



Western Australia

Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998

Compare between:

[18 Dec 2008, 03-c0-03] and [01 Nov 2009, 03-d0-01]

Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998

1. Citation

These regulations may be cited as the *Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998*¹.

[Regulation 1 amended in Gazette 1 Nov 2005 p. 4977.]

2. Scales of fees — medical specialists and other medical practitioners

- (1) Under section 292(2)(a)(i) of the Act, the scales of fees set out in Schedule 1 are prescribed as the scales of fees to be paid to medical specialists and other medical practitioners for attendance on, and treatment of, workers suffering injuries that are compensable under the Act.

- (2) In Schedule 1 —

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 2006.

[Regulation 2 amended in Gazette 28 Dec 2001 p. 6691; 23 Sep 2003 p. 4174; 19 Mar 2004 p. 863; 11 Nov 2005 p. 5569 and 5570; 22 Dec 2006 p. 5757-8; 7 Dec 2007 p. 6034.]

r. 3

3. Scale of fees — physiotherapists

- (1) Under section 292(2)(a)(iii) of the Act, the scale of fees set out in Schedule 2 is prescribed as the scale of fees to be paid to physiotherapists for attendance on, and treatment of, workers suffering injuries that are compensable under the Act.

[(2) deleted]

[Regulation 3 amended in Gazette 21 Jan 2005 p. 278; 11 Nov 2005 p. 5569 and 5570; 22 Dec 2006 p. 5757-8; 7 Dec 2007 p. 6034.]

4. Scale of fees — chiropractors

Under section 292(2)(a)(iv) of the Act, the scale of fees set out in Schedule 3 is prescribed as the scale of fees to be paid to chiropractors for attendance on, and treatment of, workers suffering injuries that are compensable under the Act.

[Regulation 4 amended in Gazette 11 Nov 2005 p. 5569 and 5570; 22 Dec 2006 p. 5757-8; 7 Dec 2007 p. 6034.]

5. Scale of fees — occupational therapists

Under section 292(2)(a)(v) of the Act, the scale of fees set out in Schedule 4 is prescribed as the scale of fees to be paid to occupational therapists for attendance on, and treatment of, workers suffering injuries that are compensable under the Act.

[Regulation 5 amended in Gazette 11 Nov 2005 p. 5569 and 5570; 22 Dec 2006 p. 5757-8; 7 Dec 2007 p. 6034.]

6. Scale of fees — clinical psychologists

- (1) Under section 292(2)(a)(vi) of the Act, the hourly rate of ~~\$187.70~~ [\\$196.35](#) per hour is prescribed as the fee to be paid to clinical psychologists for attendance on, and treatment of, workers suffering injuries that are compensable under the Act.

- (2) The hourly rate under subregulation (1) is also payable for compiling a treatment report, but the hours required to compile a report cannot exceed 3 hours per report.

[Regulation 6 inserted in Gazette 22 Dec 2006 p. 5758; amended in Gazette 7 Dec 2007 p. 6035; 17 Dec 2008 p. 5290; 30 Oct 2009 p. 4345.]

6A. Scale of fees — counselling psychology

Under section 292(2)(a)(viii) of the Act, the hourly rate of ~~\$187.70~~196.35 per hour is prescribed as the fee to be paid to a psychologist providing counselling services for the treatment of a worker suffering injuries that are compensable under the Act.

Note: "Counselling psychology" was approved as an "approved treatment" under section 5(1) of the Act in *Gazette* 10/1/2003, p. 55.

[Regulation 6A inserted in Gazette 22 Dec 2006 p. 5758; amended in Gazette 7 Dec 2007 p. 6035; 17 Dec 2008 p. 5290; 30 Oct 2009 p. 4346.]

7. Scale of fees — speech therapists

Under section 292(2)(a)(vii) of the Act, the scale of fees set out in Schedule 5 is prescribed as the scale of fees to be paid to speech pathologists for attendance on, and treatment of, workers suffering injuries that are compensable under the Act.

[Regulation 7 amended in Gazette 11 Nov 2005 p. 5569 and 5570; 22 Dec 2006 p. 5757-8; 7 Dec 2007 p. 6035.]

7A. Scale of fees — osteopaths

Under section 292(2)(a)(viii) of the Act, the amount of ~~\$59.40~~62.15 is prescribed as the fee to be paid to an osteopath for an osteopathic consultation with a worker suffering injuries that are compensable under the Act.

Note: "Osteopathy" was approved as an "approved treatment" under section 5(1) of the Act in *Gazette* 29/9/2000, p. 5564.

r. 7B

*[Regulation 7A inserted in Gazette 22 Dec 2006 p. 5759;
amended in Gazette 7 Dec 2007 p. 6035; 17 Dec 2008 p. 5290;
[30 Oct 2009 p. 4346.](#)]*

7B. Scale of fees — exercise physiologists

Under section 292(2)(a)(viii) of the Act, the scale of fees set out in Schedule 5A is prescribed as the scale of fees to be paid to exercise physiologists for attendance on, and treatment of, workers suffering injuries that are compensable under the Act.

[Regulation 7B inserted in Gazette 17 Dec 2008 p. 5290.]

8. Scale of fees — vocational rehabilitation providers

Under section 292(2)(b) of the Act, the hourly rate of ~~\$140.20~~[146.65](#) per hour is prescribed as the fee to be paid to approved providers of vocational rehabilitation services when those services are provided to workers in accordance with the Act.

*[Regulation 8 amended in Gazette 21 Dec 2000 p. 7626;
28 Dec 2001 p. 6692; 23 Sep 2003 p. 4174; 9 Jan 2004 p. 99;
21 Jan 2005 p. 279; 11 Nov 2005 p. 5569; 10 Jan 2006 p. 44;
22 Dec 2006 p. 5759; 7 Dec 2007 p. 6036; 17 Dec 2008
p. 5291; [30 Oct 2009 p. 4346.](#)]*

9. Scale of maximum fees — approved medical specialists

- (1) Under section 292(3) of the Act, the scale of maximum fees set out in Schedule 6 is prescribed as the scale of maximum fees to be paid to approved medical specialists for making or attempting to make assessments referred to in Part VII Division 2 of the Act.
- (2) In Schedule 6 Part 1 —
assessor has the meaning given by the WorkCover Guides;
report and certificate means a report referred to in section 146H(1)(a) of the Act and a certificate referred to in section 146H(1)(b) of the Act.

[Regulation 9 inserted in Gazette 11 Nov 2005 p. 5567-8.]

10. Effect of GST

- (1) In this regulation —
GST has the meaning given in *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.
- (2) An amount fixed by these regulations is a net figure that does not include any GST that may be imposed due to the nature of the provision of the service or the service provider.
- (3) If GST is payable on a service listed in these regulations, the fee for the service is the applicable fee increased by 10%.
- (4) An injured worker's prescribed entitlements are to be calculated using the net cost of the treatment or service, without deducting any GST component.

[Regulation 10 inserted in Gazette 7 Dec 2007 p. 6036.]

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical
practitioners
Medical specialists and other medical practitioners

Schedule 1
Part 1

Schedule 1

[r. 2]

**Scales of fees — medical specialists and other medical
practitioners**

[Heading inserted in Gazette 20 Jul 1999 p. 3250.]

Part 1 — Medical specialists and other medical practitioners

[Heading inserted in Gazette 28 Dec 2001 p. 6692.]

