EXPLANATORY STATEMENT

AUSTRALIAN CAPITAL TERRITORY

HEALTH AND COMMUNITY CARE SERVICES ACT 1996

DETERMINATION OF FEES AND CHARGES

INSTRUMENT NO. 118 OF 1999

Under Section 32 of the *Health and Community Care Services Act 1996*, the Minister may, by notice in the *Gazette*, determine the fees and charges for or in connection with the provision of health and community care services.

This Determination of Fees and Charges revokes and replaces the Determination of Fees and Charges No. 249 of 1998, dated 17 November 1998, and notified in Gazette No. 47 on 25 November 1998.

The Determination comes into effect on 1 July 1999, and reproduces Determination No. 249 of 1998 except for:

- Hospital accommodation fees Ala-b which have increased in line with fees set by the Commonwealth Department of Health and Aged Care;
- Hospital accommodation fees A1c, A2 and B which increase in line with the CPI movement for Australia of 1.2% (March 1998-99 quarter);
- Services for fees E, H-M1, M3-N, P-Q & T-X which have been increased by 2.5%, in line with estimated CPI movements for the ACT for 1999-2000;
- fees for Nursing Home Type Patients (C), Hostel Fees (D) and Disability Services (S1-2) which have been increased in line with the Department of Social Security pension rates;
- Dental Service Fees (O) which have increased in line with the Department of Veteran's Affairs (DVA) Dental Service Fees schedule;
- Magnetic Resonance Imaging (R) which have been set in line with the Medicare Benefits Schedule;
- Items M2 (Health records required to be produced by subpoena) which are set in line with fees charged in New South Wales;
- Items T (Nursing Lectures) and V (Infection Control Manual) which have been incorporated into item X (ACT Community Care);
- Fees previously lettered T to Z which have been re-lettered following the removal of Nursing Lectures and Infection Control Manual (previously T & V); and

• The date of effect.

All these increases are set-out in Attachment A where Old Charge represents the fee before 1 July 1999 and New Charge represents the fee effective from 1 July 1999;

Dated this sixteenth day of June 1999

MICHAEL MOORE Minister for Health and Community Care

Attachment A

Item		Old Charge	New Charge	
		6 -	g -	
A Hospital Accommodation Fees - Standard Patients				
1 a In multiple-bed room		\$213.00	\$216.00	
b In single room not at patients request		\$213.00	\$216.00	
c In single room at patients request		\$369.00	\$373.00	
2 Compensable/Non-eligible	per day	\$656.00	\$664.00	
B Hospital Accommodation Fees - Day Care Patients				
1 Type B	per day	\$153.00	\$155.00	
2 Local anaesthetic, no sedation - < 1 hour		\$173.00	\$175.00	
3 General or regional anaesthetic/intravenous sedation - < 1 hour		\$192.00	\$194.00	
4 General or regional anaesthetic/intravenous sedation - > 1 hour	per day	\$213.00	\$216.00	
C Hospital Accommodation Fees - Nursing Home Type Patients				
1 Over 16:				
a Hospital patient	per day	\$27.05	\$27.35	
b Private patient	per day		\$99.30	
2 Under 16:				
a Hospital patient	per day	Nil	Nil	
b Private patient	per day		\$71.95	
D Hostel Fee				
1 Hostel Accommodation Fees	per day	\$20.60	\$20.85	
1 Hoster Accommodation Lees	per day	\$20.00	\$20.63	
E Accommodation where the person is other than a patient				
1 On wards	per day	\$5.60	\$5.70	
2 In residences				
a One person	per day	\$22.40	\$23.00	
b Two people	per day	\$28.00	\$28.70	
c Additional children	per day	\$5.60	\$5.70	
3 In residences - Pensioner or health care card holder				
a One person	per day		\$11.50	
b Two people	per day		\$14.20	
c Additional children	per day	\$2.70	\$2.80	
4 VIP Flat				
a Single room	per day	\$28.00	\$28.70	
5 Flats				
a One bedroom	per week		\$123.60	
b Two bedroom	per week	\$134.10	\$137.50	
6 Cottages				
a Three bedroom	per week		\$206.10	
b Four bedroom	per week	\$223.50	\$229.10	
H Outpatient Service Fee				
1 First visit	per service	\$115.00	\$118.00	
2 second & subsequent visits	per service	\$76.00	\$78.00	
I Physiotherapy & Occupational Therapy				
First & subsequent consultation		\$76.00	\$78.00	
··		4.0.00	Ψ,0.00	

