

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 exclusive of GST | Column 3 Amount inclusive of GST |
|---|---|---|
| | | (if applicable) |
| (b) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by ACT Health 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 ACT Health where a re-examination is required; | | |
| or | \$235.50 | \$259.05 |
| (d) Preparation of a report by a treating health professional, other than a medical practitioner, appointed to or by ACT Health who has not previously treated the patient and where an examination is required. | \$294.50 | \$323.95 |
| 5. Health records 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 health records - Provision of a copy of the health record or part thereof, e.g. Clinical notes, continuation notes, pathology reports and charts. | \$130.00 | \$143.00 |
| 6. Health records provided to insurer ¹ | | |
| (a) Upon written consent from the patient allowing the insurer to have copies of all or part of their Health records Provision of a copy of the health record, or part thereof, e.g. Clinical notes, 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. For health records provided to a patient – see the Head Access Act 1997. | le only. on fee. | |
| N. Pathology Histology testing on coronial post mortems | \$274.00 | \$301.40 |

Page 13 of DI2005-209

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) |
| O. Dental Services | | |
| Group 0 - Examination/Diagnostic | | |
| Comprehensive Oral Exam; | \$6.50 | n/a |
| Periodic Exam; | \$5.00 | n/a n/a |
| Emergency Restorative Course of Care; | \$25.00 | n/a n/a |
| Emergency Prosthodontic Course of Care; | \$25.00 | n/a n/a |
| Consult (incl. Exam); | \$23.00 | n/a n/a |
| Consult Ext + 30 (incl. Exam); | \$11.50 | n/a n/a |
| | s11.50 nil | n/a n/a |
| Consult by Ref (incl. Exam); Consult by Ref Ext +30 (incl. Exam); | nil | n/a n/a |
| Letter of Referral; | \$0.00 | n/a n/a |
| | | |
| X-Ray -1 film PA or BW; | \$5.00 | n/a |
| Intraoral radiograph - occlusal, maxillary or mandibular - | \$7.00 | n/a |
| single film; Extraoral radiograph - maxillary and/or mandibular - single | | II/a |
| film; | \$8.00 | n/a |
| Caries activity screening test; | \$4.50 | n/a n/a |
| Biopsy of Tissue; | \$14.00 | n/a n/a |
| Pulp Test Per visit; | nil | n/a n/a |
| | \$7.00 | n/a n/a |
| Diagnostic cast; or Diagnostic records introoral | | |
| 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 | it; \$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; or | \$3.00 | n/a |
| Odontoplasty - per tooth. | \$5.50 | n/a |

