Australian Capital Territory

Explanatory Statement

Health (Fees) Determination 2021 (No 2)

**Disallowable Instrument DI2021-161**

made under the

*Health Act 1993*, s 192 (Determination of Fees)

This Determination of Fees revokes and replaces the Determination of Fees DI2021-8, dated

18 January 2021.

The Determination comes into effect on 1 July 2021 and reproduces Determination DI2021-8 except for:

* items on Attachment A, which have increased by the Wage Price Index of 1.75% (subject to rounding);
* items on Attachment B, which have increased by indexation rates as advised by the Commonwealth;
* items on Attachment C, relate to the fees under section E. Other Accommodation, which have been expanded to cover up to and over 7 days, in line with NSW Interstate Patient Travel Assistance and Accommodation Scheme (IPTAAS) rebate;
* items on Attachment D, which have been removed from the fee determination;
* the inclusion of a definition of Defence;
* an amendment to include non-admitted services in (Clause 10) Involuntary Admissions and Non-Admitted services;
* minor wording and numbering changes; and
* the date of effect.

|  |  |  |  |  |  |  | **ATTACHMENT A** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1 JULY 2021 - ANNUAL REVIEW OF FEES & CHARGES** | | | | | | | | |
| **ITEMS INCREASING BY WAGE PRICE INDEX (1.75%)** | | | | | | | | |
| **Item** | | | |  | **Frequency** | **2020-21 Charge  ex. GST** | **2021-22 Charge  ex. GST** | **2021-22 Charge  inc. GST** |
|  |
|  |  |  |  |  |  |  |  |  |  |
| A | Hospital Accommodation Fees and Other Admitted Patient Fees - Standard Patients | | | | |  |  |  |  |
|  |  | 1 | c | In single room at patients request | per day | $652.60 | $664.00 | n/a |  |
|  |  |  | d | Hospital in the Home | $0.00 | $227.20 | $231.20 | n/a |  |
|  |  | 2 | Compensable | |  |  |  |  |  |
|  |  |  | a | Critical Care1 |  |  |  |  |  |
|  |  |  | i) | First 21 days per episode | per day | $4,113.95 | $4,185.95 | n/a |  |
|  |  |  | ii) | Over 21 Days | per day | $1,799.25 | $1,830.75 | n/a |  |
|  |  |  | b | Other Inpatient2 |  |  |  |  |  |
|  |  |  | i) | First 21 days per episode | per day | $2,003.95 | $2,039.00 | n/a |  |
|  |  |  | ii) | Over 21 Days | per day | $1,115.50 | $1,135.00 | n/a |  |
|  |  |  | c | Hospital in the Home | per day | $490.80 | $499.40 | n/a |  |
|  |  |  | d | Operating Room Charges |  |  |  |  |  |
|  |  |  | i) If the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation and the patient is not a day only patient | | per treatment | $3,056.35 | $3,109.85 | n/a |  |
|  |  |  | ii) Other procedures (including day only surgical patients) | | per treatment | $1,070.55 | $1,089.30 | n/a |  |
|  |  | 3 | Non-Eligible |  |  |  |  |  |  |
|  |  |  | a | Critical Care1 |  |  |  |  |  |
|  |  |  | i) | First 21 days per episode | per day | $5,570.35 | $5,667.85 | n/a |  |
|  |  |  | ii) | Over 21 Days | per day | $3,190.25 | $3,246.10 | n/a |  |
|  |  |  | b | Other Inpatient2 |  |  |  |  |  |
|  |  |  | i) | First 21 days per episode | per day | $2,197.90 | $2,236.35 | n/a |  |
|  |  |  | ii) | Over 21 Days | per day | $1,288.10 | $1,310.65 | n/a |  |
|  |  |  | c | Hospital in the Home | per day | $490.80 | $499.40 | n/a |  |
|  |  |  | d | Operating Room Charges |  |  |  |  |  |
|  |  |  | i) If the treatment involves undergoing procedures that take longer than 1 hour carried out under general or regional anaesthetic or intravenous sedation and the patient is not a day only patient | | per treatment | $3,056.35 | $3,109.85 | n/a |  |
|  |  |  | ii) Other procedures (including day only surgical patients) | | per treatment | $1,070.55 | $1,089.30 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| C | Hospital Accommodation Fees - Nursing Home Type Patients | | | |  |  |  |  |  |
|  |  | 2 | Private patient | | per day | $193.20 | $196.05 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| D | Hostel Fees | | |  |  |  |  |  |  |
|  |  | 1 | Group House - Maintenance Fee | | per fortnight | $15.10 | $15.35 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| F | Pathology Service Fees | | | |  |  |  |  |  |
|  |  | 1 | Non-Medicare Testing | |  |  |  |  |  |
|  |  |  | c | Collection fee for collection of research trials | per test | $30.55 | $31.10 | $34.21 |  |
|  |  |  | d | DNA Extraction and Storage | per test | $106.10 | $107.95 | n/a |  |
|  |  |  | f | Spore Testing | per ampoule | $13.90 | $14.15 | $15.57 |  |
|  |  |  | o | Environmental Testing | per request | $55.75 | $56.75 | $62.43 |  |
|  |  |  | u | Surveillance Screening | per test | $37.55 | $38.20 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| G | Incidental Outpatient Charges | | | |  |  |  |  |  |
|  |  | 2 | PAP Machine Hire | | per hire | $241.10 | $245.30 | n/a |  |
|  |  | 3 | Tuberculosis Testing | |  |  |  |  |  |
|  |  |  | a | Standard Test and Medical Review | per test | $76.05 | $77.40 | n/a |  |
