
WORKCOVER

WC301*

Workers' Compensation and Rehabilitation Act 1981

**Workers' Compensation and Rehabilitation
(Scales of Fees) Amendment Regulations 1999**

Made by the Governor in Executive Council, on the recommendation of the Commission, under section 176(1a).

1. Citation

These regulations may be cited as the *Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 1999*.

2. The regulations amended

The amendments in these regulations are to the *Workers' Compensation and Rehabilitation (Scales of Fees) 1998**.

[* Published in Gazette 13 October 1998, pp. 5711-25.]

3. Regulation 6 amended

Regulation 6 is amended by deleting "\$134.00" and inserting instead —

“ \$135.50 ”.

4. Schedule 1 replaced

Schedule 1 is deleted and the following Schedule is inserted instead —

“

Schedule 1

[r. 2]

Scales of fees — medical specialists and other medical practitioners

Part 1 — Medical specialists and other medical practitioners

Type of service/by whom

Fee

\$

GENERAL PRACTITIONER

CONSULTATIONS

Surgery Consultation: In Hours

Content based

\$

Minor Service (Level A)	17.50
Specific Service (Level B)	37.10
Extended Service (Level C)	66.00
Comprehensive Service (Level D)	95.00

Time based

\$

up to 5 mins	25.50
5-15 mins	32.50
15-30 mins	63.00
30-45 mins	94.00
45-60 mins	128.00

Surgery Consultations: Out of hours

For attendances between the hours of 6pm and 8am on a weekday or between 12 noon on Saturday and 8am on the following Monday, and Public Holiday

Content based

\$

Minor Service (Level A)	26.80
Specific Service (Level B)	55.60
Extended Service (Level C)	99.00
Comprehensive Service (Level D)	144.00

Time based

\$

up to 5 mins	46.00
5-15 mins	54.00
15-30 mins	83.00
30 + mins	114.00

VISITS

Consultations at a place other than the

Consulting Rooms

\$

in hours

Minor Service (Level A)	44.30
Specific Service (Level B)	63.90
Extended Service (Level C)	92.00
Comprehensive Service (Level D)	120.00

out of hours	\$
Minor Service (Level A)	53.60
Specific Service (Level B)	81.40
Extended Service (Level C)	124.00
Comprehensive Service (Level D)	170.00

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	13.80
5-15 mins	17.20
15-30 mins	36.00
30 + mins	54.00

CASE CONFERENCES, discussions with employers/insurers,
rehabilitation providers, workplace assessments etc

per hour	\$165.40
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TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	\$2.90
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***PHYSICIANS, OCCUPATIONAL & REHABILITATION
PHYSICIANS***

PHYSICIANS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	166.90
subsequent attendances	83.50

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	197.90
subsequent attendances	115.40

REHABILITATION PHYSICIANS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	166.90
subsequent attendances	83.50

VISITS

Professional attendance at a place other than
consulting rooms and issue of certificate (if
required) et al

\$

first attendance

199.90

subsequent attendances

115.40

OCCUPATIONAL PHYSICIANS

CONSULTATIONS

Professional attendance at consulting rooms
and issue of certificate (if required) et al

\$

first attendance

166.90

subsequent attendances

83.50

VISITS

Professional attendance at a place other than
consulting rooms and issue of certificate (if
required) et al

\$

first attendance

166.90

subsequent attendances

83.50

TELEPHONE CONSULTATIONS

Time based

\$

up to 5 mins

21.85

5 to 15 mins

27.00

15-30 mins

56.50

30 + mins

85.30

CASE CONFERENCES, discussions with employers/insurers,
rehabilitation providers, workplace assessments etc

per hour

\$245.15

TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre

\$2.90

CONSULTANT PSYCHIATRISTS

CONSULTATIONS

Professional attendance at consulting rooms
and issue of certificate (if required) et al

\$

Time based

up to 15 mins

48.95

15-30 mins

97.90

30-45 mins	146.30
45-60 mins	195.80
60-75 mins	221.60
75 + mins	247.30

VISITS

Professional attendance at a place other than
consulting rooms and issue of certificate (if
required) et al

\$

Time based

up to 15 mins	80.40
15-30 mins	129.80
30-45 mins	177.25
45-75 mins	226.70
75 + mins	273.10

TELEPHONE CONSULTATIONS

Time based

\$

up to 45 mins	67.00
45 + mins	146.30

CASE CONFERENCES, discussions with employers/insurers,
rehabilitation providers, workplace assessments etc

per hour \$245.15

TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre \$2.90

SPECIALISTS***SURGEONS***

CONSULTATIONS

Professional attendance at consulting rooms
and issue of certificate (if required) et al

\$

first attendance	94.90
subsequent attendances	49.50

VISITS

Professional attendance at a place other than
consulting rooms and issue of certificate (if
required) et al

\$

first attendance	128.00
subsequent attendances	81.50

DERMATOLOGISTS

CONSULTATIONS

Professional attendance at consulting rooms
and issue of certificate (if required) et al

