



WESTERN  
AUSTRALIAN  
GOVERNMENT  
**Gazette**

6691



PERTH, FRIDAY, 28 DECEMBER 2001 No. 256 SPECIAL

PUBLISHED BY AUTHORITY JOHN A. STRIJK, GOVERNMENT PRINTER AT 3.15 PM

© STATE OF WESTERN AUSTRALIA

Workers' Compensation and Rehabilitation Act 1981

**Workers' Compensation and Rehabilitation  
(Scales of Fees) Amendment Regulations  
(No. 2) 2001**

Made by the Lieutenant-Governor and deputy of 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 (No. 2) 2001*.

**2. The regulations amended**

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

[\* *Published in Gazette 13 Oct 1998, p. 5709-25.  
For amendments to 18 December 2001 see 2000 Index to  
Legislation of Western Australia, Table 4, p. 415-6 and  
Gazette 14 December 2001.*]

**3. Regulation 2 amended**

Regulation 2(2) is amended before the definition of "metropolitan area" by inserting the following definition —

“

“**MBS item number**” means the item number corresponding to a radiological service described in the Medicare Benefits Schedule published by the Commonwealth Department of Health and Aged Care, as at November 2000;

”

**4. Regulation 8 amended**

Regulation 8 is amended by deleting “\$102.30” and inserting instead —

“ \$108 ”.

**5. Schedule 1 amended**

- (1) Schedule 1 Part 1 is amended by deleting the heading to Part 1, and everything following that heading down to (but not including) the heading “PART A — PROCEDURES”, and inserting instead —

“

**Part 1 — Medical specialists and other medical practitioners**

<i>Type of service/by whom</i>	<i>Fee</i>
	\$

**GENERAL PRACTITIONER****CONSULTATIONS**Surgery Consultation: In Hours

<b>Content based</b>	\$
Minor Service (Level A)	18.45
Specific Service (Level B)	39.15
Extended Service (Level C)	69.70
Comprehensive Service (Level D)	100.25
<b>Time based</b>	\$
up to 5 mins	26.90
5-15 mins	34.30
15-30 mins	66.50
30-45 mins	99.25
45-60 mins	135.05

Surgery Consultations: Out of hours

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

<b>Content based</b>	\$
Minor Service (Level A)	28.30
Specific Service (Level B)	58.70
Extended Service (Level C)	104.50
Comprehensive Service (Level D)	152.00
<b>Time based</b>	\$
up to 5 mins	48.60
5-15 mins	57.00
15-30 mins	87.65
30 + mins	120.30

## VISITS

Consultations at a place other than theConsulting Rooms

in hours	\$
Minor Service (Level A)	46.80
Specific Service (Level B)	67.45
Extended Service (Level C)	97.10
Comprehensive Service (Level D)	126.65
out of hours	\$
Minor Service (Level A)	56.60
Specific Service (Level B)	85.90
Extended Service (Level C)	130.85
Comprehensive Service (Level D)	179.45

## TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	15.05
5-15 mins	18.80
15-30 mins	39.30
30 + mins	58.95

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

per hour	\$169.20
----------	----------

## TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	\$3.00
--------------------	--------

***PHYSICIANS, OCCUPATIONAL & REHABILITATION  
PHYSICIANS******PHYSICIANS***

## CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	176.15
subsequent attendances	88.15

## VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	208.85
subsequent attendances	121.75

**REHABILITATION PHYSICIANS**

## CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	176.15
subsequent attendances	88.15

## VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	210.95
subsequent attendances	121.75

**OCCUPATIONAL PHYSICIANS**

## CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	176.15
subsequent attendances	88.15

## VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	176.15
subsequent attendances	88.15

## TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	22.35
5 to 15 mins	27.65
15-30 mins	57.80
30 + mins	87.30

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

per hour	\$250.80
----------	----------

## TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	\$3.00
--------------------	--------

**CONSULTANT PSYCHIATRISTS**

## CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
Time based	
up to 15 mins	51.70
15-30 mins	103.10
30-45 mins	154.40
45-60 mins	206.60
60-75 mins	233.85
75 + mins	260.95

## VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
Time based	
up to 15 mins	84.85
15-30 mins	137.00
30-45 mins	187.05
45-75 mins	239.25
75 + mins	288.20

## TELEPHONE CONSULTATIONS

Time based	\$
up to 45 mins	68.55
45 + mins	149.70

CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments etc. per hour	\$250.80
--	----------