Page 14 of DI2005-209

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

| Service Group 2 - Periodontics Treatment of acute Periodontal Infection; Root Planing & Curettage (per 8 teeth or less); Non-surgical periodontal treatment not otherwise specified - per visit; Gingivectomy (per 8 teeth or less); Periodontal flap surgery (per 8 teeth or less); Osseous surgery (per 8 teeth or less); Root resection - per root; or Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; Sectional removal of tooth. Bone removal maybe necessary; | Amount exclusive of GST \$8.00 \$15.50 \$12.00 \$23.00 \$40.50 | Amount inclusive of GST (if applicable) n/a n/a |
|---|---|--|
| Group 2 - Periodontics Treatment of acute Periodontal Infection; Root Planing & Curettage (per 8 teeth or less); Non-surgical periodontal treatment not otherwise specified - per visit; Gingivectomy (per 8 teeth or less); Periodontal flap surgery (per 8 teeth or less); Osseous surgery (per 8 teeth or less); Root resection - per root; or Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; | GST \$8.00 \$15.50 \$12.00 \$23.00 | GST (if applicable) n/a |
| Treatment of acute Periodontal Infection; Root Planing & Curettage (per 8 teeth or less); Non-surgical periodontal treatment not otherwise specified - per visit; Gingivectomy (per 8 teeth or less); Periodontal flap surgery (per 8 teeth or less); Osseous surgery (per 8 teeth or less); Root resection - per root; or Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; | \$8.00 \$15.50 \$12.00 \$23.00 | (if applicable) n/a |
| Treatment of acute Periodontal Infection; Root Planing & Curettage (per 8 teeth or less); Non-surgical periodontal treatment not otherwise specified - per visit; Gingivectomy (per 8 teeth or less); Periodontal flap surgery (per 8 teeth or less); Osseous surgery (per 8 teeth or less); Root resection - per root; or Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; | \$15.50 \$12.00 \$23.00 | n/a |
| Treatment of acute Periodontal Infection; Root Planing & Curettage (per 8 teeth or less); Non-surgical periodontal treatment not otherwise specified - per visit; Gingivectomy (per 8 teeth or less); Periodontal flap surgery (per 8 teeth or less); Osseous surgery (per 8 teeth or less); Root resection - per root; or Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; | \$15.50 \$12.00 \$23.00 | |
| Treatment of acute Periodontal Infection; Root Planing & Curettage (per 8 teeth or less); Non-surgical periodontal treatment not otherwise specified - per visit; Gingivectomy (per 8 teeth or less); Periodontal flap surgery (per 8 teeth or less); Osseous surgery (per 8 teeth or less); Root resection - per root; or Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; | \$15.50 \$12.00 \$23.00 | |
| Root Planing & Curettage (per 8 teeth or less); Non-surgical periodontal treatment not otherwise specified - per visit; Gingivectomy (per 8 teeth or less); Periodontal flap surgery (per 8 teeth or less); Osseous surgery (per 8 teeth or less); Root resection - per root; or Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; | \$15.50 \$12.00 \$23.00 | n/a |
| Non-surgical periodontal treatment not otherwise specified - per visit; Gingivectomy (per 8 teeth or less); Periodontal flap surgery (per 8 teeth or less); Osseous surgery (per 8 teeth or less); Root resection - per root; or Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; | \$23.00 | |
| per visit; Gingivectomy (per 8 teeth or less); Periodontal flap surgery (per 8 teeth or less); Osseous surgery (per 8 teeth or less); Root resection - per root; or Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; | \$23.00 | |
| Periodontal flap surgery (per 8 teeth or less); Osseous surgery (per 8 teeth or less); Root resection - per root; or Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; | | n/a |
| Osseous surgery (per 8 teeth or less); Root resection - per root; or Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; | AA = - | n/a |
| Root resection - per root; or Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; | \$40.50 | n/a |
| Periodontal surgery involving one tooth or an implant. Group 3 - Oral Surgery Removal of tooth or parts; | \$48.50 | n/a |
| Group 3 - Oral Surgery Removal of tooth or parts; | \$26.00 | n/a |
| Removal of tooth or parts; | \$9.00 | n/a |
| · · · | | |
| Sectional removal of tooth. Bone removal maybe necessary; | \$14.00 | n/a |
| Surgical removal of tooth or tooth fragment not including | \$19.00 | n/a |
| bone; | \$24.00 | n/a |
| Surgical removal of tooth or tooth fragment including bone; Surgical removal of tooth or tooth fragment requiring both | \$29.50 | n/a |
| bone and tooth division; | \$37.00 | n/a |
| Alveolectomy per segment; | \$15.00 | n/a |
| Ostectomy; | \$62.00 | n/a |
| Reduction of fibrous tuberosity; | \$21.00 | n/a |
| Reduction of flabby ridge - per segment; | \$12.00 | n/a |
| Removal of fibrous hyperplasia; | \$31.00 | n/a |
| Removal of tumour, cyst or scar; | \$23.00 | n/a |
| Removal of tumour, cyst or scar involving muscle, done or | | , |
| deep tissue; | \$82.00 | n/a |
| Surgery to salivary duct; | \$72.00 | n/a |
| Surgery to salivary gland; | \$24.50 | n/a |
| Removal or repair of soft tissue (not elsewhere defined); | \$23.00 | n/a |
| Surgical removal of foreign body; | \$13.00 \$42.50 | n/a |
| Marsupialization of cyst; | \$43.50 \$27.50 | n/a |
| Surgical exposure to unerupted tooth; Reposition tooth / Splint; | \$37.50 \$22.00 | n/a |
| Reposition tooth / Splint; Penlantation of /& Splinting of tooth: | \$22.00 \$43.50 | n/a |
| Replantation of /& Splinting of tooth; Frenectomy; | \$43.30 | n/a |
| Drainage of abscess or cyst; | \$20.00 | n/a |

Page 15 of DI2005-209

| Column 1 | Column 2 | Column 3 |
|---|--------------------|-----------------|
| Service | Amount | Amount |
| | exclusive of | inclusive of |
| | GST | GST |
| | | (if applicable) |
| Surgery involving the maxially antrum; or | \$95.50 | n/a |
| Control of reactionary or secondary post operative | | |
| haemorrhage. | \$7.00 | n/a |
| Group 4 - Endodontics | | |
| Direct pulp capping; | \$4.00 | n/a |
| Pulpotomy; | \$8.50 | n/a |
| Complete Endodontic treatment, incisor or canine tooth (415 | | |
| & 417); | \$54.00 | n/a |
| Complete Endodontic treatment, premolar tooth | | |
| (415,417,416,& 418); | \$75.50 | n/a |
| Complete Endodontic treatment, molar tooth(415,417[2x416 | 1 | |
| & 2x418]); | \$99.00 | n/a |
| Extirpation of pulp and debridement of root canal(s) - emerg | g; \$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, | | |
| per visit; | \$12.00 | n/a |
| 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 cana | | |
| system - per tooth; or Interim therepsystem root filling per tooth | \$12.00 \$16.00 | n/a |
| Interim therapeutic root filling - per tooth. | \$16.00 | n/a |