I Dotient's	s Parsonnal Laundry			
	s Personnel Laundry ttients at Nursing Homes	per day	\$1.21	\$1.24
1 6	utches at indising fromes	per day	Ψ1. 2 1	\$1,24
K Mass V	accinations			
		er vaccine	\$60.00	\$62.00
		per vaccine	\$18.00	\$18.00
		er vaccine	\$20.00	\$21.00
	Other (Adult Diphtheria Tetanus, Measles Mumps		•	*
		er vaccine	\$10.00	\$10.00
L Facilitie	es Hire			
U	se of Accommodation Facilities at The Canberra Hospital			
	Use of theatre (after hours)	per hour	\$113.00	\$116.00
Fa	ncility Hire - ACT Community Care			
	Conference, Meeting and Group Rooms			
	Commercial Use			
	- Non-Health Related	per hour	\$21.90	\$22.40
	- Sessional Health Related	per hour	\$15.30	\$15.70
	Community Use	•		
	- Non-Health Related	per hour	\$15.30	\$15.70
	- Health Related	per hour		\$11.50
	Theatreete (Moore Street Building)	per hour		\$66.80
	-	_		
M Medica	l Records and Health Reports			
1	Medical Practitioner Reports			
	a No further examination of the patient		\$150.00	\$154.00
	b As "a" by practitioner who has not previously treated patient		\$175.00	\$179.00
	c Where a re-examination is required		\$200.00	\$205.00
	d As "c" by practitioner who has not previously treated patient		\$250.00	\$256.00
2	Health records required to be produced by subpoena			
	a Where 5 days notice is given		\$39.00	\$45.00
	b Where less than 5 days notice is given		\$59.00	\$75.00
3	Search Fees		\$30.00	\$31.00
4	Medical Records Department			
	Preparation of report as part of medico-legal responsibilities		\$100.00	\$103.00
5	Health Professional Reports			
	a No further examination of the patient		\$150.00	\$154.00
	b As "a" by practitioner who has not previously treated patient		\$175.00	\$179.00
	c Where a re-examination is required		\$200.00	\$205.00
	d As "c" by practitioner who has not previously treated patient		\$250.00	\$256.00
6	Clinical Notes provided to patient's solicitor		\$110.00	\$113.00
7	Clinical Notes provided to insurer		\$110.00	\$113.00
N Patholo	<u>.</u>			
C	oronial post mortems		\$184.00	\$189.00
O.D	C			
O Dental				
	roup 0: Examinations/Diagnostic		¢2.50	ድ ለ ለ ለ
011	Initial Exam (Min. \$20 for Course of Treatment)		\$3.50 \$3.50	\$4.00 \$4.00
018	Written Report	.itai \	\$3.50 \$13.50	\$4.00 \$14.00
021	Complete intraoral series of radiographs (10 films or more, including by Pay 1 film PA or PW)	nicwings)	\$13.50 \$3.50	\$14.00 \$4.00
022	X-Ray -1 film PA or BW		\$3.30 \$4.50	\$5.00 \$5.00
071	Diagnostic cast		⊅4. 30	\$3.00