## TRAVELLING FEES

Outside the metropolitan area Rate per kilometre	\$3.00
---	--------

**SPECIALISTS****SURGEONS**

## CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	100.15
subsequent attendances	52.25

## VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	135.05
subsequent attendances	86.05

**DERMATOLOGISTS**

## CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	100.05
subsequent attendances	52.25

## VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	134.85
subsequent attendances	85.90

## TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	22.35
5-15 mins	27.65
15-30 mins	57.80
30 + mins	87.30

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

per hour	\$250.80
----------	----------

## TRAVELLING FEES

Country	
Rate per kilometre	\$3.00

**ANAESTHETISTS**

## CONSULTATIONS

	\$
Standard pre-anaesthesia	63.95
Referred pre-anaesthesia —	
initial attendance	127.90
subsequent attendance	63.95

## 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 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.

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

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 \$32.00

- (2) Schedule 1 Parts 2 and 3 are deleted and the following Parts are inserted instead —

“

**Part 2 — Medical procedures**

<i>Type of procedure</i>	<i>Fee</i>
	\$
GENERAL	
Localised burns	38.65
Localised burns, including	
dressing of, under general anaesthetic	110.10
Extensive burns	66.70

<i>Type of procedure</i>	<i>Fee</i>
	\$
Extensive burns, including dressing of, under general anaesthetic	232.95
Dressing of wounds, under general anaesthetic	110.10
Acupuncture, including consultation	51.40

## 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	207.55
Elbow, by open reduction	275.25
Interphalangeal joint, by closed reduction	88.95
Interphalangeal joint, by open reduction	118.60
Mandible, by closed reduction	74.15
Clavicle, by closed reduction	87.90
Clavicle, by open reduction	177.90
Shoulder, not requiring general anaesthetic	87.90
Shoulder, by open reduction, with general anaesthetic	354.70
Shoulder, other, with general anaesthetic	175.75
Metacarpophalangeal joint, by closed reduction	118.60
Metacarpophalangeal joint, by open reduction	158.80



	\$
Patella, by closed reduction	133.40
Patella, by open reduction	177.90
Radioulnar joint, by closed reduction	207.55
Radioulnar joint, by open reduction	275.25
Toe, by closed reduction	74.15
Toe, by open reduction	98.45
REMOVAL OF FOREIGN BODIES —	
	\$
as independent procedure	32.30
superficial	144.00
deep tissue or muscle	402.30
ear, other than by syringing	103.75
nose, other than by simple probing	103.75
cornea or sclera, embedded	105.85

#### 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	133.40
fracture, intra-articular, by closed reduction	154.60
fracture, by open reduction	177.90
fracture, intra-articular, by open reduction	222.35

	\$
Middle phalanx of finger	
fracture, by closed reduction	201.15
fracture, intra-articular, by closed reduction	227.60
fracture, by open reduction	264.65
fracture, intra-articular, by open reduction	333.45
Proximal phalanx of finger or thumb	
fracture, by closed reduction	264.65
fracture, intra-articular, by closed reduction	312.30
fracture, by open reduction	354.70
fracture, intra-articular, by open reduction	444.65
Metacarpal	
fracture, by closed reduction	264.65
fracture, intra-articular, by closed reduction	312.30
fracture, by open reduction	354.70
fracture, intra-articular, by open reduction	444.65
Carpal Scaphoid, by open reduction	592.85
Carpal Scaphoid, other	264.65
Carpus (excluding Scaphoid), by open reduction	370.50
Carpus (excluding Scaphoid), other	148.25
Radius	
by closed management	296.40
by open management	592.85
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	444.65
by open reduction	592.85
Ribs (1 or more), each attendance	67.80
Tibia, plateau of, medial or lateral	
by closed reduction	534.65
by open reduction	709.30

	\$
Tibia, plateau of, medial and lateral	
by closed reduction	889.25
by open reduction	1190.95

## SUTURES

	\$
face or neck, less than 7 cm, superficial	105.85
face or neck, less than 7 cm, deep	160.90
face or neck, more than 7 cm, superficial	160.90
face or neck, more than 7 cm, deep	275.25
except face or neck, less than 7cm, superficial	80.45
except face or neck, less than 7cm, deep	120.70
except face or neck, more than 7cm, superficial	120.70
except face or neck, more than 7cm, deep	264.65