| Column 1 Service | Column 2 Amount exclusive of GST | Column 3 Amount inclusive of GST (if applicable) |
|--|---|--|
| | | |
| Group 5 - Restorative Services | ¢11 50 | / |
| Metallic restoration - 1 surface – direct; | \$11.50 \$14.50 | n/a |
| Metallic restoration - 2 surface – direct; | \$14.50 | n/a |
| Metallic restoration - 3 surface – direct; | \$17.50 | 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; Adhesive restoration - 4 surface - Anterior tooth – direct; | \$19.00 \$22.50 | n/a n/a |
| Adhesive restoration - 4 surface - Anterior tooth – direct; Adhesive restoration - 5 surface - Anterior tooth – direct; | \$22.50 | n/a |
| Adhesive restoration - 1 surface Posterior tooth – direct; | \$20.00 | n/a |
| Adhesive restoration - 2 surface Posterior tooth – direct; | \$14.50 | n/a |
| Adhesive restoration - 2 surface Posterior tooth – direct; | \$18.50 | n/a |
| Adhesive restoration - 4 surface Posterior tooth – direct; | \$25.00 | n/a |
| Adhesive restoration - 5 surface Posterior tooth – direct; | \$27.00 | n/a |
| Provisional (Intermediate / temporary) restoration; | \$5.50 | n/a n/a |
| Provisional (Intermediate / temporary) restoration, Provisional (Intermediate / temporary) restoration Endo; | nil | n/a |
| Metal band; | \$4.50 | n/a 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; or | \$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; or | \$7.00 | n/a |
| Removal of bridge or splint. | \$21.00 | n/a |

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 exclusive of GST | Column 3 Amount inclusive of GST |
|--|---|---|
| | 051 | (if applicable) |
| Group 7 - Prosthodontics | | |
| Full Maxillary denture; | \$77.50 | n/a |
| Full Mandibular denture; | \$77.50 | n/a 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 | n/a |
| Overlays - per tooth; | nil | n/a |
| Immediate tooth replacement - per tooth; | nil | n/a |
| Resilient Lining in addition to new denture; | \$20.00 | n/a |
| Wrought Bar; | nil | n/a |
| Metal Backing - per backing; | nil | n/a |
| Denture Adjustment (not new); | \$4.00 | n/a |
| Denture Adjustment (new); | nil | n/a |
| Reline -Complete denture; | \$31.50 | n/a |
| Reline -Part denture; | \$23.00 | n/a |
| Remodel - complete denture; | \$57.00 | n/a |
| 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 | <u> </u> | /- |
| application; | \$7.00 | n/a |
| Impression for denture repair; or Identification. | nil \$4.00 | n/a |
| Group 7 - Provision for New Dentures (No ADA Item N | | n/a |

Group 7 - Provision for New Dentures (No ADA Item Numbers)

Page 18 of DI2005-209

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) |
| | | |
| 1st Impression (New Denture) Per Impression; | nil | n/a |
| 2nd Impression (New Denture) Per Impression; | nil | n/a |
| Bite (New Denture); | nil | n/a |
| Try In (New Denture); or | nil | n/a |
| Re Try (New Denture). | nil | n/a |
| Group 8 - Orthodontics (When Used for an Adult) | | |
| Passive removable appliance - one arch; | nil | n/a |
| 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 |
| Orthodontic adjustment; | nil | n/a |
| Repair removable appliance; | nil | n/a |
| Repair removable appliance - clasp, spring or tooth; | nil | n/a |
| additional to removable appliance; or | nil | 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 |
| 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; or | \$8.00 | n/a |
| Treatment not otherwise included. | \$6.00 | n/a |

Group A - Restorative Referral Scheme (No ADA Item Numbers)

Complete Endodontic treatment, incisor or canine tooth (415

Page 19 of DI2005-209

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 exclusive of GST | Column 3 Amount inclusive of GST (if applicable) |
|--|---|--|
| & 417); | \$54.00 | n/a |
| Complete Endodontic treatment, premolar tooth (415,417,416,& 418); or Complete Endodontic treatment, molar tooth(415,417[2x410 | \$75.50 | n/a |
| & 2x418]). | \$99.00 | n/a |
| Group B - Child & Youth Dental | | |
| Assessment or Screening Examination Visit; | nil | n/a |
| Standard Annual Fee; or | \$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 |
| Passive fixed appliance; | \$27.00 | n/a |
| Extra-oral appliance; | \$108.00 | n/a |
| Orthodontic adjustment; | nil | n/a |
| Repair removable appliance; | \$8.50 | n/a |
| Repair removable appliance - clasp, spring or tooth; | \$8.00 | n/a |
| Additional to removable appliance; | \$8.50 | n/a |
| Relining removable appliance; or | \$17.00 | n/a |
| Occlusal splint. | \$30.00 | n/a |

Note Special Conditions apply below:

- 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

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) |

routine and non-urgent treatment, these clients are placed on the waiting list and normal fees apply.