|  |  |  | b | Standard Test and Medical Review - Students | per test | $61.05 | $62.10 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| H | Non Eligible or Compensable Outpatient Service Fee | | | |  |  |  |  |  |
|  |  | 1 | First Visit Medical Practitioner | | per visit | $341.80 | $347.80 | n/a |  |
|  |  | 2 | Second & Subsequent Visits Medical Practitioner | | per visit | $157.50 | $160.25 | n/a |  |
|  |  | 4 | Nursing or Allied Health Consult - Long (60 minutes or longer) | | per visit | $143.60 | $146.10 | n/a |  |
|  |  | 5 | Nursing or Allied Health Consult - Standard (30 to 60 minutes) | | per visit | $76.65 | $78.00 | n/a |  |
|  |  | 6 | Nursing or Allied Health Consult - Short (less than 30 minutes) | | per visit | $47.80 | $48.65 | n/a |  |
|  |  | 7 | Nursing or Allied Health Education Services - Group | | per visit/ per attendee | $28.60 | $29.10 | n/a |  |
|  |  | 8 | Compulsory Third Party Motor Vehicle Insurance - Community Care Program | | |  |  |  |  |
|  |  |  | a | RACS Nursing - Business Hours | per hour | $89.75 | $91.30 | $100.43 |  |
|  |  |  | f | Allied Health | per hour | $167.70 | $170.65 | $187.72 |  |
|  |  | 9 | Tuberculosis Testing | |  |  |  |  |  |
|  |  |  | a | Standard Test and Medical Review | per test | $260.40 | $264.95 | n/a |  |
|  |  |  | b | Standard Test and Medical Review - Students | per test | $207.90 | $211.55 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| K | Acute Support Fees | | |  |  |  |  |  |  |
|  |  | 2 | Acute Support, Allied Health and Other Medical Services | |  |  |  |  |  |
|  |  |  | a | Chronic pain management course for compensation clients | per session | $56.75 | $57.75 | $63.53 |  |
|  |  |  | b | Sale of infection control manual | per manual | $108.20 | $110.10 | $121.11 |  |
|  |  |  | g | Hydrotherapy Pool (External Users) | per hour | $121.05 | $123.15 | $135.47 |  |
|  |  |  | m | "Replacement of Child Personal Health Record" (Blue Book) | per item | $12.35 | $12.55 | $13.81 |  |
|  |  |  | n | Glucose Sensor | per item | $91.35 | $92.95 | n/a |  |
|  |  |  | q | Breast Pump Hire - per week | per item | $8.55 | $8.70 | n/a |  |
|  |  |  | u | Physiotherapy - Antenatal Exercise Classes for non-eligible clients | per visit | $8.55 | $8.70 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 3 | Home Enteral Nutrition Program | |  |  |  |  |  |
|  |  |  | a | Equipment Only 0-6 years 11 months | per week | $18.75 | $19.10 | n/a |  |
|  |  |  | b | Equipment Only 7-12 years 11 months | per week | $18.75 | $19.10 | n/a |  |
|  |  |  | c | Equipment Only 13+ years | per week | $18.75 | $19.10 | n/a |  |
|  |  |  | d | Supplementary Feeding 0-6 years 11 months | per week | $31.40 | $31.95 | n/a |  |
|  |  |  | e | Supplementary Feeding 7-12 years 11 months | per week | $55.20 | $56.15 | n/a |  |
|  |  |  | f | Supplementary Feeding 13+ years | per week | $56.25 | $57.25 | n/a |  |
|  |  |  | g | Enteral Feeding 0-6 years 11 months | per week | $39.10 | $39.80 | n/a |  |
|  |  |  | h | Enteral Feeding 7-12 yeas 11 months | per week | $62.70 | $63.80 | n/a |  |
|  |  |  | i | Enteral Feeding 13+ years | per week | $65.35 | $66.50 | n/a |  |
| L | Clinical Support Fees | | |  |  |  |  |  |  |
|  |  | 1 | Medical Physics Services | | per person/ per hour | $196.10 | $199.55 | n/a |  |
|  |  | 2 | Biomedical Engineering Services | | per person/ per hour | $148.90 | $151.50 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| M | Medical Records and Health Reports | | | |  |  |  |  |  |
|  |  | 1 | Medical Practitioner / Health Professional Reports | |  |  |  |  |  |
|  |  |  | a | No further examination of the patient |  | $277.55 | $282.40 | n/a |  |
|  |  |  | b | As "a" by practitioner who has not previously treated patient | | $323.65 | $329.30 | n/a |  |
|  |  |  | c | Where a re-examination is required |  | $369.70 | $376.15 | n/a |  |
|  |  |  | d | As "c" by practitioner who has not previously treated patient | | $459.70 | $467.75 | n/a |  |
|  |  | 2 | Search Fees - includes cancellation fee, admin fee if nil records, medical certs not at time of consultation and time of birth. | | | $56.25 | $57.25 | $62.98 |  |
|  |  | 3 | Health Records provided to patient's solicitor | |  | $203.60 | $207.15 | $227.87 |  |
|  |  | 4 | Health Records provided to insurer | |  | $203.60 | $207.15 | $227.87 |  |
|  |  |  |  |  |  |  |  |  |  |
| O | Emergency Department | | | |  |  |  |  |  |
|  | Non-eligible, Compensable and Defence Patients: | | | |  |  |  |  |  |
|  |  | 1 | Emergency Department Treatment | | per visit | $542.25 | $551.75 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| P | Dental Services | | |  |  |  |  |  |  |
|  |  | Group 0 - Examination/Diagnostic | | |  |  |  |  |  |
|  |  |  |  | Comprehensive Oral Exam |  | $12.85 | $13.05 | n/a |  |
|  |  |  |  | Periodic Exam |  | $8.05 | $8.20 | n/a |  |
