# Health (Fees) Determination 2005 (No 1)\*

# **Disallowable Instrument DI2005-72**

made under the

### Health Act 1993, s 36 (Determination of Fees)

- 1. I revoke Determination of Fees and Charges DI2004-135 effective from the day after notification.
- 2. I make the following determination to take effect from the day after notification.

# (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:

(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, C, D, E and J 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.

Simon Corbell MLA Minister for Health

20 May 2005

| Column 1<br>Service  |                    | Column 2<br>Amount<br>exclusive of<br>GST | Column 3<br>Amount<br>inclusive of<br>GST<br>(if applicable) |
|--|--------------------|---|--|
| <b>A. Hospital Accommodation Fees – Standa</b><br>1. If the patient is a private patient other<br>than a compensable patient or a non-   | ard Patients       |   |  |
| <ul><li>eligible person, and is:</li><li>(a) in a multiple-bed room,</li><li>(b) in a single room, otherwise than at the</li></ul>   | per day            | \$255.00                                  | n/a  |
| <ul><li>(b) in a single room, otherwise than at the patients request,</li><li>(c) in a single room at the patients</li></ul>   | per day            | \$255.00                                  | n/a  |
| request.   | per day            | \$441.00                                  | n/a  |
| (d) Hospital in the Home   | per day            | \$153.00                                  | n/a  |
| <ul><li>2. If the patient is a compensable patient or a non-eligible person.</li><li>(a) Critical Care</li><li>(b) Inpatient (other than critical care)</li></ul>  | per day<br>per day | \$1,973.00<br>\$797.00                    | n/a<br>n/a   |
| (c) Hospital in the Home   | per day            | \$325.00                                  | n/a  |
| <b>B. Hospital Accommodation Fees – Day C</b><br>If the patient is a private patient and is<br>provided with:  | are Patients       |   |  |
| 1. Type-B professional attention as<br>determined under paragraph 4B(a) of the<br><i>Commonwealth National Health Act</i><br>1953,   | per day            | \$185.00                                  | n/a  |
| 2. procedures (other than those set out in<br>paragraph 1) carried out under local<br>anaesthetic, no sedation. Theatre time<br>(actual time in theatre) less than one<br>hour,                          | per day            | \$208.00                                  | n/a  |
| 3. procedures (other than those set out in<br>paragraph 1) carried out under general or<br>regional anaesthetic or intravenous<br>sedation. Theatre time (actual time in<br>theatre) less than one hour, | per day            | \$228.00                                  | n/a  |

| paragraph 1) carried out under general or<br>regional anaesthetic or intravenous<br>sedation. Theatre time (actual time in<br>theatre) one hour or more.C. Hospital Accommodation Fees – Nursing Home Type Patients<br>1. If the patient has attained the age of 16<br>years and is:<br>(a) a hospital patient, per day \$33.15<br>per day \$114.00n/z2. If the patient has not attained the age<br>of 16 years and is:<br>(a) a hospital patient, per day \$114.00n/z2. If the patient has not attained the age<br>of 16 years and is:<br>(a) a hospital patient, per day \$80.85n/z(a) a hospital patient, per day \$80.85n/z(b) a private patient.per day \$80.85D. Hostel Fees<br>Hostel Accommodation Feesper day \$25.25Mother the accommodation is in a<br>hospital or a nursing home or a hostel:1. On wardsper day \$7.002. In residences – non-IPTAS eligible,<br>others<br>(a) first personper day \$31.003. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first personper day \$7.003. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first personper day \$21.003. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first personper day \$21.003. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first personper day \$21.0042. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first personper day \$21.0043. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first personper day \$21.0043. In residences – IPTAS el   | Column 1<br>Service  |                | Column 2<br>Amount<br>exclusive of<br>GST | Column 3<br>Amount<br>inclusive of<br>GST<br>(if applicable) |
|--|--|----------------|---|--|
| 1. If the patient has attained the age of 16 years and is:       per day       \$33.15       n/a         (a) a hospital patient,       per day       \$33.15       n/a         (b) a private patient.       per day       \$114.00       n/a         2. If the patient has not attained the age of 16 years and is:       (a) a hospital patient,       Nil       n/a         (a) a hospital patient,       per day       \$80.85       n/a         (b) a private patient.       per day       \$80.85       n/a         D. Hostel Fees       per day       \$25.25       n/a         Hostel Accommodation Fees       per day       \$25.25       n/a         E. Accommodation where the person is other than a patient       Whether the accommodation is in a hospital or a nursing home or a hostel:       1. On wards       per day       \$7.00       \$7.70         2. In residences – non-IPTAS eligible, others       (a) first person       per day       \$11.00       \$34.10         (b) second and subsequent persons, 5       per day       \$15.00       \$16.50         years and older       (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       \$21.00       \$23.10 <td< td=""><td>paragraph 1) carried out under general or<br/>regional anaesthetic or intravenous<br/>sedation. Theatre time (actual time in</td><td>per day</td><td>\$255.00</td><td>n/a</td></td<>   | paragraph 1) carried out under general or<br>regional anaesthetic or intravenous<br>sedation. Theatre time (actual time in | per day        | \$255.00                                  | n/a  |
| (a) a hospital patient,<br>(b) a private patient.per day<br>per day\$33.15<br>per dayn/a2. If the patient has not attained the age<br>of 16 years and is:<br>(a) a hospital patient,<br>(b) a private patient.Nil<br>per dayn/a2. If the patient has not attained the age<br>of 16 years and is:<br>(a) a hospital patient,<br>(b) a private patient.Nil<br>per dayn/a <b>D. Hostel Fees</b><br>Hostel Accommodation Feesper day\$25.25n/a <b>E. Accommodation where the person is other than a patient</b><br>Whether the accommodation is in a<br>hospital or a nursing home or a hostel:n/a1. On wardsper day\$7.00\$7.702. In residences – non-IPTAS eligible,<br>others<br>(a) first personper day\$31.00\$34.10(b) second and subsequent persons, 5<br>years and older<br>(c) Each child, under 5 yearsper day\$7.00\$7.703. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first personper day\$21.00\$23.10(b) second and subsequent persons, 5per day\$12.00\$13.20   | 1. If the patient has attained the age of 16   | ng Home Type   | e Patients                                |  |
| <ul> <li>2. If the patient has not attained the age of 16 years and is: <ul> <li>(a) a hospital patient,</li> <li>(b) a private patient.</li> </ul> </li> <li>D. Hostel Fees <ul> <li>Hostel Accommodation Fees</li> <li>per day</li> <li>\$25.25</li> <li>n/a</li> </ul> </li> <li>E. Accommodation where the person is other than a patient <ul> <li>Whether the accommodation is in a hospital or a nursing home or a hostel:</li> </ul> </li> <li>1. On wards <ul> <li>per day</li> <li>\$7.00</li> <li>\$7.70</li> </ul> </li> <li>2. In residences – non-IPTAS eligible, others <ul> <li>(a) first person</li> <li>(b) second and subsequent persons, 5</li> <li>per day</li> <li>\$7.00</li> <li>\$7.70</li> </ul> </li> <li>3. In residences – IPTAS eligible and Pensioner or a health care card holders <ul> <li>(a) first person</li> <li>(b) second and subsequent persons, 5</li> <li>per day</li> <li>\$21.00</li> <li>\$23.10</li> <li>(b) second and subsequent persons, 5</li> <li>per day</li> <li>\$21.00</li> <li>\$23.10</li> </ul> </li> </ul>   | -  | per day        | \$33.15                                   | n/a  |
| of 16 years and is:<br>(a) a hospital patient,<br>(b) a private patient.<br>D. Hostel Fees<br>Hostel Accommodation Fees<br>Per day<br>S25.25<br>N/a<br>E. Accommodation where the person is other than a patient<br>Whether the accommodation is in a<br>hospital or a nursing home or a hostel:<br>1. On wards<br>Per day<br>S7.00<br>S7.70<br>2. In residences – non-IPTAS eligible,<br>others<br>(a) first person<br>(b) second and subsequent persons, 5<br>per day<br>S31.00<br>S34.10<br>(b) second and subsequent persons, 5<br>per day<br>S7.00<br>S7.70<br>3. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first person<br>(b) second and subsequent persons, 5<br>per day<br>S7.00<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70<br>S7.70 | (b) a private patient.   | per day        | \$114.00                                  | n/a  |
| (a) a hospital patient,Niln/a(b) a private patient.per day\$80.85n/a <b>D. Hostel Fees</b> per day\$25.25n/aHostel Accommodation Feesper day\$25.25n/a <b>E. Accommodation where the person is other than a patient</b><br>Whether the accommodation is in a<br>hospital or a nursing home or a hostel:n/a1. On wardsper day\$7.00\$7.702. In residences – non-IPTAS eligible,<br>others<br>(a) first personper day\$31.00\$34.10(b) second and subsequent persons, 5<br>years and older<br>(c) Each child, under 5 yearsper day\$7.00\$7.703. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first personper day\$21.00\$23.10(b) second and subsequent persons, 5per day\$7.00\$7.703. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first personper day\$21.00\$23.10(b) second and subsequent persons, 5per day\$12.00\$13.20   |  |                |   |  |
| D. Hostel Fees<br>Hostel Accommodation Feesper day\$25.25n/aE. Accommodation where the person is other than a patient<br>Whether the accommodation is in a<br>hospital or a nursing home or a hostel:per day\$7.00\$7.701. On wardsper day\$7.00\$7.702. In residences – non-IPTAS eligible,<br>others<br>(a) first personper day\$31.00\$34.10(b) second and subsequent persons, 5<br>years and older<br>(c) Each child, under 5 yearsper day\$7.00\$7.703. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first personper day\$21.00\$23.10(b) second and subsequent persons, 5per day\$12.00\$23.10   | 5  |                | Nil                                       | n/a  |
| Hostel Accommodation Feesper day\$25.25n/aE. Accommodation where the person is other than a patient<br>Whether the accommodation is in a<br>hospital or a nursing home or a hostel:11. On wardsper day\$7.00\$7.702. In residences – non-IPTAS eligible,<br>others<br>(a) first personper day\$31.00\$34.10(b) second and subsequent persons, 5<br>years and older<br>(c) Each child, under 5 yearsper day\$7.00\$7.703. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first personper day\$21.00\$23.10(b) second and subsequent persons, 5per day\$21.00\$23.10(b) second and subsequent persons, 5per day\$21.00\$23.10(a) first personper day\$21.00\$23.10(b) second and subsequent persons, 5per day\$12.00\$13.20  | (b) a private patient.   | per day        | \$80.85                                   | n/a  |
| Whether the accommodation is in a<br>hospital or a nursing home or a hostel:1. On wardsper day\$7.00\$7.702. In residences – non-IPTAS eligible,<br>othersper day\$31.00\$34.10(a) first personper day\$15.00\$16.50(b) second and subsequent persons, 5per day\$17.00\$16.50years and olderper day\$7.00\$7.70(c) Each child, under 5 yearsper day\$7.00\$7.703. In residences – IPTAS eligible and<br>Pensioner or a health care card holdersper day\$21.00\$23.10(b) second and subsequent persons, 5per day\$12.00\$23.10(b) second and subsequent persons, 5per day\$12.00\$13.20   |  | per day        | \$25.25                                   | n/a  |
| 2. In residences – non-IPTAS eligible,<br>others(a) first personper day(b) second and subsequent persons, 5per day(c) Each child, under 5 yearsper day(c) Each child,  | Whether the accommodation is in a  | her than a pat | tient                                     |  |
| othersper day\$31.00\$34.10(a) first personper day\$15.00\$16.50(b) second and subsequent persons, 5per day\$15.00\$16.50years and older(c) Each child, under 5 yearsper day\$7.00\$7.703. In residences – IPTAS eligible and<br>Pensioner or a health care card holdersper day\$21.00\$23.10(a) first personper day\$12.00\$13.20   | 1. On wards  | per day        | \$7.00                                    | \$7.70   |
| (b) second and subsequent persons, 5per day\$15.00\$16.50years and older(c) Each child, under 5 yearsper day\$7.00\$7.703. In residences – IPTAS eligible and<br>Pensioner or a health care card holdersper day\$21.00\$23.10(b) second and subsequent persons, 5per day\$12.00\$13.20   | <b>-</b>   |                |   |  |
| years and older<br>(c) Each child, under 5 years per day \$7.00 \$7.70<br>3. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first person per day \$21.00 \$23.10<br>(b) second and subsequent persons, 5 per day \$12.00 \$13.20   |  |                |   | \$34.10  |
| (c) Each child, under 5 yearsper day\$7.00\$7.703. In residences – IPTAS eligible and<br>Pensioner or a health care card holders<br>(a) first personper day\$21.00\$23.10(b) second and subsequent persons, 5per day\$12.00\$13.20   | 1 1  | per day        | \$15.00                                   | \$16.50  |
| Pensioner or a health care card holders(a) first personper day(b) second and subsequent persons, 5per day\$12.00\$13.20  | 5  | per day        | \$7.00                                    | \$7.70   |
| (a) first personper day\$21.00\$23.10(b) second and subsequent persons, 5per day\$12.00\$13.20   | -  |                |   |  |
|  |  | per day        | \$21.00                                   | \$23.10  |
| vears and older  | (b) second and subsequent persons, 5 years and older   | per day        | \$12.00                                   | \$13.20  |
|  | 5  | per day        | nil                                       | nil  |

