

AUSTRALIAN CAPITAL TERRITORY

Regulations 1980 No. 13

Regulations under the *Health Commission Ordinance 1975*¹

I, MICHAEL JOHN RANDAL MACKELLAR, the Minister of State for Health, hereby make the following Regulations under the *Health Commission Ordinance 1975*.

Dated this twenty-seventh day of August 1980.

MICHAEL MACKELLAR
Minister of State for Health

AMENDMENTS OF THE HEALTH COMMISSION (CHARGES) REGULATIONS²

Interpretation

1. Regulation 2 of the Health Commission (Charges) Regulations is amended—

- (a) by inserting, before the definition of “extensive care patient”, the following definition:

“ ‘Australian resident’ means a person who is residing in Australia and includes—

- (a) a person whose domicile is in Australia, other than a person whose permanent place of abode is outside Australia; and
- (b) a person who has been in Australia, whether continuously or intermittently, during more than one-half of the year ending on the day on which the question whether he is or is not an Australian resident arises, other than a person whose usual place of abode is outside Australia;”;

- (b) by inserting, after the definition of “multiple-bed room”, the following definition:

“ ‘non-eligible person’ means a person who—

- (a) is not an Australian resident;
- (b) not being an Australian citizen, is the head of a diplomatic mission, or the head of a consular post, established in Australia;
- (c) not being an Australian citizen, is a member of the staff of a diplomatic mission, or a member of the

- consular staff of a consular post, established in Australia;
 - (d) not being an Australian citizen, is a member of the family of a person referred to in paragraph (b) or (c), being a member who forms part of the household of that person; or
 - (e) not being an Australian citizen, is employed on a full-time basis to perform domestic or other private services for a person referred to in paragraph (b), (c) or (d);” and
 - (c) by omitting the definition of “private patient” and substituting the following definition:
 - “ ‘private patient’ means—
 - (a) a patient who is a hospital insured person; or
 - (b) a patient, not being a hospital insured person, in respect of whose treatment in a hospital services are not rendered solely by, or on behalf of, the Commission,
- but does not include a non-eligible person;”.

Hospital fees

2. Regulation 3 of the Health Commission (Charges) Regulations is amended—

- (a) by omitting from sub-regulation (1) “patients to whom sub-regulation (2) applies” and substituting “patients to whom sub-regulation (2) or (3A) applies”;
- (b) by inserting in sub-regulation (3) “(not being a nursing-home type patient or a patient who is a non-eligible person)” after “patient”;
- (c) by inserting, after sub-regulation (3), the following sub-regulation:

“(3A) The prescribed charge for the purpose of sub-section 74 (2) of the Ordinance, for the accommodation in a hospital conducted by the Commission, of a patient (not being a nursing-home type patient) who is a non-eligible person is \$136 for each period of 24 hours or part of such a period during which the patient is accommodated in the hospital.”;
- (d) by omitting sub-regulation (6);
- (e) by omitting from sub-regulation (8) “A hospital insured person who is a patient at a hospital conducted by the Commission” and substituting “A patient at a hospital conducted by the Commission who is a hospital insured person or a non-eligible person”; and
- (f) by omitting from sub-regulation (10) “Where a hospital insured person who is a patient at a hospital conducted by the Commission” and substituting “Where a patient at a hospital conducted by the Commission who is a hospital insured person or a non-eligible person”.

Fees for nursing-home type patients in hospitals

3. Regulation 3AA of the Health Commission (Charges) Regulations is amended by inserting "or a non-eligible person" after "private patient" (wherever occurring).

Out-patient fees

4. Regulation 3A of the Health Commission (Charges) Regulations is amended—

- (a) by inserting in paragraph (1) (a) "(not being a non-eligible person)" after "person";
- (b) by inserting, after sub-regulation (1), the following sub-regulation:

“(1A) Where a professional service, other than a pathology service, is provided by the Commission to a non-eligible person as an out-patient at a hospital conducted by the Commission, the prescribed charge for the purpose of sub-section 74 (2) of the Ordinance for that service is \$10.”; and
- (c) by omitting from sub-regulation (2) “professional services, not being pathology services or services to which sub-regulation (1) applies,” and substituting “professional services (not being pathology services or services to which sub-regulation (1) or (1A) applies)”.

Fees for health services hostels

5. Regulation 5A of the Health Commission (Charges) Regulations is amended by omitting from sub-regulation (1) the definitions of “extended stay resident” and “short-stay resident” and substituting the following definitions:

- “‘extended-stay resident’ means a child who has been admitted to a health services hostel for continuous or intermittent accommodation at the hostel during a specific period exceeding 28 days or indefinitely;
- ‘short-stay resident’ means a child who has been admitted to a health services hostel for continuous or intermittent accommodation at the hostel during a specific period not exceeding 28 days.”.