|  |  |  |  | Emergency Restorative Course of Care |  | $45.05 | $45.85 | n/a |  |
|  |  |  |  | Emergency Prosthodontic Course of Care |  | $45.05 | $45.85 | n/a |  |
|  |  |  |  | Consult (incl Exam) |  | $13.90 | $14.15 | n/a |  |
|  |  |  |  | Consult Ext + 30 (incl Exam) |  | $19.80 | $20.15 | n/a |  |
|  |  |  |  | Written report (not elsewhere included) |  | $9.95 | $10.10 | $11.11 |  |
|  |  |  |  | X-Ray -1 film PA or BW |  | $8.05 | $8.20 | n/a |  |
|  |  |  |  | Intraoral radiograph - occlusal, maxillary or mandibular - single film | | $13.35 | $13.60 | n/a |  |
|  |  |  |  | Extraoral radiograph - maxillary and/or mandibular - single film | | $14.50 | $14.75 | n/a |  |
|  |  |  |  | Caries activity screening test |  | $7.50 | $7.65 | n/a |  |
|  |  |  |  | Biopsy of Tissue |  | $22.50 | $22.90 | n/a |  |
|  |  |  |  | Diagnostic cast |  | $13.35 | $13.60 | n/a |  |
|  |  |  |  | Photographic records - intraoral |  | $8.05 | $8.20 | n/a |  |
|  |  |  |  | Photographic records - extraoral |  | $8.00 | $8.15 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 1 - Preventative Services | | |  |  |  |  |  |
|  |  |  |  | Removal of Plaque and / or stain |  | $12.85 | $13.05 | n/a |  |
|  |  |  |  | Recontouring – pre-existing restoration/s |  | $3.75 | $3.80 | n/a |  |
|  |  |  |  | Calculus (supra & subging) & Plaque Removal 1st visit | | $15.50 | $15.75 | n/a |  |
|  |  |  |  | Calculus (supra & subging) & Plaque Removal Addit. visit | | $12.85 | $13.05 | n/a |  |
|  |  |  |  | Enamel micro- abrasion - per tooth |  | $9.10 | $9.25 | n/a |  |
|  |  |  |  | Bleaching, internal - per tooth |  | $53.05 | $54.00 | n/a |  |
|  |  |  |  | Bleaching, external - per tooth |  | $45.05 | $45.85 | n/a |  |
|  |  |  |  | Fluoride - Topical (including tooth mousse) |  | $6.45 | $6.55 | n/a |  |
|  |  |  |  | Concentrated fluoride, application single tooth |  | $5.40 | $5.50 | n/a |  |
|  |  |  |  | Dietary advice. Analysis and advice |  | $6.45 | $6.55 | n/a |  |
|  |  |  |  | Oral Hygiene Instr. (if more than 10 mins.) |  | $9.10 | $9.25 | n/a |  |
|  |  |  |  | Fissure Sealant - per tooth |  | $12.35 | $12.55 | n/a |  |
|  |  |  |  | Apply Desensitising Agent |  | $5.40 | $5.50 | n/a |  |
|  |  |  |  | Odontoplasty - per tooth |  | $12.35 | $12.55 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 2 - Periodontics | | |  |  |  |  |  |
|  |  |  |  | Treatment of acute Periodontal Infection |  | $14.50 | $14.75 | n/a |  |
|  |  |  |  | Periodontal Debridement - per tooth |  | $2.90 | $2.95 | n/a |  |
|  |  |  |  | Non Surgical Treatment of Peri Implant Disease |  | $19.80 | $20.15 | n/a |  |
|  |  |  |  | Gingivectomy - per tooth |  | $4.60 | $4.70 | n/a |  |
|  |  |  |  | Periodontal flap surgery - per tooth |  | $8.15 | $8.30 | n/a |  |
|  |  |  |  | Osseous surgery (per 8 teeth or less) |  | $78.80 | $80.20 | n/a |  |
|  |  |  |  | Root resection - per root |  | $41.25 | $41.95 | n/a |  |
|  |  |  |  | Periodontal surgery involving one tooth or an implant | | $16.05 | $16.35 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 3 - Oral Surgery | | |  |  |  |  |  |
|  |  |  |  | Removal of tooth or parts |  | $22.50 | $22.90 | n/a |  |
|  |  |  |  | Sectional removal of tooth. Bone removal maybe necessary | | $32.70 | $33.25 | n/a |  |
|  |  |  |  | Surgical removal of tooth or tooth fragment not including bone | | $39.10 | $39.80 | n/a |  |
|  |  |  |  | Surgical removal of tooth or tooth fragment including bone | | $49.85 | $50.70 | n/a |  |
|  |  |  |  | Surgical removal of tooth or tooth fragment requiring both bone and tooth division | | $61.05 | $62.10 | n/a |  |
|  |  |  |  | Alveolectomy per segment |  | $23.55 | $23.95 | n/a |  |
|  |  |  |  | Ostectomy |  | $100.75 | $102.50 | n/a |  |
|  |  |  |  | Reduction of fibrous tuberosity |  | $35.35 | $35.95 | n/a |  |
|  |  |  |  | Reduction of flabby ridge - per segment |  | $19.80 | $20.15 | n/a |  |
|  |  |  |  | Removal of fibrous hyperplasia |  | $50.90 | $51.80 | n/a |  |
|  |  |  |  | Removal of tumour, cyst or scar |  | $38.05 | $38.70 | n/a |  |
|  |  |  |  | Removal of tumour, cyst or scar involving muscle, bone or deep tissue | | $136.05 | $138.45 | n/a |  |
|  |  |  |  | Surgery to salivary duct |  | $118.95 | $121.05 | n/a |  |
|  |  |  |  | Surgery to salivary gland |  | $39.65 | $40.35 | n/a |  |
|  |  |  |  | Removal or repair of soft tissue (not elsewhere defined) | | $37.55 | $38.20 | n/a |  |
|  |  |  |  | Surgical removal of foreign body |  | $20.90 | $21.25 | n/a |  |
|  |  |  |  | Marsupialization of cyst |  | $71.25 | $72.50 | n/a |  |
|  |  |  |  | Surgical exposure to unerupted tooth |  | $158.60 | $161.40 | n/a |  |
|  |  |  |  | Reposition tooth / Splint |  | $35.90 | $36.55 | n/a |  |
|  |  |  |  | Replantation of /& Splinting of tooth |  | $72.35 | $73.60 | n/a |  |