\$

first attendance	94.80
subsequent attendances	49.50

VISITS

Professional attendance at a place other than
consulting rooms and issue of certificate (if
required) et al

\$

first attendance	127.80
subsequent attendances	81.40

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	21.85
5-15 mins	27.00
15-30 mins	56.50
30 + mins	85.30

CASE CONFERENCES, discussions with employers/insurers,
rehabilitation providers, workplace assessments etc

per hour	\$245.15
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TRAVELLING FEES

Country

Rate per kilometre	\$2.90
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ANAESTHETISTS

CONSULTATIONS

\$

Standard pre-anaesthesia	60.45
Referred pre-anaesthesia —	
initial attendance	120.90
subsequent attendance	60.45

PROCEDURES AND SERVICES

All anaesthesia fees in relation to procedures and services are to be charged on the relative value guide (RVG) system. In most cases, the RVG system comprises three elements: base units (BUs), modifying units (MUs) and time units (TUs).

In Part A, the fee for a procedure is calculated by adding the base units for the procedure, the time units, and any modifying units and multiplying the result by the \$ value per unit allocated by this Schedule.

$$(\text{BUs} + \text{TUs} + \text{MUs}) \times \$\text{value per unit} = \text{Fee}$$

In Part B, the fee for a therapeutic or diagnostic service only includes modifying units (MUs), and time units (TUs) if the item notes that service as including either or both.

Base units

The appropriate number of base units for each procedure has been established and is set out in this Schedule.

[The number of base units for each procedure has been calculated so as to include usual postoperative visits, the administration of fluids and/or blood incidental to the anaesthesia care and usual monitoring procedures.]

Time units

Each 15 minutes (or part thereof) of anaesthetic time constitutes one time unit.

Modifying units

Many anaesthetic services are provided under particularly difficult circumstances depending on factors such as the medical condition of the patient and unusual risk factors. These factors significantly affect the character of the anaesthetic services provided. Circumstances giving rise to additional modifying units are set out in this Schedule.

[Note: The modifying units are, in the main, derived from the modifying units set out in the AMA's "List of Medical Services and Fees"]

\$ VALUE PER UNIT

\$ value per unit	\$30.23
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PART A — PROCEDURES

<i>Description of procedure, etc.</i>	Units
Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the head and on its muscles, salivary glands and superficial blood vessels, including biopsy, unless otherwise specified	5
— plastic repair of cleft palate	6
Anaesthesia for electroconvulsive therapy	4
Anaesthesia for all procedures on external, middle and inner ear, including biopsy, unless otherwise specified	5
— otoscopy	4
— tympanotomy	4

Anaesthesia for all procedures on the eye unless otherwise specified	5
— lens surgery	6
— retinal surgery	6
— corneal transplant	8
— vitrectomy	8
— biopsy of conjunctiva	5
— ophthalmoscopy	4
Anaesthesia for all procedures on the nose and accessory sinuses unless otherwise specified	5
— radical surgery	7
— biopsy, soft tissue	4
Anaesthesia for all intraoral procedures, including biopsy, unless otherwise specified	5
— radical surgery	10
Anaesthesia for all procedures on facial bones unless otherwise specified	5
— radical surgery (including prognathism and extensive facial bone reconstruction)	10
Anaesthesia for all intracranial and cranial bone procedures unless otherwise specified	12
— subdural taps	5
— burr holes	9
— intracranial vascular procedures including those for aneurysms and arteriovenous abnormalities	20
— procedures in sitting position	13
— spinal fluid shunt procedures	10
— electrocoagulation of intracranial nerve	6

Neck

Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the neck	5
Anaesthesia for all procedures on oesophagus, thyroid, larynx, trachea and lymphatic system muscles, nerves and other deep tissues of the neck unless otherwise specified	6
— for laryngectomy, hemi laryngectomy, laryngopharyngectomy, or pharyngectomy	10
— needle biopsy of the thyroid	3
Anaesthesia for all procedures on major blood vessels of the neck unless otherwise specified	10
— simple ligation	5

Thorax (Chest Wall/Shoulder Girdle)

Anaesthesia for all procedures on the skin of the anterior part of the chest, including its derivatives and subcutaneous tissue unless otherwise specified	3
— reconstructive procedures on breast (eg. reduction or augmentation, mammoplasty, muscle flaps)	5

— radical or modified radical procedures on breast	5
— radical or modified radical procedures on breast with internal mammary node dissection	13
— electrical conversion of arrhythmias	5
Anaesthesia for all procedures on the skin of the posterior part of the chest, including its derivatives and subcutaneous tissue	5
Anaesthesia for all procedures on clavicle, scapula and sternum unless other specified	5
— radical surgery	6
— biopsy of clavicle	3
Anaesthesia for partial rib resection unless otherwise specified	6
— thoracoplasty (any type)	10
— radical procedures (eg. pecus excavatum)	13