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

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

#### F. Fees for Professional Services other than the Pathology Service

These do not apply in relation to:

1. a professional service provided in the course of a program of child health care,

2. a professional service provided at a hospital, An amount equal to the fee specified in respect of that professional service in the 3. a professional service provided at the request of a member of the Australian Federal Police acting in his or Schedule of Fees listed in the her capacity as such a member; Medicare Benefits Schedule Book as amended from time-to-4. a professional service provided in accordance with a time request made, or a direction given under or for the purposes of, a law in force in the Territory, or 5. a professional service provided in the treatment or control of addiction to alcohol or drugs. **G.** Pathology Service Fees Where the pathology service is provided by the ACT to: An amount equal to the fee specified in respect of that pathology service in the 1. a compensable person, Schedule of Fees listed in the 2. a non-eligible person. Medicare Benefits Schedule Book as amended from time-totime

#### **H. Outpatient Service Fees**

Compensable non-inpatients and non-eligible persons:

| 1. First visit                   | per visit | \$132.60 | n/a |
|----------------------------------|-----------|----------|-----|
| 2. Second and subsequent visits. | per visit | \$87.50  | n/a |

| Column 1<br>Service<br>I. Physiotherapy and Occupational Ther<br>Compensable non-inpatients and non-<br>eligible persons at Community Health<br>Center's and Hospitals:   | ару  | Column 2<br>Amount<br>exclusive of<br>GST | Column 3<br>Amount<br>inclusive of<br>GST<br>(if applicable) |
|---|--|---|--|
| First and subsequent visit.   | per visit  | \$87.50                                   | n/a  |
| <b>J. Patient's Personal Laundry</b><br>Patients at Nursing Homes   | per day  | \$1.40                                    | n/a  |
| <ul> <li>K. Mass Vaccinations</li> <li>Where there is a contract/agreement to vaccinate work groups against: <ol> <li>Hepatitis A</li> <li>Hepatitis B</li> <li>Influenza</li> <li>Other (Adult Diphtheria Tetanus, Measles Mumps Rubella, Rubella, Sabin)</li> </ol> </li> <li>L. Facilities Hire</li> </ul> | per vaccine<br>per vaccine<br>per vaccine<br>per vaccine | \$69.70<br>\$20.30<br>\$23.70<br>\$11.30  | n/a<br>n/a<br>n/a  |
| <ol> <li>1. The Canberra Hospital</li> <li>(a). Use of theatrette (after hours)</li> </ol>  | per hour   | \$130.00                                  | \$143.00   |
| <ul><li>2. Community Health - Conference,<br/>Meeting and Group Rooms</li></ul>   | per nour   | \$150.00                                  | \$145.00   |
| <ul><li>(a). Commercial Use</li><li>(i) Non-Health Related</li><li>(ii) Sessional Health Related</li></ul>  | per hour<br>per hour                                     | \$25.00<br>\$17.50                        | \$27.50<br>\$19.25   |
| <ul><li>(b). Community Use</li><li>(i) Non-Health Related</li><li>(ii) Health Related</li></ul>   | per hour<br>per hour                                     | \$17.50<br>\$13.50                        | \$19.25<br>\$14.85   |
| 3. Community Health (Moore St<br>Building) - Theatrette   | per hour   | \$74.50                                   | \$81.95  |

