
WORKCOVER

WC301

Workers' Compensation and Injury Management Act 1981

**Workers' Compensation and Injury
Management (Scales of Fees) Amendment
Regulations 2022**

SL 2022/164

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2022*.

2. Commencement

These regulations come into operation as follows —

- (a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;
- (b) the rest of the regulations — on 1 November 2022.

3. Regulations amended

These regulations amend the *Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998*.

4. Regulation 2 amended

In regulation 2(2) in the definition of *MBS item number* delete “1 November 2021.” and insert:

1 November 2022.

5. Various fees amended

Amend the provisions listed in the Table as set out in the Table.

Table

Provision	Delete	Insert
r. 6(1)	\$262.35	\$268.25
r. 6A	\$262.35	\$268.25
r. 7A	\$82.95	\$84.80
r. 7C(2)	\$81.00	\$82.80
r. 8	\$195.70	\$200.10

6. Schedules 1 to 6 replaced

Delete Schedules 1 to 6 and insert:

Schedule 1 — Scale of fees: medical specialists and other medical practitioners

[r. 2]

Part 1 — Medical specialists and other medical practitioners

Type of service/by whom

Fee

GENERAL PRACTITIONER

CONSULTATIONS

Surgery Consultation

in hours

Content based

Minor or Specific Service (Level A or B)	\$83.45
Extended Service (Level C)	\$152.35
Comprehensive Service (Level D)	\$234.00

Time based

up to 5 minutes	\$49.75
more than 5 minutes to 15 minutes	\$64.80
more than 15 minutes to 30 minutes	\$125.10
more than 30 minutes to 45 minutes	\$189.30
more than 45 minutes to 60 minutes	\$256.50

Surgery Consultations

out of hours

For attendances between the hours of 6 pm and 8 am on a weekday or between 12 noon on Saturday and 8 am on the following Monday and public holiday.

Content based

Minor Service (Level A)	\$62.65
Specific Service (Level B)	\$125.10
Extended Service (Level C)	\$227.80
Comprehensive Service (Level D)	\$352.70

Time based

up to 5 minutes	\$99.10
more than 5 minutes to 15 minutes	\$107.50
more than 15 minutes to 30 minutes	\$166.55
more than 30 minutes	\$227.80

VISITS

Consultations at a place other than the Consulting Rooms

in hours

Minor Service (Level A)	\$104.35
Specific Service (Level B)	\$142.60
Extended Service (Level C)	\$211.60
Comprehensive Service (Level D)	\$294.90

out of hours

Minor Service (Level A)	\$125.10
Specific Service (Level B)	\$186.05
Extended Service (Level C)	\$285.45
Comprehensive Service (Level D)	\$416.85

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

per hour	\$313.65
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TRAVELLING FEES

Rate per kilometre	\$5.65
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**PHYSICIANS, OCCUPATIONAL & REHABILITATION
PHYSICIANS*****PHYSICIANS*****CONSULTATIONS**

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

first attendance \$316.65

subsequent attendances \$158.35

VISITS

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

first attendance \$379.00

subsequent attendances \$218.65

REHABILITATION PHYSICIANS**CONSULTATIONS**

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

first attendance \$316.65

subsequent attendances \$158.35

VISITS

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

first attendance \$379.00

subsequent attendances \$218.65

OCCUPATIONAL PHYSICIANS**CONSULTATIONS**

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

first attendance \$321.75

subsequent attendances \$158.35

VISITS

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

first attendance \$379.00

subsequent attendances \$218.65

TELEPHONE CONSULTATIONS

Time based

up to 5 minutes	\$41.55
more than 5 minutes to 15 minutes	\$51.20
more than 15 minutes to 30 minutes	\$107.05
more than 30 minutes	\$161.65

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

per hour	\$465.00
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TRAVELLING FEES

Rate per kilometre	\$5.65
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CONSULTANT PSYCHIATRISTS

CONSULTATIONS

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

Time based

up to 15 minutes	\$92.90
more than 15 minutes to 30 minutes	\$185.25
more than 30 minutes to 45 minutes	\$277.45
more than 45 minutes to 60 minutes	\$371.25
more than 60 minutes to 75 minutes	\$420.10
more than 75 minutes	\$468.85

VISITS

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

Time based

up to 15 minutes	\$152.45
more than 15 minutes to 30 minutes	\$246.15
more than 30 minutes to 45 minutes	\$335.95
more than 45 minutes to 75 minutes	\$429.75
more than 75 minutes	\$517.95

TELEPHONE CONSULTATIONS

Time based

up to 45 minutes	\$123.30
more than 45 minutes	\$268.90

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

per hour	\$465.00
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TRAVELLING FEES

Rate per kilometre	\$5.65
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SPECIALISTS***SURGEONS*****CONSULTATIONS**

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

first attendance	\$179.95
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subsequent attendances	\$93.90
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VISITS

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

first attendance	\$242.50
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subsequent attendances	\$154.70
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DERMATOLOGISTS**CONSULTATIONS**

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

first attendance	\$179.95
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subsequent attendances	\$93.90
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VISITS

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

first attendance	\$242.20
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subsequent attendances	\$154.35
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TELEPHONE CONSULTATIONS**Time based**

up to 5 minutes	\$41.55
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more than 5 minutes to 15 minutes	\$51.20
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more than 15 minutes to 30 minutes	\$107.05
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more than 30 minutes	\$161.65
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CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments, etc.

per hour	\$465.00
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TRAVELLING FEES

Rate per kilometre	\$5.65
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ANAESTHETISTS

All anaesthesia fees are calculated by multiplying the units for the consultation, attendance, procedure or service by the \$ value per unit allocated by this Schedule.

\$ VALUE PER UNIT

\$ value per unit	\$93.60
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CONSULTATIONS AND ATTENDANCES	Units
Anaesthetist Consultation	
— an attendance of 15 minutes or less duration	2
— an attendance of more than 15 minutes but not more than 30 minutes duration	4
— an attendance of more than 30 minutes but not more than 45 minutes duration	6
— an attendance of more than 45 minutes duration	8
Post anaesthesia patient care following a day procedure	2
 EMERGENCY ATTENDANCES	
After hours — where immediate attendance is required after 6 pm and before 8 am on any weekday, or at any time on a Saturday, Sunday or a public holiday	6
Note: No after hours loading applies to the above item	
Attendance on a patient in imminent danger of death requiring continuous life saving emergency treatment to the exclusion of all other patients	6
Call back from home, office or other distant location for the provision of emergency services	4

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 3 elements: base units (BUs), modifying units (MUs) and time units (TUs).

In Division 1, 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.