Intrathoracic

Anaesthesia for all closed chest procedures (unless oesophagoscopy, bronchoscopy, transverse pacemaker) unless otherwise specified	6
— needle biopsy of pleura	4
— pneumocentesis	4
— thoracoscopy	10
— mediastinoscopy	8
Anaesthesia for all thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum unless otherwise specified	13
— decortication	15
— pulmonary resection with thoracoplasty	15
— intrathoracic repair of trauma to trachea and bronchi	15
Anaesthesia for all procedures on heart, pericardium, and great vessels of chest:	
— without pump oxygenator	15
— with pump oxygenator	20
Anaesthesia for heart transplant	20
Anaesthesia for heart and lung transplant	20

Spine and spinal cord

Anaesthesia for all procedures on cervical spine and cord unless otherwise specified	10
— posterior cervical laminectomy in sitting position	13
Anaesthesia for all procedures on thoracic spine and cord unless otherwise specified	10
— thoracolumbar sympathectomy	13
Anaesthesia for all procedures in the lumbar region unless otherwise specified	8
— lumbar sympathectomy	7
— chemoneucleolysis	10

Anaesthesia for extensive spine and spinal cord procedures (eg. Harrington rod technique)	13
Anaesthesia for manipulation of spine	3
Anaesthesia for percutaneous spinal procedures unless otherwise specified	5

Upper abdomen

Anaesthesia for all procedures on upper anterior abdominal wall unless otherwise specified	3
— percutaneous liver biopsy	4
Anaesthesia for laparoscopic procedures	7
Anaesthesia for lithotripsy	6
Anaesthesia for all procedures on the upper posterior abdominal wall	5
Anaesthesia for upper gastrointestinal endoscopic procedures	5
Anaesthesia for upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage	6
Anaesthesia for all hernia repairs in upper abdomen unless otherwise specified	4
— lumbar and ventral (incisional) hernia and/or wound dehiscence	6
— omphalocele	7
— transabdominal repair of diaphragmatic hernia	9
Anaesthesia for all procedures on major abdominal blood vessels	15
Anaesthesia for all procedures within the peritoneal cavity in upper abdomen including cholecystectomy, gastrectomy, bowel shunts and cadaver harvesting of organs unless otherwise specified	7
— partial hepatectomy (excluding liver biopsy)	13
— pancreatectomy, partial or total (eg. Whipple procedure)	10
— liver transplant (recipient)	20
— neuro endocrine tumour removal (eg carcinoid)	10

Lower abdomen

Anaesthesia for all procedures on lower anterior abdominal wall unless otherwise specified	3
— panniculectomy	5
Anaesthesia for laparoscopic procedures	6
Anaesthesia for all intestinal endoscopic procedures	4
Anaesthesia for lithotripsy	6
Anaesthesia for all procedures on lower posterior abdominal wall	5
Anaesthesia for all hernia repairs in lower abdomen unless otherwise specified	4

— ventral and incisional hernias	6
Anaesthesia for all procedures within the peritoneal cavity in lower abdomen unless otherwise specified	6
— amniocentesis	4
— abdominoperineal resection, including pull through procedures	10
— radical prostatectomy	9
— radical hysterectomy	9
— pelvic exenteration	10
Anaesthesia for all extraperitoneal procedures in lower abdomen, including urinary tract, unless otherwise specified	6
— renal procedures, including upper $\frac{1}{3}$ or ureter	7
— total cystectomy	10
— adrenalectomy	10
— neuro endocrine tumour removal (eg. carcinoid)	10
— renal transplant (donor or recipient)	10
Anaesthesia for all procedures on major lower abdominal vessels unless otherwise specified	15
— inferior vena cava ligation	10
— transvenous umbrella insertion	5

Perineum

Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the perineum (including biopsy of male genital system) unless otherwise specified	3
— anorectal procedure (including endoscopy and/or biopsy)	4
— radical pineal procedure including radical vulvectomy	7
— vulvectomy	4
Anaesthesia for all transurethral procedures (including urethrocystoscopy) unless otherwise specified	3
— transurethral resection of bladder tumour(s)	5
— transurethral resection of prostate	6
— post-transurethral resection bleeding	5
Anaesthesia for all procedures on male external genitalia unless otherwise specified	3
— seminal vesicles	6
— undescended testis, unilateral or bilateral	4
— radical orchidectomy, inguinal	4
— radical orchidectomy, abdominal	6
— orchiopexy, unilateral or bilateral	4
— complete amputation of the penis	4
— radical amputation of the penis with bilateral inguinal lymphadenectomy	6

— radical amputation of the penis with bilateral inguinal and iliac lymphadenectomy	8
— insertion of penile prosthesis (perianal approach)	4
Anaesthesia for all vaginal procedures (including biopsy of labia, vagina, cervix or endometrium) unless otherwise specified	3
— colpotomy, colpectomy, colporrhaphy	4
— transvaginal oocyte collection	4
— vaginal hysterectomy	6
— purse string ligation of cervix	4
— culdoscopy	5
— hysteroscopy	4
— correction of inverted uterus	8