| Column 1<br>Service   | Column 2<br>Amount<br>exclusive of<br>GST | Column 3<br>Amount<br>inclusive of<br>GST<br>(if applicable) |
|---|---|--|
| <b>M. Medical Records and Health Reports</b><br>1. Medical Practitioner Reports   |   |  |
| (a). Preparation of a medical report by a treating medical practitioner appointed to or employed by the Health and Community Care Service requiring no further examination of the patient.  | \$173.00                                  | \$190.30   |
| (b) Preparation of a medical report by a medical<br>practitioner appointed to or employed by the Health and<br>Community Care Service who has not previously treated<br>the patient and no further examination of the patient is<br>required. | \$201.00                                  | \$221.10   |
| (c) A report made by a treating medical practitioner<br>appointed to or employed by the Health and Community<br>Care Service where a re-examination is required.  | \$230.00                                  | \$253.00   |
| (d) A report made by a treating medical practitioner<br>appointed to or employed by the Health and Community<br>Care Service who has not previously treated the patient<br>and where an examination is required.                              | \$287.50                                  | \$316.25   |
| 2. Health records required to be produced by subpoena   |   |  |
| (a) Where at least 5 days notice is given for the production of the record to the Court   | \$50.50                                   | \$55.55  |
| (b) Where less than 5 days notice is given.   | \$84.00                                   | \$92.40  |

| Column 1<br>Service  | Column 2<br>Amount<br>exclusive of<br>GST | Column 3<br>Amount<br>inclusive of<br>GST<br>(if applicable) |
|--|---|--|
|  |   |  |
| 3. Search Fees   | \$34.50                                   | \$37.95  |
| Other than requests made by a party concerned with a patient's continued treatment or future management  |   |  |
| <ul> <li>A search fee is to be charged where:</li> <li>the applicant subsequently advises that a report/record is no longer required.</li> <li>where a thorough search has ascertained that the patient has never attended the hospital for that episode of illness.</li> <li>for Motor Accident and Comcare medical certificates completed other than at the time of consultation.</li> <li>the fee also applies to requests for information on date or time of birth.</li> </ul> |   |  |
| 4. Medical Records Department  |   |  |
| Preparation of a report by the Medical Records<br>Department as part of its medico-legal responsibilities  | \$116.00                                  | \$127.60   |
| 5. Health Professional Reports   |   |  |
| (a) Preparation of a report by a treating health<br>professional, other than a medical practitioner, appointed<br>to or by the Health and Community Care Service<br>requiring no further examination of the patient  | \$173.00                                  | \$190.30   |
| (b) Preparation of a report by a treating health<br>professional, other than a medical practitioner, appointed<br>to or by the Health and Community Care Service who has<br>not previously treated the patient and no further<br>examination is required.  | \$201.00                                  | \$221.10   |
| (c) Preparation of a report by a treating health<br>professional, other than a medical practitioner, appointed<br>to or by the Health and Community Care Service where a<br>re-examination is required.  | \$230.00                                  | \$253.00   |

| Column 1<br>Service  | Column 2<br>Amount<br>exclusive of<br>GST | Column 3<br>Amount<br>inclusive of<br>GST<br>(if applicable) |
|--|---|--|
| (d) Preparation of a report by a treating health<br>professional, other than a medical practitioner, appointed<br>to or by the Health and Community Care Service who has<br>not previously treated the patient and where an<br>examination is required.  | \$287.50                                  | \$316.25   |
| 6. Clinical Notes provided to patient's solicitor  |   |  |
| (a) Upon receipt of written consent from the patient for<br>the solicitor to have copies of all or part of the clinical<br>notes - Provision of a copy of the medical record or part<br>thereof, e.g. continuation notes, pathology reports and<br>charts.   | \$127.00                                  | \$139.70   |
| 7. Clinical Notes provided to insurer  |   |  |
| (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. | \$127.00                                  | \$139.70   |
| N. Pathology   |   |  |
| Histology testing on coronial post mortems   | \$212.00                                  | \$233.20   |
| O. Dental Services<br>Group 0 - Examination/Diagnostic   |   |  |
| Comprehensive Oral Exam  | \$7.00                                    | n/a  |
| Periodic Exam  | \$7.00                                    | n/a  |
| Emerg Exam (Min. \$20: Restorative Emergencies) -  | \$25.00                                   | n/a  |
| Pros Emergency Visit   | \$25.00                                   | n/a  |
| Consult (incl Exam)  | \$7.00<br>\$7.00                          | n/a  |
| Consult Ext + 30 (incl Exam)<br>Consult by Ref (incl Exam)   | \$7.00<br>nil                             | n/a<br>n/a   |
| Consult by Ref Ext +30 (incl Exam)   | \$7.00                                    | n/a<br>n/a   |
| Letter of Referral   | \$0.00                                    | n/a<br>n/a   |
| X-Ray -1 film PA or BW   | \$7.00                                    | n/a<br>n/a   |
| X-Ray -1 film PA or BW   | \$7.00                                    | n/a  |

| Column 1<br>Service  | Column 2<br>Amount | Column 3<br>Amount |
|--|--------------------|--------------------|
| Service  | exclusive of       | inclusive of       |
|  | GST                | GST                |
|  | 001                | (if applicable)    |
|  |                    |                    |
| Intraoral radiograph - occlusal, maxillary or mandibular - single film | \$7.00             | n/a                |
| Extraoral radiograph - maxillary and/or mandibular - single film       | \$7.00             | n/a                |
| Biopsy of Tissue   | \$7.00             | n/a                |
| Pulp Test Per visit  | nil                | n/a                |
| Diagnostic cast  | \$7.00             | n/a                |
| Photographic records - intraoral                                       | nil                | n/a                |
| Group 1 - Preventative Services  |                    |                    |
| Removal of Plaque and / or stain                                       | \$9.00             | n/a                |
| Recontouring - pre existing restoration/s                              | \$9.00             | n/a                |
| Calculus (supra & subging.) & Plaque Removal 1st visit                 | \$9.00             | n/a                |
| Calculus (supra & subging.) & Plaque Removal Addit.<br>visit           | \$9.00             | n/a                |
| Enamel mirco- abrasion - per tooth                                     | \$9.00             | n/a                |
| Bleaching, internal - per tooth  | \$9.00             | n/a                |
| Fluoride - Topical (including tooth mouse)                             | \$9.00             | n/a                |
| Concentrated fluoride, application single tooth                        | \$9.00             | n/a                |
| Dietary advice. Analyisis and advice                                   | \$9.00             | n/a                |
| Oral Hygiene Instr. (if more than 10 mins.)                            | \$9.00             | n/a                |
| Fissure Sealant - per tooth  | \$9.00             | n/a                |
| Apply Desensitising Agent  | \$9.00             | n/a                |
| Odontoplasty - per tooth   | \$9.00             | n/a                |
| Group 2 - Periodontics   |                    |                    |
| Treatment of acute Periodontal Infection                               | \$8.00             | n/a                |
| Root Planing & Curettage (per 8 or less teeth)                         | \$20.00            | n/a                |
| Non-surgical periodontal treatment not otherwise specified - per visit | \$8.00             | n/a                |
| Gingivectomy - per 8 teeth or less                                     | \$20.00            | n/a                |
| Periodontal flap surgery - per 8 teeth or less                         | \$20.00            | n/a                |
| Osseous surgery - per 8 teeth or less                                  | \$20.00            | n/a                |
| Root resection - per root  | \$20.00            | n/a                |
| Periodontal surgery involving one tooth or an implant                  | \$8.00             | n/a                |
| Group 3 - Oral Surgery   |                    |                    |
| Removal of tooth or parts  | \$10.00            | n/a                |
| Sectional removal of tooth. Bone removal maybe necessary               | \$10.00            | n/a                |
| Surgical removal of tooth or tooth fragment not including              | \$21.00            | n/a                |

