

Regulations under the *Hospitals and Medical Services Ordinance*

I, WILLIAM EDWARD STANLEY FORSTER, the Acting Administrator of the Northern Territory of Australia, having received the advice of the Administrator's Council, hereby make the following Regulations under the *Hospitals and Medical Services Ordinance*.

Dated this twenty-seventh day of February, 1978.

W. E. S. FORSTER
Acting Administrator

AMENDMENT OF THE HOSPITALS AND MEDICAL SERVICES (CHARGES) REGULATIONS

Commencement 1. These regulations shall come into operation on a date to be fixed by the Administrator by notice in the *Gazette*.†

First
Schedule

2. The First Schedule to the Hospitals and Medical Services (Charges) Regulations is repealed and the following Schedule substituted:

"FIRST SCHEDULE

Regulation 6

CHARGES FOR MEDICAL SERVICE BEING DENTAL TREATMENT

Column 1 Item No.	Column 2 Description of Service	Column 3 Charges
		\$
1	Initial oral examination (where radiographs are not used)	5.50
2	Periodic oral examination (where radiographs are not used)	5.30
3	Written report following examination	2.60
4	Complete intraoral series of periapical radiographs (up to 14 films)	33.00
5	Intraoral periapical or bitewing radiograph, single view	5.70
6	2 periapical or bitewing radiographs	9.10
7	Each additional single periapical or bitewing radiograph	3.50
8	Intraoral radiograph, occlusal, maxillary or mandibular, single view	9.10
9	Extraoral radiograph, maxillary or mandibular—	
	(a) single view	13.40
	(b) 2 views	22.50

*Notified in the *Northern Territory Government Gazette* on 28 February, 1978.

†The date fixed was 1 March, 1979 (see *Northern Territory Government Gazette* No. 8A of 28 February, 1978, page 1).

FIRST SCHEDULE — *continued*

Column 1 Item No.	Column 2 Description of Service	Column 3 Charges
10	Each diagnostic model	5.40
11	Removal of plaque	8.30
12	Scaling and cleaning (including removal of plaque)	12.00
13	Topical application of fluoride	Each treatment \$4.10
14	Oral hygiene instruction (including dietary advice) where a appointment is solely for that purpose	10.80
15	Provision of a mouthguard requiring construction of a model	22.50
16	Subgingival curettage, root planing (including scaling and cleaning, oral hygiene instruction and the provision of medication relating to the condition)	Each visit \$12.00
17	Treatment of acute or chronic periodontal infection (including scaling and cleaning, oral hygiene instruction and the provision of medication relating to the condition)—	
	(a) first visit	12.00
	(b) each subsequent visit	8.90
18	Periodontal management including gingivectomy and post-operative care	Not to exceed \$245.00
19	Periodontal management including osseous or mucogingival surgery and post-operative care	Not to exceed \$555.00
20	Simple removal of tooth (with local anaesthesia and including post-operative care)	9.60
21	Simple removal of each additional tooth at the same appointment as, and as a complementary procedure to, treatment referred to in Item 20	5.40
22	Removal, under general anaesthesia (including routine post-operative care)—	
	(a) of up to 4 teeth	47.50
	(b) of 5 or more teeth	60.00
23	Surgical removal of erupted tooth (including local anaesthesia and routine post-operative care)	33.00
24	Surgical removal of tooth with soft tissue impaction (including local anaesthesia and routine post-operative care)	33.00
25	Surgical removal of tooth with partial bone impaction (including local anaesthesia and routine post-operative care)	40.00
26	Surgical removal of tooth fragment, involving soft tissue (including local anaesthesia and routine post-operative care)	26.50
27	Surgical removal of tooth fragment, involving bone (including local anaesthesia and routine post-operative care)	26.50
28	Post-operative treatment other than routine	Each visit \$9.20
29	Alveoloectomy	The charge of extraction together with \$19.80
30	Pulp capping	2.60
31	Pulpotomy	9.20