|  |  |  |  | Surgery to isolate and preserve neuro vascular tissue | | $40.00 | $40.70 | n/a |  |
|  |  |  |  | Frenectomy |  | $34.25 | $34.85 | n/a |  |
|  |  |  |  | Drainage of abscess or cyst |  | $18.75 | $19.10 | n/a |  |
|  |  |  |  | Surgery involving the maxially antrum |  | $158.60 | $161.40 | n/a |  |
|  |  |  |  | Control of reactionary or secondary post-operative haemorrhage | | $13.35 | $13.60 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 4 - Endodontics | | |  |  |  |  |  |
|  |  |  |  | Direct pulp capping |  | $6.45 | $6.55 | n/a |  |
|  |  |  |  | Pulpotomy |  | $15.50 | $15.75 | n/a |  |
|  |  |  |  | Incomplete endodontic therapy (tooth not suitable for further treatment) | | $25.40 | $25.85 | n/a |  |
|  |  |  |  | Complete chemo-mechanical preparation of root canal - one canal | | $45.55 | $46.35 | n/a |  |
|  |  |  |  | Complete chemo-mechanical preparation of root canal - each additional canal | | $21.70 | $22.10 | n/a |  |
|  |  |  |  | Root Canal obturation - one canal |  | $44.35 | $45.15 | n/a |  |
|  |  |  |  | Root canal obturation - each additional canal |  | $20.75 | $21.10 | n/a |  |
|  |  |  |  | Extirpation of pulp and debridement of root canal(s) - emergency and palliative | | $29.35 | $29.85 | n/a |  |
|  |  |  |  | Resorbable root canal filling - primary tooth |  | $53.60 | $54.55 | n/a |  |
|  |  |  |  | Periapical curettage - per root |  | $53.60 | $54.55 | n/a |  |
|  |  |  |  | Apicectomy- per root |  | $55.20 | $56.15 | n/a |  |
|  |  |  |  | Apical seal - per canal |  | $22.50 | $22.90 | n/a |  |
|  |  |  |  | Sealing of perforation |  | $63.75 | $64.85 | n/a |  |
|  |  |  |  | Surgical treatment or repair of external root resorption |  | $84.10 | $85.55 | n/a |  |
|  |  |  |  | Exploration and/or negotiation of calcified canal -per canal, per visit | | $19.80 | $20.15 | n/a |  |
|  |  |  |  | Removal of root filling, per canal |  | $19.80 | $20.15 | n/a |  |
|  |  |  |  | Removal of cemented root canal post or post crown | | $19.80 | $20.15 | n/a |  |
|  |  |  |  | Removing or bypassing fractured endodontic instrument | | $17.15 | $17.45 | n/a |  |
|  |  |  |  | Additional visit for irrigation and/or dressing of the root canal system - per tooth | | $19.80 | $20.15 | n/a |  |
|  |  |  |  | Interim therapeutic root filling - per tooth |  | $25.70 | $26.15 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 5 - Restorative Services | | |  |  |  |  |  |
|  |  |  |  | Metallic restoration - 1 surface - direct |  | $19.80 | $20.15 | n/a |  |
|  |  |  |  | Metallic restoration - 2 surface - direct |  | $23.05 | $23.45 | n/a |  |
|  |  |  |  | Metallic restoration - 3 surface - direct |  | $31.60 | $32.15 | n/a |  |
|  |  |  |  | Metallic restoration - 4 surface - direct |  | $35.35 | $35.95 | n/a |  |
|  |  |  |  | Metallic restoration - 5 surface - direct |  | $39.10 | $39.80 | n/a |  |
|  |  |  |  | Adhesive restoration - 1 surface - Anterior tooth - direct | | $21.95 | $22.35 | n/a |  |
|  |  |  |  | Adhesive restoration - 2 surface - Anterior tooth - direct | | $26.80 | $27.25 | n/a |  |
|  |  |  |  | Adhesive restoration - 3 surface - Anterior tooth - direct | | $33.20 | $33.80 | n/a |  |
|  |  |  |  | Adhesive restoration - 4 surface - Anterior tooth - direct | | $37.00 | $37.65 | n/a |  |
|  |  |  |  | Adhesive restoration - 5 surface - Anterior tooth - direct | | $42.35 | $43.10 | n/a |  |
|  |  |  |  | Adhesive restoration - 1 surface Posterior tooth - direct | | $23.05 | $23.45 | n/a |  |
|  |  |  |  | Adhesive restoration - 2 surface Posterior tooth - direct | | $32.70 | $33.25 | n/a |  |
|  |  |  |  | Adhesive restoration - 3 surface Posterior tooth - direct | | $37.55 | $38.20 | n/a |  |
|  |  |  |  | Adhesive restoration - 4 surface Posterior tooth - direct | | $43.40 | $44.15 | n/a |  |
|  |  |  |  | Adhesive restoration - 5 surface Posterior tooth - direct | | $49.85 | $50.70 | n/a |  |
|  |  |  |  | Provisional (Intermediate / temporary) restoration |  | $9.10 | $9.25 | n/a |  |
|  |  |  |  | Metal band |  | $7.50 | $7.65 | n/a |  |
|  |  |  |  | Pin restoration -per pin |  | $5.90 | $6.00 | n/a |  |
|  |  |  |  | Stainless Steel Crown |  | $55.75 | $56.75 | n/a |  |
|  |  |  |  | Restoration of an incisal corner - per corner |  | $5.90 | $6.00 | n/a |  |
|  |  |  |  | Removal of inlay/onlay |  | $18.75 | $19.10 | n/a |  |
|  |  |  |  | Recementing onlay/inlay |  | $16.05 | $16.35 | n/a |  |
|  |  |  |  | Post - direct |  | $27.85 | $28.35 | n/a |  |
|  |  |  |  | Adhesive restoration - veneer - anterior - direct |  | $24.60 | $25.05 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 6 - Crown and Bridge | | |  |  |  |  |  |
|  |  |  |  | Provisional Crown |  | $30.55 | $31.10 | n/a |  |
|  |  |  |  | Recrement Crown or veneer |  | $17.15 | $17.45 | n/a |  |
|  |  |  |  | Recrement bridge or splint |  | $19.30 | $19.65 | n/a |  |
|  |  |  |  | Removal of crown |  | $13.35 | $13.60 | n/a |  |