| Column 1<br>Service   | Column 2<br>Amount<br>exclusive of<br>GST | Column 3<br>Amount<br>inclusive of<br>GST<br>(if applicable) |
|---|---|--|
|   |   | ( "PF)   |
| bone  |   |  |
| Surgical removal of tooth or tooth fragment including bone                        | \$21.00                                   | n/a  |
| Surgical removal of tooth or tooth fragment requiring both bone and tooth dividon | \$21.00                                   | n/a  |
| Alveolectomy per segment  | \$21.00                                   | n/a  |
| Reduction of fibrous tuberosity   | \$21.00                                   | n/a  |
| Reduction of flabby ridge - per segment   | \$21.00                                   | n/a  |
| Removal of fibrous hyperplasia  | \$21.00                                   | n/a  |
| Removal of tumour, cyst or scar   | \$21.00                                   | n/a  |
| Removal of tumour, cyst or scar involving muscle, done or deep tissue             | \$21.00                                   | n/a  |
| Surgery to salivary duct  | \$21.00                                   | n/a  |
| Surgery to salivary gland   | \$21.00                                   | n/a  |
| Removal or repair of soft tissue (not elsewhere defined)                          | \$21.00                                   | n/a  |
| Surgical removal of foreign body  | \$21.00                                   | n/a  |
| Marsupialization of cyst  | \$21.00                                   | n/a  |
| Surgical exposure to unerupted tooth  | \$21.00                                   | n/a  |
| Reposition tooth / Splint   | \$21.00                                   | n/a  |
| Replantation of /& Splinting of tooth   | \$21.00                                   | n/a  |
| Frenectomy  | \$21.00                                   | n/a  |
| Drainage of abscess or cyst   | \$21.00                                   | n/a  |
| Surgery involving the maxially antrum   | \$21.00                                   | n/a  |
| Control of reactionary or secondary post operative haemorrhage                    | \$21.00                                   | n/a  |
| Group 4 - Endodontics   |   |  |
| Pulp cap -direct  | nil                                       | n/a  |
| Pulpotomy   | \$15.00                                   | n/a  |
| Complete Endodontic treatment, incisor or canine tooth (415 & 417)                | \$61.00                                   | n/a  |
| Complete Endodontic treatment, premolar tooth (415,417,416,& 418)                 | \$61.00                                   | n/a  |
| Complete Endodontic treatment, molar<br>tooth(415,417[2x416 & 2x418])             | \$61.00                                   | n/a  |
| Extirpation of pulp and debridement of root canal(s) - emerg                      | \$15.00                                   | n/a  |
| Resorbable root canal filling - primary tooth                                     | \$15.00                                   | n/a  |
| Periapical curettage - per root   | \$15.00                                   | n/a  |

| Column 1<br>Service   | Column 2<br>Amount | Column 3<br>Amount |
|---|--------------------|--------------------|
|   | exclusive of       | inclusive of       |
|   | GST                | GST                |
|   |                    | (if applicable)    |
| Apicectomy- per root  | \$60.00            | n/a                |
| Apical seal - per canal                                     | nil                | n/a<br>n/a         |
| Sealing of perforation                                      | \$60.00            | n/a<br>n/a         |
| Surgical treatment or repair of external root resorption    | \$60.00            | n/a<br>n/a         |
| Exploration and/or negotiation of calcified canal -per      | \$15.00            | n/a<br>n/a         |
| canal, per visit  | ψ12.00             | 11/ u              |
| Removal of root filling, per canal                          | \$15.00            | n/a                |
| Removal of cemented root canal post or post crown           | \$15.00            | n/a                |
| Removing or bypassing fractured endodontic instrument       | \$15.00            | n/a                |
| Additional visit for irrigation and/or dressing of the root | nil                | n/a                |
| canal system - per tooth                                    |                    |                    |
| Interim therapeutic root filling - per tooth                | \$15.00            | n/a                |
| Group 5 - Restorative Services                              |                    |                    |
| Metallic restoration - 1 surface - direct                   | \$13.00            | n/a                |
| Metallic restoration - 2 surface - direct                   | \$13.00            | n/a                |
| Metallic restoration - 3 surface - direct                   | \$13.00            | n/a                |
| Metallic restoration - 4 surface - direct                   | \$13.00            | n/a                |
| Metallic restoration - 5 surface - direct                   | \$13.00            | n/a                |
| Adhesive restoration - 1 surface - Anterior tooth - direct  | \$13.00            | n/a                |
| Adhesive restoration - 2 surface - Anterior tooth - direct  | \$13.00            | n/a                |
| Adhesive restoration - 3 surface - Anterior tooth - direct  | \$13.00            | n/a                |
| Adhesive restoration - 4 surface - Anterior tooth - direct  | \$13.00            | n/a                |
| Adhesive restoration - 5 surface - Anterior tooth - direct  | \$13.00            | n/a                |
| Adhesive restoration - 1 surface Posterior tooth - direct   | \$13.00            | n/a                |
| Adhesive restoration - 2 surface Posterior tooth - direct   | \$13.00            | n/a                |
| Adhesive restoration - 3 surface Posterior tooth - direct   | \$13.00            | n/a                |
| Adhesive restoration - 4 surface Posterior tooth - direct   | \$13.00            | n/a                |
| Adhesive restoration - 5 surface Posterior tooth - direct   | \$13.00            | n/a                |
| Provisional (Intermediate / temporary) restoration          | \$5.00             | n/a                |
| Provisional (Intermediate / temporary) restoration          | nil                | n/a                |
| Metal band  | \$5.00             | n/a                |
| Pin restoration -per pin                                    | \$5.00             | n/a                |
| Cusp capping - per cusp                                     | nil                | n/a                |
| Restoration of an incisal corner - per corner               | nil                | n/a                |
| Removal of inlay/onlay                                      | \$5.00             | n/a                |
| Recementing onlay/inlay                                     | \$5.00             | n/a                |
| Post - direct   | \$5.00             | n/a                |

| Column 1<br>Service  | Column 2<br>Amount | Column 3<br>Amount |
|--|--------------------|--------------------|
|  | exclusive of       | inclusive of       |
|  | GST                | GST                |
|  |                    | (if applicable)    |
|  |                    |                    |
| Group 6 - Crown and Bridge                                 |                    |                    |
| Recrement Crown or veneer                                  | \$10.00            | n/a                |
| Recrement bridge or splint                                 | \$10.00            | n/a                |
| Removal of crown   | \$10.00            | n/a                |
| Removal of bridge or splint                                | \$10.00            | n/a                |
| Group 7 - Prosthodontics                                   |                    |                    |
| Full Maxillary denture                                     | \$61.00            | n/a                |
| Full Mandibular denture                                    | \$61.00            | n/a                |
| Metal plate or mesh  | \$160.00           | n/a                |
| Full Maxillary & Full Mandibular dentures                  | \$122.00           | n/a                |
| Partial Max Denture - resin base                           | \$61.00            | n/a                |
| Partial Mand Denture - resin base                          | \$61.00            | n/a                |
| Partial Max Denture - cast CO/CR base                      | \$241.00           | n/a                |
| Partial Mand Denture - cast CO/CR base                     | \$241.00           | 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 addit'n to new denture                 | \$28.00            | n/a                |
| Wrought Bar  | nil                | n/a                |
| Metal Backing - per backing                                | nil                | n/a                |
| Denture Adjustment (not new)                               | \$5.00             | n/a                |
| Denture Adjustment ( new)                                  | nil                | n/a                |
| Reline -Complete denture                                   | \$28.00            | n/a                |
| Reline -Part denture                                       | \$28.00            | n/a                |
| Remodel - complete denture                                 | \$28.00            | n/a                |
| Remodel - Partial denture                                  | \$28.00            | n/a                |
| Clean and polish of pre-existing denture                   | \$5.00             | n/a<br>n/a         |
| Denture base modification                                  | \$28.00            | n/a<br>n/a         |
| Reattaching pre-existing tooth or clasp to denture         | nil                | n/a<br>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 | nil                | n/a                |
| decoronated tooth  | 1111               | 11/a               |
| Repair to metal casting: one point                         | \$85.00            | n/a                |