Pelvis — except hip

Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the anterior pelvic region (anterior to iliac crest), except external genitalia	3
Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the pelvic region (posterior to iliac crest), except perineum	5
Anaesthesia for procedures on bony pelvis	6
Anaesthesia for body cast application or revision	3
Anaesthesia for interpelviabdominal (hind quarter) amputation	15
Anaesthesia for radical procedures for tumour of pelvis, except hind quarter amputation	10
Anaesthesia for closed procedures involving symphysis pubis or sacroiliac joint	4
Anaesthesia for open procedures involving symphysis pubis or sacroiliac joint	8

Upper leg — except knee

Anaesthesia for all closed procedures involving hip joint	4
Anaesthesia for arthroscopic procedures of hip joint	4
Anaesthesia for all open procedures involving hip joint unless otherwise specified	6
— hip disarticulation	10
— total hip replacement or revision	10
Anaesthesia for all closed procedures involving upper $\frac{2}{3}$ of femur	4
Anaesthesia for all open procedures involving upper $\frac{2}{3}$ of femur unless otherwise specified	6
— amputation	5
— radical resection	8
Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the upper leg	3

Anaesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg	4
Anaesthesia for all procedures involving veins of upper leg, including exploration	3
Anaesthesia for all procedures involving arteries of upper leg, including bypass graft, unless otherwise specified	8
— femoral artery ligation	4
— femoral artery embolectomy	6
— for microsurgical reimplantation of upper leg	15

Knee and popliteal area

Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the knee and/or popliteal area	3
Anaesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of the knee and/or popliteal area	4
Anaesthesia for all closed procedures on the lower $\frac{1}{3}$ of femur	4
Anaesthesia for all open procedures on the lower $\frac{1}{3}$ of femur	5
Anaesthesia for all closed procedures on knee joint	3
Anaesthesia for arthroscopic procedures of knee joint	4
Anaesthesia for all closed procedures on upper ends of tibia and fibula, and/or patella	3
Anaesthesia for all open procedures on upper ends of tibia and fibula, and/or patella	4
Anaesthesia for open procedures on knee joint unless otherwise specified	4
— total knee replacement	7
— disarticulation of knee	5
Anaesthesia for all cast applications, removal, or repair involving knee joint	3
Anaesthesia for all procedures on veins of knee and popliteal area unless otherwise specified	3
— arteriovenous fistula	5
Anaesthesia for all procedures on arteries of knee and popliteal area unless otherwise specified	8
— popliteal thromboendarterectomy, with or without patch graft	8
— popliteal excision and graft or repair for occlusion or aneurysm	8

Lower leg — below knee (*includes ankle*)

Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the lower leg, ankle and foot	3
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Anaesthesia for all closed procedures on the lower leg, ankle and foot	3
Anaesthesia for arthroscopic procedure of ankle joint	4
Anaesthesia for all procedures on nerves, muscles, tendons, and fascia of lower leg, ankle and foot unless otherwise specified	3
— repair of Achilles tendon, with or without graft	5
— gastrocnemius recession (eg. Strayer procedure)	5
Anaesthesia for all open procedures on bones of lower leg, ankle and foot, including amputation, unless otherwise specified	3
— radical resection	4
— osteotomy or osteoplasty of tibia and fibula	4
— total ankle replacement	7
Anaesthesia for lower leg cast application, removal or repair	3
Anaesthesia for all procedures on arteries of lower leg, including bypass graft unless otherwise specified	8
— embolectomy	6
Anaesthesia for all procedures on veins of lower leg unless otherwise specified	3
— venous thrombectomy	5
— for microsurgical reimplantation of lower leg, ankle or foot	15
— for microsurgical reimplantation of toe	8

Shoulder and axilla

(includes humeral head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint)

Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue on the shoulder and axilla	3
Anaesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of shoulder and axilla	5
Anaesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint	4
Anaesthesia for all arthroscopic procedures of shoulder joint	5
Anaesthesia for all open procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint unless otherwise specified	5
— radical resection	6
— shoulder disarticulation	9
— interthoracoscaphular (forequarter) amputation	15
— total shoulder replacement	10

Anaesthesia for all procedures on arteries of shoulder and axilla unless otherwise specified	8
— axillary-brachial aneurysm	10
— bypass graft	8
— axillary-femoral bypass graft	10
Anaesthesia for all procedures on veins of shoulder and axilla	4
Anaesthesia for all shoulder cast application, removal or repair unless otherwise specified	3
— shoulder spica	4

Upper arm and elbow

Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the upper arm and elbow	3
Anaesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of upper arm and elbow, unless otherwise specified	3
— tenotomy, elbow to shoulder, open	5
— tenoplasty, elbow to shoulder	5
— tenodesis, rupture of long tendon of bicep	5
Anaesthesia for all closed procedures on humerus and elbow	3
Anaesthesia for arthroscopic procedures of elbow joint	4
Anaesthesia for all open procedures on humerus and elbow unless otherwise specified	4
— osteotomy of humerus	5
— repair of non-union or malunion of humerus	5
— radical procedures	6
— excision of cyst or tumour of humerus	5
— total elbow replacement	7
Anaesthesia for all procedures on arteries of upper arm unless otherwise specified	8
— embolectomy	6
Anaesthesia for all procedures on veins of upper arm unless otherwise specified	3
— phleborrhaphy	4
— for microsurgical reimplantation of upper arm	15