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

In Division 2, 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

For the first 2 hours, each 15 minutes (or part thereof) of anaesthetic time constitutes 1 time unit. After 2 hours, time units are calculated at 1 per 10 minutes (or part thereof).

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".]

Description	Units
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	4
A moribund patient who is not expected to survive for 24 hours with or without the operation	6
A patient who is morbidly obese (body mass index is more than 35)	2
A patient who is in the 3 rd trimester of pregnancy	2
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 of age	1
Emergency surgery (i.e. when undue delay in treatment of the patient would lead to a significant increase in a threat to life or body part)	2
Anaesthesia in the prone position (not applicable to lower intestinal endoscopic procedures)	3

Anaesthesia for after hours emergencies

A 50% loading should apply to emergency after hours anaesthesia. It is calculated using the "total relative value". The 50% loading and the emergency surgery modifier should not be used together.

after hours is defined as that period between 6 pm and the following 8 am on weekdays and between 8 am and the following 8 am on weekend days and public holidays.

Division 1 — Procedures

Description of procedure, etc.	Units
Head	
Anaesthesia for all procedures on the skin and subcutaneous tissue, muscles, salivary glands and superficial blood vessels of the head, including biopsy, unless otherwise specified	5
— plastic repair of cleft lip	6
Anaesthesia for electroconvulsive therapy	4
Anaesthesia for all procedures on external, middle or inner ear, including biopsy, unless otherwise specified	5
— otoscopy	4
Anaesthesia for all procedures on eye unless otherwise specified	5
— lens surgery	5
— retinal surgery	8
— corneal transplant	7
— vitrectomy	7
— biopsy of conjunctiva	5
— ophthalmoscopy	4
Anaesthesia for all procedures on nose and accessory sinuses unless otherwise specified	6
— radical surgery	7
— biopsy, soft tissue	4
Anaesthesia for all intraoral procedures, including biopsy, unless otherwise specified	6
— repair of cleft palate	7
— excision of retropharyngeal tumour	9
— radical intraoral surgery	10
Anaesthesia for all procedures on facial bones unless otherwise specified	5
— extensive surgery on facial bones (including prognathism and extensive facial bone reconstruction)	10
Anaesthesia for all intracranial procedures unless otherwise specified	15
— subdural taps	5
— burr holes	9
— intracranial vascular procedures, including those for aneurysms and arterio-venous abnormalities	20
— spinal fluid shunt procedures	10

Description of procedure, etc.	Units
— ablation of intracranial nerve	6
Anaesthesia for all cranial bone procedures	12
Neck	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the neck unless otherwise specified	5
Anaesthesia for incision and drainage of large haematoma, large abscess, cellulitis or similar lesion causing life threatening airway obstruction	15
Anaesthesia for all procedures on oesophagus, thyroid, larynx, trachea and lymphatic system muscles, nerves or other deep tissues of the neck unless otherwise specified	6
— for laryngectomy, hemi-laryngectomy, laryngopharyngectomy or pharyngectomy	10
Anaesthesia for laser surgery to the airway	8
Anaesthesia for all procedures on major vessels of neck unless otherwise specified	10
— simple ligation	5
Thorax (chest wall/shoulder girdle)	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the chest unless otherwise specified	3
Anaesthesia for all procedures on the breast unless otherwise specified	4
— reconstructive procedures on the breast (e.g. reduction or augmentation, mammoplasty)	5
— removal of breast lump or for breast segmentectomy where axillary node dissection is performed	5
— mastectomy	6
— reconstructive procedures on the breast using myocutaneous flaps	8
— radical or modified radical procedures on breast with internal mammary node dissection	13
— electrical conversion of arrhythmias	4
Anaesthesia for percutaneous bone marrow biopsy of the sternum	4
Anaesthesia for all procedures on the clavicle, scapula or sternum unless otherwise specified	5
— radical surgery	6
Anaesthesia for partial rib resection unless otherwise specified	6
— thoracoplasty	10
— extensive procedures (e.g. pectus excavatum)	13

Description of procedure, etc.	Units
Intrathoracic	
Anaesthesia for open procedures on the oesophagus	15
Anaesthesia for all closed chest procedures (including rigid oesophagoscopy or bronchoscopy) 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
— pulmonary decortication	15
— pulmonary resection with thoracoplasty	15
— intrathoracic repair of trauma to trachea and bronchi	15
Anaesthesia for all open procedures on the heart, pericardium and great vessels of the chest	20
Anaesthesia for heart transplant	20
Anaesthesia for heart and lung transplant	20
Cadaver harvesting of heart and/or lungs	8
Spine and spinal cord	
Anaesthesia for all procedures on the cervical spine and/or cord unless otherwise specified (for myelography and discography see items in ‘Other Procedures’)	10
— posterior cervical laminectomy in sitting position	13
Anaesthesia for all procedures on the thoracic spine and/or cord unless otherwise specified	10
— thoracolumbar sympathectomy	13
Anaesthesia for all procedures in the lumbar region unless otherwise specified	8
— lumbar sympathectomy	7
— chemonucleolysis	10
Anaesthesia for extensive spine and spinal cord procedures	13
Anaesthesia for manipulation of spine	3
Anaesthesia for percutaneous spinal procedures	5
Upper abdomen	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the upper abdominal wall unless otherwise specified	3
Anaesthesia for all procedures on the nerves, muscles, tendons and fascia of the upper abdominal wall	4

Description of procedure, etc.	Units
Anaesthesia for laparoscopic procedures unless otherwise specified	7
Anaesthesia for extracorporeal shock wave lithotripsy	6
Anaesthesia for upper gastrointestinal endoscopic procedures	5
Anaesthesia for upper gastrointestinal endoscopic procedures in association with imaging techniques including fluoroscopy and ultrasound	6
Anaesthesia for upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage	7
Anaesthesia for all hernia repairs in upper abdomen unless otherwise specified	5
— repair of incisional hernia and/or wound dehiscence	6
— repair of omphalocele	7
— transabdominal repair of diaphragmatic hernia	9
Anaesthesia for all procedures on major abdominal blood vessels	15
Initiation of the management of anaesthesia for procedures within the peritoneal cavity in upper abdomen, including open cholecystectomy, gastrectomy, laparoscopically assisted nephrectomy and bowel shunts	8
Anaesthesia for bariatric surgery in a patient with clinically severe obesity	10
Anaesthesia for partial hepatectomy (excluding liver biopsy)	13
Anaesthesia for extended or trisegmental hepatectomy	15
Anaesthesia for pancreatectomy, partial or total (e.g. Whipple procedure)	12
Anaesthesia for liver transplant (recipient)	30
Anaesthesia for neuro endocrine tumour removal (e.g. carcinoid)	10
Anaesthesia for percutaneous procedures on an intra-abdominal organ in the upper abdomen	6
Lower abdomen	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the lower abdominal wall unless otherwise specified	3
— lipectomy	5
Anaesthesia for all procedures on the nerves, muscles, tendons and fascia of the lower abdominal wall (with the exception of abdominal lipectomy)	4
Anaesthesia for laparoscopic procedures	7
Anaesthesia for all lower intestinal endoscopic procedures (modifier for prone position is not applicable)	4
Anaesthesia for extracorporeal shock wave lithotripsy	6