C	Group 1: Preventative Services		
111	Plaque Removal	\$3.50	\$4.00
121	Fluoride - Topical	\$2.50	\$3.00
151	Mouthguard (incl model)	\$11.50	\$76.50
182	Concentrated flouride, application - single tooth	\$3.50	\$4.00
_			
	Group 2: Periodontics	#10.50	611 00
222	Root Planing & Currettage (per 8 or less teeth)	\$10.50	\$11.00
225	Non-surgical periodontal treatment not otherwise specified - per visit	\$8.00	\$8.00
231	Gingivectomy, per segment of 8 teeth or less	\$15.00	\$15.50
245	Periodontal surgery involving one tooth Papillectomy	\$9.50 \$5.50	\$10.00
246	Papillectomy	\$5.50	\$6.00
	Group 3: Oral Surgery		
311	Extraction - perm tooth	\$9.50	\$10.00
316	Extraction - Additional tooth near 311/313/316	\$6.00	\$6.50
317a	Remove teeth Gen. Anaes up to 4 teeth	\$24.00	\$24.50
317b		\$30.00	\$30.50
321	Surgical Extraction-Erupted	\$16.50	\$17.00
322	Surgical removal of unerupted or partly erupted tooth, not requiring removal of bone or tooth division	\$16.50	\$17.00
323	Surgical removal of unerupted or partly erupted tooth, requiring removal	\$20.50	\$21.00
324	of bone or tooth division Surgical removal of unerupted or partly erupted tooth, both remove bone	\$25.50	\$26.00
	and tooth division	\$20.00	\$20.00
334	Excision of torus or exostosis	\$29.50	\$30.00
337	Reduction of fibrous tuberosity	\$35.00	\$35.50
338	Reduction of flabby ridge per segment	\$12.50	\$13.00
376	Surgery to salivary gland	\$48.00	\$49.00
377	Removal or repair of soft tissue (not elsewhere defined)	\$44.00	\$45.00
378	Surgical removal of foreign body	\$30.00	\$9.00
387	Replantation of tooth	\$15.50	\$30.50
391	Frenectomy	\$12.50	\$13.00
392	Incis drain abcess/cyst	\$6.50	\$7.00
C	Group 4: Endodontics		
411	Pulp cap -direct	\$2.50	\$3.00
431	Periapical curettage	\$30.50	\$31.00
432	Apicectomy 1 root	\$52.50	\$53.00
434	Retrograde Rt Fil 1 root	\$40.50	\$41.00
436	Sealing of perforation	\$40.50	\$41.00
437	Treatment of external root resorption and repair	\$40.50	\$41.00
441	Bleaching Non-vital (complete tmt)	\$14.00	\$14.50
445	Explore blocked rt. canal	\$16.00	\$16.50
451	Removal of root filling, per canal	\$16.00	\$16.50
C	Group 5: Restorative Services		
512	Amalgam - 2S -Perm	\$10.00	\$10.50
515	Amalgam - 2S -Perm deciduous tooth	\$10.00	\$10.50
521	G.I.C 1S	\$8.50	\$9.00
523	G.I.C 3+S	\$10.00	\$10.50
532	Comp resin 2S -Posterior	\$12.50	\$13.00
538	Comp resin 2S -Anterior	\$11.50	\$12.00
539	Comp resin 3+S -Anterior	\$13.00	\$13.50

571	Recement inlay	\$6.00	\$6.50
597	POST - cast, wrought or preformed	\$9.00	\$9.50
598	Complex crown - Amalgam	\$16.50	\$17.00
599	Complex crown - Comp resin	\$18.00	\$18.50
G	roup 6: Crown and Bridge		
611	Resin Jacket crown	\$72.50	\$73.50
619	Cast gold crown with facing	\$105.00	\$106.50
655	Removal of crown	\$10.00	\$10.50
656	Removal of bridge or splint	\$10.00	\$10.50
0	To December desertion		
711	roup 7: Prosthodontics Full upper denture	\$57.00	\$58.00
711	Full lower denture	\$57.00 \$57.00	\$58.00 \$58.00
	Metal palate or plate (additional to items 711, 712, 719)	\$154.26	\$154.00
	Mesh only	\$134.26	\$127.00
719	FU & FL dentures	\$97.50	\$99.00
	Part max. denture -acrylic	\$26.00	\$26.50
	Partial max. denture - acrylic base, two teeth, insert appliance	\$29.50	\$30.00
	Partial max denture - acrylic base, two teeth, insert appliance	\$29.50 \$34.50	\$35.00
	Partial max denture - acrylic base, four teeth, insert appliance	\$34.30 \$39.00	\$39.50
	Partial max denture - acrylic base, five to nine teeth inclusive, insert appliance	\$39.00 \$47.00	\$48.00
	Partial max.denture - acrylic base, the to time teeth inclusive, insert appliance	\$53.00	\$54.00
	Part mand denture - acrylic	\$26.00	\$26.50
	Partial mand denture - acrylic base, two teeth, insert appliance	\$29.50	\$30.00
	Partial mand denture - acrylic base, two teeth, insert appliance	\$29.50 \$34.50	\$35.00
	Partial mand denture - acrylic base, four teeth, insert appliance	\$39.00	\$39.50
	Partial mand denture - acrylic base, five to nine teeth inclusive, insert appliance	\$47.00	\$48.00
	Partial mand denture - acrylic base, five to fine teem inclusive, insert appliance	\$53.00	\$54.00
	Part max denture - CO/CR	\$42.50	\$43.00
	Partial max denture - cost cobalt chromium base, two teeth, insert appliance	\$49.50	\$50.00
	Partial max denture - cast cobalt chromium base, two teeth, insert appliance	\$56.50	\$50.00 \$57.00
	Partial max denture - cast cobalt chromium base, four teeth, insert appliance	\$59.00	\$60.00
	Partial max denture - cast cobalt chromium base, four teeth, insert apphanice	\$72.00	\$73.00
1210	insert appliance	\$72.00	\$75.00
727f	Partial max denture - cast cobalt chromium base, ten to twelve teeth inclusive,	\$82.50	\$84.00
	insert appliance		
728a	Part mand denture - CO/CR	\$42.50	\$43.00
728b	Partial mand denture - cast cobalt chromium base, two teeth, insert appliance	\$49.50	\$50.00
728c	Partial mand denture - cast cobalt chromium base, three teeth, insert appliance	\$56.50	\$57.00
728d	Partial mand denture - cast cobalt chromium base, four teeth, insert appliance	\$59.00	\$60.00
728e	Partial mand denture - cast cobalt chromium base, five to nine teeth inclusive,	\$72.00	\$73.00
	insert appliance		****
728f	Partial mand denture - cast cobalt chromium base, ten to twelve teeth inclusive,	\$82.50	\$84.00
720	insert appliance	#140.2E	#1.C0.F0
730	Provision of casting	\$160.35	\$160.50
734	Chrome cobalt onlay/backings	\$25.00	\$25.50
736	Immed. Tooth replace per tooth	\$0.50	\$1.00
743	Reline -Complete denture	\$28.00 \$21.50	\$28.50 \$23.00
744 745	Reline -Part denture	\$21.50 \$57.00	\$22.00 \$58.00
745 746a	Remodelling complete dent {Re-arrangment of teeth}	\$57.00 \$26.00	\$58.00 \$26.50
746a 746b	, ,	\$26.00 \$29.50	\$26.50 \$30.00
7460 746c	Remodel - Partial denture - acrylic base, two teeth, insert appliance Remodel -Partial denture - acrylic base, three teeth, insert	\$29.50 \$34.50	\$35.00 \$35.00
7400	remodel -1 artial deliture - acryric base, three teem, insert	φυ τ. υ	00.00