Type of service/by whom

Fee
\$

GENERAL PRACTITIONER

CONSULTATIONS

Surgery Consultation

in hours

Content based

Minor or Specific Service (Level A or B)

\$

~~58.35~~\$61
.05

Extended Service (Level C)

~~106.65~~\$1
11.55

Comprehensive Service (Level D)

~~163.90~~\$1
71.45

Time based

\$

up to 5 minutes

~~34.80~~\$36
.40

more than 5 minutes to 15 minutes

~~45.40~~\$47
.50

more than 15 minutes to 30 minutes

~~87.60~~\$91
.65

more than 30 minutes to 45 minutes

~~132.50~~\$1
38.60

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 1 Medical specialists and other medical practitioners

more than 45 minutes to 60 minutes ~~179.60~~\$1
87.85

Surgery Consultations

out of hours

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

Content based

\$

Minor Service (Level A) ~~43~~\$45.80

Specific Service (Level B) ~~87.60~~\$91
.65

Extended Service (Level C) ~~159.50~~\$1
66.85

Comprehensive Service (Level D) ~~246.95~~\$2
58.30

Time based

\$

up to 5 minutes ~~69.35~~\$72
.55

more than 5 minutes to 15 minutes ~~75.25~~\$78
.70

more than 15 minutes to 30 minutes ~~116.70~~\$1
22.05

more than 30 minutes ~~159.50~~\$1
66.85

VISITS

Consultations at a place other than the Consulting Rooms

in hours

\$

Minor Service (Level A) ~~73.05~~\$76
.40

Specific Service (Level B) ~~99.85~~\$10

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical
practitioners
Medical specialists and other medical practitioners

**Schedule 1
Part 1**

	<u>4.45</u>
Extended Service (Level C)	148.20 <u>\$155.00</u>
Comprehensive Service (Level D)	206.55 <u>\$216.05</u>
out of hours	\$
Minor Service (Level A)	87.60 <u>\$91.65</u>
Specific Service (Level B)	130 <u>\$136.25</u>
Extended Service (Level C)	199.85 <u>\$209.05</u>
Comprehensive Service (Level D)	291.90 <u>\$305.35</u>
TELEPHONE CONSULTATIONS	
Time based	\$
up to 5 minutes	19.50 <u>\$20.40</u>
more than 5 minutes to 15 minutes	24.40 <u>\$25.50</u>
more than 15 minutes to 30 minutes	51.05 <u>\$53.40</u>
more than 30 minutes	76.50 <u>\$80.00</u>
CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments, etc.	
per hour	\$219.55 <u>\$29.65</u>
TRAVELLING FEES	
Rate per kilometre	\$3.90 <u>\$4.10</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1	Scales of fees — medical specialists and other medical practitioners
Part 1	Medical specialists and other medical practitioners

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

PHYSICIANS

CONSULTATIONS

Professional attendance at consulting rooms and issue of certificate (if required) et al:	\$
first attendance	225.35 \$2 31.85
subsequent attendances	110.90 \$1 16.00

VISITS

Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al:	\$
first attendance	265.50 \$2 77.70
subsequent attendances	153.20 \$1 60.25

~~TELEPHONE~~ **REHABILITATION PHYSICIANS**

CONSULTATIONS

Time based Professional attendance at consulting rooms and issue of certificate (if required) et al	\$
—— up to 5 minutes first attendance	29.10 \$231. 85
—— more than 5 minutes to 15 minutes	35.90
—— more than 15 minutes to 30 minutes subsequent attendances	75 \$116.00
—— more than 30 minutes	113.25

VISITS

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

**Workers' Compensation and Injury Management (Scales of Fees)
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Scales of fees — medical specialists and other medical
practitioners
Medical specialists and other medical practitioners

**Schedule 1
Part 1**

<u>first attendance</u>	<u>\$277.70</u>
<u>subsequent attendances</u>	<u>\$160.25</u>

OCCUPATIONAL PHYSICIANS

CONSULTATIONS

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

<u>first attendance</u>	<u>\$235.70</u>
<u>subsequent attendances</u>	<u>\$116.00</u>

VISITS

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

<u>first attendance</u>	<u>\$277.70</u>
<u>subsequent attendances</u>	<u>\$160.25</u>

TELEPHONE CONSULTATIONS

Time based

<u>_____ up to 5 minutes</u>	<u>\$30.45</u>
<u>_____ more than 5 minutes to 15 minutes</u>	<u>\$37.55</u>
<u>_____ more than 15 minutes to 30 minutes</u>	<u>\$78.45</u>
<u>_____ more than 30 minutes</u>	<u>\$118.45</u>

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

per hour	\$325 <u>340.</u> 55
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TRAVELLING FEES

Rate per kilometre	\$3.90 <u>4.1</u> <u>0</u>
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**Workers' Compensation and Injury Management (Scales of Fees)
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Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 1 Medical specialists and other medical practitioners

CONSULTANT PSYCHIATRISTS

CONSULTATIONS

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

Time based

~~Time based~~

	\$
up to 15 minutes	65 \$68.00
more than 15 minutes to 30 minutes	129.75 \$13 5.70
more than 30 minutes to 45 minutes	194.30 \$20 3.25
more than 45 minutes to 60 minutes	259.95 \$27 1.90
more than 60 minutes to 75 minutes	294.15 \$30 7.70
more than 75 minutes	328.35 \$34 3.45

VISITS

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

Visits include both attendance at hospitals and home visits

Time based

~~Time based~~

	\$
up to 15 minutes	106.75 \$11 1.65
more than 15 minutes to 30 minutes	172.40 \$18 0.35
more than 30 minutes to 45 minutes	235.30 \$24 6.10
more than 45 minutes to 75 minutes	301.00 \$31

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	4.85
more than 75 minutes	362.65 \$37 9.35
TELEPHONE CONSULTATIONS	
Time based	\$
up to 45 minutes	86.25 \$90 .20
more than 45 minutes	188.35 \$1 97.00
CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments, etc.	
per hour	\$325 \$340. 55
TRAVELLING FEES	
Rate per kilometre	\$3.90 4.1 0
SPECIALISTS	
<i>SURGEONS</i>	
CONSULTATIONS	
Professional attendance at consulting rooms and issue of certificate (if required) et al ₂	\$
first attendance	126.05 \$1 31.85
subsequent attendances	65 \$68.75
VISITS	
Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al ₂	\$
first attendance	169.90 \$1 77.70

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subsequent attendances ~~108~~\$113.
25

DERMATOLOGISTS

CONSULTATIONS

Professional attendance at consulting rooms and issue of certificate (if required) et al₂ \$

first attendance ~~126.05~~\$1
31.85

subsequent attendances ~~65~~\$68.75

VISITS

Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al₂ \$

first attendance ~~169.60~~\$1
77.40

subsequent attendances ~~108.10~~\$1
13.05

TELEPHONE CONSULTATIONS

Time based \$

up to 5 minutes ~~29.10~~\$30
.45

more than 5 minutes to 15 minutes ~~35.90~~\$37
.55

more than 15 minutes to 30 minutes ~~75.00~~\$78
.45

more than 30 minutes ~~113.25~~\$1
18.45

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

per hour ~~\$325~~\$340.
55

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Scales of fees — medical specialists and other medical practitioners **Schedule 1**
Medical specialists and other medical practitioners **Part 1**

TRAVELLING FEES

Rate per kilometre	\$ 3.90 <u>4.10</u>
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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	\$ 65 <u>68.55</u>
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CONSULTATIONS AND ATTENDANCES	Units
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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
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EMERGENCY ATTENDANCES

After hours — where immediate attendance is required after 6 p.m. and before 8 a.m. on any weekday, or at any time on a Saturday, Sunday or a public holiday	6
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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
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Call back from home, office or other distant location for the provision of emergency services	4
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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

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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

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

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

Description	Units
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 old	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 6.00 p.m. and the following 8.00 a.m. on weekdays and between 8.00 a.m. and the following 8.00 a.m. on weekend days and public holidays.