Description of procedure, etc.	Units
Anaesthesia for all hernia repairs in lower abdomen unless otherwise specified	4
— repair of incisional hernia and/or wound dehiscence	6
Anaesthesia for all procedures within the peritoneal cavity in the lower abdomen (including appendicetomy) unless otherwise specified	6
Anaesthesia for bowel resection, including laparoscopic bowel resection, unless otherwise specified	8
— amniocentesis	4
— abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir	10
— radical prostatectomy	10
— radical hysterectomy	10
— radical ovarian surgery	10
— pelvic exenteration	10
— Caesarean section	10
— Caesarean hysterectomy or hysterectomy within 24 hours of delivery	15
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 (e.g. 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
— percutaneous umbrella insertion	5
Anaesthesia for percutaneous procedures on an intra-abdominal organ in the lower abdomen	6
Perineum	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the perineum unless otherwise specified	3
— anorectal procedures (including surgical haemorrhoidectomy, but not banding of haemorrhoids)	4
— radical perineal procedure including radical perineal prostatectomy or radical vulvectomy	7
— vulvectomy	4

Description of procedure, etc.	Units
Anaesthesia for all transurethral procedures (including urethrocystoscopy) unless otherwise specified	4
— transurethral resection of bladder tumour(s)	5
— transurethral resection of prostate	7
— post-transurethral resection bleeding	7
Anaesthesia for all procedures on male external genitalia unless otherwise specified	4
— undescended testis, unilateral or bilateral	4
Anaesthesia for procedures on the cord and/or testes unless otherwise specified	4
— radical orchidectomy, inguinal approach	4
— radical orchidectomy, abdominal approach	6
— orchiopexy, unilateral or bilateral	4
— complete amputation of the penis	4
— complete amputation of the penis with bilateral inguinal lymphadenectomy	6
— complete 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	4
— transvaginal assisted reproductive services	4
— vaginal hysterectomy	6
— vaginal delivery	6
— purse string ligation of cervix	4
— culdoscopy	5
— hysteroscopy	4
— correction of inverted uterus	8
Anaesthesia for evacuation of retained products of conception, as a complication of confinement	4
— for the manual removal of retained placenta or for repair of vaginal or perineal tear following delivery	5
— for vaginal procedures in the management of post partum haemorrhage	7
Pelvis — except hip	
Anaesthesia for all procedures on the skin and subcutaneous tissue of the pelvic region, except external genitalia	3

Description of procedure, etc.	Units
Anaesthesia for percutaneous bone marrow biopsy of the anterior iliac crest	4
— percutaneous bone marrow biopsy of the posterior iliac crest	5
Anaesthesia for percutaneous bone marrow harvesting from the pelvis	6
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 procedures on the skin or subcutaneous tissue of the upper leg	3
— on the nerves, muscles, tendons, fascia or bursae of the upper leg	4
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 bilateral total hip replacement	14
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 involving veins of the upper leg including exploration	4
Anaesthesia for all procedures involving arteries of the upper leg, including bypass graft, unless otherwise specified	8
— femoral artery ligation	4
— femoral artery embolectomy	6
— for microsurgical reimplantation of upper leg	15

Description of procedure, etc.	Units
Knee and popliteal area	
Anaesthesia for all procedures on the skin 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 the knee joint	3
Anaesthesia for arthroscopic procedures of the knee joint	4
Anaesthesia for all closed procedures on upper ends of the tibia and fibula and/or patella	3
Anaesthesia for all open procedures on upper ends of the tibia and fibula and/or patella	4
Anaesthesia for open procedures on the knee joint unless otherwise specified	4
— knee replacement	7
— bilateral knee replacement	10
— disarticulation of knee	5
Anaesthesia for all cast applications, removal or repair involving the knee joint	3
Anaesthesia for all procedures on the veins of the knee and popliteal area unless otherwise specified	4
— repair of arteriovenous fistula	5
Anaesthesia for all procedures on the arteries of the knee and popliteal area unless otherwise specified	8
Lower leg — below knee (includes ankle and foot)	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the lower leg, ankle and foot	3
Anaesthesia for all procedures on the nerves, muscles, tendons and fascia of the lower leg, ankle and foot unless otherwise specified	4
Anaesthesia for all closed procedures on the lower leg, ankle and foot	3
Anaesthesia for arthroscopic procedure of ankle joint	4
— gastrocnemius recession	5
Anaesthesia for all open procedures on the bones of the lower leg, ankle and foot, including amputation, unless otherwise specified	4
— radical resection	5
— osteotomy or osteoplasty of tibia and fibula	5
— total ankle replacement	7

Description of procedure, etc.	Units
Anaesthesia for lower leg cast application, removal or repair	3
Anaesthesia for all procedures on arteries of the lower leg, including bypass graft unless otherwise specified	8
— embolectomy	6
Anaesthesia for all procedures on the veins of the lower leg unless otherwise specified	4
— venous thrombectomy	5
— for microsurgical reimplantation of the lower leg, ankle or foot	15
— for microsurgical reimplantation of the toe	8
Shoulder and axilla (includes humeral head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint)	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the shoulder or axilla	3
Anaesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of shoulder and axilla, including axillary dissection	5
Anaesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint or the shoulder joint	4
Anaesthesia for all arthroscopic procedures of the shoulder joint	5
Anaesthesia for all open procedures on the humeral head and neck, sternoclavicular joint, acromioclavicular joint or the 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 or subcutaneous tissue of the upper arm and elbow	3