- 7. A free assessment session, oral hygiene and treatment planning is available for adult clients with medical conditions that complicate dental treatment, or where dental disease is a significant health risk, on the provision of a letter from a medical practitioner or other appropriate documentation. Eligible conditions include haemophilia; HIV/AIDS; clients at risk of Subacute Bacterial Endocarditis; people with a disability who have complex physical problems or associated medical conditions. 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.
- 11. There is no maximum fee for a denture prosthodontic course of care.
- 12. 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 |
| R. Medical Imaging Services 1. Services to patients - Copies of films to patients/solicitors/coroner/police/insurers etc. | | | |
| (a) 18cm x 24cm sheet; | per sheet | \$5.00 | \$5.50 |
| (b) 24cm x 30cm sheet; | per sheet | \$6.00 | \$6.60 |
| (c) 35cm x 43cm sheet; | per sheet | \$8.00 | \$8.80 |
| (d) 35mm slides; | each | \$7.00 | \$7.70 |
| (e) Digital slides; | each | \$2.00 | \$2.20 |
| (f) Laminating; | each | \$2.00 | \$2.20 |
| (g) CDs; | each | \$2.00 | \$2.20 |
| (h) OPG sheets; | per sheet | \$6.00 | \$6.60 |
| (i) DVB Laser Film; and/or | per sheet | \$8.00 | \$8.80 |

Page 21 of DI2005-209

| Column 1 | | Column 2 | Column 3 |
|---|-------------------------------|---------------------|---------------------|
| Service | | Amount | Amount |
| | | exclusive of | inclusive of |
| | | GST | GST |
| | | | (if applicable) |
| (j) Service Fee. | per order | | |
| | processed | \$25.00 | \$27.50 |
| 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; and/or | - | e above for rate | s excluding |
| | se | rvice fee | |
| (e) Processing. | per occasion | | |
| | of service | \$40.00 | \$44.00 |
| 2. Cognitive Behavioural Therapy | per assessment per program | | |
| 1. Multidisciplinary Assessment | per assessment | \$884.10 | n/a |
| Program | per program | \$3,750.80 | n/a |
| 3. Coping and Lifeskills Program | per program | \$376.20 | n/a n/a |
| 4. Exercise Program | per program | \$6.50 | n/a n/a |
| 5. Psychology Assessment | per assessment | \$169.30 | n/a n/a |
| 6. Medical assessment and Follow-ups | per abbessment | <i>Q</i> 109.50 | 11/ 4 |
| (a) First visit; or | per visit | \$192.90 | n/a |
| (b) Second and subsequent visits. | per visit | \$96.50 | n/a |
| 7. Physiotherapy and Occupational | P • • • • • • • • | +> •••• | |
| lnerady | | | |
| therapy (a) First and subsequent visits. | per visit | \$89.70 | n/a |
| (a) First and subsequent visits. | per visit | \$89.70 | n/a |
| (a) First and subsequent visits.T. Biomedical RepairsRepairs on equipment and advice/training | · | \$89.70 | n/a |
| (a) First and subsequent visits.T. Biomedical RepairsRepairs on equipment and advice/training | · | \$100.50 | \$110.55 |
| (a) First and subsequent visits. T. Biomedical Repairs Repairs on equipment and advice/training provided during: 1. Business Hours | g per hour | \$100.50 + parts | \$110.55 + parts |
| (a) First and subsequent visits. T. Biomedical Repairs Repairs on equipment and advice/training provided during: | 2 | \$100.50 | |

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

U. Community Rehabilitation Program

1. Community – Based Rehabilitation Services

General services to whom fees apply and commercial consultancy services

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) |
| (a) Allied Health Staff | | | |
| i) Appointment. | | \$89.50 | \$98.45 |
| (b) Education and/or Training (for student | groups, priva | | |
| i) Per facilitator – business hours; | Per hour (half | 1 | 6 1 / |
| or | 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 pa | | | |
| i) Assisted appointment and report | Per hour (half | | |
| writing; or | hour min) | \$89.50 | n/a |
| ii) Non attendance at appointment. | | \$14.00 | \$15.40 |
| (b) Unassisted appointments - service provid i) Unassisted appointment. | ded by staff m Per hour (half | ember of another | organisation |
| | hour min) | \$30.00 | \$33.00 |
| (c) Education and/or Training (for private or | rganisations a | nd interstate gove | ernment staff) |
| i) ILC Education; or | 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; or | | \$8.50 | \$9.35 |
| iii) for more than 1 item. | | \$18.00 | \$19.80 |
| (e) Consultancy fee for commercial advisory | y services (inc | luding travel) | |
| (i) Consultancy Fee | Per hour (half | | |
| | hour min) | \$90.00 | \$99.00 |
| 3. Equipment Loan Service | | ~ ^ | ~ ^ |
| (a) Default on loan agreements; or | | 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 | | | |
| , | | 00 000 | n/a |
| Hire; | per month | \$89.80 | 11/ u |
| • | per month | \$09.00 | 11/ u |
| Hire; | per month per month | \$89.80 \$44.90 | n/a |
| Hire; ii) Pressure Relief Mattress or Overlay | - | | |