|  |  |  |  | Removal of bridge or splint |  | $35.35 | $35.95 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 7 - Prosthodontics | | |  |  |  |  |  |
|  |  |  |  | Full Maxillary denture |  | $145.20 | $147.75 | n/a |  |
|  |  |  |  | Full Mandibular denture |  | $145.20 | $147.75 | n/a |  |
|  |  |  |  | Metal plate or mesh |  | $278.60 | $283.50 | n/a |  |
|  |  |  |  | Full Maxillary & Full Mandibular dentures |  | $261.50 | $266.10 | n/a |  |
|  |  |  |  | Partial Max Denture - resin base |  | $117.85 | $119.90 | n/a |  |
|  |  |  |  | Partial Mand Denture - resin base |  | $117.85 | $119.90 | n/a |  |
|  |  |  |  | Partial Max Denture - cast CO/CR base |  | $413.15 | $420.40 | n/a |  |
|  |  |  |  | Partial Mand Denture - cast CO/CR base |  | $413.15 | $420.40 | n/a |  |
|  |  |  |  | Resilient Lining in addit'n to new denture |  | $32.15 | $32.70 | n/a |  |
|  |  |  |  | Wrought Bar |  | $34.25 | $34.85 | n/a |  |
|  |  |  |  | Metal Backing - per backing |  | $32.15 | $32.70 | n/a |  |
|  |  |  |  | Denture Adjustment (not new) |  | $45.05 | $45.85 | n/a |  |
|  |  |  |  | Reline -Complete denture |  | $58.40 | $59.40 | n/a |  |
|  |  |  |  | Reline -Part denture |  | $45.05 | $45.85 | n/a |  |
|  |  |  |  | Remodel - complete denture |  | $107.15 | $109.05 | n/a |  |
|  |  |  |  | Remodel - Partial denture |  | $84.10 | $85.55 | n/a |  |
|  |  |  |  | Clean and polish of pre-existing denture |  | $45.05 | $45.85 | n/a |  |
|  |  |  |  | Denture base modification |  | $54.65 | $55.60 | n/a |  |
|  |  |  |  | Repair to metal casting: one point |  | $136.65 | $139.05 | n/a |  |
|  |  |  |  | Tissue conditioning preparatory to impressions - per application | | $12.85 | $13.05 | n/a |  |
|  |  |  |  | Identification |  | $6.45 | $6.55 | n/a |  |
|  |  |  |  | Obturator |  | $144.85 | $147.40 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group 9 - General Services | | |  |  |  |  |  |
|  |  |  |  | Palliative care |  | $9.10 | $9.25 | n/a |  |
|  |  |  |  | Travel to provide service |  | $14.50 | $14.75 | n/a |  |
|  |  |  |  | Provision of medication/ medicaments |  | $5.40 | $5.50 | n/a |  |
|  |  |  |  | Local anaesthesia (diagnosis or pain relief) |  | $3.75 | $3.80 | n/a |  |
|  |  |  |  | Minor Occlusal adjustment |  | $12.35 | $12.55 | n/a |  |
|  |  |  |  | Occlusal splint |  | $98.60 | $100.35 | n/a |  |
|  |  |  |  | Adjust occlusal splint |  | $15.50 | $15.75 | n/a |  |
|  |  |  |  | Repair/addition - occlusal splint |  | $56.75 | $57.75 | n/a |  |
|  |  |  |  | Splinting and stabilization - direct - per tooth |  | $18.75 | $19.10 | n/a |  |
|  |  |  |  | Post-operative care not elsewhere included |  | $14.50 | $14.75 | n/a |  |
|  |  |  |  | Treatment not otherwise included |  | $9.10 | $9.25 | n/a |  |
|  |  |  |  | Sedation/Inhalation per appointment |  | $5.35 | $5.45 | n/a |  |
|  |  |  |  | Precision or Magnetic Denture Attachment |  | $180.00 | $183.15 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group A - Child & Youth Dental | | |  |  |  |  |  |
|  |  |  |  | Standard Fee per course of care |  | $69.10 | $70.30 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Group B - Child and Youth Extra Fee Services | | |  |  |  |  |  |
|  |  |  |  | Passive/Active removable appliance - one arch |  | $67.45 | $68.65 | n/a |  |
|  |  |  |  | Functional orthopaedic appliance |  | $54.10 | $55.05 | n/a |  |
|  |  |  |  | Passive fixed appliance |  | $43.40 | $44.15 | n/a |  |
|  |  |  |  | Extra-oral appliance |  | $174.10 | $177.15 | n/a |  |
|  |  |  |  | Repair removable appliance |  | $16.05 | $16.35 | n/a |  |
|  |  |  |  | Repair removable appliance - clasp, spring or tooth | | $15.50 | $15.75 | n/a |  |
|  |  |  |  | additional to removable appliance |  | $16.05 | $16.35 | n/a |  |
|  |  |  |  | Relining removable appliance |  | $26.80 | $27.25 | n/a |  |
|  |  |  |  | Occlusal splint |  | $54.10 | $55.05 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| Q | Medical Imaging Services | | | |  |  |  |  |  |
|  |  | 1 | Services to patients - Copies of Images to patients/solicitors/coroner/police/insurers etc. | | | |  |  |  |
|  |  |  | a | Service Fee | per order processed | $38.55 | $39.20 | $43.12 |  |
|  |  |  | b | Research MRI - Non funded pilot project | each | $222.90 | $226.80 | n/a |  |
|  |  |  | c | Research MRI - Funded project without radiologist input | each | $307.55 | $312.95 | n/a |  |
|  |  |  | d | Research MRI - PPTF Funded project without Radiologist input | each | $251.80 | $256.20 | n/a |  |
|  |  |  | e | Research MRI - PPTF Funded project with Radiologist input | each | $391.10 | $397.95 | n/a |  |
|  |  |  | f | Coroners Fee | each | $218.65 | $222.50 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 2 | Radiographer services to external agencies | |  |  |  |  |  |
|  |  |  | a | Monday to Friday | per hour | $177.90 | $181.00 | $199.10 |  |