Description of procedure, etc.	Units
Anaesthesia for all procedures on the nerves, muscles, tendons, fascia and bursae of upper arm and elbow, unless otherwise specified	4
— tenotomy, elbow to shoulder, open	5
— tenoplasty, elbow to shoulder	5
— tenodesis, rupture of long tendon of biceps	5
Anaesthesia for all closed procedures on the humerus and elbow	3
Anaesthesia for arthroscopic procedures of elbow joint	4
Anaesthesia for all open procedures on the humerus and elbow unless otherwise specified	5
— radical procedures	6
— total elbow replacement	7
Anaesthesia for all procedures on the arteries of the upper arm unless otherwise specified	8
— embolectomy	6
Anaesthesia for all procedures on the veins of the upper arm unless otherwise specified	4
— for microsurgical reimplantation of the upper arm	15
Forearm, wrist and hand	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the forearm, wrist and hand	3
Anaesthesia for all procedures on the nerves, muscles, tendons, fascia and bursae of the forearm, wrist and hand	4
Anaesthesia for all closed procedures on radius, ulna, wrist or hand bones	3
Anaesthesia for all open procedures on radius, ulna, wrist or hand bones unless otherwise specified	4
— total wrist replacement	7
Anaesthesia for arthroscopic procedures of the wrist joint	4
Anaesthesia for all procedures on the arteries of the forearm, wrist and hand unless otherwise specified	8
— embolectomy	6
Anaesthesia for all procedures on the veins of the forearm, wrist and hand unless otherwise specified	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 a finger	8

Description of procedure, etc.	Units
Burns	
Anaesthesia for excision of debridement of burns with or without skin grafting	
— where the burnt area involves not more than 3% of total body surface	3
— where the burnt area involves more than 3% but less than 10% of total body surface	5
— where the burnt area involves 10% or more but less than 20% of total body surface	7
— where the burnt area involves 20% or more but less than 30% of total body surface	9
— where the burnt area involves 30% or more but less than 40% of total body surface	11
— where the burnt area involves 40% or more but less than 50% of total body surface	13
— where the burnt area involves 50% or more but less than 60% of total body surface	15
— where the burnt area involves 60% or more but less than 70% of total body surface	17
— where the burnt area involves 70% or more but less than 80% of total body surface	19
— where the burnt area involves 80% or more of total body surface	21
Other Procedures	
Anaesthesia for injection procedure for myelography	
— lumbar or thoracic	5
— cervical	6
— posterior fossa	9
Anaesthesia for injection procedure for discography	
— lumbar or thoracic	5
— cervical	6
Anaesthesia for peripheral arteriogram	5
Anaesthesia for arteriograms	
— carotid, cerebral or vertebral	5
— retrograde, brachial or femoral	5
Anaesthesia for computerised axial tomography scanning, magnetic resonance scanning, ultrasound scanning or digital subtraction angiography scanning	7
Anaesthesia for radiology unless otherwise specified	4
Anaesthesia for retrograde cystography, retrograde urethrography or retrograde cystourethrography	4
Initiation of management of anaesthesia for fluoroscopy	4

Description of procedure, etc.	Units
Anaesthesia for bronchography	6
Anaesthesia for phlebography	5
Anaesthesia for heart, 2 dimensional real time transoesophageal examination	6
Anaesthesia for peripheral venous cannulation	3
Anaesthesia for cardiac catheterisation including coronary arteriography, ventriculography, cardiac mapping, insertion of automatic defibrillator or transvenous pacemaker	7
Anaesthesia for cardiac electrophysiological procedures including radio frequency ablation	10
Anaesthesia for central vein catheterisation or insertion of right heart balloon catheter	5
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	4
Anaesthesia for electroencephalography	5
Anaesthesia for brain stem evoked audiometry	5
Anaesthesia for electrocochleography by extratympanic method or transtympanic membrane insertion method	5
Anaesthesia for a therapeutic procedure where it can be demonstrated that there is a clinical need for anaesthesia	5
Anaesthesia during hyperbaric therapy where the medical practitioner is not confined in the chamber (including the administration of oxygen)	8
Anaesthesia during hyperbaric therapy where the medical practitioner is confined in the chamber (including the administration of oxygen)	15
Anaesthesia for brachytherapy using radioactive sealed sources	5
Anaesthesia for therapeutic nuclear medicine	5
Anaesthesia for radiotherapy	7
Anaesthesia where no procedure ensues	3

Note — Unlisted anaesthetic procedures

The AMA recognise that in determining the number of units applicable, the anaesthetist shall have regard to equivalent procedures.

Division 2 — Therapeutic and diagnostic services

Description of service, etc.	MUs	TUs	BUs
Administration of blood or bone marrow already collected when performed in association with the administration of anaesthesia	no	no	4
Venous cannulation and blood transfusion (or blood products) not associated with anaesthesia	no	no	5
Intubation, endotracheal, emergency procedure, where the patient's airway is unsecured and at high risk of occlusion, (e.g. epiglottitis or haematoma post thyroidectomy) not associated with surgery	yes	yes	15
Intubation, endotracheal, not associated with anaesthesia, when subsequent management is not in an intensive care unit	yes	yes	4
Awake endotracheal intubation with flexible fiberoptic scope, associated with difficult airway, when performed in association with the administration of anaesthesia	no	no	4
Double lumen endobronchial tube or bronchial blocker, insertion of, when performed in association with the administration of anaesthesia	no	no	4
Monitoring of depth of anaesthesia, incorporating continuous measurement of the EEG during anaesthesia for the diagnosis of awareness	no	no	3
Venous cannulation and commencement of intravenous infusion, under age of 3 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
Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement	no	no	7
Central vein catheterisation, percutaneous via jugular, subclavian or femoral vein	no	no	3

Description of service, etc.	MUs	TUs	BUs
Central vein catheterisation by cutdown	no	no	5
Central venous pressure monitoring	no	no	3
Arterial cannulation, percutaneous	no	no	3
Arterial puncture, withdrawal of blood for diagnosis	no	no	1
Arterial cannulation, by cutdown	no	no	5
Catheterisation, umbilical artery, newborn, for diagnosis or therapy	no	no	5
Intra-arterial infusion or retrograde intravenous perfusion of a sympatholytic agent	no	no	4
Intravenous regional anaesthesia of limb by retrograde perfusion	no	no	4
Perfusion of limb or organ	no	no	12
Medical management of cardio-pulmonary bypass perfusion using heart/lung machine	yes	yes	20
Hypothermia, total body	no	no	5
Deep hypothermia to a core temperature of less than 22 degrees in association with circulatory arrest	no	no	15
Standby medical management of cardio-pulmonary bypass perfusion using heart/lung machine	no	yes	5
Major nerve block (proximal to the elbow or knee), including intercostal nerve block(s) or plexus block to provide post operative pain relief	no	no	4
Minor nerve block (specify type) to provide post operative pain relief (does not include subcutaneous infiltration)	no	no	2
Intrathecal or epidural injection (initial) of a therapeutic substance, with or without insertion of a catheter, in association with anaesthesia and surgery, for post operative pain management	no	no	5
Intrathecal or epidural injection (subsequent) of a therapeutic substance, in association with anaesthesia and surgery, for post operative pain management	no	no	3
Subarachnoid puncture, lumbar, diagnostic	no	no	5