Page 23 of DI2005-209

| Column 1 | | Column 2 | Column 3 |
|---|--|-------------------|-----------------|
| Service | | Amount | Amount |
| | | exclusive of | inclusive of |
| | | GST | GST |
| | | | (if applicable) |
| | | | |
| 4. ACT Equipment Scheme | | | |
| (a) Continence pads and aids for | Per carton of | | |
| incontinence; | continence pads or order of incontinence | | |
| | aids | \$21.90 | n/a |
| (b) Orthopaedic footwear; | | 10% of total | |
| | | cost (\$55.00 | |
| | | min.) | n/a |
| (c) Orthoses; | | 10% of total | |
| | | cost (\$21.90 | |
| | | min.) | n/a |
| (d) Repairs to ACTES Equipment; | | 1/3 of total | |
| | | cost (\$21.90 | |
| | | min.) | n/a |
| (e) Home modifications; | | 10% of total | |
| | | cost (\$21.90 | |
| | | min.) | n/a |
| (f) Walking aids; | | 10% of total | |
| | | cost (\$21.90 | |
| | | min.) | n/a |
| (g) Equipment and appliances for | | 10% of total | |
| personal use; | | cost (\$21.90 | |
| | | min.) | n/a |
| (h) Wigs; or | | \$21.90 | n/a |
| (i) Breast Prostheses Replacement. | | \$21.90 | n/a |
| Notes: | | 1 1 1 | 1. |
| 1. For items other than above a clien | | ayable direct to | supplier. |
| 2. Cost ceilings apply - excess is pai | 11 | r 1 . | 1 11 |
| 3. Only charges levied by ACT Heal | th are listed above, add | litional costs ma | y be payable |
| to suppliers. | | 1 11 . | 11 4 07 |
| 4. 'Total cost' above refers to cost of | procurement or parts | plus labour incui | rred by ACI |
| Health. | | | |
| 5. Prosthetic and Orthotic Services | | | |
| (a) New prostheses or repairs for | Per hour (half | \$89.80 | |
| compensable clients; | hour min) | + components | n/a |
| (b) New prostheses or repairs for n | , | components | 11/ a |
| compensable clients not holdin | 1 | 15% of | |
| - | Ð | total cost | |
| concession cards (cost ceilings | | iour cost | |
| concession cards (cost ceilings apply); | | (\$219pa max.) | n/a |

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

Authorised by the ACT Parliamentary Counsel-also accessible at www.legislation.act.gov.au

| Colu | umn 1 | | Column 2 | Column 3 |
|--------------|---|-----------------------------|--------------|-----------------|
| Service | | | Amount | Amount |
| | | | exclusive of | inclusive of |
| | | | GST | GST |
| | | | | (if applicable) |
| (c) | New orthoses; | Per hour (half | \$89.80 | |
| | , | hour min) | + components | n/a |
| (d) | Repairs to Orthoses; | Per hour (half | \$89.80 | \$98.78 |
| | - | hour min) | + components | + components |
| (e) | Rehabilitation engineering | Per hour (half hour min) | \$66.00 | \$72.60 |
| | maintenance/modification on equipment and advice/training; or | | \$66.00 | \$72.60 |
| (f) | Orthotics assessment for private | Per hour (half | + components | + components |
| (1) | and compensable clients. | hour min) | \$89.80 | n/a |
| 6. D | river Rehabilitation Service | | | |
| (a) | Initial Assessment – Non | | | |
| | compensable; | Per | \$59.00 | \$64.90 |
| (b) | Initial Allied Health Assessment; | assessment Per | \$629.00 | n/a |
| (0) | lintial Amed Health Assessment, | assessment | \$027.00 | 11/ a |
| (c) | Initial Assessment Report and | - | | |
| | Driving Instruction; | Per assessment | \$287.00 | \$315.70 |
| (d) | Lesson (compensable and non | assessment | | |
| () | compensable); | Per lesson | \$53.50 | \$58.85 |
| (e) | Re-assessment – Non compensable; | Per | \$53.50 | \$58.85 |
| | | assessment | | , |
| (f) | Allied Health Re-assessment; or | Per assessment | \$269.00 | n/a |
| (g) | Re-assessment Report and Driving | ussessment | | |
| (0) | Instruction. | Per | \$287.00 | \$315.70 |
| N T (| | assessment | | |

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

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.

7. Wheelchair and Posture Seating

(a) ACT Residents, not including residential care (covered by concession card); or

 $\begin{array}{c} \text{Component} \\ \text{costs} \end{array} \quad \begin{array}{c} \text{Components} \\ \text{costs} + 10\% \end{array}$

Page 25 of DI2005-209

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) |
| | | | |
| (b) Clients whom fees apply. | | | |
| i) Occupational therapist; | Per hour (half | | |
| | hour min) | \$89.50 | n/a |
| ii) Community Medical Officer; o | r Per hour (half hour min) | ¢105.00 | /- |
| iii) Technician | Per hour (half | \$105.00 \$66.00 | n/a n/a |
| iii) Technician. | hour min) | + Component | + (Component |
| | , | costs | Costs + 10% |
| | | 00515 | |
| V. Health Protection Services 1. Scientific Services | | | |
| (a) Other than the ACT Coroner's Offi | ice; or Per hour | \$128.00 | \$140.80 |
| (b) ACT Coroners Office. | | ¢120.00 | φ110.00 |
| (Attorney-General's Dept) | Per matter | \$816.00 | \$897.60 |
| 2. Other | | | |
| (a) Consultation - Business Hours; | Per hour | \$90.00 | \$99.00 |
| (b) Consultation – After Hours; or | Per hour | \$111.00 | \$122.10 |
| (c) Exhumations. | Per matter | \$321.50 | \$353.65 |
| W. Audiometry | | | |
| Adult Hearing Tests | per consultation | \$30.30 | n/a |
| - | - | | |
| X. Other Community Health Fees | | | |
| 1. ACT Specialist Scheme | | 200/ of total | |
| (a) Specialist Scheme. | | 20% of total | n/a |
| | | costs | II/a |
| 2. Community Health Care Program | | | |
| (a) Chronic pain management | | | |
| course for compensation clients | s; per session | \$33.50 | \$36.85 |
| (b) Nursing and Allied Health | | | |
| education - business hours; | per hour | \$64.00 | \$70.40 |
| (c) Nursing and Allied Health | | | |
| education - after hours; | per hour | \$96.50 | \$106.15 |
| (d) Nursing and Allied Health | | | |
| education (tertiary standard) - | | ¢150.00 | ¢1(5,00 |
| business hours; | per hour | \$150.00 | \$165.00 |
| (e) Nursing and Allied Health education (tertiary standard) - | | | |
| after hours; | per hour | \$225.00 | \$247.50 |
| | per nour | $\psi 225.00$ | $\psi = 17.50$ |