Fees for pathology services

6. Regulation 6B of the Health Commission (Charges) Regulations is amended—

- (a) by inserting in paragraph (3) (d) “or a non-eligible person” after “private patient” (wherever occurring); and
- (b) by inserting in paragraph 3 (f) “or (2)” after “sub-regulation 3A (1)”.

Prescribed classes of persons for the purposes of sub-section 74 (3) of the Ordinance

7. Regulation 9 of the Health Commission (Charges) Regulations is amended—

- (a) by omitting from paragraph (d) of the definition of “dependant” in sub-regulation (1) “wholly or substantially dependant” and substituting “wholly or substantially dependent”;
- (b) by omitting from sub-regulation (1) the definition of “infectious disease”;
- (c) by omitting paragraph (2) (b) and substituting the following paragraph:
 - “(b) persons who are suffering from a disease specified in the definition of ‘infectious disease’ or ‘notifiable disease’ in regulation 3 of the Public Health (Infectious and Notifiable Diseases) Regulations or in the definition of ‘venereal disease’ in section 4 of the *Venereal Diseases Ordinance* 1956;”;
- (d) by omitting from paragraph (2) (g) “dependant of such persons” and substituting “dependants of such persons”.

Schedule

8. The Schedule to the Health Commission (Charges) Regulations is repealed and the schedule set out in the Schedule to these Regulations substituted.

Application

9. (1) The amendment effected by regulation 8 does not apply in relation to a dental service provided by the Commission where any act forming part of the provision of that service was done before the commencement of these Regulations.

(2) The Health Commission (Charges) Regulations, as in force immediately before the commencement of these Regulations, continue to apply in relation to a dental service provided by the Commission where any act forming part of the provision of that service was done before the commencement of these Regulations.

SCHEDULE

Regulation 8

SCHEDULE

Regulation 8

Charges for dental treatment

Column 1	Column 2
Dental service	Prescribed charge
	\$
<i>Examinations</i>	
Oral examination, not being a second or subsequent examination (not including any radiographs taken during the examination)	7.40
Second or subsequent examination (not including any radiographs taken during the examination)	6.90
Supply of a written report	3.50
<i>Radiography</i>	
Taking of up to 14 radiographs in making a complete series of periapical radiographs	44.00
Taking of each radiograph in excess of 14 in making a complete series of periapical radiographs	4.70
Single intraoral periapical or bitewing radiograph	7.60
Two intraoral periapical or bitewing radiographs taken during the 1 attendance	12.20
Each intraoral periapical or bitewing radiograph in excess of 2 taken during the 1 attendance	4.70
Single intraoral occlusal, maxillary or mandibular radiograph	12.20
Single extraoral maxillary or mandibular radiograph	17.80
Two extraoral maxillary or mandibular radiographs taken during the 1 attendance	30.00
<i>Diagnostic models</i>	
Construction of diagnostic model of upper or lower teeth	7.30
Construction of diagnostic model of upper and lower teeth	14.60
<i>Preventive services</i>	
Removal of plaque	11.00
Scaling and cleaning (including removal of plaque)	15.80
Topical application of fluoride—each application	5.40
Oral hygiene instruction where a full attendance is taken up in giving the instruction	14.60
Provision of a mouthguard where the construction of a model is necessary	30.00
Application of a desensitising agent	5.40
<i>Periodontics</i>	
Subgingival curettage (including any scaling and cleaning or oral hygiene instruction, and the provision of any medication for the condition treated) —each attendance at which the procedure is performed	15.80
Treatment of acute or chronic periodontal infection (including any scaling and cleaning or oral hygiene instruction, and the provision of any medication for the infection) —an attendance at which the procedure is performed other than a second or subsequent attendance in a single course of treatment	15.80
Treatment of acute or chronic periodontal infection (including any scaling and cleaning or oral hygiene instruction, and the provision of any medication for the infection) —each attendance at which the procedure is performed that is a second or subsequent attendance in a single course of treatment	12.00