Description of service, etc.	MUs	TUs	BUs
Insertion of subarachnoid drain	no	no	8
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, including up to 1 hour of continuous attendance by a medical practitioner	no	no	8
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, where continuous attendance by a medical practitioner extends beyond the first hour. Derived fee being 8 units for the first hour plus 1 unit for each additional 15 minutes or part thereof	no	no	0
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, including up to 1 hour of continuous attendance by a medical practitioner after hours for a patient in labour	no	no	15
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, where continuous after hours attendance by a medical practitioner extends beyond the first hour for a patient in labour. Derived fee being 15 units for the first hour plus 1 unit for each additional 15 minutes or part thereof	no	no	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

Description of service, etc.	MUs	TUs	BUs
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
— 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, 1 or more of	no	no	5
— pudendal nerve	no	no	8
— ulnar, radial or median nerve of main trunk, 1 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, 1 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

Description of service, etc.	MUs	TUs	BUs
— 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, not being a service associated with the injection of botulinum toxin	no	no	20
Nerve branch, not covered by any other item in this Group, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin	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
Hyperbaric oxygen treatment when the specialist is inside the chamber	yes	yes	15
Hyperbaric oxygen treatment when the specialist is outside the chamber	yes	yes	8
Heart, 2-dimensional real time transoesophageal examination of, at least 2 oesophageal windows performed using a mechanical sector scanner or phased array transducer with —			
(a) measurement blood flow velocities across the cardiac valves using pulsed wave and continuous Doppler techniques; and			
(b) real time colour flow mapping from at least 2 oesophageal windows; and			
(c) recording on video	no	no	10

Description of service, etc.	MUs	TUs	BUs
Intra-operative 2-dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure	no	no	14
The use of 2-dimensional imaging ultrasound guidance to assist percutaneous major vascular access involving catheterisation of the jugular, subclavian or femoral vein	no	no	3
The use of 2-dimensional imaging ultrasound guidance to assist percutaneous neural blockade involving the branchial plexus, or femoral and/or sciatic nerve	no	no	3
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.

Part 2 — Medical procedures

Type of procedure	Fee
GENERAL	
Localised burns	\$69.55
Localised burns, including dressing of, under general anaesthetic	\$197.65
Extensive burns	\$120.05
Extensive burns, including dressing of, under general anaesthetic	\$418.45
Dressing of wounds, under general anaesthetic	\$197.65
Acupuncture, including consultation	\$92.25
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.

Type of procedure	Fee
[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	\$372.85
Elbow, by open reduction	\$494.55
Mandible, by closed reduction	\$133.30
Clavicle, by closed reduction	\$158.10
Shoulder, not requiring general anaesthetic	\$177.80
Shoulder, by open reduction, with general anaesthetic	\$637.45
Shoulder, other, with general anaesthetic	\$315.60
Metacarpophalangeal joint, by closed reduction	\$213.05
Patella, by closed reduction	\$239.50
Patella, by open reduction	\$319.60
Radioulnar joint, by closed reduction	\$372.85
Toe, by closed reduction	\$133.30
REMOVAL OF FOREIGN BODIES	
as independent procedure	\$58.00
superficial	\$258.70
deep tissue or muscle	\$722.90
ear, other than by syringing	\$186.40
nose, other than by simple probing	\$186.40
cornea or sclera, embedded	\$190.30
FRACTURES	
<i>closed reduction</i> means non-operative reduction of the fracture and included percutaneous fixation and/or external splintage by cast or splint.	
<i>open reduction</i> means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation.	
<i>other</i> 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.]	
Metacarpal	
Carpal Scaphoid, by open reduction	\$1 065.20
Carpal Scaphoid, other	\$475.45
Carpus (excluding Scaphoid), by open reduction	\$665.65
Carpus (excluding Scaphoid), other	\$266.35
Radius	
by closed management	\$532.40

Type of procedure	Fee
by open management	\$1 065.20
Ribs (1 or more), each attendance	\$121.80
Tibia, plateau of, medial or lateral, by closed reduction	\$960.65
Tibia, plateau of, medial and lateral	
by closed reduction	\$1 597.75
by open reduction	\$2 139.95
SUTURES	
face or neck, less than 7 cm, superficial	\$190.30
face or neck, less than 7 cm, deep	\$289.20
face or neck, more than 7 cm, superficial	\$289.20
face or neck, more than 7 cm, deep	\$494.55
except face or neck, less than 7 cm, superficial	\$144.60
except face or neck, less than 7 cm, deep	\$216.85
except face or neck, more than 7 cm, superficial	\$216.85
except face or neck, more than 7 cm, deep	\$475.45
AMPUTATIONS	
Hand, midcarpal or transmetacarpal	\$722.90
Hand, forearm or through arm	\$836.95
At shoulder	\$1 416.95
Interscapulothoracic	\$2 815.05
1 digit of foot	\$380.35
2 digits of 1 foot	\$570.75
3 digits of 1 foot	\$770.40
4 digits of 1 foot	\$960.65
5 digits of 1 foot	\$1 150.75
Foot, midtarsal or transmetatarsal	\$722.90
Through thigh, at knee or below knee	\$1 236.50
At hip	\$1 740.25
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 \$239.50, whichever is greater.	

Part 3 — Diagnostic Imaging Services**ULTRASOUND**

MBS item number	Fee \$
55028	233.05
55029	80.80
55030	233.05
55031	80.80
55032	233.05
55033	80.80
55036	237.55
55037	80.80
55038	233.05
55039	80.80
55048	233.05
55049	80.80
55054	233.05
55070	209.75
55073	72.70
55076	233.05
55079	80.80
55084	209.75
55085	72.70
55118	588.20
55130	363.10
55135	755.00
55238	361.90
55244	361.90
55246	361.90
55248	361.90
55252	361.90
55274	361.90
55276	361.90
55278	361.90
55280	361.90
55282	361.90
55284	361.90
55292	361.90

MBS item number	Fee \$
55294	361.90
55296	237.15
55600	233.05
55603	233.05
55700	128.00
55703	74.80
55704	149.50
55705	74.80
55706	213.50
55707	149.50
55708	74.80
55709	81.15
55712	245.60
55715	85.45
55718	213.50
55721	245.60
55723	81.15
55725	85.45
55729	58.20
55736	271.10
55739	121.65
55759	320.35
55762	128.00
55764	341.60
55766	138.70
55768	320.35
55770	128.00
55772	341.60
55774	138.70
55812	233.05
55814	80.80
55844	186.50
55846	80.80
55848	233.05
55850	326.35
55852	233.05
55854	80.80