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

| Column 1   | Column 2     | Column 3        |
|--|--------------|-----------------|
| Service  | Amount       | Amount          |
|  | exclusive of | inclusive of    |
|  | GST          | GST             |
|  |              | (if applicable) |
|  |              |                 |
| Tissue conditioning preparatory to impressions - per application | \$5.00       | n/a             |
| Impression for denture repair                                    | nil          | n/a             |
| Identification   | \$5.00       | n/a             |
| Group 7 -Provision for New Dentures (No ADA Item Numbers)        |              |                 |
| Ist 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)   | nil          | n/a             |
| Re Try (New Denture)   | nil          | n/a             |
| Group 8 - Orthodontics (When Used for an Adult)                  |              |                 |
| Passive removable appliance - one arch                           | \$122.00     | n/a             |
| Active removable appliance - one arch                            | \$122.00     | n/a             |
| Functional orthopaedic appliance                                 | \$122.00     | n/a             |
| Passive fixed appliance  | \$122.00     | n/a             |
| Extra-oral appliance   | \$122.00     | n/a             |
| Orthodontic adjustment   | nil          | n/a             |
| Repair removable appliance                                       | \$21.00      | n/a             |
| Repair removable appliance - clasp, spring or tooth              | \$21.00      | n/a             |
| Addition to removable appliance                                  | \$21.00      | n/a             |
| Relining removable appliance                                     | \$21.00      | n/a             |
| Group 9 - General Services                                       |              |                 |
| Palliative care  | \$6.00       | n/a             |
| After hours emergency  | nil          | n/a             |
| Travel to provide service  | \$6.00       | n/a             |
| Provision of medication/ medicaments                             | nil          | n/a             |
| Local anaesthesia(dignosis or pain relif)                        | \$6.00       | n/a             |
| Treatment under G.A.   | \$82.00      | n/a             |
| Minor Occlusal adjustment  | \$6.00       | n/a             |
| Occlusal splint  | \$46.00      | n/a             |
| Adjust occlusal splint   | \$6.00       | n/a             |
| Repair/addition - occlusal splint                                | \$6.00       | n/a             |
| Splinting and stabilization - direct - per tooth                 | \$6.00       | n/a             |
| Post-operative care not elsewhere included                       | nil          | n/a             |
| Treatment not otherwise included                                 | \$6.00       | n/a             |
| Group A - Restorative Referal Scheme (No ADA Item                |              |                 |

Numbers)

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

| Column 1   | Column 2     | Column 3        |
|--|--------------|-----------------|
| Service  | Amount       | Amount          |
|  | exclusive of | inclusive of    |
|  | GST          | GST             |
|  |              | (if applicable) |
|  |              |                 |
| Complete Endodontic treatment, incisor or canine tooth | \$61.00      | n/a             |
| (415 & 417)  |              |                 |
| Complete Endodontic treatment, premolar tooth          | \$61.00      | n/a             |
| (415,417,416,& 418)                                    |              |                 |
| Complete Endodontic treatment, molar                   | \$61.00      | n/a             |
| tooth(415,417[2x416 & 2x418])                          |              |                 |
| Group B - Child & Youth Membership Fees                |              |                 |
| Standard Annual Fee                                    | \$40.00      | n/a             |
| Maximum Standard Annual Family Fee                     | \$100.00     | n/a             |
| Reduced Annual Fee For Low Income Families             | \$20.00      | n/a             |
| Maximum Reduced Annual Family Fee                      | \$20.00      | n/a             |
| Free for Families Covered by a Concession Card         | nil          | n/a             |
|  |              |                 |

Note Special Conditions apply below:

a) Total fees charged per year to any Restorative Client is capped at \$250.00.

b) Item numbers in Group 8 are charged at 50% of the above adult fee when services provided for children registered in the child and youth scheme.

c) BRC clients are paid by an SLA with Corrections Health

d) Services provided at Jervis Bay (two clinics per year) are provided free of charge as part of a contract with the Commonwealth Government.

e) Children in foster care providing appropriate documentation, are provided with assessment and treatment free of charge.

f) Children screened as part of special Dental Health programs, are screened without charge.

g) Dental Screening in schools is provided without charge to the children screened.

h) Under school aged children involved in 'The First Smiles Program' are provided with a free assessment. If they require treatment they may then join the Child and Youth Membership Scheme.

i) Detainees at Quamby receive treatment free of charge.

j) Refugee's providing appropriate documentation have free assessment and treatment for 12 months after the assessment.

k) Aboriginal and Torres Strait islanders have free assessment and any urgent treatment within 12 months after the assessment.

1) Methadone clients/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.

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

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

m) Clients with medical conditions that complicate dental treatment, or where dental disease is a significant health risk can have 2 free assessment sessions, oral hygiene and treatment planning. Normal fees apply for all other treatment. A referral from a medical practitioner is required acknowledging 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.

n) People from groups with additional disadvantage - homeless people and newly arrived refugees without a concession card, 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. People are then placed on the waiting list. If their situation has improved by the time they come off the waiting list normal fees are then charged.

| <b>P. Alcohol and Drug Service</b><br>1. Opioid dispensed to clients on the<br>Opioid Treatment Service for 6 months<br>or more | per week | \$15.00  | n/a  |
|---|----------|--|--|
| <b>Q. Meals on Wheels</b><br>Supplied to Red Cross for distribution.  | per meal | \$5.15   | \$5.67   |
| <b>R. Magnetic Resonance Imaging</b><br>Compensable patients, non-eligible patient<br>research.                                 | s and    | An amount equa<br>specified in res<br>professional se<br>Schedule of Fees I<br>Medicare Benefit<br>Book as amended fro | pect of that<br>rvice in the<br>listed in the<br>ts Schedule |

#### S. Pain Management Service

Provide to compensable non-inpatients and non-eligible non-inpatients of the Pain management Unit of The Canberra Hospital:

| 1. Multidisciplinary Assessment  | per assessment | \$862.50   | n/a |
|----------------------------------|----------------|------------|-----|
| 2. Cognitive Behavioural Therapy | per program    | \$3,659.30 | n/a |
| Program                          |                |            |     |
| 3. Coping and Lifeskills Program | per program    | \$367.00   | n/a |
| 4. Exercise Program              | per program    | \$6.30     | n/a |
| 5. Psychology Assessment         | per assessment | \$165.20   | n/a |