	appliance		
746d	Remodel -Partial denture - acrylic base, four teeth, insert appliance	\$39.00	\$39.50
746e	Remodel -Part denture - acrylic base, five to nine teeth inclusive, insert	\$47.00	\$47.50
746f	Remodel - Part denture - acrylic base, ten to twelve teeth inclusive, insert	\$53.00	\$54.00
748	Rebase complete denture {New heat-cured base}	\$46.50	\$35.50
749	Resilient lining (not new)	\$28.00	\$28.50
G	roup 8: Orthodontics (When used for an Adult)		
811	Passive removable appliance - one arch	\$28.50	\$29.00
812	Passive removable appliance - two arches	\$38.00	\$38.50
821	Active removable appliance - one arch	\$49.00	\$49.50
822	Active removable appliance - two arches	\$97.50	\$99.00
823	Functional orthopaedic appliance	\$117.00	\$119.00
829	Partial banding - one arch	\$149.00	\$151.50
830	Partial banding - two arches	\$248.50	\$252.50
831	Full arch banding - one arch	\$226.00	\$229.50
834	Full arch banding - two arches	\$376.50	\$382.50
841	Fixed palatal or lingual arch appliance	\$119.50	\$121.00
843	Rapid maxillary expansion appliance	\$119.50	\$121.00
845	Space maintainer - fixed	\$40.00	\$40.50
851	Extra-oral appliance	\$159.00	\$161.50
875	Repair removable appliance	\$12.50	\$13.00
877	Orthodontic extrusion of tooth	\$89.50	\$91.00
G	roup 9: General Services		
911	Palliative emergency care	\$3.80	\$4.00
912	Sedative dressing (emerg)	\$5.00	\$5.50
931	Home visit (additional to other items)	\$5.00	\$5.50
932	Hospital visit (additional to other items)	\$5.00	\$5.50
965	Occlusal splint	\$41.50	\$42.50
981	Splinting & Stabilisation	\$16.00	\$16.50
G	roup A: Restorative Referral Scheme		
41A		\$34.00	\$34.50
42A		\$44.00	\$45.00
43A	•	\$54.50	\$55.00
51A	Simple filling, not involving proximal surface(Av 511,512,531,537 & 521)	\$9.00	\$9.50
53A	Full coverage complex restoration, including pins/ or bonding	\$16.50	\$17.00
	(598)		
C	hild and Youth Dental Annual Membership Fees		
Per Ch			
	ategory A (Full fee)	n/a	\$40.00
	ategory B (Reduced fee for families receiving more than the minimum rate of	n/a	\$20.00
	Centrelink Family Allowance payment)		
C	ategory C (No fee for children and high school aged young people under 18 years	n/a	\$0.00
	covered by concession cards)		
Maxin	num Annual Family Fee		
	ategory A (Full fee)	n/a	\$100.00
C	category B (Reduced fee for families receiving more than the minimum rate of	n/a	\$50.00
	Centrelink Family Allowance payment)		