PART A — 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

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Description of procedure, etc	Units
— otoscopy	4
Anaesthesia for all procedures on 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 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

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

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 (eg. 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

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Part 1 Medical specialists and other medical practitioners

Description of procedure, etc	Units
— radical or modified radical procedures on breast with internal mammary node dissection	13
— electrical conversion of arrhythmias	5
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 (eg. pectus excavatum)	13
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

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Scales of fees — medical specialists and other medical practitioners **Schedule 1**
Medical specialists and other medical practitioners **Part 1**

Description of procedure, etc	Units
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
Anaesthesia for diagnostic laparoscopy	6
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

**Workers' Compensation and Injury Management (Scales of Fees)
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Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 1 Medical specialists and other medical practitioners

Description of procedure, etc	Units
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
— 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
Anaesthesia for all procedures within the peritoneal cavity in upper abdomen including cholecystectomy, gastrectomy, laparoscopic nephrectomy, bowel shunts and cadaver harvesting of organs unless otherwise specified	8
Anaesthesia for gastric reduction or gastroplasty for the treatment of morbid obesity	10
Anaesthesia for partial hepatectomy (excluding liver biopsy)	13
Anaesthesia for extended or trisegmental hepatectomy	15
Anaesthesia for pancreatectomy, partial or total (eg. Whipple procedure)	12
Anaesthesia for liver transplant (recipient)	30
Anaesthesia for neuro endocrine tumour removal (eg. 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

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Scales of fees — medical specialists and other medical practitioners **Schedule 1**
Medical specialists and other medical practitioners **Part 1**

Description of procedure, etc	Units
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 diagnostic laparoscopy	6
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
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 1/3 or ureter	7

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Description of procedure, etc	Units
— 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
— 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 (including biopsy of male genital system) unless otherwise specified	3
— anorectal procedure (including endoscopy and/or biopsy)	4
— radical perineal procedure including radical perineal prostatectomy or radical vulvectomy	7
— vulvectomy	4
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	3
— undescended testis, unilateral or bilateral	4
Anaesthesia for procedures on the cord and/or testes unless otherwise specified	4
— radical orchidectomy, inguinal approach	4

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Description of procedure, etc	Units
— 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
— colpotomy, colpectomy, colporrhaphy	5
— transvaginal assisted reproductive services	4
— vaginal hysterectomy	6
— vaginal delivery	6
— purse string ligation of cervix	4
— culdoscopy	5
— hysteroscopy	4
Anaesthesia for endometrial ablation or resection in association with hysteroscopy	5
— 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

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Description of procedure, etc	Units
Anaesthesia for all procedures on the skin and subcutaneous tissue of the pelvic region, except external genitalia	3
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

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Description of procedure, etc	Units
Anaesthesia for all closed procedures involving upper 2/3 of femur	4
Anaesthesia for all open procedures involving upper 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
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 1/3 of femur	4
Anaesthesia for all open procedures on the lower 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

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Description of procedure, etc	Units
— 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 (<i>includes ankle and foot</i>)	
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
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

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Description of procedure, etc	Units
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 (<i>includes humeral head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint</i>)	
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

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Description of procedure, etc	Units
— 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
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	

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Description of procedure, etc	Units
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
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

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Description of procedure, etc	Units
— 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

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Description of procedure, etc	Units
Anaesthesia for retrograde cystography, retrograde urethrography or retrograde cystourethrography	4
Anaesthesia for flouroscopy	5
Anaesthesia for small bowel enema, barium or other opaque study of the small bowel	5
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	10
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

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Description of procedure, etc	Units
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

PART B — THERAPEUTIC AND DIAGNOSTIC SERVICES

Description of service, etc.	MUs	TUs	BUs
Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in an emergency situation	no	no	3
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, (eg. 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

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Description of service, etc.	MUs	TUs	BUs
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
Pulmonary artery pressure monitoring	no	no	3
Left atrial pressure monitoring via left atrial catheter	no	no	3
Invasive pressure monitoring, not otherwise listed	no	no	3

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Description of service, etc.	MUs	TUs	BUs
Measurement of the mechanical or gas exchange function of the respiration system, or of respiratory muscle function, or of ventilatory control mechanisms, using measurements of parameters including pressures, volumes, flow, gas concentrations in inspired or expired air, alveolar gas or blood and incorporating serial arterial blood gas analysis and a written record of the results, when performed in association with the administration of anaesthesia	no	no	7
Central vein catheterization, percutaneous via jugular, subclavian or femoral vein	no	no	3
Central vein catheterization 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
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
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

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Description of service, etc.	MUs	TUs	BUs
Cardioplegia, blood or crystalloid, administration by any route	no	no	10
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
Insertion of subarachnoid drain	no	no	8
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, including up to one hour of continuous attendance by a medical practitioner	no	no	8

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Description of service, etc.	MUs	TUs	BUs
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 one 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 one 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 one 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

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Description of service, etc.	MUs	TUs	BUs
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

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Description of service, etc.	MUs	TUs	BUs
— 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, 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

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Description of service, etc.	MUs	TUs	BUs
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;			
(b) real time colour flow mapping from at least 2 oesophageal windows; and			
(c) recording on video tape	no	no	10
Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure	no	no	14

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Part 2	Medical procedures

Description of service, etc.	MUs	TUs	BUs
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 brachial plexus, or femoral and/or sciatic nerve	no	no	3
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

[Part 1 inserted in Gazette 20 Jul 1999 p. 3250-69; amended in Gazette 31 Aug 1999 p. 4244-5; 21 Dec 2000 p. 7626-34; 28 Dec 2001 p. 6692-7; 23 Sep 2003 p. 4174-7; 19 Mar 2004 p. 864-96; 29 Oct 2004 p. 4941-2; 21 Jan 2005 p. 279-81; 10 Jan 2006 p. 44-52; 22 Dec 2006 p. 5759-68; 7 Dec 2007 p. 6037-42; 17 Dec 2008 p. 5291-6; [30 Oct 2009 p. 4346-53.](#)]

Part 2 — Medical procedures

[Heading inserted in Gazette ~~17 Dec 2008~~ [30 Oct 2009](#) p. ~~5296~~ [4353.](#)]

Type of procedure	Fee \$
GENERAL	
Localised burns	48.65 50.90
Localised burns, including dressing of, under general anaesthetic	138.50 144.85

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Part 2**

Type of procedure	Fee \$
Extensive burns	83.95 <u>87.80</u>
Extensive burns, including dressing of, under general anaesthetic	293.05 <u>306.55</u>
Dressing of wounds, under general anaesthetic	138.50 <u>144.85</u>
Acupuncture, including consultation	64.60 <u>67.55</u>

DISLOCATIONS

closed reduction means non-operative reduction of the dislocation, and ~~includes~~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	261 <u>273.10</u>
Elbow, by open reduction	346.25 <u>362.20</u>
Interphalangeal joint, by closed reduction	111.95 <u>117.10</u>
Interphalangeal joint, by open reduction	149.25 <u>156.10</u>
Mandible, by closed reduction	93.30 <u>97</u>

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Type of procedure	Fee \$
	<u>60</u>
Clavicle, by closed reduction	110.65 <u>11</u> 5.75
Clavicle, by open reduction	223.80 <u>23</u> 4.10
Shoulder, not requiring general anaesthetic	124.50 <u>13</u> 0.25
Shoulder, by open reduction, with general anaesthetic	446.30 <u>46</u> 6.85
Shoulder, other, with general anaesthetic	221.10 <u>23</u> 1.25
Metacarpophalangeal joint, by closed reduction	149.25 <u>15</u> 6.10
Metacarpophalangeal joint, by open reduction	199.85 <u>20</u> 9.05
Patella, by closed reduction	167.80 <u>17</u> 5.50
Patella, by open reduction	223.80 <u>23</u> 4.10
Radioulnar joint, by closed reduction	261 <u>273.1</u> 0
Radioulnar joint, by open reduction	346.25 <u>36</u> 2.20
Toe, by closed reduction	93.30 <u>97.</u> 60
Toe, by open reduction	123.90 <u>12</u> 9.60
REMOVAL OF FOREIGN BODIES —	
— superficial as independent procedure	40.60 <u>42.</u> 45

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Part 2**

Type of procedure	Fee \$
as independent procedure <u>superficial</u>	181.10 <u>189.45</u>
deep tissue or muscle	506.25 <u>529.55</u>
ear, other than by syringing	130 <u>136.50</u>
nose, other than by simple probing	130 <u>136.50</u>
cornea or sclera, embedded	133.20 <u>139.35</u>