|  |  |  | b | Saturday and Sunday | per hour | $195.00 | $198.40 | $218.24 |  |
|  |  |  | c | Public Holidays | per hour | $259.35 | $263.90 | $290.29 |  |
|  |  |  | e | Additional image processing/reconstruction | per occasion of service | $62.15 | $63.25 | $69.58 |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 3 | Non-rebatable services to outpatients | |  |  |  |  |  |
|  |  |  | a | MRI | per scan | $415.80 | $423.10 | n/a |  |
|  |  |  | b | MRI - Breast | per scan | $583.00 | $593.20 | n/a |  |
|  |  |  | c | MRI - Breast Core Biopsy | per session | $452.20 | $460.10 | n/a |  |
|  |  |  | d | Non-rebateable Sedation in MRI | each | $62.15 | $63.25 | n/a |  |
|  |  |  | e | Non-rebateable Contrast in MRI | each | $62.15 | $63.25 | n/a |  |
|  |  |  | f | Positron Emission Tomography Scan | per scan | $402.90 | $409.95 | n/a |  |
|  |  |  | g | Non-rebatable CT Colonography | each | $836.90 | $851.55 | n/a |  |
|  |  |  | h | Non-rebatable Bone Density Scan (DEXA) | each | $128.55 | $130.80 | n/a |  |
|  |  |  | i | Non-Rebateable Cardiac CT | per scan | $510.00 | $518.95 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| R | Pain Management Service | | | |  |  |  |  |  |
|  |  | 1 | Multidisciplinary Assessment | | per assessment | $1,386.70 | $1,410.95 | n/a |  |
|  |  | 2 | Cognitive Behaviour Therapy program (2 week program) | | per program | $5,889.75 | $5,992.80 | n/a |  |
|  |  | 3 | One-day Education Program for Chronic Pain (JUMP) | | per program | $589.40 | $599.70 | n/a |  |
|  |  | 4 | Psychology |  |  |  |  |  |  |
|  |  |  | a | Psychology Assessment | per assessment | $427.55 | $435.05 | n/a |  |
|  |  |  | b | Group Psychology Session | per session | $118.95 | $121.05 | n/a |  |
|  |  | 5 | Medical Assessment and Follow-ups | |  |  |  |  |  |
|  |  |  | a | First Visit | per visit | $341.80 | $347.80 | n/a |  |
|  |  |  | b | Second & Subsequent Visits | per visit | $157.50 | $160.25 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| S | Rehabilitation, Aged & Community Care | | | |  |  |  |  |  |
|  |  | 1 | RACS Nursing and Allied Health | |  |  |  |  |  |
|  |  |  | a | Allied Health Staff | per hour | $167.70 | $170.65 | $187.72 |  |
|  |  |  | b | Seating Technician (Non manufacture) | per hour | $151.30 | $153.95 | n/a |  |
|  |  |  | c | Nursing Staff | per hour | $89.75 | $91.30 | n/a |  |
|  |  |  | d | Education and/or Training (for student groups, private and public sector staff groups) - Business Hours | per hour | $167.70 | $170.65 | $187.72 |  |
|  |  |  | f | Maintenance Exercise Therapy Session | per session | $8.55 | $8.70 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 2 | Clinical Technology Service Workshop | |  |  |  |  |  |
|  |  |  | a | Rehabilitation aids maintenance and repair | per hour | $151.30 | $153.95 | n/a |  |
|  |  |  | b | Equipment componentry manufacture | per hour | $151.30 | $153.95 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 4 | Prosthetic and Orthotic Services | |  |  |  |  |  |
|  |  |  | a | New prosthesis for compensable and private clients - labour | per hour | $167.70 | $170.65 | n/a |  |
|  |  |  | c | Repair prosthesis for compensable and private clients- labour | per hour | $151.30 | $153.95 | n/a |  |
|  |  |  | i | New orthoses | per hour | $167.70 | $170.65 | n/a |  |
|  |  |  | j | Repairs to Orthoses | per hour | $151.30 | $153.95 | n/a |  |
|  |  |  | k | Orthotics assessments for private and compensable clients | per hour | $167.70 | $170.65 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 5 | Driver Rehabilitation Service | |  |  |  |  |  |
|  |  |  | Non Compensable Patients | |  |  |  |  |  |
|  |  |  | a | Initial Assessment and Report by Occupational Therapist | per assessment | $635.45 | $646.55 | n/a |  |
|  |  |  | b | Initial Assessment by Driving Instructor | per assessment | $257.20 | $261.70 | $287.87 |  |
|  |  |  | c | Joint Assessment and Report by Occupational Therapist and Driving Instructor | per assessment | $588.25 | $598.55 | $658.41 |  |
|  |  |  | d | Re-Assessment by Occupational Therapist | per assessment | $156.45 | $159.20 | n/a |  |
|  |  |  | e | Lesson | per lesson | $135.05 | $137.40 | $151.14 |  |
|  |  |  | Compensable Patients | |  |  |  |  |  |
|  |  |  | f | Initial Assessment and Report by Occupational Therapist | per assessment | $872.30 | $887.55 | n/a |  |
|  |  |  | g | Re-Assessment by Occupational Therapist | per assessment | $378.25 | $384.85 | n/a |  |
|  |  |  | h | Lesson | per lesson | $135.05 | $137.40 | $151.14 |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 6 | Specialised Wheelchair and Posture Seating (SWAPS) | |  |  |  |  |  |
|  |  |  | a | For compensable and private clients: |  |  |  |  |  |
|  |  |  |  | i) Seating Therapist | per hour | $167.70 | $170.65 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| T | Health Protection Services | | | |  |  |  |  |  |