Forearm, wrist and hand

Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the forearm, wrist and hand	3
Anaesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of forearm, wrist and hand	3
Anaesthesia for all open procedures on radius, ulna, wrist, or hand bones unless otherwise specified	3
— total wrist replacement	7

Anaesthesia for arthroscopic procedures on the wrist joint	4
Anaesthesia for all procedures on arteries of forearm, wrist, and hand unless otherwise specified	8
— embolectomy	6
Anaesthesia for all procedures on veins of forearm, wrist, and hand unless otherwise specified	3
— phleborrhaphy	4
Anaesthesia for forearm, wrist, or hand cast application, removal or repair	3
— for microsurgical reimplantation of forearm, wrist or hand	15
— for microsurgical reimplantation of finger	8

Other procedures

Anaesthesia for injection procedure for hysterosalpingography	3
Anaesthesia for burr hole(s) for ventriculography	9
Anaesthesia for injection procedure for pneumoencephalography	7
Anaesthesia for injection procedure for myelography:	
— lumbar	5
— cervical	5
— posterior fossa	9
Anaesthesia for injection procedure for discography:	
— lumbar	5
— cervical	6
Anaesthesia for arteriograms, needle:	
— carotid or vertebral	5
— retrograde, brachial or femoral	5
Anaesthesia for cardiac catheterization including coronary arteriography ventriculography and cardiac mapping (not including Swan-Ganz catheter)	7
Anaesthesia for computerised axial tomography scanning, magnetic resonance scanning, ultrasound scanning	7
Anaesthesia for radiology unless otherwise specified	4
Anaesthesia for radiotherapy	7
Anaesthesia for peripheral venous cannulation	3
Anaesthesia for central venous cannulation	3
Anaesthesia for lumbar puncture, cisternal puncture or epidural injection	5
Anaesthesia for harvesting of bone marrow for the purpose of transplantation	5
Anaesthesia for muscle biopsy for malignant hyperpyrexia	10

Note — Unlisted anaesthetic procedures

For an unlisted anaesthetic procedure, the number of units is to be determined by reference to the nearest listed anaesthetic procedure

PART B — THERAPEUTIC AND DIAGNOSTIC SERVICES

<i>Description of service, etc.</i>	<i>MUs or TUs</i>		<i>BUs</i>
Intubation, endotracheal, emergency procedure, where the patient's airway is unsecured and at high risk of occlusion, eg epiglottitis or haematoma post thyroidectomy	yes	yes	15
Intubation, endotracheal, not associated with anaesthesia, when subsequent management is not in an intensive care unit	yes	yes	4
Venous cannulation and commencement of intravenous infusion, under age of three years, not associated with anaesthesia	no	no	3
Venous cannulation, cutdown	no	no	5
Venous cannulation and commencement of intravenous infusion not associated with anaesthesia	no	no	2
Venous cannulation and blood transfusion (or blood products) not associated with anaesthesia	no	no	5
Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in an emergency situation, not associated with anaesthesia	no	no	3
Central vein catheterization, percutaneous via jugular or subclavian vein	no	no	3
Central vein catheterization by cutdown	no	no	5
Central venous pressure monitoring	no	no	3
Arterial puncture, withdrawal of blood for diagnosis	no	no	1
Arterial cannulation, percutaneous	no	no	3
Arterial cannulation, by cutdown	no	no	5
Intra arterial pressure monitoring	no	no	3
Catheterization, umbilical artery, newborn, for diagnosis, or therapy	no	no	5
Intra-arterial infusion or retrograde intravenous perfusion of a sympatholytic agent	no	no	4
Introduction of a narcotic, for the control of post-operative pain, into the epidural or intrathecal space in association with an operation	no	no	2

Introduction of local anaesthetic, for the control of post-operative pain, into the epidural or intrathecal space in conjunction with an operation	no	no	2
Intravenous regional anaesthesia of limb by retrograde perfusion	no	no	4
Perioperative nerve block (<i>specify type</i>) performed to provide post operative pain relief (this does not include subcutaneous infiltration)	no	no	3
Subarachnoid puncture, lumbar, diagnostic	no	no	4
Insertion of subarachnoid drain	no	no	8
Intrathecal, epidural or caudal, initial injection (or commencement of infusion) of a therapeutic substance, including up to one hour of continuous attendance by a medical practitioner	no	no	8
— where continuous attendance by a medical practitioner extends beyond one hour, add one unit for each 15 minutes over the first hour	no	yes	0
Subsequent injection (or revision of infusion) of a therapeutic substance to maintain regional anaesthesia or analgesia where the period of continuous medical practitioner attendance is 15 minutes or less	no	no	3
Subsequent injection (or revision of infusion) of a therapeutic substance to maintain regional anaesthesia or analgesia where the period of continuous medical practitioner attendance is more than 15 minutes	no	no	4
Interpleural block, initial injection or commencement of infusion of a therapeutic substance	no	no	5
Intrathecal, epidural or caudal injection of neurolytic substance	no	no	20
Intrathecal, epidural or caudal injection of substance other than anaesthetic, contrast or neurolytic solutions, not being a service to which another item in the Group applies	no	no	8
Epidural injection of blood for blood patch	no	no	8