| Column 1  |  | Column 2  | Column 3  |
|---|--|---|---|
| Service   |  | Amount  | Amoun   |
|   |  | exclusive of  | inclusive of  |
|   |  | GST   | GST   |
|   |  |   | (if applicable)   |
|   |  |   |   |
| 6. Medical assessment and Follow-ups  | •••  | ¢100. <b>0</b> 0  | ,   |
| (a) First visit   | per visit  | \$188.20  | n/a   |
| (b) Second and subsequent visits  | per visit  | \$94.10   | n/a   |
| 7. Physiotherapy and Occupational   |  |   |   |
| therapy   |  | <b>*</b> ~ <b>= *</b> ^   | ,   |
| (a) First and subsequent visits   | per visit  | \$87.50   | n/a   |
| T. Biomedical Repairs   |  |   |   |
| Repairs on equipment and advice/training  |  |   |   |
| provided during:  |  |   |   |
| 1. Business Hours   | per hour   | \$98.00   | \$107.80  |
|   | 1  | + parts   | + part  |
| 2. After Hours  | per hour   | \$127.00  | \$139.70  |
|   | r · · ·  | + parts   | + part  |
| 1. Community – Based Rehabilitation Serv<br>General services to whom fees apply   |  | consultancy ser   | 241005  |
| a Community Medical Officer   | Per hour (half<br>hour min)  | \$105.00  |   |
| -   | Per hour (half<br>hour min)  | •   | \$115.50  |
| b Allied Health Staff   |  | •   | \$115.50  |
| <ul><li>b Allied Health Staff</li><li>i) Appointment</li></ul>  |  | \$105.00  |   |
| b Allied Health Staff   |  | \$105.00  | \$115.50  |
| <ul> <li>b Allied Health Staff</li> <li>i) Appointment</li> <li>Education and/or (for student groups,</li> </ul>  |  | \$105.00  | \$115.50  |
| <ul> <li>Allied Health Staff</li> <li>i) Appointment</li> <li>Education and/or (for student groups, private and public sector staff</li> </ul>  | hour min)<br>Per hour (half  | \$105.00  | \$115.50<br>\$96.25   |
| <ul> <li>b Allied Health Staff</li> <li>i) Appointment</li> <li>Education and/or (for student groups, private and public sector staff groups)</li> <li>ii) Per facilitator – business hours</li> </ul>  | hour min)<br>Per hour (half<br>hour min)   | \$105.00<br>\$87.50<br>\$50.50                                  | \$115.50<br>\$96.25<br>\$55.55                              |
| <ul> <li>b Allied Health Staff</li> <li>i) Appointment</li> <li>Education and/or (for student groups, private and public sector staff groups)</li> </ul>  | hour min)<br>Per hour (half<br>hour min)<br>Per hour (half   | \$105.00<br>\$87.50   | \$115.50<br>\$96.25<br>\$55.55                              |
| <ul> <li>b Allied Health Staff</li> <li>i) Appointment</li> <li>Education and/or (for student groups, private and public sector staff groups)</li> <li>ii) Per facilitator – business hours</li> </ul>  | hour min)<br>Per hour (half<br>hour min)   | \$105.00<br>\$87.50<br>\$50.50                                  | \$115.50<br>\$96.25<br>\$55.55                              |
| <ul> <li>b Allied Health Staff <ul> <li>i) Appointment</li> <li>Education and/or (for student groups, private and public sector staff groups)</li> <li>ii) Per facilitator – business hours</li> <li>iii) Per facilitator – after hours</li> </ul> </li> <li>2. Independent Living Centre</li> </ul>  | hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)  | \$105.00<br>\$87.50<br>\$50.50                                  | \$115.50<br>\$96.25<br>\$55.55                              |
| <ul> <li>b Allied Health Staff <ol> <li>i) Appointment</li> <li>Education and/or (for student groups, private and public sector staff groups)</li> <li>ii) Per facilitator – business hours</li> <li>iii) Per facilitator – after hours</li> </ol> </li> <li>2. Independent Living Centre <ol> <li>(a) Appointment fee for client with third par</li> </ol></li></ul>   | hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>ty payer                                | \$105.00<br>\$87.50<br>\$50.50<br>\$76.50                       | \$115.50<br>\$96.25<br>\$55.55<br>\$84.15                   |
| <ul> <li>b Allied Health Staff <ul> <li>i) Appointment</li> <li>Education and/or (for student groups, private and public sector staff groups)</li> <li>ii) Per facilitator – business hours</li> <li>iii) Per facilitator – after hours</li> </ul> </li> <li>2. Independent Living Centre <ul> <li>(a) Appointment fee for client with third par i) Assisted appointment and report</li> </ul> </li> </ul>  | hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>ty payer<br>Per hour (half              | \$105.00<br>\$87.50<br>\$50.50                                  | \$115.50<br>\$96.25<br>\$55.55<br>\$84.15                   |
| <ul> <li>b Allied Health Staff <ul> <li>i) Appointment</li> <li>Education and/or (for student groups, private and public sector staff groups)</li> <li>ii) Per facilitator – business hours</li> <li>iii) Per facilitator – after hours</li> </ul> </li> <li>2. Independent Living Centre <ul> <li>(a) Appointment fee for client with third par</li> </ul> </li> </ul>   | hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>ty payer                                | \$105.00<br>\$87.50<br>\$50.50<br>\$76.50                       | \$115.50<br>\$96.25<br>\$55.55                              |
| <ul> <li>b Allied Health Staff <ul> <li>i) Appointment</li> <li>Education and/or (for student groups, private and public sector staff groups)</li> <li>ii) Per facilitator – business hours</li> <li>iii) Per facilitator – after hours</li> </ul> </li> <li>2. Independent Living Centre <ul> <li>(a) Appointment fee for client with third pari</li> <li>i) Assisted appointment and report writing</li> <li>ii) Non attendance at appointment</li> </ul> </li> </ul> | hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>ty payer<br>Per hour (half<br>hour min) | \$105.00<br>\$87.50<br>\$50.50<br>\$76.50<br>\$87.50<br>\$13.50 | \$115.50<br>\$96.25<br>\$55.55<br>\$84.15<br>n/a<br>\$14.85 |
| <ul> <li>b Allied Health Staff <ul> <li>i) Appointment</li> <li>Education and/or (for student groups, private and public sector staff groups)</li> <li>ii) Per facilitator – business hours</li> <li>iii) Per facilitator – after hours</li> </ul> </li> <li>2. Independent Living Centre <ul> <li>(a) Appointment fee for client with third pari</li> <li>i) Assisted appointment and report writing</li> </ul> </li> </ul>  | hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>ty payer<br>Per hour (half<br>hour min) | \$105.00<br>\$87.50<br>\$50.50<br>\$76.50<br>\$87.50<br>\$13.50 | \$115.50<br>\$96.25<br>\$55.55<br>\$84.15<br>n/a<br>\$14.85 |

| Column 1  |                                    | Column 2                   | Column 3         |
|---|------------------------------------|----------------------------|------------------|
| Service   |                                    | Amount                     | Amount           |
|   |                                    | exclusive of               | inclusive of     |
|   |                                    | GST                        | GST              |
|   |                                    |                            | (if applicable)  |
|   |                                    |                            |                  |
| (c) Education and/or Training (for student g                      |                                    | and public sector          | staff groups)    |
| i) Per facilitator - business hours                               | Per hour (half<br>hour min)        | \$51.50                    | \$56.65          |
| ii) Per facilitator - after hours                                 | Per hour (half<br>hour min)        | \$77.00                    | \$84.70          |
| (d) Second hand register (referral service)                       |                                    |                            |                  |
| i) for items over \$500   |                                    | \$17.50                    | \$19.25          |
| ii) for items under \$500   |                                    | \$8.50                     | \$9.35           |
| iii) for more than 1 item   |                                    | \$17.50                    | \$19.25          |
| (e) Consultancy fee for commercial advisor<br>(i) Consultancy Fee | ry services (inc<br>Per hour (half | cluding travel)<br>\$88.00 | \$96.80          |
|   | hour min)                          | +                          | <i> </i>         |
| 3. Equipment Loan Service   |                                    |                            |                  |
| (a) Default on loan agreements                                    |                                    | Cost of                    | Cost of          |
|   |                                    | replacement                | replacement +    |
|   |                                    | + 10% admin                | 11% admin        |
|   |                                    | charge (\$157              | charge (\$172.70 |
|   |                                    | max.)                      | max.)            |
| (b) Hire of pressure care products                                |                                    | <b>* • =</b> • •           |                  |
| i) Pressure Relief Mattress or Overlay Hire                       | 1                                  | \$87.60                    | n/a              |
| ii) Pressure Relief Mattress or Overlay<br>Hire – Pensioner Rate  | per month                          | \$43.80                    | n/a              |
| iii) Pressure Reduction Mattresses and<br>Overlays                | per month                          | \$21.90                    | n/a              |
| 4. ACT Equipment Scheme   |                                    |                            |                  |
| (a) Continence pads and aids for                                  | Per carton of                      | \$21.40                    | n/a              |
| incontinence con  | ntinence pads or of incontinence   | Ψ21.10                     | 11/ u            |
|   | aids                               |                            |                  |
| (b) Orthopaedic footwear  |                                    | 10% of total               | n/a              |
|   |                                    | cost (\$53.70              |                  |
|   |                                    | min.)                      |                  |
| (c) Orthoses  |                                    | 10% of total               | n/a              |
|   |                                    | cost (\$21.40              |                  |
|   |                                    | min.)                      |                  |
| (d) Repairs to ACTES Equipment                                    |                                    | 1/3 of total               | n/a              |
|   |                                    | cost (\$21.40              |                  |
|   |                                    | min.)                      |                  |