|  |  | 1 | Scientific Services | |  |  |  |  |  |
|  |  |  | a | Other than the ACT Coroner's Office | per hour | $201.45 | $205.00 | $225.50 |  |
|  |  |  | b | ACT Coroner's Office (Justice and Community Safety Directorate) | per matter | $1,280.60 | $1,303.00 | $1,433.30 |  |
|  |  |  | c | Asbestos Id single sample | per matter | $96.36 | $98.18 | $108.00 |  |
|  |  |  | d | Asbestos Id additional samples | per matter | $57.27 | $58.18 | $64.00 |  |
|  |  |  | e | Regular client Asbestos Fibre Count per Filter Counted | per matter | $116.36 | $118.18 | $130.00 |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 2 | Other |  |  |  |  |  |  |
|  |  |  | a | Consultation - Business hours | per hour | $142.50 | $145.00 | $159.50 |  |
|  |  |  | b | Consultation - After hours | per hour | $174.70 | $177.75 | $195.53 |  |
|  |  |  | c | Exhumations | per matter | $502.55 | $511.35 | $562.49 |  |

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|  |  |  |  |  |  |  | **ATTACHMENT B** | |
| **1 JULY 2021 - ANNUAL REVIEW OF FEES & CHARGES** | | | | | | | | |
| **ITEMS INCREASING BY INDEXATION RATES ADVISED BY THE COMMONWEALTH** | | | | | | | | |
| **Item** | | | |  | **Frequency** | **2020-21 Charge  ex. GST** | **2021-22 Charge  ex. GST** | **2021-22 Charge  inc. GST** |
|  |
|  |  |  |  |  |  |  |  |  |  |
| A | Hospital Accommodation Fees - Standard Patients | | | |  |  |  |  |  |
|  | 1 | a | In multiple-bed room | | per day | $370.00 | $374.00 | n/a |  |
|  |  | b | In single room not at patients request | | per day | $370.00 | $374.00 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| B | Hospital Accommodation Fees - Day Care Patients | | | |  |  |  |  |  |
|  |  | a | Type B |  | per day | $268.00 | $271.00 | n/a |  |
|  |  | b | Local anaesthetic, no sedation - < 1 hour | | per day | $300.00 | $303.00 | n/a |  |
|  |  | c | General or regional anaesthetic/intravenous sedation - < 1 hour | | per day | $329.00 | $333.00 | n/a |  |
|  |  | d | General or regional anaesthetic/intravenous sedation - > 1 hour | | per day | $370.00 | $374.00 | n/a |  |
|  |  |  |  |  |  |  |  |  |  |
| C | Hospital Accommodation Fees - Nursing Home Type Patients | | | |  |  |  |  |  |
|  |  | 1 | Hospital patient | | per day | $62.50 | $63.05 | n/a |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | **ATTACHMENT C** | |
| **1 JULY 2021 - ANNUAL REVIEW OF FEES & CHARGES** | | | | | | | | |
| **OTHER FEE CHANGES** | | | | | | | | |
| **Item** | | | |  | **Frequency** | **2020-21 Charge  ex. GST** | **2021-22 Charge  ex. GST** | **2021-22 Charge  inc. GST** |
|  |
|  |  |  |  |  |  |  |  |  |  |
| **Previous Fees** | | | |  |  |  |  |  |  |
| E | Other Accommodation | | | |  |  |  |  |  |
|  |  | 1 | In Residences - Patients | |  |  |  |  |  |
|  |  |  | a | Room Only (single) | per day | $46.10 |  |  |  |
|  |  |  | b | Room Only (Double) | per day | $64.30 |  |  |  |
|  |  | 2 | In Residences - Non Patients | |  |  |  |  |  |
|  |  |  | a | Room Only (single) | per day | $41.90 |  |  |  |
|  |  |  | b | Room Only (Double) | per day | $58.45 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **New Fees** | | |  |  |  |  |  |  |  |
| E | Other Accommodation | | | |  |  |  |  |  |
|  |  | 1 | In Residences - Patients - First 7 Days within a Financial Year | |  |  |  |  |  |
|  |  |  | a | Room Only (Single) | per day |  | $43.00 | n/a |  |
|  |  |  | b | Room Only (Double) | per day |  | $60.00 | n/a |  |
|  |  | 2 | In Residences - Patients - 8+ Days within a Financial Year | |  |  |  |  |  |
|  |  |  | a | Room Only (Single) | per day |  | $65.00 | n/a |  |
|  |  |  | b | Room Only (Double) | per day |  | $85.00 | n/a |  |
|  |  | 3 | In Residences - Non Patients - First 7 Days within a Financial Year | |  |  |  |  |  |
|  |  |  | a | Room Only (Single) | per day |  | $39.09 | $43.00 |  |
|  |  |  | b | Room Only (Double) | per day |  | $54.55 | $60.00 |  |
|  |  | 4 | In Residences - Non Patients - 8+ Days within a Financial Year | |  |  |  |  |  |
|  |  |  | a | Room Only (Single) | per day |  | $59.09 | $65.00 |  |
|  |  |  | b | Room Only (Double) | per day |  | $77.27 | $85.00 |  |

|  |  |  |  |  |  | **ATTACHMENT D** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1 JULY 2021 - ANNUAL REVIEW OF FEES & CHARGES** | | | | | | | |
| **DELETED FEES** | | | | | | | |
| **Item** | | | |  | **2020-21 Charge  ex. GST** | **2021-22 Charge  ex. GST** | **2021-22 Charge  inc. GST** |
|  |
|  |  |  |  |  |  |  |  |  |
| D | Hostel Fees | | |  |  |  |  |  |
|  |  | 1 | Hostel Accommodation Fees | | $48.00 | n/a | n/a |  |
|  |  |  |  |  |  |  |  |  |
| K | Staff Vaccinations for Private Purposes | | | |  |  |  |  |
|  |  | All vaccinations attract a service fee plus the following vaccine cost - | | |  |  |  |  |
|  |  | 1 |  | Service Fee | $15.95 | n/a | n/a |  |
|  |  | 2 |  | Vaccinations |  |  |  |  |