Injection of an anaesthetic agent:

— trigeminal nerve, primary division of	no	no	10
— trigeminal nerve, peripheral branch of	no	no	5
— facial nerve	no	no	3
— retrobulbar or peribulbar	no	no	5
— greater occipital nerve	no	no	3
— vagus nerve	no	no	8
— glossopharyngeal nerve	no	no	8
— phrenic nerve	no	no	7
— spinal accessory nerve	no	no	5
— cervical plexus	no	no	8
— brachial plexus	no	no	8
— suprascapular nerve	no	no	5
— intercostal nerve, single	no	no	5
— intercostal nerves, multiple	no	no	7
— ilioinguinal, iliohypogastric or genito femoral nerves, one or more of	no	no	5
— pudendal nerve	no	no	8
— ulnar, radial or median nerve of main trunk, one or more of, not being associated with a brachial plexus block	no	no	5
— paracervical (uterine) nerve	no	no	5
— obturator nerve	no	no	7
— femoral nerve	no	no	7
— saphenous, sural, popliteal or posterior tibial nerve of main trunk, one or more of	no	no	5
— paravertebral, cervical, thoracic, lumbar, sacral or coccygeal nerves, single vertebral level	no	no	7
— paravertebral nerves, multiple levels	no	no	10
— sciatic nerve	no	no	7
— other peripheral nerve or branch	no	no	5
— sphenopalatine ganglion	no	no	10
— carotid sinus, as an independent percutaneous procedure	no	no	8
— stellate ganglion (cervical sympathetic block)	no	no	8
— lumbar or thoracic nerves (paravertebral sympathetic block)	no	no	8
— coeliac plexus or splanchnic nerves	no	no	10
Cranial nerve other than trigeminal, destruction by a neurolytic agent	no	no	20
Nerve branch, not covered by any other item in the Group, destruction by a neurolytic agent	no	no	10

Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent	no	no	20
Lumbar sympathetic chain, destruction by a neurolytic agent	no	no	15
Cervical or thoracic sympathetic chain, destruction by a neurolytic agent	no	no	20
Cardioversion, elective, electrical conversion of arrhythmia, external	no	no	4
Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement	no	no	7
Pulmonary artery pressure monitoring	no	no	3
Left atrial pressure monitoring via left atrial catheter	no	no	3
Hyperbaric oxygen pressurisation, with or without anaesthesia, when anaesthetist is inside the chamber	yes	yes	15
Hyperbaric oxygen pressurisation, with or without anaesthesia, when anaesthetist is outside the chamber	yes	yes	8
Hypothermia, total body	no	no	5
Deep hypothermia to a core temperature of less than 20 degrees in association with circulatory arrest	no	no	15
Medical management of cardio- pulmonary bypass perfusion using heart/lung machine	yes	yes	20
Standby medical management of cardio- pulmonary bypass perfusion using heart/lung machine	no	yes	5
Perfusion of limb or organ	no	no	12
Cardioplegia, blood or crystalloid, administration by any route	no	no	10
Skin testing for allergy to anaesthetic agents	no	yes	4
Assistance in the administration of an anaesthetic	yes	yes	5

Note — Unlisted services

For an unlisted service, the number of units is to be determined by reference to the nearest listed anaesthetic procedure

<i>Description</i>	<i>Units</i>
A normal healthy patient	0
A patient with a mild systemic disease	0
A patient with a severe systemic disease	1

A patient with a severe systemic disease that is a constant threat to life	2
A moribund patient who is not expected to survive for 24 hours with or without the operation	3
A patient declared brain-dead whose organs are being removed for donor purposes	0
Where the patient is aged under 1 year or over 70 years old	1
Emergency surgery (ie. when undue delay in treatment of the patient would lead to a significant increase in a threat to life or body part)	2

Part 2 — Medical procedures

<i>Type of procedure</i>	<i>Fee</i>
	\$
GENERAL	
Localised burns	36.50
Localised burns, including dressing of, under general anaesthetic	104.00
Extensive burns	63.00
Extensive burns, including dressing of, under general anaesthetic	220.00
Dressing of wounds, under general anaesthetic	104.00
Acupuncture, including consultation	48.50

DISLOCATIONS

‘closed reduction’ means non operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint

‘open reduction’ means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation

‘other’ means treatment by any other method and includes the use of external splintage

[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply]	\$
Elbow, by closed reduction	196.00
Elbow, by open reduction	260.00

Interphalangeal joint, by closed reduction	84.00
Interphalangeal joint, by open reduction	112.00
Mandible, by closed reduction	70.00
Clavicle, by closed reduction	83.00
Clavicle, by open reduction	168.00
Shoulder, not requiring general anaesthetic	83.00
Shoulder, by open reduction, with general anaesthetic	335.00
Shoulder, other, with general anaesthetic	166.00
Metacarpophalangeal joint, by closed reduction	112.00
Metacarpophalangeal joint, by open reduction	150.00
Patella, by closed reduction	126.00
Patella, by open reduction	168.00
Radioulnar joint, by closed reduction	196.00
Radioulnar joint, by open reduction	260.00
Toe, by closed reduction	70.00
Toe by open reduction	93.00