FIRST SCHEDULE — continued

Column 1 Item No.	Column 2 Description of Service	Column 3 Charges
32	Endodontic treatment including biochemical debridgement and canal obliteration and radiographs— (a) anterior or posterior tooth with one root canal (b) anterior or posterior tooth with 2 root canals (c) tooth with 3 or more root canals	The charge for restoration together with \$63.00 The charge for restoration together with \$72.00 The charge for restoration together with an additional charge not to exceed \$97.00
33	Amalgam filling for— (a) a one-surface cavity (b) a two-surface cavity (c) a 3 or more surface cavity	10.80 13.20 17.60
34	Silicate cement filling	12.00
35	Acrylic or plastic filling	12.00
36	Composite resin filling— (a) one surface (b) 2 surfaces	13.40 16.40
37	Pin retention (additional to service referred to in Items 33 and 36)	Each unit pin \$3.30
38	Gold inlay— (a) using direct technique (b) using indirect technique	Not to exceed \$62.00 Not to exceed \$84.00
39	Re-cementing inlay	10.80
40	Temporary crown	19.80
41	Temporary restoration using metal band	13.20
42	Crowns— (a) acrylic jacket (b) acrylic jacket with metal thimble (c) porcelain jacket (d) porcelain jacket with metal thimble (e) porcelain fused to gold jacket (f) acrylic veneer (g) porcelain veneer (h) cast gold (j) cast gold with facing (k) three-quarter cast gold (l) cast based (m) amalgam with pin retention	Not to exceed \$144.00 Not to exceed \$168.00 Not to exceed \$174.00 Not to exceed \$198.00 Not to exceed \$215.00 Not to exceed \$140.00 Not to exceed \$140.00 Not to exceed \$116.00 Not to exceed \$140.00 Not to exceed \$112.00 Not to exceed \$142.00 Not to exceed \$32.00
43	Re-cementing crown	10.80

FIRST SCHEDULE — continued

Column 1 Item No.	Column 2 Description of Service	Column 3 Charges
44	Re-cementing bridge	13.20
45	Complete maxillary denture	140.00
46	Complete mandibular denture	140.00
47	Immediate denture, complete maxillary (additional to the service referred to in Item 45)	Each tooth involved in immediate replacement \$1.40
48	Immediate denture, complete mandibular (additional to the service referred to in Item 46)	Each tooth involved in immediate replacement \$1.40
49	Complete maxillary and mandibular denture	240.00
50	Partial denture, acrylic base—	
	(a) one tooth	58.00
	(b) 2 teeth	63.00
	(c) 3 teeth	67.00
	(d) 4 teeth	72.00
	(e) 5 to 9 teeth (inclusive)	80.00
	(f) 10 to 12 teeth (inclusive)	87.00
51	Partial denture—cast metal base—cobalt chromium alloy—	
	(a) one tooth	The charge for casting (inclusive of clasps) together with \$72.00
	(b) 2 teeth	The charge for casting (inclusive of clasps) together with \$78.00
	(c) 3 teeth	The charge for casting (inclusive of clasps) together with \$82.00
	(d) 4 teeth	The charge for casting (inclusive of clasps) together with \$87.00
	(e) 5 to 9 teeth (inclusive)	The charge for casting (inclusive of clasps) together with \$94.00
	(f) 10 to 12 teeth (inclusive)	The charge for casting (inclusive of clasps) together with \$100.00
52	Occlusal rest where not used as part of retainer	3.00
53	Immediate partial denture for each tooth involved in immediate replacement	1.40
54	Adjustment of complete or partial denture	9.20
55	Relining (processed) mandibular or maxillary complete denture	56.00
56	Resilient lining	75.00

FIRST SCHEDULE — *continued*

Column 1 Item No.	Column 2 Description of Service	Column 3 Charges
57	Re-attaching undamaged clasp on denture	13.00
58	Replacing broken clasp with new clasp on denture	15.80
59	Simple repair of complete or partial denture—	
	(a) with no teeth damaged	13.00
	(b) and replacing one broken tooth	18.80
	(c) and replacing 2 or more teeth	Each tooth \$5.70
60	Replacing broken tooth on denture with no other repairs required	13.00
61	Replacing each additional tooth after the first on denture with no other repairs required	5.70
62	Adding tooth to partial denture to replace extracted tooth (involving clasp, abutment tooth)	27.00
63	Tissue conditioning preparatory to impressions (maxillary or mandibular)	Not to exceed \$32.00
64	Orthodontic treatment	Not to exceed \$775.00
65	Palliative emergency treatment	4.90
66	Sedative filling for emergency treatment	7.20"