FRACTURES

closed reduction means *non*-operative reduction of the fracture, and ~~includes~~ 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	167.80 <u>175.50</u>
fracture, intra-articular, by closed reduction	194.50 <u>203.45</u>
fracture, by open reduction	223.80 <u>234.10</u>
fracture, intra-articular, by open reduction	279.75 <u>291.29</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners
Part 2 Medical procedures

Type of procedure	Fee \$
	<u>2.60</u>
Middle phalanx of finger	
fracture, by closed reduction	253.10 <u>26</u> 4.75
fracture, intra-articular, by closed reduction	286.35 <u>29</u> 9.50
fracture, by open reduction	333.00 <u>34</u> 8.30
fracture, intra-articular, by open reduction	419.55 <u>43</u> 8.85
Proximal phalanx of finger or thumb	
fracture, by closed reduction	333.00 <u>34</u> 8.30
fracture, intra-articular, by closed reduction	392.85 <u>41</u> 0.90
fracture, by open reduction	446.30 <u>46</u> 6.85
fracture, intra-articular, by open reduction	559.45 <u>58</u> 5.20
Metacarpal	
fracture, by closed reduction	333.00 <u>34</u> 8.30
fracture, intra-articular, by closed reduction	392.85 <u>41</u> 0.90
fracture, by open reduction	446.30 <u>46</u> 6.85
fracture, intra-articular, by open reduction	559.45 <u>58</u> 5.20
Carpal Scaphoid, by open reduction	745.95 <u>78</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical
practitioners
Medical procedures

**Schedule 1
Part 2**

Type of procedure	Fee \$
	<u>0.25</u>
Carpal Scaphoid, other	333.00 <u>34</u> 8.30
Carpus (excluding Scaphoid), by open reduction	466.15 <u>48</u> 7.60
Carpus (excluding Scaphoid), other	186.45 <u>19</u> 5.05
Radius	
by closed management	372.90 <u>39</u> 0.05
by open management	745.95 <u>78</u> 0.25
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	559.45 <u>58</u> 5.20
by open reduction	745.95 <u>78</u> 0.25
Ribs (1 or more), each attendance	85.35 <u>89.</u> 30
Tibia, plateau of, medial or lateral	
by closed reduction	672.70 <u>70</u> 3.65
by open reduction	892.40 <u>93</u> 3.45
Tibia, plateau of, medial and lateral	
by closed reduction	1 118.85 <u>170.30</u>
by open reduction	1 498.45 <u>567.40</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 2 Medical procedures

Type of procedure	Fee \$
SUTURES	
Face or neck	
— face or neck , less than 7 cm, superficial	133.20 ¹³ 9.35
— face or neck , less than 7 cm, deep	202.45 ²¹ 1.75
— face or neck , more than 7 cm, superficial	202.45 ²¹ 1.75
— face or neck , more than 7 cm, deep	346.25 ³⁶ 2.20
Except face or neck	
— except face or neck , less than 7 cm, superficial	101.20 ¹⁰ 5.85
— except face or neck , less than 7 cm, deep	151 ^{158.8} 5
— except face or neck , more than 7 cm, superficial	151 ^{158.8} 5
— except face or neck , more than 7 cm, deep	333.00 ³⁴ 8.30
AMPUTATIONS	
Hand, midcarpal or transmetacarpal	506.25 ⁵² 9.55
Hand, forearm or through arm	586.10 ⁶¹ 3.05
At shoulder	992.25 ¹ 037.90
Interscapulothoracic	1 971.25

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical practitioners
Medical procedures

**Schedule 1
Part 2**

Type of procedure	Fee \$
	<u>2 061.95</u>
One digit of foot	266.30 <u>27</u> 8.55
Two digits of one foot	399.60 <u>41</u> 8.00
Three digits of one foot	539.45 <u>56</u> 4.25
Four digits of one foot	672.70 <u>70</u> 3.65
Five digits of one foot	805.85 <u>84</u> 2.90
Toe including metatarsal or part of metatarsal — each toe	314.45 <u>328.90</u>
Foot, at ankle	586.10 <u>61</u> 3.05
Foot, midtarsal or transmetatarsal	506.25 <u>52</u> 9.55
Through thigh, at knee or below knee	865.85 <u>90</u> 5.70
At hip	1 218.65 <u>274.70</u>

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 ~~\$167.80~~ 175.50, whichever is greater.

USE OF PRIVATE THEATRES

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1	Scales of fees — medical specialists and other medical practitioners
Part 3	Diagnostic Imaging Services

Type of procedure	Fee \$
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A theatre fee of \$105.85 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.

USE OF PRIVATE THEATRES

~~A theatre fee of \$101.20 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 2 inserted in Gazette ~~17 Dec 2008~~30 Oct 2009
p. ~~5296-300~~4353-9.]*

Part 3 — Diagnostic Imaging Services

[Heading inserted in Gazette ~~17 Dec 2008~~30 Oct 2009 p. ~~5301~~4359.]

ULTRASOUND

MBS item number <i>(1 November 20072008)</i>	Fee \$
55028	163.15 <u>17</u> <u>0.65</u>
55029	56.60 <u>59.</u> <u>20</u>
55030	163.15 <u>17</u> <u>0.65</u>
55031	56.60 <u>59.</u> <u>20</u>
55032	163.15 <u>17</u> <u>0.65</u>
55033	56.60 <u>59.</u> <u>20</u>
55036	166.40 <u>17</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical practitioners
Diagnostic Imaging Services

**Schedule 1
Part 3**

MBS item number <i>(1 November 20072008)</i>	Fee \$
	<u>4.05</u>
55037	56.60 <u>59.20</u>
55038	163.15 <u>170.65</u>
55039	56.60 <u>59.20</u>
55044	166.40 <u>174.05</u>
55045	56.60 <u>59.20</u>
55048	163.15 <u>170.65</u>
55049	56.60 <u>59.20</u>
55054	163.15 <u>170.65</u>
55070	146.90 <u>153.65</u>
55073	50.85 <u>53.20</u>
55076	163.15 <u>170.65</u>
55079	56.60 <u>59.20</u>
55084	146.90 <u>153.65</u>
55085	50.85 <u>53.20</u>
55113	344.90 <u>361.36</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number <i>(1 November 20072008)</i>	Fee \$
	<u>0.75</u>
55114	344.90 <u>36</u> <u>0.75</u>
55115	344.90 <u>36</u> <u>0.75</u>
55116	383.50 <u>40</u> <u>1.15</u>
55117	383.50 <u>40</u> <u>1.15</u>
55118	411.90 <u>43</u> <u>0.85</u>
55130	254.25 <u>26</u> <u>5.95</u>
55135	528.75 <u>55</u> <u>3.05</u>
55238	253.40 <u>26</u> <u>5.05</u>
55244	253.40 <u>26</u> <u>5.05</u>
55246	253.40 <u>26</u> <u>5.05</u>
55248	253.40 <u>26</u> <u>5.05</u>
55252	253.40 <u>26</u> <u>5.05</u>
55274	253.40 <u>26</u> <u>5.05</u>
55276	253.40 <u>26</u> <u>5.05</u>
55278	253.40 <u>26</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical practitioners
Diagnostic Imaging Services