## AMPUTATIONS

	\$
Hand, midcarpal or transmetacarpal	402.30
Hand, forearm or through arm	465.80
At shoulder	788.65
Interscapulothoracic	1566.75
One digit of foot	211.70
Two digits of one foot	317.60
Three digits of one foot	428.75
Four digits of one foot	534.65
Five digits of one foot	640.50
Foot, at ankle	465.80
Foot, midtarsal or transmetatarsal	402.30
Through thigh, at knee or below knee	688.10
Hand, forearm or arm	465.80
At hip	968.60

## 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 \$133.40, whichever is greater.**

## USE OF PRIVATE THEATRES

A theatre fee of \$80.45 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 — Diagnostic Imaging Services**

## ULTRASOUND

<i>MBS item number</i>	<i>Fee</i> \$
55028	111.90
55029	38.80
55030	111.90
55031	38.80
55032	111.90
55033	38.80
55036	114.20
55037	38.80
55038	111.90
55039	38.80
55044	114.20
55045	38.80
55048	112.35
55049	38.80
55054	111.90
55070	100.80
55073	34.95
55076	111.90
55079	38.80
55112	288.55
55116	288.55
55117	288.55
55118	287.90
55130	416.85
55238	189.80
55240	220.65
55242	244.70
55244	189.80
55245	220.65
55246	189.80
55247	220.65
55248	189.80
55250	220.65
55252	189.80
55254	220.65
55256	189.80

---

<i>MBS item number</i>	<i>Fee</i> \$
55258	220.65
55260	244.70
55262	189.80
55263	220.65
55264	189.80
55265	220.65
55266	189.80
55268	220.65
55270	189.80
55272	220.65
55274	189.80
55276	189.80
55277	122.55
55278	189.80
55279	122.55
55280	189.80
55282	189.80
55284	189.80
55288	334.50
55290	334.50
55600	111.90
55603	111.90
55700	67.20
55703	39.20
55704	78.40
55705	39.20
55706	112.00
55709	42.55
55712	128.80
55715	44.80
55718	112.00
55721	128.80
55723	42.55
55725	44.80
55728	112.00
55729	30.50
55731	109.75
55733	39.20
55736	142.25
55739	63.85
55759	168.00
55762	67.20
55764	179.20
55766	72.80
55768	168.00

<i>MBS item number</i>	<i>Fee</i> \$
55770	67.20
55772	179.20
55774	72.80
55800	111.90
55802	38.80
55804	111.90
55806	38.80
55808	111.90
55810	38.80
55812	111.90
55814	38.80
55816	111.90
55818	38.80
55820	111.90
55822	38.80
55824	111.90
55826	38.80
55828	111.90
55830	38.80
55832	111.90
55834	38.80
55836	111.90
55838	38.80
55840	111.90
55842	38.80
55844	89.60
55846	38.80
55848	111.90
55850	156.80

COMPUTED TOMOGRAPHY —  
EXAMINATION AND REPORT

<i>MBS item number</i>	<i>Fee</i> \$
56001	208.65
56007	267.50
56010	269.75
56013	267.50
56016	310.30
56022	240.75
56028	360.40
56030	321.00
56036	401.25
56041	105.65
56047	134.95

---

<i>MBS item number</i>	<i>Fee</i> \$
56050	137.10
56053	137.10
56056	166.30
56062	121.05
56068	180.20
56070	160.50
56076	200.65
56101	246.10
56107	363.80
56141	124.55
56147	183.60
56210	256.80
56216	375.95
56219	349.05
56250	131.05
56256	189.95
56259	176.35
56301	315.65
56307	428.00
56341	159.95
56347	216.15
56401	267.50
56407	385.20
56409	267.50
56412	385.20
56441	135.70
56447	194.15
56449	135.70
56452	194.15
56501	411.95
56507	513.60
56541	206.60
56547	260.80
56619	235.40
56625	358.10
56659	119.95
56665	179.05
56801	499.20
56807	599.20
56841	249.65
56847	303.70
57001	499.30
57007	607.50
57041	249.70
57047	303.75
57201	166.05
57247	83.05

---

<i>MBS item number</i>	<i>Fee</i>
	\$
57341	502.90
57345	258.95
57350	545.70
57355	282.65