COMPUTED TOMOGRAPHY — EXAMINATION AND REPORT

MBS item number	Fee \$
56001	382.40
56007	490.25
56010	494.35
56013	490.25
56016	568.70
56022	441.25
56028	660.60
56030	441.25
56036	660.60
56101	451.20
56107	666.95
56219	639.80
56220	470.70
56221	470.70
56223	470.70
56224	689.10
56225	689.10
56226	689.10
56233	470.70
56234	689.10
56235	240.10
56236	347.95
56237	470.70
56238	689.10
56301	578.55
56307	784.25
56341	293.10
56347	396.10
56401	490.25
56407	705.95
56409	490.25
56412	705.95
56501	755.00
56507	941.25
56801	915.05

MBS item number	Fee \$
56807	1 098.30
57001	915.25
57007	1 113.40
57201	304.30
57341	921.75

DIAGNOSTIC RADIOLOGY

MBS item number	Fee \$
57506	67.30
57509	90.05
57512	91.75
57515	122.20
57518	73.45
57521	98.25
57524	111.95
57527	149.00
57700	91.75
57703	122.20
57706	73.45
57709	98.25
57712	106.80
57715	138.05
57721	224.75
57901	146.00
57902	146.00
57915	106.80
57918	106.80
57921	106.80
57924	106.80
57927	112.25
57930	74.55
57933	177.20
57939	146.00
57942	112.25
57945	98.25
57960	107.45
57963	107.45

MBS item number	Fee \$
57966	107.45
57969	107.45
58100	152.00
58103	124.80
58106	174.35
58108	300.90
58109	106.55
58112	220.25
58115	300.90
58300	90.85
58306	202.30
58500	80.05
58503	106.80
58506	137.85
58509	90.05
58521	98.25
58524	127.95
58527	157.10
58700	104.45
58706	357.55
58715	343.25
58718	285.80
58721	313.15
58900	80.80
58903	107.70
58909	203.60
58912	249.70
58915	178.75
58916	313.65
58921	306.35
58927	173.10
58933	465.70
58936	443.85
58939	315.45
59103	48.30
59300	202.75
59303	122.10

MBS item number	Fee \$
59312	197.05
59314	118.80
59318	106.60
59700	218.65
59703	172.00
59712	257.50
59715	325.15
59718	304.95
59724	512.95
59733	243.90
59739	167.25
59751	315.15
59754	496.75
59763	303.30
59970	381.25
60000	1 277.40
60003	1 873.35
60006	2 663.60
60009	3 117.15
60012	1 277.40
60015	1 873.35
60018	2 663.60
60021	3 117.15
60024	1 277.40
60027	1 873.35
60030	2 663.60
60033	3 117.15
60036	1 277.40
60039	1 873.35
60042	2 663.60
60045	3 117.15
60048	1 277.40
60051	1 873.35
60054	2 663.60
60057	3 117.15
60060	1 277.40
60063	1 873.35

MBS item number	Fee \$
60066	2 663.60
60069	3 117.15
60072	109.10
60075	217.70
60078	326.55
60500	98.25
60503	67.30
60506	144.50
60509	223.95
60918	106.80
60927	86.25
61109	586.35
NUCLEAR MEDICINE IMAGING	
MBS item number	Fee \$
61302	783.05
61310	640.70
61313	529.25
61314	732.60
61328	397.15
61340	441.35
61348	773.45
61353	674.30
61356	685.20
61360	703.70
61361	804.95
61364	867.00
61368	389.25
61369	3 516.30
61372	389.25
61373	854.25
61376	250.10
61381	1 001.85
61383	1 090.05
61384	1 199.65
61386	580.10
61387	751.50

MBS item number	Fee \$
61389	646.40
61390	715.20
61393	1 056.25
61397	430.55
61402	1 055.50
61409	1 523.90
61413	394.10
61421	837.00
61425	1 047.90
61426	967.80
61429	947.20
61430	1 150.40
61433	867.00
61434	1 073.50
61438	1 173.95
61441	854.25
61442	1 312.45
61445	500.25
61446	581.95
61449	795.75
61450	693.45
61453	897.85
61454	607.15
61457	820.65
61461	920.65
61462	227.30
61469	607.15
61473	305.90
61480	674.90
61485	1 743.05
61495	389.25
61499	441.35

MAGNETIC RESONANCE IMAGING

MBS item number	Fee \$
63000—63200	1 135.95
63201	1 703.90
63204	1 703.90
63219—63243	1 703.90
63271—63473	1 135.95
63491—63494	129.90
63497	389.90

Schedule 2 — Scale of fees: physiotherapists

[r. 3]

Part 1 — General

Service Code	Service	Set Fee
PA001	<p>Initial Consultation</p> <p>A consultation with the physiotherapist including the following elements —</p> <p>Subjective assessment — of the following points as required:</p> <p>Major symptoms and lifestyle dysfunction; current history and treatment; past history and treatment; pain, 24-hour behaviour, aggravating and relieving factors; general health, medication, risk factors.</p> <p>Objective assessment — of the following points as required:</p> <p>Movement — active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.</p> <p>Appropriate initial management, treatment or advice — based on assessment findings that could include the following as required:</p> <p>Provisional diagnosis; goals of treatment; treatment plan. Discussion with the patient regarding working hypothesis and treatment goals and expected outcomes; initial treatment and response; advice regarding home care including any exercise program to be followed.</p>	\$92.90

Service Code	Service
	<p>Documentation of consultation — as required that could include:</p> <p>The assessment findings, physiotherapy intervention(s), evaluation of intervention(s), plan for future treatment and results of other relevant tests and warnings (if applicable).</p> <p>Includes:</p> <ul style="list-style-type: none"> • Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours. • Courtesy communication by the physiotherapist with the medical practitioner such as acknowledgment of referral. • The physiotherapist's notes of the consultation. <p>Does not include:</p> <ul style="list-style-type: none"> • Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001). • The physiotherapist's involvement in case conferences. This service has a specific item number in this Table (PQ001).
PB001	<p>Standard Consultation</p> <p>Consultation for 1 body area or condition including the following elements —</p> <ul style="list-style-type: none"> • subjective re-assessment; • objective re-assessment; • appropriate management, intervention or advice; • documentation of consultation. <p>Includes:</p> <ul style="list-style-type: none"> • Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.
	Set Fee
	\$74.60