Page 26 of DI2005-209

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

| | mn 1 | | Column 2 | Column 3 |
|---|--|---|---|--|
| Servi | ce | | Amount | Amount |
| | | | exclusive of | inclusive of |
| | | | GST | GST |
| | | | | (if applicable) |
| (f) | Sale of infection control manual; | per manual | \$69.00 | \$75.90 |
| (g) | Podiatric Nail surgery | per | ψ09.00 | ψ <i>τ</i> υ.90 |
| (8) | (materials); | intervention | \$48.00 | \$52.80 |
| (h) | Non moulded innersoles; | per pair | \$24.50 | 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 | per hour | \$65.50 | \$72.05 |
| | hospitals; | 1 | | |
| (m) | Community Nursing; or | per hour | \$65.50 | n/a |
| (n) | Consultation overseas clients. | per hour | \$65.50 | n/a |
| 3. All | lied Health Fees | | | |
| Com | pensable non-inpatients and non-eligi | ble clients of Co | mmunity Health | Service: |
| (a) | First & subsequent visit | per visit | \$89.70 | n/a |
| 4. Otl | her Medical Supplies | | | |
| (a) | Orthotic Modifications; | per pair | ¢10.00 | 1 |
| | , | per pan | \$10.00 | n/a |
| | Foot Files; | per item | \$10.00 | |
| (b) | | | | \$3.30 |
| (b) (c) (d) | Foot Files; | per item | \$3.00 | \$3.30 n/a |
| (b) (c) (d) | Foot Files; Tubigrip - small/med; | per item per metre | \$3.00 \$3.00 | \$3.30 n/a n/a |
| (b) (c) (d) (e) | Foot Files; Tubigrip - small/med; Tubigrip – large; | per item per metre per metre | \$3.00 \$3.00 \$10.00 | \$3.30 n/a n/a |
| (b) (c) | Foot Files; Tubigrip - small/med; Tubigrip – large; Resistance Band; | per item per metre per metre per metre | \$3.00 \$3.00 \$10.00 | n/a \$3.30 n/a \$4.40 n/a |
| (b) (c) (d) (e) (f) | Foot Files; Tubigrip - small/med; Tubigrip – large; Resistance Band; | per item per metre per metre per metre per | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 | \$3.30 n/a n/a \$4.40 n/a \$6.60 |
| (b) (c) (d) (e) (f) (g) | Foot Files; Tubigrip - small/med; Tubigrip – large; Resistance Band; Exercise Putty; | per item per metre per metre per metre per container | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 | \$3.30 n/a n/a \$4.40 n/a \$6.60 |
| (b) (c) (d) (e) | Foot Files; Tubigrip - small/med; Tubigrip – large; Resistance Band; Exercise Putty; Sportstape; | per item per metre per metre per metre per container per roll | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 | \$3.30 n/a n/a \$4.40 n/a \$6.60 \$5.50 |
| (b) (c) (d) (e) (f) (g) (h) | Foot Files; Tubigrip - small/med; Tubigrip – large; Resistance Band; Exercise Putty; Sportstape; Undertape; | per item per metre per metre per metre per container per roll per metre | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 \$5.00 | \$3.30 n/a n/a \$4.40 n/a \$6.60 \$5.50 n/a |
| (b) (c) (d) (e) (f) (g) (h) (i) | Foot Files; Tubigrip - small/med; Tubigrip – large; Resistance Band; Exercise Putty; Sportstape; Undertape; Lumbar Roll; | per item per metre per metre per metre container per roll per metre per item | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 \$5.00 \$17.00 | \$3.30 n/a n/a \$4.40 \$6.60 \$5.50 n/a n/a |
| (b) (c) (d) (e) (f) (g) (h) (i) (j) | Foot Files; Tubigrip - small/med; Tubigrip – large; Resistance Band; Exercise Putty; Sportstape; Undertape; Lumbar Roll; Neck Roll; Collar; PFX Probe; | per item per metre per metre per metre per container per roll per metre per item per item | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 \$5.00 \$17.00 \$16.00 | \$3.30 n/a n/a \$4.40 n/a \$6.60 \$5.50 n/a n/a n/a |
| (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) | Foot Files; Tubigrip - small/med; Tubigrip – large; Resistance Band; Exercise Putty; Sportstape; Undertape; Lumbar Roll; Neck Roll; Collar; | per item per metre per metre per metre per container per roll per metre per item per item | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 \$5.00 \$17.00 \$16.00 \$10.00 | \$3.30 n/a n/a \$4.40 \$6.60 \$5.50 n/a n/a n/a n/a n/a |
| $\begin{array}{c} (b) \\ (c) \\ (d) \\ (e) \\ (f) \\ (g) \\ (h) \\ (i) \\ (j) \\ (k) \\ (l) \\ (m) \end{array}$ | Foot Files; Tubigrip - small/med; Tubigrip – large; Resistance Band; Exercise Putty; Sportstape; Undertape; Lumbar Roll; Neck Roll; Collar; PFX Probe; | per item per metre per metre per metre per container per roll per metre per item per item per item | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 \$5.00 \$17.00 \$16.00 \$10.00 \$20.00 | \$3.30 n/a n/a \$4.40 n/a \$6.60 \$5.50 n/a n/a n/a n/a \$19.80 |