Education programs

 a One facilitator b Two faciliators 1 Service reports supplied to insurance agents and solicitors 2 Methadone dispensed to clients on public methadone program for 6 months or more 	per hour per hour per session per week		Delete Delete \$35.00 \$15.00
Q Meals on Wheels Supplied to Red Cross for distribution	per meal	\$2.13	\$2.18
R Magntic Resonance Imaging Compensable patients, non eligible patients and research	per scan	\$475.00	MBS As per the Medicare Benefits Schedule (MBS) Book
0 D1 1 W 0 1			
S Disability Services			
Respite care services a Under 16 years	per day	\$5.60	\$5.60
b 16-17 years	per day		\$21.50
c 18-20 years	per day		\$22.80
d 21 years and over	per day		\$23.30
2 Long term accommodation fees	,,		
a Under 16 years	per fortnight	\$77.80	\$78.40
b 16-17 years	per fortnight	\$299.20	\$301.00
c 18-20 years	per fortnight	\$317.00	\$319.20
d 21 years and over	per fortnight	\$322.10	\$325.50
3 Independent Living Centre appointment fees			
a i) General pubic visit		\$5.00	\$5.00
ii) General public visit (pension, health care cardholders or stud	dents)	\$2.00	\$2.00
b Assisted appointment less than 1.5 hours		\$65.00	\$65.00
c Assisted appointment over 1.5 hours		\$97.00	\$97.00 \$26.00
d Unassisted		\$26.00 \$10.00	\$26.00 \$10.00
e Non attendance appointment f Home visits less than 1.5 hours		\$65.00	\$65.00
		\$97.00	\$97.00
g Home visits more than 1.5 hours h Second hand register (referral service)		\$77.00	\$77.00
i) for items over \$500		\$15.00	\$15.00
ii) for items under \$500		\$7.00	\$7.00
iii) for more than 1 item		\$15.00	\$15.00
i Education tours for groups			
i) General public		\$5.00	\$5.00
ii) Pension, health care cardholder or students		\$2.00	\$2.00
j Building access advisory service (including travel)		\$75.00	\$75.00
4 Integrated day service (aCe Link)		***	**
a Activities	per session	\$0.00	\$3.00
b Leapfrog Outdoor Adventure Program	nor day	\$0.00	+ consumables \$8.00
b Leaping Outdoor Adventure Flogram	per day	\$0.00	\$6.00
Nursing Lectures	per session	\$69.30	See Z4-5
T Biomedical Repairs			
Repairs on equipment and advice/training provided during:			
1 Core hours	per hour	\$85.00	\$87.00
	•		+ parts
2 After hours	per hour	\$110.00	\$113.00

Infection C	ontrol Manual			+ parts
	f manual	per manual	\$58.10	See Z6
U Radiation S	afety Section			
	ultancy fees for outside organisations	per hour	\$88.00	\$90.00
V ACT Gover	rnment Analytical Laboratory			
	T Government organisations (except Coroner's Office)	per hour	\$59.00	\$60.00
	T Coroner's Office	per matter		\$708.00
3 Oth	ner	per hour		\$92.00
W Audiomtry				
	Hearing Tests	per service	\$25.50	\$26.10
X ACT Comm	nunity Care			
	ation and/or Training			
1	Per facilitator - business hours	per hour	\$44.00	\$45.00
2	Per facilitator - after hours	per hour	\$66.00	\$70.00
Comn	nunity Health Care Program	•		
3	Chronic pain management course for compensation clients	per session	\$28.00	\$29.00
4	Nursing education - business hours	per session	n/a	\$45.00
5	Nursing education - after hours	per session	n/a	\$70.00
6	Sale of infection control manual	per manual	\$58.10	\$60.00
7	Podiatric surgery (materials)	per	\$30.00	\$31.00
		intervention		
8	Simple innersoles	per pair	\$20.00	\$21.00
-	Accommodative	per pair		\$82.00
	Rigid innersole	per pair	\$180.00	\$185.00
11	Day care meals	per meal	\$5.00	\$5.00
12	Mattress hire full	per month	\$80.00	\$80.00
13	Mattress hire pensioner	per month	\$40.00	\$40.00
14	Cushion hire	per month	\$20.00	\$20.00
15	Consultation for nurses in private hospitals	per hour	n/a	\$58.00
16	Home nursing	per hour	n/a	\$58.00
17	Consultation overseas clients	per hour	n/a	\$58.00
Womens Health Program				
18	Copies of mammograms	per set	\$25.00	\$26.00