Service Code	Service	
	<ul style="list-style-type: none"> Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner. <p>Does not include:</p> <ul style="list-style-type: none"> Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001). The physiotherapist's involvement in case conferences. This service has a specific item number in this Table (PQ001). 	
PC001	<p>2 distinct areas of treatment per visit</p> <p>Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions.</p>	<p>Set Fee</p> <p>\$94.25</p>
PG001	<p>Group Consultation — per person</p> <p>Includes non-individualised services provided to more than 1 individual whether —</p> <ul style="list-style-type: none"> in rooms, home or hospital; hydrotherapy treatment; extended treatments; services provided outside of normal business hours. 	<p>Cost per participant</p> <p>\$23.00</p>
PE001	<p>Worksite Visit — prior approval from insurer required</p> <p>Prior to a worksite evaluation, consideration of details such as relevance to injury; intended outcomes; likely duration and reporting requirements should be made and discussed with the insurer with a suggested maximum duration of 2 hours.</p> <p>Does not include reports or travel.</p>	<p>Hourly rate**</p> <p>\$211.70</p>

Service Code	Service	
PR001	<p>Progress/Standard Report</p> <p>A report relating to a specific worker that is provided to a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider that contains (where applicable) —</p> <ul style="list-style-type: none"> • a summary of assessment findings; • treatment/management services provided and results obtained; • recommendations for further treatment/management; • functional and objective improvements; • perceived treatment duration required; • return to work recommendation; • perceived barriers to return to work; • questionnaire results and implications. <p>A maximum combined total of 3 reports or Treatment Management Plans (PR003) permitted without prior approval from insurer. Additional reports require prior approval from insurer.</p> <p>Does not include:</p> <ul style="list-style-type: none"> • Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner. 	<p>Set Fee</p> <p>\$92.90</p>
PR002	<p>Comprehensive Report</p> <p>As above for progress/standard report and contains information relating to more detailed assessments and interventions performed.</p> <p>The specific requirements for a comprehensive report must be discussed with the insurer prior to approval with a suggested maximum duration of 2 hours.</p>	<p>Hourly rate**</p> <p>\$211.70</p>
PR003	<p>Treatment Management Plan</p> <p>Provision of a completed Treatment Management Plan that must contain —</p> <ul style="list-style-type: none"> • clinical assessment of injured worker and results of any investigation; • injured worker's current work status and level of incapacity; 	<p>Set Fee</p> <p>\$92.90</p>

Service Code	Service	
	<ul style="list-style-type: none"> proposed management plan including — <ol style="list-style-type: none"> the proposed work and functional goals and estimated timeframe in weeks; description and number of proposed treatment methods; the number of weeks during which treatment is to be conducted; the injured worker's expected fitness for work at the end of the management plan; other comments or recommendations (including barriers to recovery where relevant). <p>A maximum combined total of 3 Treatment Management Plans or reports (PR001) permitted without prior approval from insurer. Additional Treatment Management Plans require prior approval from insurer.</p>	
PT001	<p>Travel</p> <p>Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of 1 hour.</p> <p>If services are provided to more than 1 worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.</p>	<p>Hourly rate**</p> <p>\$169.50</p>
PQ001	<p>Case Conferences</p> <p>Face-to-face or telephone communication involving the physiotherapist with 1 or more of the following —</p> <ul style="list-style-type: none"> doctor, employer, insurer/claims manager, rehabilitation providers and worker. <p>The aim of the case conference is to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	<p>\$21.20 per 6 minute block</p>

Service Code	Service	
PK001	<p>Communication</p> <p>Any required oral communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner) relating to the treatment or rehabilitation of a specific worker.</p> <p>The physiotherapist must keep a written record of the details of the communication, including its date, time and duration.</p> <p>Maximum duration per communication is 30 minutes.</p> <p>Maximum cumulative duration of communications per claim is 1 hour. When the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required.</p>	<p>\$21.20 per 6 minute block</p>
PS001	<p>Specific Physiotherapy Assessment — prior approval from insurer required</p> <p>Includes specific types of assessments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. diagnostic ultrasound imaging, Functional Capacity Assessments (FCAs), seating and wheelchair assessments).</p>	<p>Hourly rate**</p> <p>\$211.70</p>
PW001	<p>Specific Physiotherapy Intervention — prior approval from insurer required</p> <p>Includes treatments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. treatment of severe multiple area trauma, burns, neurologically injured patients and patients with severe spinal injuries, ergonomic corrections of workplace, specialised real-time ultrasound imaging, short consultations).</p>	<p>Hourly rate**</p> <p>\$211.70 per hour to a maximum of 2 hours**</p>

Note for this Part:

** Denotes that where the service provided is a fraction of 1 hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

Part 2 — Exercise based programs

	Type of service	Fee
EXE20	Initial Consultation/Assessment Insurer approval must be obtained prior to undertaking the service. Review of current medical and vocational status. Communication/liaison with relevant parties. Physiological assessment/testing. Screening questionnaires relating to worker's level of function. Program design based on above. Exercise facility/equipment coordination (pool or gym based). Provider to patient ratio must be 1:1 for the duration of the consultation.	\$211.70 per hour to a maximum of 2 hours**
EXE21	Subsequent Exercise Consultation/Assessment Includes — <ul style="list-style-type: none"> • program implementation — prescription and provision of exercises (land or pool based); • program monitoring; • post program screening questionnaire relating to worker's level of function; • psychosocial reassessment; • communication/liaison with relevant parties. 	\$211.70 per hour to a maximum of 1 hour**
EXE02	Initial report Includes — <ul style="list-style-type: none"> • initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan; • current status as per medical certification and proposed outcome status; • detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval. 	\$211.70 per hour to a maximum of 1 hour**

	Type of service	Fee
EXE03	Subsequent reports Progress report to be provided at the request of the referrer.	\$211.70 per hour to a maximum of 30 minutes**
EXE04	Final report Comprehensive report to be provided at the end of the service delivery detailing — <ul style="list-style-type: none"> • physiological testing results pre and post program; • worker attendance/program compliance. 	\$211.70 per hour to a maximum of 30 minutes**
EXE05	Gym membership/Entry fees Includes direct cost of membership (pool or gym). Prior approval from insurer required.	Market rates
EXE06	Travel Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of 1 hour. If services are provided to more than 1 worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.	\$169.50 per hour**
EXE08	Communication Any requested or required oral communication with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment of a specific worker. Excludes courtesy communication such as acknowledgment of referral and brief updates to the medical practitioner. Maximum time allowable per communication of 30 minutes.	\$21.20 per 6 minute block