SCHEDULE—continued

Column 1	Column 2
Dental service	Prescribed charge
	\$
<i>Oral surgery</i>	
Simple removal of 1 tooth (including local anaesthetic if administered and any routine post-operative care)	12.80
Simple removal of teeth—removal of each tooth in excess of 1 during the 1 attendance (including local anaesthetic if administered and any routine post-operative care)	8.60
Surgical removal of an erupted tooth (including local anaesthetic if administered and any routine post-operative care)	44.00
Surgical removal of a tooth with soft tissue impaction (including local anaesthetic and any routine post-operative care)	44.00
Surgical removal of a tooth with partial bone impaction (including local anaesthetic and any routine post-operative care)	53.00
Surgical removal of tooth fragment, whether involving soft tissue only or also bone (including local anaesthetic if administered and any routine post-operative care)	34.50
Attendance to give post-operative care (other than routine post-operative care) following the extraction of a tooth	12.40
Alveolotomy (not including removal of tooth)	26.00
<i>Endodontics</i>	
Pulp capping	3.50
Pulpotomy	12.40
Endodontic treatment of a tooth with 1 root canal (including bio-chemical debridement, canal obliteration and any radiographs taken, but not including restoration)	84.00
Endodontic treatment of a tooth with 2 root canals (including bio-chemical debridement, canal obliteration and any radiographs taken, but not including restoration)	95.00
<i>Restorative services</i>	
Restoration of 1 surface of a tooth, using amalgam	14.60
Restoration of 2 surfaces of a tooth, using amalgam	17.60
Restoration of 3 or more surfaces of a tooth, using amalgam	23.50
Restoration of 1 surface of a tooth, using composite resin	17.80
Restoration of 2 surfaces of a tooth, using composite resin	21.50
Restoration of 3 or more surfaces of a tooth, using composite resin	28.50
Silicate cement filling	15.80
Acrylic or plastic filling	15.80
Supply and fixing of a direct gold inlay	The cost of the material or \$82, whichever is the lesser
Re-cementing an inlay	14.60
Supply and fixing of a temporary crown	26.00
Temporary restoration using a metal band	17.60
Insertion of a pin for the retention of a filling—each pin inserted	4.30
<i>Crowns and bridges</i>	
Supply and fixing of a crown or bridge	The cost of the materials or \$362, whichever is the lesser, together with \$8.50 for each 20 minutes of attendance or part thereof
Re-cementing a crown	14.60
Re-cementing a bridge	17.60
<i>Prosthetic services</i>	
Supply of complete maxillary or mandibular denture	184.00
Supply of complete maxillary and mandibular denture	320.00
Immediate replacement of tooth in an immediate complete maxillary or mandibular denture	1.80

SCHEDULE—continued

Column 1	Column 2
Dental service	Prescribed charge
	\$
Supply of acrylic partial denture with 1 tooth	77.00
Supply of acrylic partial denture with 2 teeth	90.00
Supply of acrylic partial denture with 3 teeth	106.00
Supply of acrylic partial denture with 4 teeth	120.00
Supply of acrylic partial denture with 5, 6, 7, 8 or 9 teeth	146.00
Supply of acrylic partial denture with 10, 11 or 12 teeth	172.00
Supply of cast cobalt chromium alloy partial denture with 1 tooth	The cost of casting and the clasps together with \$95
Supply of cast cobalt chromium alloy partial denture with 2 teeth	The cost of casting and the clasps together with \$110
Supply of cast cobalt chromium alloy partial denture with 3 teeth	The cost of casting and the clasps together with \$128
Supply of cast cobalt chromium alloy partial denture with 4 teeth	The cost of casting and the clasps together with \$140
Supply of cast cobalt chromium alloy partial denture with 5, 6, 7, 8 or 9 teeth	The cost of casting and the clasps together with \$172
Supply of cast cobalt chromium alloy partial denture with 10, 11 or 12 teeth	The cost of casting and the clasps together with \$198
Supply of additional retainer for a partial denture	8.20
Supply of additional occlusal rest for a partial denture where the rest is not used as part of a retainer	4.00
Immediate replacement of a tooth in an immediate partial denture	1.80
Adjustment of a complete or partial denture	12.40
Processed relining of a complete mandibular or maxillary denture	75.00
Resilient lining of a denture	100.00
Reattaching of undamaged clasp to denture	17.40
Replacing broken clasp of a denture with a new clasp	21.00
Repairing a broken denture (partial or complete) where no tooth on the denture is damaged	17.40
Repairing a broken denture (partial or complete) and replacing 1 broken tooth	25.00
Repairing a broken denture (partial or complete) and replacing more than 1 broken tooth	\$25 together with \$7.60 for each tooth replaced in excess of 1
Repairing a denture where only the replacement of 1 broken tooth is required	17.40
Repairing a denture where only the replacement of broken teeth is required	\$17.40 for the first tooth replaced together with \$7.60 for each additional tooth replaced
Adding a tooth to a partial denture to replace an extracted tooth (including any adjustment required to clasps)	36.50
Adding teeth to a partial denture to replace extracted teeth (including any adjustment required to a clasp to an abutment tooth)	\$36.50 for the first tooth added together with \$9.50 for each additional tooth added
Impression where required for denture repair	3.60
<i>Adjunctive general services</i>	
Palliative emergency treatment	6.50
Sedative dressing for emergency treatment	9.50

NOTES

1. Notified in the *Commonwealth of Australia Gazette* on 5 September 1980.
2. Regulations 1975 No. 13 as amended by Regulations 1976 No. 18; 1977 Nos. 11, 15, 24 and 28; 1978 Nos. 7, 8, 15, 17, 18 and 19; 1979 Nos. 5, 14, 17 and 23; 1980 Nos. 3, 8 and 9.