|  |  |  | a | ADT | $15.50 | n/a | n/a |  |
|  |  |  | b | Flu | $19.70 | n/a | n/a |  |
|  |  |  | c | Hepatitis A | $80.95 | n/a | n/a |  |
|  |  |  | d | Hepatitis B | $25.80 | n/a | n/a |  |
|  |  |  | e | Hepatitis A & B | $71.25 | n/a | n/a |  |
|  |  |  | f | MMR | $35.05 | n/a | n/a |  |
|  |  |  | g | Meningococcal C | $88.40 | n/a | n/a |  |
|  |  |  | h | Meningococcal A, C, W, Y | $48.65 | n/a | n/a |  |
|  |  |  | I | Rabies | $130.75 | n/a | n/a |  |
|  |  |  | j | Pertussis (Whooping Cough) | $41.90 | n/a | n/a |  |
|  |  |  | k | Typhoid | $48.65 | n/a | n/a |  |
|  |  |  | l | Varicella (Chicken Pox) | $75.00 | n/a | n/a |  |
|  |  |  | m | Cholera | $64.40 | n/a | n/a |  |
|  |  |  | n | Hepatitis A & Typhoid | $147.15 | n/a | n/a |  |
|  |  |  | o | Japanese Encephalitis | $412.30 | n/a | n/a |  |
|  |  |  | p | Yellow Fever | $64.40 | n/a | n/a |  |
|  |  |  |  |  |  |  |  |  |
| N | Surgical Prostheses | | | |  |  |  |  |
|  |  | 1 | Non-eligible (without insurance), self-insured and Compensable patients | | At cost | n/a | n/a |  |
|  |  |  |  |  |  |  |  |  |
| U | Acute Support Fees (Note: This is now section K) | | | |  |  |  |  |
|  |  | 2 | Acute Support and Other Medical Services | |  |  |  |  |
|  |  |  | j | Tubular Bandage | At cost + 15% | n/a | n/a |  |
|  |  |  | k | Resistance Band | At cost + 15% | n/a | n/a |  |
|  |  |  | l | Exercise Putty "Theraputty" | At cost + 15% | n/a | n/a |  |
|  |  |  | m | Sportstape | At cost + 15% | n/a | n/a |  |
|  |  |  | n | Undertape | At cost + 15% | n/a | n/a |  |
|  |  |  | o | Nebuliser | At cost + 15% | n/a | n/a |  |
|  |  |  | p | Recognise Flash Cards | At cost + 15% | n/a | n/a |  |
|  |  |  | q | Mirror Box | At cost + 15% | n/a | n/a |  |
|  |  |  | r | Positive Expiratory Pressure (PEP) Device | At cost + 15% | n/a | n/a |  |
|  |  |  | s | Ankle Foot Orthosis | At cost + 15% | n/a | n/a |  |
|  |  |  | t | Formfit night ankle and foot resting splint | At cost + 15% | n/a | n/a |  |
|  |  |  | u | Limited motion brace (knee) | At cost + 15% | n/a | n/a |  |
|  |  |  | v | Limited motion brace (elbow) | At cost + 15% | n/a | n/a |  |
|  |  |  | w | Limited motion brace replacement foam | At cost + 15% | n/a | n/a |  |
|  |  |  | x | Orthotics | At cost + 15% | n/a | n/a |  |
|  |  |  | y | Collar Cervical Rigid | At cost + 15% | n/a | n/a |  |
|  |  |  | z | Collar Cervical Rigid (Miami J) Liner | At cost + 15% | n/a | n/a |  |
|  |  |  | aa | Wrist Splint Rigid | At cost + 15% | n/a | n/a |  |
|  |  |  | ab | Wrist Splint Elastic | At cost + 15% | n/a | n/a |  |
|  |  |  | ac | Wrist Widget wrist stabilisation splint | At cost + 15% | n/a | n/a |  |
|  |  |  | ad | Neoprene Thumb Splints | At cost + 15% | n/a | n/a |  |
|  |  |  | ae | Foam Blocks | At cost + 15% | n/a | n/a |  |
|  |  |  | af | Coban Small | At cost + 15% | n/a | n/a |  |
|  |  |  | ag | Coban Large | At cost + 15% | n/a | n/a |  |
|  |  |  | ah | Pressure Garment - ready made | At cost + 15% | n/a | n/a |  |
|  |  |  | ai | Pressure Garment - made to measure | At cost + 15% | n/a | n/a |  |
|  |  |  | al | Simple Splints | At cost + 15% | n/a | n/a |  |
|  |  |  | am | Complex Splints | At cost + 15% | n/a | n/a |  |
|  |  |  | ap | sacro iliac supports | At cost + 15% | n/a | n/a |  |
|  |  |  | as | Semi-rigid pre-fabricated wrist/thumb splint | At cost + 15% | n/a | n/a |  |
|  |  |  | at | Pre-fabricated finger splint | At cost + 15% | n/a | n/a |  |
|  |  |  | au | Silicone scar products (sheets, moulds, gels, silicone-lined products) | At cost + 15% | n/a | n/a |  |
|  |  |  | av | Pavlik Harness | At cost + 15% | n/a | n/a |  |
|  |  |  | aw | Paediatric Rhino Brace | At cost + 15% | n/a | n/a |  |
|  |  |  | ax | Correction Hip Abduction Brace (Paediatric) | At cost + 15% | n/a | n/a |  |
|  |  |  | ay | Thermoplastic Humeral Braces | At cost + 15% | n/a | n/a |  |
|  |  |  | az | Mitchell Boots for CTEV | At cost + 15% | n/a | n/a |  |
|  |  |  | ba | Inspiratory Muscle Trainer | At cost + 15% | n/a | n/a |  |
|  |  |  | bb | Therabubble (bubble PEP device) | At cost + 15% | n/a | n/a |  |
|  |  |  | bc | "Medifix" Garment Glue | At cost + 15% | n/a | n/a |  |
|  |  |  | bd | Mini-massager (hand therapy scar management) | At cost + 15% | n/a | n/a |  |
|  |  |  | be | Aircast Boot | At cost + 15% | n/a | n/a |  |
|  |  |  | bf | Camboot | At cost + 15% | n/a | n/a |  |
|  |  |  | bg | Zimmer Splint | At cost + 15% | n/a | n/a |  |
|  |  |  | bh | Shoulder Pulley | At cost + 15% | n/a | n/a |  |
|  |  | 3 | Allied Health | |  |  |  |  |
|  |  |  | Compensable non-inpatients and non-eligible clients: | |  |  |  |  |
|  |  |  | d | Shoulder Pulley | At cost + 15% | n/a | n/a |  |
|  |  |  |  |  |  |  |  |  |
| V | Health Policy and Research | | | |  |  |  |  |
|  |  | 1 | Student Clinical Placement cancellation fee | | $63.75 | n/a | n/a |  |