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

| Column 1  |  | Column 2  | Column 3   |
|---|--|---|--|
| Service   |  | Amount  | Amount   |
|   |  | exclusive of  | inclusive of   |
|   |  | GST   | GST  |
|   |  |   | (if applicable)  |
| ( ) <b>**</b>   |  |   | ,  |
| (e) Home modifications  |  | 10% of total  | n/a  |
|   |  | cost (\$21.40   |  |
|   |  | min.)   | 1  |
| (f) Walking aids  |  | 10% of total  | n/a  |
|   |  | cost (\$21.40   |  |
|   |  | $\min$ .)   | 1  |
| (g) Equipment and appliances for  |  | 10% of total  | n/a  |
| personal use  |  | cost (\$21.40   |  |
|   |  | min.)   |  |
| (h) Wigs  |  | \$21.40<br>\$21.40  | n/a  |
| (i) Breast Prostheses<br>Notes:   |  | \$21.40   | n/a  |
| i) For items other than above a client con  | tribution may be   | novable direct to   | aunnlier   |
|   |  |   |  |
|   |  | puyuole uncer to  | Supplier   |
| ii) Cost ceilings apply - excess is paid dir  | ect to supplier.   |   |  |
| ii) Cost ceilings apply - excess is paid dir<br>iii) Only charges levied by ACT Heal  | ect to supplier.   |   |  |
| <ul> <li>ii) Cost ceilings apply - excess is paid dir</li> <li>iii) Only charges levied by ACT Heal</li> <li>payable to suppliers.</li> </ul>   | ect to supplier.<br>th are listed ab   | ove, additional c   | osts may be  |
| <ul> <li>ii) Cost ceilings apply - excess is paid dir</li> <li>iii) Only charges levied by ACT Heal payable to suppliers.</li> <li>iv) 'Total cost' above refers to cost of pro</li> </ul>  | ect to supplier.<br>th are listed ab   | ove, additional c   | osts may be  |
| <ul> <li>ii) Cost ceilings apply - excess is paid dir</li> <li>iii) Only charges levied by ACT Heal</li> <li>payable to suppliers.</li> </ul>   | ect to supplier.<br>th are listed ab   | ove, additional c   | osts may be  |
| <ul> <li>ii) Cost ceilings apply - excess is paid dir</li> <li>iii) Only charges levied by ACT Heal payable to suppliers.</li> <li>iv) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services</li> </ul>   | ect to supplier.<br>th are listed ab<br>curement or part   | ove, additional c<br>s plus labour incu   | osts may be<br>rred by ACT   |
| <ul> <li>ii) Cost ceilings apply - excess is paid dir</li> <li>iii) Only charges levied by ACT Heal payable to suppliers.</li> <li>iv) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services</li> <li>(a) New prostheses or repairs for</li> </ul>  | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half   | ove, additional c<br>s plus labour incu<br>\$87.60  | osts may be  |
| <ul> <li>ii) Cost ceilings apply - excess is paid dir</li> <li>iii) Only charges levied by ACT Heal payable to suppliers.</li> <li>iv) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services (a) New prostheses or repairs for compensable clients</li> </ul>   | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half<br>hour min)  | ove, additional c<br>s plus labour incu<br>\$87.60<br>+ components  | osts may be<br>rred by ACT   |
| <ul> <li>i) Cost ceilings apply - excess is paid dir</li> <li>ii) Only charges levied by ACT Heal payable to suppliers.</li> <li>iv) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services <ul> <li>(a) New prostheses or repairs for compensable clients</li> <li>(b) New prostheses or repairs for non</li> </ul> </li> </ul>   | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half<br>hour min)<br>Per hour (half  | ove, additional c<br>s plus labour incu<br>\$87.60<br>+ components<br>15% of  | osts may be<br>rred by ACT<br>n/a  |
| <ul> <li>ii) Cost ceilings apply - excess is paid dir</li> <li>iii) Only charges levied by ACT Heal payable to suppliers.</li> <li>iv) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services (a) New prostheses or repairs for compensable clients</li> </ul>   | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half<br>hour min)  | ove, additional c<br>s plus labour incu<br>\$87.60<br>+ components<br>15% of<br>total cost  | osts may be<br>rred by ACT<br>n/a  |
| <ul> <li>i) Cost ceilings apply - excess is paid dir</li> <li>ii) Only charges levied by ACT Heal payable to suppliers.</li> <li>iv) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services <ul> <li>(a) New prostheses or repairs for compensable clients</li> <li>(b) New prostheses or repairs for non</li> </ul> </li> </ul>   | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half<br>hour min)<br>Per hour (half  | ove, additional c<br>s plus labour incu<br>\$87.60<br>+ components<br>15% of  | osts may be<br>rred by ACT<br>n/a  |
| <ul> <li>ii) Cost ceilings apply - excess is paid dir</li> <li>iii) Only charges levied by ACT Heal payable to suppliers.</li> <li>iv) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services</li> <li>(a) New prostheses or repairs for compensable clients</li> <li>(b) New prostheses or repairs for non compensable clients not holding</li> </ul>   | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)   | ove, additional c<br>s plus labour incu<br>\$87.60<br>+ components<br>15% of<br>total cost  | osts may be<br>rred by ACT<br>n/a  |
| <ul> <li>ii) Cost ceilings apply - excess is paid dir</li> <li>iii) Only charges levied by ACT Heal payable to suppliers.</li> <li>iv) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services <ul> <li>(a) New prostheses or repairs for compensable clients</li> <li>(b) New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings)</li> </ul> </li> </ul>  | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>Per hour (half   | ove, additional c<br>s plus labour incu<br>\$87.60<br>+ components<br>15% of<br>total cost  | osts may be<br>rred by ACT<br>n/a<br>n/a                                       |
| <ul> <li>ii) Cost ceilings apply - excess is paid dir</li> <li>iii) Only charges levied by ACT Heal payable to suppliers.</li> <li>iv) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services <ul> <li>(a) New prostheses or repairs for compensable clients</li> <li>(b) New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings apply)</li> </ul> </li> </ul>  | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)   | ove, additional c<br>s plus labour incu<br>\$87.60<br>+ components<br>15% of<br>total cost<br>(\$214pa max.)  | osts may be<br>rred by ACT<br>n/a<br>n/a                                       |
| <ul> <li>(ii) Cost ceilings apply - excess is paid dir</li> <li>(iii) Only charges levied by ACT Heal payable to suppliers.</li> <li>(iv) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services</li> <li>(a) New prostheses or repairs for compensable clients</li> <li>(b) New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings apply)</li> <li>(c) New orthoses</li> </ul>   | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>Per hour (half                                | ove, additional c<br>s plus labour incu<br>\$87.60<br>+ components<br>15% of<br>total cost<br>(\$214pa max.)<br>\$87.60   | osts may be<br>rred by ACT<br>n/a<br>n/a                                       |
| <ul> <li>i) Cost ceilings apply - excess is paid dir</li> <li>ii) Only charges levied by ACT Heal bayable to suppliers.</li> <li>v) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services <ul> <li>(a) New prostheses or repairs for compensable clients</li> <li>(b) New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings apply)</li> <li>(c) New orthoses</li> </ul> </li> </ul>   | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)  | ove, additional c<br>s plus labour incu<br>\$87.60<br>+ components<br>15% of<br>total cost<br>(\$214pa max.)<br>\$87.60<br>+ components                                       | osts may be<br>rred by ACT<br>n/a<br>n/a<br>n/a<br>\$96.25                     |
| <ul> <li>i) Cost ceilings apply - excess is paid dir</li> <li>ii) Only charges levied by ACT Heal payable to suppliers.</li> <li>iv) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services <ul> <li>(a) New prostheses or repairs for compensable clients</li> <li>(b) New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings apply)</li> <li>(c) New orthoses</li> </ul> </li> <li>(d) Repairs to Orthoses</li> </ul>   | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>Per hour (half | ove, additional c<br>s plus labour incu<br>\$87.60<br>+ components<br>15% of<br>total cost<br>(\$214pa max.)<br>\$87.60<br>+ components<br>\$87.50                            | osts may be<br>rred by ACT<br>n/a<br>n/a<br>\$96.25<br>+ components            |
| <ul> <li>(i) Cost ceilings apply - excess is paid dir</li> <li>(ii) Only charges levied by ACT Heal payable to suppliers.</li> <li>(iv) 'Total cost' above refers to cost of pro Health.</li> <li>(a) New prostheses or repairs for compensable clients</li> <li>(b) New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings apply)</li> <li>(c) New orthoses</li> <li>(d) Repairs to Orthoses</li> <li>(e) Rehabilitation engineering maintenance/modification on</li> </ul>                             | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)                   | ove, additional c<br>s plus labour incu<br>\$87.60<br>+ components<br>15% of<br>total cost<br>(\$214pa max.)<br>\$87.60<br>+ components<br>\$87.50<br>+ components            | osts may be<br>rred by ACT<br>n/a<br>n/a<br>\$96.25<br>+ components<br>\$70.95 |
| <ul> <li>ii) Cost ceilings apply - excess is paid dir</li> <li>iii) Only charges levied by ACT Heal payable to suppliers.</li> <li>iv) 'Total cost' above refers to cost of pro Health.</li> <li>5. Prosthetic and Orthotic Services <ul> <li>(a) New prostheses or repairs for compensable clients</li> <li>(b) New prostheses or repairs for non compensable clients not holding concession cards (cost ceilings apply)</li> <li>(c) New orthoses</li> </ul> </li> <li>(d) Repairs to Orthoses</li> <li>(e) Rehabilitation engineering</li> </ul> | ect to supplier.<br>th are listed ab<br>curement or part<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>Per hour (half<br>hour min)<br>Per hour (half | ove, additional c<br>s plus labour incu<br>\$87.60<br>+ components<br>15% of<br>total cost<br>(\$214pa max.)<br>\$87.60<br>+ components<br>\$87.50<br>+ components<br>\$64.50 | osts may be<br>rred by ACT   |