| $\begin{array}{c} (b) \\ (c) \\ (d) \\ (e) \\ (f) \\ (g) \\ (h) \\ (i) \\ (j) \\ (k) \\ (l) \\ (m) \\ (n) \end{array}$ | Foot Files; Tubigrip - small/med; Tubigrip - large; Resistance Band; Exercise Putty; Sportstape; Undertape; Lumbar Roll; Neck Roll; Collar; PFX Probe; Vaginal Cone; TYOB Book; TYON Book; | per item per metre per metre per metre per container per roll per metre per item per item per item per item per item per item per item | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 \$5.00 \$17.00 \$16.00 \$10.00 \$20.00 \$16.00 \$18.00 \$18.00 | \$3.30 n/a n/a \$4.40 n/a \$6.60 \$5.50 n/a n/a n/a \$19.80 \$19.80 |
| $\begin{array}{c} (b) \\ (c) \\ (d) \\ (e) \\ (f) \\ (g) \\ (h) \\ (i) \\ (j) \\ (k) \\ (l) \end{array}$ | Foot Files; Tubigrip - small/med; Tubigrip - large; Resistance Band; Exercise Putty; Sportstape; Undertape; Lumbar Roll; Neck Roll; Collar; PFX Probe; Vaginal Cone; TYOB Book; TYON Book; Women's Waterworks Book; | per item per metre per metre per metre per container per roll per metre per item per item per item per item per item per item per item per item per item | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 \$17.00 \$16.00 \$10.00 \$20.00 \$16.00 \$18.00 \$18.00 \$10.00 | \$3.30 n/a n/a \$4.40 n/a \$6.60 \$5.50 n/a n/a n/a \$19.80 \$11.00 |
| $\begin{array}{c} (b) \\ (c) \\ (d) \\ (e) \\ (f) \\ (g) \\ (h) \\ (i) \\ (j) \\ (k) \\ (l) \\ (m) \\ (n) \\ (o) \end{array}$ | Foot Files; Tubigrip - small/med; Tubigrip - large; Resistance Band; Exercise Putty; Sportstape; Undertape; Lumbar Roll; Neck Roll; Collar; PFX Probe; Vaginal Cone; TYOB Book; TYON Book; Women's Waterworks Book; Lets Get Things Moving Book; | per item per metre per metre per metre per container per roll per metre per item per item | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 \$5.00 \$17.00 \$16.00 \$10.00 \$16.00 \$18.00 \$18.00 \$10.00 \$10.00 | \$3.30 n/a n/a \$4.40 n/a \$6.60 \$5.50 n/a n/a n/a \$19.80 \$11.00 \$11.00 |
| $\begin{array}{c} (b) \\ (c) \\ (d) \\ (e) \\ (f) \\ (g) \\ (h) \\ (i) \\ (j) \\ (k) \\ (l) \\ (m) \\ (n) \\ (o) \\ (p) \end{array}$ | Foot Files; Tubigrip - small/med; Tubigrip - large; Resistance Band; Exercise Putty; Sportstape; Undertape; Lumbar Roll; Neck Roll; Collar; PFX Probe; Vaginal Cone; TYOB Book; TYON Book; Women's Waterworks Book; Lets Get Things Moving Book; One Step at a time Book; | per item per metre per metre per metre per container per roll per metre per item per item | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 \$5.00 \$17.00 \$16.00 \$10.00 \$18.00 \$18.00 \$18.00 \$10.00 \$10.00 \$20.00 | \$3.30 n/a n/a \$4.40 n/a \$6.60 \$5.50 n/a n/a n/a \$19.80 \$19.80 \$11.00 \$22.00 |
| $\begin{array}{c} (b) \\ (c) \\ (d) \\ (e) \\ (f) \\ (g) \\ (h) \\ (i) \\ (j) \\ (k) \\ (l) \\ (m) \\ (n) \\ (o) \\ (p) \\ (q) \\ (r) \\ (s) \end{array}$ | Foot Files; Tubigrip - small/med; Tubigrip - large; Resistance Band; Exercise Putty; Sportstape; Undertape; Lumbar Roll; Neck Roll; Collar; PFX Probe; Vaginal Cone; TYOB Book; TYON Book; Women's Waterworks Book; Lets Get Things Moving Book; One Step at a time Book; Parkinson's Disease Book; | per item per metre per metre per metre per container per roll per metre per item per item | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 \$17.00 \$16.00 \$10.00 \$20.00 \$16.00 \$18.00 \$18.00 \$18.00 \$10.00 \$10.00 \$20.00 \$4.00 | \$3.30 n/a n/a \$4.40 n/a \$6.60 \$5.50 n/a n/a n/a \$19.80 \$11.00 \$22.00 \$4.40 |
| $\begin{array}{c} (b) \\ (c) \\ (d) \\ (e) \\ (f) \\ (g) \\ (h) \\ (i) \\ (j) \\ (k) \\ (l) \\ (m) \\ (n) \\ (o) \\ (p) \\ (q) \\ (r) \end{array}$ | Foot Files; Tubigrip - small/med; Tubigrip - large; Resistance Band; Exercise Putty; Sportstape; Undertape; Lumbar Roll; Neck Roll; Collar; PFX Probe; Vaginal Cone; TYOB Book; TYON Book; Women's Waterworks Book; Lets Get Things Moving Book; One Step at a time Book; Parkinson's Disease Book; Stroke Survival Guide; | per item per metre per metre per metre per container per roll per metre per item per item | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 \$5.00 \$17.00 \$16.00 \$10.00 \$20.00 \$16.00 \$18.00 \$18.00 \$18.00 \$10.00 \$20.00 \$4.00 \$4.00 | \$3.30 n/a n/a \$4.40 n/a \$6.60 \$5.50 n/a n/a n/a \$19.80 \$19.80 \$19.80 \$11.00 \$11.00 \$22.00 \$4.40 |
| $\begin{array}{c} (b) \\ (c) \\ (d) \\ (e) \\ (f) \\ (g) \\ (h) \\ (i) \\ (j) \\ (k) \\ (l) \\ (m) \\ (n) \\ (o) \\ (p) \\ (q) \\ (r) \\ (s) \end{array}$ | Foot Files; Tubigrip - small/med; Tubigrip - large; Resistance Band; Exercise Putty; Sportstape; Undertape; Lumbar Roll; Neck Roll; Collar; PFX Probe; Vaginal Cone; TYOB Book; TYON Book; Women's Waterworks Book; Lets Get Things Moving Book; One Step at a time Book; Parkinson's Disease Book; | per item per metre per metre per metre per container per roll per metre per item per item | \$3.00 \$3.00 \$10.00 \$4.00 \$7.00 \$6.00 \$17.00 \$16.00 \$10.00 \$20.00 \$16.00 \$18.00 \$18.00 \$18.00 \$10.00 \$10.00 \$20.00 \$4.00 | \$3.30 n/a \$4.40 |