REMOVAL OF FOREIGN BODIES —

	\$
as independent procedure	30.50
superficial	136.00
deep tissue or muscle	380.00
ear, other than by syringing	98.00
nose, other than by simple probing	98.00
cornea or sclera, embedded	100.00

FRACTURES

‘closed reduction’ means non operative reduction of the fracture, and included percutaneous fixation and/or external splintage by cast or splint

‘open reduction’ means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation

'other' means treatment by any other method and includes the use of external splintage

	\$
[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply]	
Distal phalanx of finger or thumb	
fracture, by closed reduction	126.00
fracture, intra-articular, by closed reduction	146.00
fracture, by open reduction	168.00
fracture, intra-articular, by open reduction	210.00
Middle phalanx of finger	
fracture, by closed reduction	190.00
fracture, intra-articular, by closed reduction	215.00
fracture, by open reduction	250.00
fracture, intra-articular, by open reduction	315.00
Proximal phalanx of finger or thumb	
fracture, by closed reduction	250.00
fracture, intra-articular, by closed reduction	295.00
fracture, by open reduction	335.00
fracture, intra-articular, by open reduction	420.00
Metacarpal	
fracture, by closed reduction	250.00
fracture, intra-articular, by closed reduction	295.00
fracture, by open reduction	335.00
fracture, intra-articular, by open reduction	420.00
Carpal Scaphoid, by open reduction	560.00
Carpal Scaphoid, other	250.00
Carpus (excluding Scaphoid), by open reduction	350.00
Carpus (excluding Scaphoid), other	140.00

Radius	
by closed management	280.00
by open management	560.00
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	420.00
by open reduction	560.00
Ribs (1 or more), each attendance	64.00
Tibia, plateau of, medial or lateral	
by closed reduction	505.00
by open reduction	670.00
Tibia, plateau of, medial and lateral	
by closed reduction	840.00
by open reduction	1125.00

SUTURES

	\$
face or neck, less than 7 cm, superficial	100.00
face or neck, less than 7 cm, deep	152.00
face or neck, more than 7 cm, superficial	152.00
face or neck, more than 7 cm, deep	260.00
except face or neck, less than 7cm, superficial	76.00
except face or neck, less than 7cm, deep	114.00
except face or neck, more than 7cm, superficial	114.00
except face or neck, less than 7cm, deep	250.00

AMPUTATIONS

	\$
Hand, midcarpal or transmetacarpal	380.00
Hand, forearm or through arm	440.00
At shoulder	745.00
Interscapulothoracic	1480.00
One digit of foot	200.00
Two digits of one foot	300.00
Three digits of one foot	405.00
Four digits of one foot	505.00
Five digits of one foot	605.00
Foot, at ankle	440.00
Foot, midtarsal or transmetatarsal	380.00
Through thigh, at knee or below knee	650.00

Hand, forearm or arm	440.00
At hip	915.00

ASSISTANCE AT OPERATIONS

The fee for assistance at any operation (or series or combination of operations) is to be related to the fee listed for the operation (or series or combination of operations) itself.

The fee is 20% of the total fee or the minimum sum of \$126.00, whichever is greater.

USE OF PRIVATE THEATRES

A theatre fee of \$76.00 will be paid to practitioners for the use of their private theatre, but this fee may only be charged if the patient would otherwise have been sent to hospital.

Part 3 — Radiology

<i>Radiographic Examination and Report (with or without fluoroscopy)</i>	<i>Fee</i> \$
HANDS AND FEET	
Digits or phalanges - all or any of either hand or either foot	74.00
Hand, wrist, forearm, elbow or arm (elbow to shoulder)	74.00
Hand, wrist, lower forearm or upper forearm and elbow or elbow and arm (elbow to shoulder)	96.00
Foot, ankle, lower leg, upper leg or thigh (femur)	80.00
Foot, ankle, lower leg or upper leg and thigh (femur)	118.00
SHOULDER OR HIP JOINT	
	\$
Shoulder or Scapula	96.00
Clavicle	78.00
Hip	90.00
Pelvic Girdle	112.00
Sacroiliac joint	112.00
Femur, internal fixation of neck or intertrochanteric (per trochanteric) fracture	186.00

HEAD

	\$
Skull (Calvarium)	118.00
Sinuses	90.00
Mastoids	148.00
Petrous temporal bones	118.00
Facial bones - orbit, maxilla or malar, any or all	122.00
Mandible	112.00
Salivary calculus	112.00
Nose	90.00
Eye	90.00
Temporo-Mandibular joints	118.00
Teeth - single area (not applicable to dentists)	74.00
Teeth - full mouth (not applicable to dentists)	186.00
Palato-Pharyngeal studies with fluoroscopic screening	112.00
Palato-Pharyngeal studies without fluoroscopic screening	90.00
Larynx	80.00