6. Driver Rehabilitation Service (a) Initial Assessment – Non Per \$57.50 \$63.25 compensable assessment

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

| Column 1   |                             | Column 2          | Column 3        |
|--|-----------------------------|-------------------|-----------------|
| Service  |                             | Amount            | Amount          |
| Service  |                             | exclusive of      | inclusive of    |
|  |                             | GST               | GST             |
|  |                             | 051               |                 |
|  |                             |                   | (if applicable) |
| (b) Initial Allied Health Assessmen                                      | t Per                       | \$613.50          | n/a             |
|  | assessment                  |                   |                 |
| (c) Initial Assessment Report and<br>Driving Instruction                 | Per<br>assessment           | \$280.00          | \$308.00        |
| (d) Lesson (compensable and non<br>compensable)                          | Per lesson                  | \$52.00           | \$57.20         |
| (e) Re-assessment – Non compensa   | ble Per<br>assessment       | \$52.00           | \$57.20         |
| (f) Allied Health Re-assessment  | Per<br>assessment           | \$262.50          | n/a             |
| (g) Re-assessment Report and Drivi<br>Instruction                        |                             | \$280.00          | \$308.00        |
| Notes:<br>i) Cost ceilings apply to certain items                        |                             |                   |                 |
| ii) 'Total cost' above refers to cost ACTCC.                             | of procurement or           | parts plus labour | incurred by     |
| 7. Wheelchair and Posture Seating  |                             |                   |                 |
| (a) ACT Residents, not including   |                             | Component         | Components      |
| residential care (covered by concession card)                            |                             | costs             | costs + 10%     |
| (b) Clients whom fees apply  |                             |                   |                 |
| i) Occupational therapist  | Per hour (half<br>hour min) | \$87.50           | n/a             |
| ii) Community Medical Officer  | Per hour (half<br>hour min) | \$102.50          | n/a             |
| iii) Technician  | Per hour (half              | \$64.50           | n/a             |
| ,  | hour min)                   | + Component       | + (Component    |
|  |                             | costs             | Costs + 10%)    |
| V. Health Protection Services  |                             |                   |                 |
| 1. Scientific Services   |                             |                   |                 |
| (a) Other than the ACT Coroner's O                                       |                             | \$125.00          | \$137.50        |
| (b) ACT Coroners Office  | Per matter                  | \$796.00          | \$875.60        |
| (Attorney-General's Dept)  |                             |                   |                 |
| <ul><li>2. Other</li><li>(a) Consultation - Business Hours</li></ul>     | Per hour                    | \$88.00           | \$96.80         |
|  | Per hour                    | \$108.50          | 119.35          |
| <ul><li>(b) Consultation – After Hours</li><li>(c) Exhumations</li></ul> | Per matter                  | \$108.50          | \$344.85        |
| (c) Exhumations  | r er matter                 | \$515.50          | \$344.83        |
| W. Audiometry  |                             | <b>**</b> • • • • |                 |
| Adult Hearing Tests  | per consultation            | \$29.60           | n/a             |

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

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

#### X. Other Community Health Fees

| ACT Specialist Scheme                  |              |              |          |
|--|--------------|--------------|----------|
| 1. Specialist Scheme                   |              | 20% of total | n/a      |
|  |              | costs        |          |
| Education and/or Training              |              |              |          |
| 1. Per facilitator - business hours    | per hour     | \$50.50      | \$55.55  |
| 2. Per facilitator - after hours       | per hour     | \$76.50      | \$84.15  |
| Community Health Care Program          |              |              |          |
| 3. Chronic pain management course      |              |              |          |
| for compensation clients               | per hour     | \$32.50      | \$35.75  |
| 4. Nursing education - business hours  | per hour     | \$62.50      | \$68.75  |
| 5. Nursing education - after hours     | per session  | \$94.00      | \$103.40 |
| 6. Sale of infection control manual    | per manual   | \$67.50      | \$74.25  |
| 7. Podiatric surgery (materials)       | per          | \$35.00      | \$38.50  |
|  | intervention |              |          |
| 8. Simple innersoles                   | per pair     | \$24.00      | n/a      |
| 9. Accommodative                       | per pair     | \$92.50      | n/a      |
| 10. Rigid innersoles                   | per pair     | \$208.00     | n/a      |
| 11. Day care meals                     | per meal     | \$5.50       | n/a      |
| 12. Consultation for nurses in private |              |              |          |
| hospitals                              | per hour     | \$64.00      | \$70.40  |
| 13. Home nursing                       | per hour     | \$64.00      | n/a      |
| 14. Consultation overseas clients      | per hour     | \$64.00      | n/a      |
|  |              |              |          |
| Child, Youth & Women's Health Program  |              |              |          |
| 15. Copies of mammograms               | per set      | \$29.09      | \$32.00  |
|  |              |              |          |

#### Y. Pharmaceutical Co-payment

Collection of a co-payment for medications or pharmaceutical's dispensed from hospital for:

| 1. General non-inpatient      | per item | \$22.90 | n/a |
|-------------------------------|----------|---------|-----|
| 2. Concessional non-inpatient | per item | \$4.60  | n/a |

Thresholds:

1. General non-inpatient – Once a patient reaches \$874.90 worth of prescriptions dispensed from hospital in a calendar year, all further prescriptions will be charged at the concessional rate.

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

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

2. Concessional non-inpatient - Once a patient reaches \$239.20 worth of prescriptions dispensed from hospital in a calendar year, all further prescriptions will be supplied at no charge.