**Schedule 1
Part 3**

MBS item number <i>(1 November 20072008)</i>	Fee \$
	<u>5.05</u>
55280	253.40 <u>26</u> <u>5.05</u>
55282	253.40 <u>26</u> <u>5.05</u>
55284	253.40 <u>26</u> <u>5.05</u>
55292	253.40 <u>26</u> <u>5.05</u>
55294	253.40 <u>26</u> <u>5.05</u>
55296	166.10 <u>17</u> <u>3.75</u>
55600	163.15 <u>17</u> <u>0.65</u>
55603	163.15 <u>17</u> <u>0.65</u>
55700	89.65 <u>93.</u> <u>75</u>
55703	52.35 <u>54.</u> <u>75</u>
55704	104.70 <u>10</u> <u>9.50</u>
55705	52.35 <u>54.</u> <u>75</u>
55706	149.55 <u>15</u> <u>6.45</u>
55707	104.70 <u>10</u> <u>9.50</u>
55708	52.35 <u>54.</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2007 2008)	Fee \$
	<u>75</u>
55709	56.85 <u>59.45</u>
55712	171.95 <u>179.85</u>
55715	59.80 <u>62.55</u>
55718	149.55 <u>156.45</u>
55721	171.95 <u>179.85</u>
55723	56.85 <u>59.45</u>
55725	59.80 <u>62.55</u>
55729	40.75 <u>42.60</u>
55731	146.60 <u>153.35</u>
55733	52.35 <u>54.75</u>
55736	189.85 <u>198.60</u>
55739	85.20 <u>89.10</u>
55759	224.30 <u>234.60</u>
55762	89.65 <u>93.75</u>
55764	239 <u>250.2</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical practitioners
Diagnostic Imaging Services

**Schedule 1
Part 3**

MBS item number <i>(1 November 20072008)</i>	Fee \$
	0
55766	97.15 <u>101.60</u>
55768	224.30 <u>234.60</u>
55770	89.65 <u>93.75</u>
55772	239 <u>250.20</u>
55774	97.15 <u>101.60</u>
55800	163.15 <u>170.65</u>
55802	56.60 <u>59.20</u>
55804	163.15 <u>170.65</u>
55806	56.60 <u>59.20</u>
55808	163.15 <u>170.65</u>
55810	56.60 <u>59.20</u>
55812	163.15 <u>170.65</u>
55814	56.60 <u>59.20</u>
55816	163.15 <u>170.65</u>
55818	56.60 <u>59.20</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2007 2008)	Fee \$
	<u>20</u>
55820	163.15 <u>17</u> <u>0.65</u>
55822	56.60 <u>59.</u> <u>20</u>
55824	163.15 <u>17</u> <u>0.65</u>
55826	56.60 <u>59.</u> <u>20</u>
55828	163.15 <u>17</u> <u>0.65</u>
55830	56.60 <u>59.</u> <u>20</u>
55832	163.15 <u>17</u> <u>0.65</u>
55834	56.60 <u>59.</u> <u>20</u>
55836	163.15 <u>17</u> <u>0.65</u>
55838	56.60 <u>59.</u> <u>20</u>
55840	163.15 <u>17</u> <u>0.65</u>
55842	56.60 <u>59.</u> <u>20</u>
55844	130 <u>136.6</u> 0
55846	56.60 <u>59.</u> <u>20</u>
55848	163.15 <u>17</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical practitioners
Diagnostic Imaging Services

**Schedule 1
Part 3**

MBS item number (1 November 2007 2008)	Fee \$
	<u>0.65</u>
55850	228.55 <u>23</u> <u>9.05</u>
55852	163.15 <u>17</u> <u>0.65</u>
55854	56.60 <u>59.</u> <u>20</u>

**COMPUTED TOMOGRAPHY —
EXAMINATION AND REPORT**

MBS item number (1 November 2007 2008)	Fee \$
56001	267.80 <u>28</u> <u>0.10</u>
56007	343.35 <u>35</u> <u>9.15</u>
56010	346.15 <u>36</u> <u>2.05</u>
56013	343.35 <u>35</u> <u>9.15</u>
56016	398.30 <u>41</u> <u>6.60</u>
56022	309.00 <u>32</u> <u>3.20</u>
56028	462.50 <u>48</u> <u>3.80</u>
56030	309.00 <u>32</u> <u>3.20</u>
56036	462.50 <u>48</u> <u>3.80</u>
56041	135.65 <u>14</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2007 2008)	Fee \$
	<u>1.90</u>
56047	173.20 <u>18</u> <u>1.15</u>
56050	176.10 <u>18</u> <u>4.20</u>
56053	176.10 <u>18</u> <u>4.20</u>
56056	213.40 <u>22</u> <u>3.20</u>
56062	155.35 <u>16</u> <u>2.50</u>
56068	231.25 <u>24</u> <u>1.90</u>
56070	155.35 <u>16</u> <u>2.50</u>
56076	231.25 <u>24</u> <u>1.90</u>
56101	315.90 <u>33</u> <u>0.45</u>
56107	467.00 <u>48</u> <u>8.50</u>
56141	159.90 <u>16</u> <u>7.25</u>
56147	235.70 <u>24</u> <u>6.55</u>
56219	447.95 <u>46</u> <u>8.55</u>
56220	329.65 <u>34</u> <u>4.80</u>
56221	329.65 <u>34</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical practitioners
Diagnostic Imaging Services

Schedule 1

Part 3

MBS item number (1 November 2007 2008)	Fee \$
	<u>4.80</u>
56223	329.65 <u>34</u> <u>4.80</u>
56224	482.60 <u>50</u> <u>4.80</u>
56225	482.60 <u>50</u> <u>4.80</u>
56226	482.60 <u>50</u> <u>4.80</u>
56227	168.20 <u>17</u> <u>5.95</u>
56228	168.20 <u>17</u> <u>5.95</u>
56229	168.20 <u>17</u> <u>5.95</u>
56230	243.70 <u>25</u> <u>4.90</u>
56231	243.70 <u>25</u> <u>4.90</u>
56232	243.70 <u>25</u> <u>4.90</u>
56233	329.65 <u>34</u> <u>4.80</u>
56234	482.60 <u>50</u> <u>4.80</u>
56235	168.15 <u>17</u> <u>5.90</u>
56236	243.70 <u>25</u> <u>4.90</u>
56237	329.65 <u>34</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2007 2008)	Fee \$
	<u>4.80</u>
56238	482.60 <u>50</u> <u>4.80</u>
56239	168.15 <u>17</u> <u>5.90</u>
56240	243.70 <u>25</u> <u>4.90</u>
56259	226.30 <u>23</u> <u>6.70</u>
56301	405.15 <u>42</u> <u>3.80</u>
56307	549.25 <u>57</u> <u>4.50</u>
56341	205.25 <u>21</u> <u>4.70</u>
56347	277.40 <u>29</u> <u>0.15</u>
56401	343.35 <u>35</u> <u>9.15</u>
56407	494.35 <u>51</u> <u>7.10</u>
56409	343.35 <u>35</u> <u>9.15</u>
56412	494.35 <u>51</u> <u>7.10</u>
56441	174 <u>182.1</u> 0
56447	249.20 <u>26</u> <u>0.65</u>
56449	174 <u>182.1</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical practitioners
Diagnostic Imaging Services

Schedule 1

Part 3

MBS item number (1 November 2007 2008)	Fee \$
	0
56452	249.20 <u>260.65</u>
56501	528.75 <u>553.05</u>
56507	659.20 <u>689.50</u>
56541	265.25 <u>277.45</u>
56547	334.70 <u>350.10</u>
56549	528.75 <u>553.05</u>
56551	528.75 <u>553.05</u>
56619	302.15 <u>316.05</u>
56625	459.55 <u>480.70</u>
56659	153.90 <u>161.00</u>
56665	229.90 <u>240.50</u>
56801	640.75 <u>670.20</u>
56807	769.05 <u>804.45</u>
56841	320.45 <u>335.20</u>
56847	389.85 <u>409.40</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2007 2008)	Fee \$
	<u>7.80</u>
57001	640.85 <u>67</u> <u>0.35</u>
57007	779.70 <u>81</u> <u>5.55</u>
57041	320.50 <u>33</u> <u>5.25</u>
57047	389.90 <u>40</u> <u>7.85</u>
57201	213.10 <u>22</u> <u>2.90</u>
57247	106.45 <u>11</u> <u>1.35</u>
57341	645.45 <u>67</u> <u>5.15</u>
57345	331.80 <u>34</u> <u>7.05</u>
57350	700.40 <u>73</u> <u>2.60</u>
57351	700.40 <u>73</u> <u>2.60</u>
57355	362.75 <u>37</u> <u>9.45</u>
57356	362.75 <u>37</u> <u>9.45</u>