## DIAGNOSTIC RADIOLOGY

<i>MBS item number</i>	<i>Fee</i>
	\$
57506	33.40
57509	44.65
57512	45.40
57515	60.55
57518	36.45
57521	48.65
57524	55.40
57527	73.80
57700	45.40
57703	60.55
57706	36.45
57709	48.65
57712	52.90
57715	68.35
57721	111.30
57901	72.35
57902	72.35
57903	53.00
57906	72.35
57909	72.35
57912	52.90
57915	52.90
57918	52.90
57921	52.90
57924	52.90
57927	55.70
57930	36.90
57933	87.75
57936	53.15
57939	72.35
57942	55.70
57945	48.65
58100	75.35
58103	61.80
58106	86.35
58109	52.70
58112	109.05
58115	149.10
58300	45.00



---

<i>MBS item number</i>	<i>Fee</i> \$
58306	100.25
58500	39.65
58503	52.90
58506	68.20
58509	44.65
58521	48.65
58524	63.35
58527	77.90
58700	51.65
58706	177.15
58715	170.00
58718	141.50
58721	155.05
58900	40.05
58903	53.35
58909	100.90
58912	123.70
58915	88.55
58916	155.35
58921	151.70
58924	94.25
58927	85.75
58933	230.60
58936	219.80
58939	156.25
59103	25.35
59300	97.60
59303	58.85
59306	112.50
59309	225.05
59312	97.60
59314	58.85
59318	52.80
59503	100.25
59700	108.30
59703	85.15
59712	127.55
59715	161.00
59718	151.05
59724	254.00
59733	120.80
59736	69.55
59739	82.70
59751	156.05
59754	246.05
59760	129.15
59763	150.20

---

<i>MBS item number</i>	<i>Fee</i>
	\$
59900	104.20
59903	143.50
59906	143.50
59912	382.30
59915	97.50
59918	123.70
59921	123.70
59924	123.70
59970	188.80
60000	632.60
60003	927.70
60006	1 319.25
60009	1 543.80
60012	632.60
60015	927.70
60018	1 319.25
60021	1 543.80
60024	632.60
60027	927.70
60030	1 319.25
60033	1 543.80
60036	632.60
60039	927.70
60042	1 319.25
60045	1 543.80
60048	632.60
60051	927.70
60054	1 319.25
60057	1 543.80
60060	632.60
60063	927.70
60066	1 319.25
60069	1 543.80
60072	53.95
60075	107.80
60078	161.80
60100	68.20
60500	48.65
60503	33.40
60506	71.50
60509	110.90
60903	143.75
60915	79.20
60918	59.10
60927	47.65
61109	290.40

## NUCLEAR MEDICINE IMAGING

<i>MBS item number</i>	<i>Fee</i>
	\$
61302	403.00
61303	507.55
61306	637.15
61307	749.60
61310	329.75
61313	272.40
61314	377.10
61316	342.15
61317	442.00
61320	205.55
61328	195.10
61340	227.15
61348	398.05
61352	232.85
61353	347.05
61356	352.60
61360	362.15
61361	414.25
61364	446.15
61368	200.30
61369	1 809.70
61372	200.30
61373	439.65
61376	128.75
61381	515.65
61383	561.15
61384	617.45
61386	298.50
61387	386.70
61389	332.70
61390	368.10
61393	543.65
61397	221.65
61401	145.70
61402	543.20
61405	310.65
61409	784.25
61413	202.85
61417	106.65
61421	430.75
61425	539.30
61426	498.10
61429	487.50
61430	592.05
61433	446.15
61434	552.50

<i>MBS item number</i>	<i>Fee</i>
	\$
61437	487.30
61438	604.20
61441	439.65
61442	675.40
61445	257.50
61446	299.45
61449	409.65
61450	356.90
61453	462.05
61454	312.50
61457	422.40
61458	356.35
61461	473.90
61462	116.95
61465	238.40
61469	312.50
61473	157.45
61480	347.30
61484	790.85
61485	897.15
61495	200.30
61499	227.15

## MAGNETIC RESONANCE IMAGING

<i>MBS item number</i>	<i>Fee</i>
	\$
63000 —	
63946	498.75

”.

Recommended by the Workers' Compensation and Rehabilitation  
Commission on the 18th day of December 2001.

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

B. T. BRADLEY.

By Command of the Lieutenant-Governor  
and deputy of the Governor,

M. C. WAUCHOPE, Clerk of the Executive Council.