SPINE

	\$
Spine - cervical	118.00
Spine - thoracic	99.00
Spine - lumbo-sacral	138.00
Spine - sacro-coccygeal	83.00
Spine - functional views of one area	37.00

BONE AGE & SKELETAL SURVEYS

	\$
Skeletal survey involving four or more regions	164.00

THORACIC

	\$
Chest (lung fields) by direct radiography	90.00
Chest (lung fields) by direct radiography with fluoroscopic screening	112.00
Thoracic inlet or trachea	90.00
Chest by miniature radiography	41.00
Cardiac examination (including barium swallow)	112.00
Sternum or ribs on one side	90.00
Sternum and ribs on one side, or ribs on both sides	112.00
Sternum and ribs on both sides	138.00

URINARY TRACT

	\$
Plain renal only	90.00
Drip infusion pyelography	245.00
Intravenous pyelography, including preliminary plain film	220.00
Intravenous pyelography, including preliminary plain film with delayed examination for cysto-uretic reflex	275.00
Antegrade and retrograde pyelography – unilateral including preliminary plain film	180.00
Retrograde cystography or retrograde urethrography	122.00
Retrograde micturating cysto-urethrography	148.00
Retro-Peritoneal pneumogram	96.00

ALIMENTARY TRACT & BILIARY SYSTEM

	\$
Plain abdominal only	90.00
Oesophagus, with or without examination for foreign body or barium swallow	126.00
Barium or other opaque meal of oesophagus, stomach and duodenum, with or without screening of chest	170.00
Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest	198.00
Barium or other opaque meal - small bowel series only	148.00
Opaque enema	170.00
Opaque enema, including air contrast study	198.00
Graham's Test (Cholecystography)	134.00
Cholegraphy, operative or post operative	144.00
Cholegraphy - intravenous	198.00
Cholegraphy - percutaneous transhepatic	144.00
Cholegraphy - drip infusion	245.00

FOR LOCALIZATION OF FOREIGN BODIES

	\$
Foreign body in eye (special method, Sweet's or other)	122.00
Foreign body, localization of and report, not covered by any other item in this Part	37.00

TOMOGRAPHY

	\$
Tomography of any part and report	112.00

STEREOSCOPIC EXAMINATIONS

	\$
Stereoscopic examination and report	22.50

FLUOROSCOPIC EXAMINATION AND REPORT (Fluoroscopic examination and Report not covered by any other item in this Part - where radiograph is not taken)

	\$
Examination with general anaesthesia	80.00
Examination without general anaesthesia	51.00

WITH OPAQUE OR CONTRAST MEDIA

(Selective coronary arteriography)

	\$
Discography - one disc	122.00
Dacryocystography	90.00
Encephalography	210.00
Cerebral ventriculography	164.00
Hysterosalpingography	126.00
Bronchography - one side	186.00
Phlebography - one side	186.00
Splenography	186.00
Myelography - one region	220.00
Sialography - one gland	126.00
Vasoevididymography - one side	126.00
Sinuses and fistulae	41.00
Pneumoarthrography	90.00
Contrast arthrography	90.00
Double contrast arthrography	148.00
Lymphangiography, including follow up radiography	122.00
Peritoneogram (herniography)	212.00

PREPARATION

[“**Preparation**” for radiological procedure means the injection of opaque or contrast media, or the removal of fluid and its replacement by air, oxygen or other contrast media or other similar preparation.]

	\$
Encephalography	290.00
Cerebral angiography - percutaneous, one side	225.00

Cerebral angiography - catheter or open exposure, one side	225.00
Cerebral ventriculography	290.00
Dacryocystography - one side	74.00
Bronchography - one or both sides	112.00
Aortography	112.00
Arteriography - peripheral, one artery	114.00
Splenography	90.00
Retroperitoneal pneumogram	90.00
Selective phlebogram	90.00
Selective arteriogram	90.00
Pneumoarthrography	93.00
Hysterosalpingography	112.00
Drip-infusion pyelography or cholegraphy	55.00
Discography - one disc	74.00
Intra-osseous venography	74.00
Myelography	220.00
Cisternal puncture	148.00
Sinus or fistula, injection into	37.00
Lymphangiography - one side	220.00
Laryngography	112.00
Percutaneous transhepatic cholegram (Cholangiogram)	220.00

Magnetic Resonance Imaging

\$

Magnetic resonance study of one region, or 2 or more contiguous regions, of the body 693.80

”.

5. Schedule 2 amended

Item 16 in Schedule 2 is amended by deleting the line

“ 4 \$12.00 \$24.00 (per person) ” and inserting instead —

“ 8 \$12.00 \$24.00 (per person) ”.

Recommended by the Workers' Compensation and Rehabilitation Commission on the 7th day of July 1999.

The common seal of the)
Workers' Compensation and) L.S.
Rehabilitation Commission)

H. T. NEESHAM, Acting Chairman.

By Command of the Governor,

ROD SPENCER, Clerk of the Executive Council.