Page 27 of DI2005-209

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

| Colum | n 1 | | Column 2 | Column 3 |
|-------------------|--------------------------------|------------------------------|--------------------|-----------------|
| Servic | e | | Amount | Amount |
| | | | exclusive of | inclusive of |
| | | | GST | GST |
| | | | | (if applicable) |
| | | | | |
| (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; or | per item | at cost | n/a |
| (aq) | Complex Splints. | per item | at cost | n/a |
| 5 Hor | ne Enteral Nutrition Program | | | |
| | Equipment Only 0-6 years 11 | | | |
| (a) | months; | por wook | \$12.00 | n/a |
| (b) | Equipment Only 7-12 years 11 | per week | \$12.00 | II/a |
| (b) | | nor woolr | \$12.00 | n /a |
| (a) | months; | per week | \$12.00 \$12.00 | n/a |
| (c) | Equipment Only 13+ years; | per week | \$12.00 | n/a |
| (d) | Supplementary Feeding 0-6 | <i>a</i> o <i>a</i> yyyo oly | ¢20.00 | m /a |
| (-) | years 11 months; | per week | \$20.00 | n/a |
| (e) | Supplementary Feeding 7-12 | 1 | ¢25.00 | / |
| (0) | years 11 months; | per week | \$35.00 | n/a |
| (f) | Supplementary Feeding 13+ | 1 | MAC 00 | 1 |
| $\langle \rangle$ | years; | per week | \$36.00 | n/a |
| (g) | Enteral Feeding 0-6 years 11 | 1 | 497 | 1 |
| | months; | per week | \$25.00 | n/a |
| | | | | |

Page 28 of DI2005-209

| Colun | nn 1 | | Column 2 | Column 3 |
|--------|-------------------------------|----------|--------------|-----------------|
| Servio | ce | | Amount | Amount |
| | | | exclusive of | inclusive of |
| | | | GST | GST |
| | | | | (if applicable) |
| | | | | |
| (h) | Enteral Feeding 7-12 years 11 | | | |
| | months; or | per week | \$40.00 | n/a |
| (i) | Enteral Feeding 13+ years. | per week | \$42.00 | n/a |