DIAGNOSTIC RADIOLOGY

MBS item number (1 November 2007 2008)	Fee \$
57506	47.20 <u>49.3</u> <u>5</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical
practitioners
Diagnostic Imaging Services

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Part 3**

MBS item number (1 November 2007 2008)	Fee \$
57509	63.05 65.9 5
57512	64.25 67.2 0
57515	85.60 89.5 5
57518	51.55 53.9 0
57521	68.80 71.9 5
57524	78.45 82.0 5
57527	104.30 109.10
57700	64.25 67.2 0
57703	85.60 89.5 5
57706	51.55 53.9 0
57709	68.80 71.9 5
57712	74.75 78.2 0
57715	96.60 101.05
57721	157.40 164.65
57901	102.25 106.95

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2007 2008)	Fee \$
57902	102.25 <u>10</u> <u>6.95</u>
57903	75.00 <u>78.4</u> <u>5</u>
57906	102.25 <u>10</u> <u>6.95</u>
57909	102.25 <u>10</u> <u>7.35</u>
57912	74.75 <u>78.2</u> <u>0</u>
57915	74.75 <u>78.2</u> <u>0</u>
57918	74.75 <u>78.2</u> <u>0</u>
57921	74.75 <u>78.2</u> <u>0</u>
57924	74.75 <u>78.2</u> <u>0</u>
57927	78.70 <u>82.3</u> <u>0</u>
57930	52.15 <u>54.5</u> <u>5</u>
57933	124.10 <u>12</u> <u>9.80</u>
57939	102.25 <u>10</u> <u>6.95</u>
57942	78.70 <u>82.3</u> <u>0</u>
57945	68.80 <u>71.9</u> <u>5</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical practitioners
Diagnostic Imaging Services

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Part 3

MBS item number (1 November 2007 2008)	Fee \$
57960	75.20 78.6 <u>5</u>
57963	75.20 78.6 <u>5</u>
57966	75.20 78.6 <u>5</u>
57969	75.20 78.6 <u>5</u>
58100	106.45 11 <u>1.35</u>
58103	87 91.40
58106	122.10 12 <u>7.70</u>
58108	210.75 22 <u>0.45</u>
58109	74.55 78.0 <u>0</u>
58112	154.25 16 <u>1.35</u>
58115	210.75 22 <u>0.45</u>
58300	63.60 66.5 <u>5</u>
58306	141.80 14 <u>8.30</u>
58500	56.05 58.6 <u>5</u>
58503	74.75 78.2 <u>0</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2007 2008)	Fee \$
58506	96.40 <u>100.85</u>
58509	63.05 <u>65.95</u>
58521	68.80 <u>71.95</u>
58524	89.60 <u>93.70</u>
58527	110.05 <u>115.10</u>
58700	73.10 <u>76.45</u>
58706	250.40 <u>261.90</u>
58715	240.35 <u>251.40</u>
58718	200.05 <u>209.25</u>
58721	219.25 <u>229.35</u>
58900	56.60 <u>59.20</u>
58903	75.45 <u>78.90</u>
58909	142.60 <u>149.15</u>
58912	174.85 <u>182.90</u>
58915	125.15 <u>130.90</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical practitioners
Diagnostic Imaging Services

**Schedule 1
Part 3**

MBS item number (1 November 2007 2008)	Fee \$
58916	219.60 ²² <u>9.70</u>
58921	214.50 ²² <u>4.35</u>
58924	133.30 ¹³ <u>9.45</u>
58927	121.30 ¹² <u>6.90</u>
58933	326 ^{341.1} 0
58936	310.80 ³² <u>5.10</u>
58939	220.95 ²³ <u>1.10</u>
59103	33.80 ^{35.3} <u>5</u>
59300	141.90 ¹⁴ <u>8.45</u>
59303	85.55 ^{89.5} 0
59306	159.10 ¹⁶ <u>6.40</u>
59309	318.05 ³³ <u>2.70</u>
59312	138.00 ¹⁴ <u>4.35</u>
59314	83.20 ^{87.0} <u>5</u>
59318	74.60 ^{78.0} <u>5</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2007 2008)	Fee \$
59503	141.80 <u>14</u> <u>8.30</u>
59700	153.15 <u>16</u> <u>0.20</u>
59703	120.35 <u>12</u> <u>5.90</u>
59712	180.35 <u>18</u> <u>8.65</u>
59715	227.70 <u>23</u> <u>8.15</u>
59718	213.60 <u>22</u> <u>3.45</u>
59724	359.20 <u>37</u> <u>5.70</u>
59733	170.80 <u>17</u> <u>8.65</u>
59736	98.35 <u>102.</u> <u>85</u>
59739	117.05 <u>12</u> <u>2.45</u>
59751	220.70 <u>23</u> <u>0.85</u>
59754	347 <u>363.8</u> 5
59760	182.60 <u>19</u> <u>1.00</u>
59763	212.40 <u>22</u> <u>2.15</u>
59903	181.70 <u>26</u> <u>5.30</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical
practitioners
Diagnostic Imaging Services

**Schedule 1
Part 3**

MBS item number (1 November 2007 2008)	Fee \$
59912	484.05 <u>50</u> <u>6.30</u>
59925	574.75 <u>60</u> <u>1.20</u>
59970	267.00 <u>27</u> <u>9.30</u>
59971	90.85 <u>95.0</u> <u>5</u>
59972	242.00 <u>25</u> <u>3.15</u>
59973	287.45 <u>30</u> <u>0.65</u>
59974	133.50 <u>13</u> <u>9.65</u>
60000	894.45 <u>93</u> <u>5.60</u>
60003	1 311.75 <u>3</u> <u>72.10</u>
60006	1 865.25 <u>9</u> <u>51.05</u>
60009	2 182.80 <u>2</u> <u>83.20</u>
60012	894.45 <u>93</u> <u>5.60</u>
60015	1 311.75 <u>3</u> <u>72.10</u>
60018	1 865.25 <u>9</u> <u>51.05</u>
60021	2 182.80 <u>2</u> <u>83.20</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2007 2008)	Fee \$
60024	894.4593 <u>5.60</u>
60027	1 311.753 <u>72.10</u>
60030	1 865.259 <u>51.05</u>
60033	2 182.802 <u>83.20</u>
60036	894.4593 <u>5.60</u>
60039	1 311.753 <u>72.10</u>
60042	1 865.259 <u>51.05</u>
60045	2 182.802 <u>83.20</u>
60048	894.4593 <u>5.60</u>
60051	1 311.753 <u>72.10</u>
60054	1 865.259 <u>51.05</u>
60057	2 182.802 <u>83.20</u>
60060	894.4593 <u>5.60</u>
60063	1 311.753 <u>72.10</u>
60066	1 865.259 <u>51.05</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical practitioners
Diagnostic Imaging Services

**Schedule 1
Part 3**

MBS item number (1 November 2007 2008)	Fee \$
60069	2 182.80 <u>83.20</u>
60072	76.35 <u>79.8</u> <u>5</u>
60075	152 <u>159.4</u> 0
60078	228.75 <u>23</u> <u>9.25</u>
60100	96.40 <u>100.</u> <u>85</u>
60500	68.80 <u>71.9</u> <u>5</u>
60503	47.20 <u>49.3</u> <u>5</u>
60506	101.10 <u>10</u> <u>5.75</u>
60509	156.80 <u>16</u> <u>4.00</u>
60918	74.75 <u>78.2</u> <u>0</u>
60927	60.35 <u>63.1</u> <u>5</u>
61109	410.60 <u>42</u> <u>9.50</u>