	Type of service	Fee
EXE09	Attendance at Medical Case Conferences	
	Insurer approval must be obtained prior to undertaking the service.	\$211.70 per hour**

Note for this Part:

** Denotes that where the service provided is a fraction of 1 hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

Schedule 3 — Scale of fees: chiropractors

[r. 4]

	Type of service	Fee
1.	Initial consultation and examination	\$73.35
2.	Subsequent consultation	\$61.20
3.	Spinal x-ray, 1 region	\$145.80
4.	Spinal x-ray, 2 or more regions	\$218.95
5.	Travel (per kilometre)	\$1.00

Schedule 4 — Scale of fees: occupational therapists

[r. 5]

	Type of service	Fee
1.	Brief consultation (< 15 minutes)	\$31.55
2.	Short consultation (15 minutes to < 30 minutes)	\$63.50
3.	Standard consultation (30 minutes to < 45 minutes)	\$104.70
4.	Extended consultation (45 minutes to < 1 hour)	\$157.00
5.	Extended consultation (\geq 1 hour)	\$209.55
6.	Standard group consultation (30 minutes) per person	\$68.80
7.	Travel costs	\$209.55 per hour**
8.	Treatment management plan for an upper limb injury	\$92.90

Note for this Schedule:

** Denotes that where the service provided is a fraction of 1 hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

Schedule 5 — Scale of fees: speech pathologists

[r. 7]

	Type of service	Fee
1.	Initial consultation/assessment (up to and including 1 hour)	\$193.55
2.	Initial consultation/assessment (exceeding 1 hour)	\$250.65
3.	Subsequent consultation (< 30 minutes)	\$84.40

	Type of service	Fee
4.	Subsequent consultation (30 minutes — 1 hour)	\$109.65
5.	Subsequent consultation (> 1 hour)	\$147.95

Schedule 5A — Scale of fees: exercise physiologists

[r. 7B]

Exercise-based programs		
	Type of service	Fee
EPE20	Initial Consultation/Assessment Insurer approval must be obtained prior to undertaking the service. Review of current medical and vocational status. Communication/liaison with relevant parties. Physiological assessment/testing. Screening questionnaires relating to worker's level of function. Program design based on above. Exercise facility/equipment coordination (pool or gym based). Provider to patient ratio must be 1:1 for the duration of the consultation.	\$211.70 per hour to a maximum of 2 hours**
EPE21	Subsequent Exercise Consultation/Assessment Includes — <ul style="list-style-type: none"> • program implementation — prescription and provision of exercises (land or pool based); • program monitoring; • post program screening questionnaire relating to worker's level of function; • psychosocial reassessment; • communication/liaison with relevant parties. 	\$211.70 per hour to a maximum of 1 hour**
EPE02	Initial report Includes — <ul style="list-style-type: none"> • initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan; • current status as per medical certification and proposed outcome status; 	\$211.70 per hour to a maximum of 1 hour**

	Type of service	Fee
	<ul style="list-style-type: none"> detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval. 	
EPE03	Subsequent reports Progress report to be provided at the request of the referrer.	\$211.70 per hour to a maximum of 30 minutes**
EPE04	Final report Comprehensive report to be provided at the end of the service delivery detailing — <ul style="list-style-type: none"> physiological testing results pre and post program; worker attendance/program compliance. 	\$211.70 per hour to a maximum of 30 minutes**
EPE05	Gym membership/Entry fees Includes direct cost of membership (pool or gym). Prior approval from insurer required.	Market rates
EPE06	Travel Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of 1 hour. If services are provided to more than 1 worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.	\$169.50 per hour**
EPE08	Communication Any requested or required oral communication with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment of a specific worker. Excludes courtesy communication such as acknowledgment of referral and brief updates to the medical practitioner. Maximum time allowable per communication of 30 minutes.	\$21.20 per 6 minute block
EPE09	Attendance at Medical Case Conferences Insurer approval must be obtained prior to undertaking the service.	\$211.70 per hour**

Note for this Schedule:

** Denotes that where the service provided is a fraction of 1 hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

Schedule 6 — Scale of maximum fees: approved medical specialists

[r. 9]

Part 1 — Assessments

Description of assessment	Maximum fee**
1. Examination and provision of report and certificate — straightforward assessment — other than a service mentioned in item 4, 5, 6 or 8.	\$1 428.25 (or, if an interpreter is present at the examination, \$1 785.30 excluding any fee payable to the interpreter)
2. Examination and provision of report and certificate — moderately complex assessment (e.g. reviewing multiple questions and reports; impairment involving more complex assessments; more than 1 body system involved) — other than a service mentioned in item 4, 5, 6 or 8.	\$1 785.30 (or, if an interpreter is present at the examination, \$2 142.35 excluding any fee payable to the interpreter)
3. Examination and provision of report and certificate — complex assessment (e.g. multiple injuries; severe impairment such as spinal cord injury or head injury) — other than a service mentioned in item 4, 5, 6 or 8.	\$2 142.35 (or, if an interpreter is present at the examination, \$2 499.25 excluding any fee payable to the interpreter)
4. Examination of any ear, nose and throat only, including audiometric testing and provision of report and certificate — other than a service mentioned in item 8.	\$1 428.25 (or, if an interpreter is present at the examination, \$1 785.30 excluding any fee payable to the interpreter)
5. Examination and provision of report and certificate — psychiatric — standard assessment — other than a service mentioned in item 8.	\$2 142.35 (or, if an interpreter is present at the examination, \$2 499.25 excluding any fee payable to the interpreter)
6. Examination and provision of report and certificate — psychiatric — complex assessment (e.g. reviewing significant documented prior psychiatric history) — other than a service mentioned in item 8.	\$3 570.30 (or, if an interpreter is present at the examination, \$3 927.30 excluding any fee payable to the interpreter)
7. Consolidation of written assessments from multiple medical practitioners.	\$714.05
8. Re-examination and provision of report and certificate.	\$1 071.10 (or, if an interpreter is present at the examination, \$1 428.25 excluding any fee payable to the interpreter)

Description of assessment	Maximum fee**
9. Provision of supplementary report and certificate.	\$357.10

Part 2 — Attempted assessments

Description of circumstances	Maximum fee**
1. If a worker who is required under Part VII Division 2 of the Act to submit to an examination by an approved medical specialist does not attend, in a case in which — (a) no prior arrangements to cancel the examination are made; or (b) the examination is cancelled, otherwise than at the request of the approved medical specialist, with less than 1 working day's notice.	\$714.05

Note for this Schedule:

** Denotes that where the service provided is a fraction of 1 hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

V. MOLAN, Clerk of the Executive Council.