NUCLEAR MEDICINE IMAGING

MBS item number (1 November 2007 2008)	Fee \$
61302	548.35 <u>57</u> <u>3.55</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2007 2008)	Fee \$
61303	690.55 <u>72</u> <u>2.30</u>
61306	866.90 <u>90</u> <u>6.80</u>
61307	1 019.95 <u>066.85</u>
61310	448.70 <u>46</u> <u>9.35</u>
61313	370.60 <u>38</u> <u>7.65</u>
61314	513.05 <u>53</u> <u>6.65</u>
61316	465.70 <u>48</u> <u>7.10</u>
61317	601.50 <u>62</u> <u>9.15</u>
61320	279.65 <u>29</u> <u>2.50</u>
61328	278.10 <u>29</u> <u>0.90</u>
61340	309.05 <u>32</u> <u>3.25</u>
61348	541.60 <u>56</u> <u>6.50</u>
61352	316.80 <u>33</u> <u>1.35</u>
61353	472.25 <u>49</u> <u>3.95</u>
61356	479.85 <u>50</u> <u>1.90</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical practitioners
Diagnostic Imaging Services

**Schedule 1
Part 3**

MBS item number (1 November 2007 2008)	Fee \$
61360	492.75 <u>51</u> 5.40
61361	563.65 <u>58</u> 9.60
61364	607.10 <u>63</u> 5.05
61368	272.55 <u>28</u> 5.10
61369	2 462.35 <u>575.60</u>
61372	272.55 <u>28</u> 5.10
61373	598.15 <u>62</u> 5.65
61376	175.15 <u>18</u> 3.20
61381	701.55 <u>73</u> 3.80
61383	763.35 <u>79</u> 8.45
61384	840.05 <u>87</u> 8.70
61386	406.20 <u>42</u> 4.90
61387	526.20 <u>55</u> 0.40
61389	452.65 <u>47</u> 3.45
61390	500.80 <u>52</u> 3.85

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2007 2008)	Fee \$
61393	739 <u>773</u> .6 5
61397	301.55 <u>31</u> <u>5.40</u>
61401	198.30 <u>20</u> <u>7.40</u>
61402	739 <u>773</u> .1 5
61405	422.65 <u>44</u> <u>2.10</u>
61409	1 067.05 <u>116.15</u>
61413	276.00 <u>28</u> <u>8.70</u>
61417	145.15 <u>15</u> <u>1.85</u>
61421	586.15 <u>61</u> <u>3.10</u>
61425	733.75 <u>76</u> <u>7.50</u>
61426	677.70 <u>70</u> <u>8.85</u>
61429	663.30 <u>69</u> <u>3.80</u>
61430	805.55 <u>84</u> <u>2.60</u>
61433	607.10 <u>63</u> <u>5.05</u>
61434	751.75 <u>78</u> <u>6.35</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical
practitioners

Schedule 1

Diagnostic Imaging Services

Part 3

MBS item number (1 November 2007 2008)	Fee \$
61437	663.10 <u>69</u> <u>3.60</u>
61438	822.10 <u>85</u> <u>9.90</u>
61441	598.15 <u>62</u> <u>5.65</u>
61442	919.10 <u>96</u> <u>1.40</u>
61445	350.30 <u>36</u> <u>6.40</u>
61446	407.50 <u>42</u> <u>6.25</u>
61449	557.25 <u>58</u> <u>2.90</u>
61450	485.60 <u>50</u> <u>7.95</u>
61453	628.75 <u>65</u> <u>7.65</u>
61454	425.20 <u>44</u> <u>4.75</u>
61457	574.65 <u>60</u> <u>1.10</u>
61458	484.85 <u>50</u> <u>7.15</u>
61461	644.75 <u>67</u> <u>4.40</u>
61462	159.15 <u>16</u> <u>6.45</u>
61465	324.30 <u>33</u> <u>9.20</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1 Scales of fees — medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2007 2008)	Fee \$
61469	425.20 <u>44</u> <u>4.75</u>
61473	214.20 <u>22</u> <u>4.05</u>
61480	472.55 <u>49</u> <u>4.30</u>
61484	1 076.10 <u>125.60</u>
61485	1 220.55 <u>276.70</u>
61495	272.55 <u>28</u> <u>5.10</u>
61499	309.05 <u>32</u> <u>3.25</u>
61650	1 073.35 <u>122.70</u>

MAGNETIC RESONANCE IMAGING

MBS item number (1 November 2007 2008)	Fee \$
63000-63200	795.45 <u>1</u> <u>161.35</u>
63201	1 193.15 <u>248.05</u>
63202-63203	795.45 <u>83</u> <u>2.05</u>
63204	1 193.15 <u>248.05</u>
63219-63243	1 193.15

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scales of fees — medical specialists and other medical
practitioners
Diagnostic Imaging Services

Schedule 1

Part 3

MBS item number (1 November 2007 <u>2008</u>)	Fee
	\$
	<u>248.05</u>
63271-63473	795.45 <u>83</u> <u>2.05</u>
63491-63494	90.90 <u>95.</u> <u>10</u>
63497	273.00 <u>28</u> <u>5.55</u>

[Part 3 inserted in Gazette ~~17 Dec 2008~~30 Oct 2009
p. ~~5301-14~~4359-75.]

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 2 Scale of fees — physiotherapists

Part 1 General

Schedule 2 — Scale of fees — physiotherapists

[r. 3]

[Heading inserted in Gazette ~~17 Dec 2008~~ 30 Oct 2009 p. ~~5315~~ 4375.]

Part 1 — General

[Heading inserted in Gazette ~~17 Dec 2008~~ 30 Oct 2009 p. ~~5315~~ 4375.]

<u>Service Code</u>	Type of service <u>Service</u>	Fee
PA001	Initial Consultation A consultation with the physiotherapist including the following elements — Subjective assessment — of the following points as required: 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. Objective assessment — of the following points as required: Movement — active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated. Appropriate initial management, treatment or advice — based on assessment findings that could include the following as required: 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 programs to be followed.	Set Fee \$ 65 68.00

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scale of fees — physiotherapists

Schedule 2

General

Part 1

<u>Service Code</u>	Type of service <u>Service</u>	Fee
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Documentation of consultation — as required that could include:

The assessment findings, physiotherapy intervention(s), evaluation of interventions, plan for future treatment and results of other relevant tests and warnings (if applicable).

Includes:

- 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~~ acknowledgement of referral.
- The physiotherapist's brief communication with the medical practitioner regarding the injured worker's management.

Does not include:

- Any oral or written communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer relating to the treatment or rehabilitation of a specific worker (such as suitable work duties).
- Communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer. This service has a specific item number in this Table (PK001).

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 2 Scale of fees — physiotherapists

Part 1 General

<u>Service Code</u>	Type of service <u>Service</u>	Fee
	<ul style="list-style-type: none"> Physiotherapist's involvement in case conferences. The physiotherapist's involvement in case conferences has a specific item number in this Table (PQ001). 	
PB001	<p>Standard Consultation</p> <p>Consultation for one 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. Courtesy communication by the physiotherapist such as brief oral and/or written updates to the medical practitioner. <p>Does not include:</p> <ul style="list-style-type: none"> Any oral or written communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer relating to the treatment or rehabilitation of a specific worker (such as suitable work duties). Communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer has a specific item number in this Table (PK001). 	<p>Set Fee</p> <p>\$52.20 <u>\$54.60</u></p>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 2 Scale of fees — physiotherapists

Part 1 General

<u>Service Code</u>	Type of service <u>Service</u>	Fee
PR001	Reports Any report relating to a specific worker required by or requested by — <ul style="list-style-type: none"> • medical specialist; • medical practitioner; • employer; • insurer. Excludes courtesy communication such as acknowledgment <u>acknowledgement</u> of referral and brief updates to the medical practitioner.	
	Progress/Standard report	Set Fee
	Report should contain summarised information or assessment findings, treatment services provided, results obtained with specific recommendations for further management and return to work if applicable.	\$65 <u>68</u> .00
	Comprehensive report	Hourly rate**
	As above for progress/standard report and contains information relating to more detailed assessments and interventions performed. The specific requirements for a comprehensive report must be discussed with the insurer prior to approval with a suggested maximum duration of 2 hours.	\$148.30 <u>155.10</u>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 2 Scale of fees — physiotherapists

Part 2 Exercise-based programs

<u>Service Code</u>	Type of service <u>Service</u>	Fee
PS001	Specific Physiotherapy Assessment — prior approval from insurer required. 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 (FCE's), seating and wheelchair assessments).	Hourly Rate** \$148.30 <u>155.10</u>
PW001	Specific Physiotherapy Intervention — prior approval from insurer required (*replaces PD001). 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).	Hourly Rate** \$148.30 <u>Maximum 15.10</u> Max duration of service provision 2 hours

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

[Part 1 inserted in Gazette ~~17 Dec 2008~~ 30 Oct 2009 p. ~~5315-20~~ 4375-81.]

Part 2 — Exercise-based programs

[Heading inserted in Gazette ~~17 Dec 2008~~ 30 Oct 2009 p. ~~5321~~ 4382.]

<u>Type of service</u>	<u>Fee</u>
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**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scale of fees — physiotherapists **Schedule 2**
Exercise-based programs **Part 2**

	Type of service	Fee
EXE20	<p>Initial Consultation/Assessment</p> <p>Insurer approval must be obtained prior to undertaking the service.</p> <ul style="list-style-type: none"> • 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. <p>Exercise facility/equipment coordination (pool or gym based).</p> <ul style="list-style-type: none"> • <u>Communication/Liaison with relevant parties.</u> • <u>Physiological Assessment/testing.</u> • <u>Screening Questionnaires relating to worker's level of function.</u> • <u>Program design based on above.</u> • <u>Exercise facility/equipment coordination (pool or gym based).</u> <ul style="list-style-type: none"> • Provider to patient ratio must be 1:1 for the duration of the consultation. 	<p>\$148.30<u>155</u> <u>.10</u> per hour to a maximum of 2 hours**</p>
EXE21	<p>Subsequent Exercise Consultation/Assessment</p> <p>Includes —</p> <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; <p>communication/liaison with relevant parties.</p>	<p>\$148.30<u>155</u> <u>.10</u> per hour to a maximum of one hour**</p>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scale of fees — physiotherapists **Schedule 2**
Exercise-based programs **Part 2**

Type of service	Fee
<p>EXE04 Final report</p> <p>Comprehensive report to be provided at the end of the service delivery detailing —</p> <ul style="list-style-type: none"> • physiological testing results pre and post program; • worker attendance/programprogramme compliance. 	<p>\$148.30155 .10 per hour to a maximum of 30 minutes **</p>
<p>EXE05 Gym membership/Entry fees</p> <p>Includes direct cost of membership (pool or gym). Prior approval from insurer required.</p>	<p>Market rates</p>
<p>EXE06 Travel</p> <p>Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice.</p> <p>The insurer must provide pre-approval for travel in excess of one hour.</p> <p>If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.</p>	<p>\$118.65124 .10 per hour **</p>
<p>EXE08 Communication</p> <p>Any requested or required oral communication with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment of a specific worker.</p> <p>Excludes courtesy communication such as acknowledgmentacknowledgement of referral and brief updates to the medical practitioner.</p> <p>Maximum time allowable per communication of 30 minutes.</p>	<p>\$14.9015.6 0 per 6 minute block</p>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 2 Scale of fees — physiotherapists

Part 2 Exercise-based programs

	Type of service	Fee
EXE09	Attendance at Medical Case Conferences	
	Prior insurer approval must be obtained prior to undertaking the service.	\$148.30 <u>155</u> <u>.10</u> per hour **

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

[Part 2 inserted in Gazette ~~17 Dec 2008~~30 Oct 2009
p. ~~5321-3~~4382-4.]

Schedule 3 — Scale of fees — chiropractors

[r. 4]

[Heading inserted in Gazette ~~17 Dec 2008~~ 30 Oct 2009 p. ~~5323~~ 4384.]

Type of service	Fee \$
1. Initial consultation and examination	51.45 <u>53.80</u>
2. Subsequent consultation	42.90 <u>44.85</u>
3. Spinal x-ray, one region	102.15 <u>106.85</u>
4. Spinal x-ray, 2 or more regions	153.40 <u>160.45</u>
5. Travel (per kilometre)	0.75 <u>0.80</u>

*[Schedule 3 inserted in Gazette ~~17 Dec 2008~~ 30 Oct 2009
p. ~~5323~~ 4384-5.]*

Schedule 4 — Scale of fees — occupational therapists

[r. 5]

[Heading inserted in Gazette ~~17-Dec-2008~~30 Oct 2009 p. ~~5324~~4385.]

Type of Service	Fee
	\$
1. Brief consultation (< 15 minutes)	22 23.20
2. Short consultation (15 minutes to < 30 minutes)	44.50 46. 55
3. Standard consultation (30 minutes to < 45 minutes)	73.35 76. 70
4. Extended consultation (45 minutes to < one hour)	110.00 1 15.05
5. Extended consultation (> one hour)	146.70 1 53.45
6. Standard group consultation (30 minutes) per person	48.15 50. 35
7. Travel costs are to be calculated at the hourly rate by the length of time spent travelling.	

*[Schedule 4 inserted in Gazette ~~17-Dec-2008~~30 Oct 2009
p. ~~5324~~4385.]*

Schedule 5 — Scale of fees — speech pathologists

[r. 7]

[Heading inserted in Gazette ~~17 Dec 2008~~ 30 Oct 2009 p. ~~5324~~ 4385.]

Type of service	Fee
	\$
1. Initial consultation/assessment (up to and including one hour)	135.55 14 1.80
2. Initial consultation/assessment (exceeding one hour)	175.55 18 3.65
3. Subsequent consultation ($\leq \frac{1}{2}$ (<math>< \frac{1}{2}</math> hour)	59.20 61.9 0
4. Subsequent consultation ($\frac{1}{2}$ hour — \leq one hour)	76.75 80.3 0
5. Subsequent consultation (> one hour)	103.65 10 8.40

[Schedule 5 inserted in Gazette ~~17 Dec 2008~~ 30 Oct 2009 p. ~~5324~~ 4385-6.]

Schedule 5A — Scale of fees — exercise physiologists

[r. 7B]

[Heading inserted in Gazette ~~17 Dec 2008~~ 30 Oct 2009 p. ~~5325~~ 4386.]

Exercise-based programs

	Type of service	Fee
EXE20	Initial Consultation/Assessment	
	Insurer approval must be obtained prior to undertaking the service.	\$ 148.30 <u>155.</u>
	<ul style="list-style-type: none">• 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).<u>• Communication/Liaison with relevant parties.</u><u>• Physiological Assessment/testing.</u><u>• Screening questionnaires relating to worker's level of function.</u><u>• Program design based on above.</u><u>• Exercise facility/equipment coordination (pool or gym based).</u>	per hour to a maximum of 2 hours**
	Provider to patient ratio must be 1:1 for the duration of the consultation.	

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scale of fees — exercise physiologists **Schedule 5A**

	Type of service	Fee
EXE21	<p>Subsequent Exercise Consultation/Assessment</p> <p>Includes —</p> <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. • program monitoring; • post program screening questionnaire relating to worker's level of function; • psychosocial reassessment; • communication/liaison with relevant parties. 	<p>\$148.30155.10</p> <p>per hour to a maximum of one hour**</p>
EXE02	<p>Initial report</p> <p>Includes —</p> <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. • current status as per medical certification and proposed outcome status; 	<p>\$148.30155.10</p> <p>per hour to a maximum of one hour**</p>

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 5A Scale of fees — exercise physiologists

Type of service	Fee
<ul style="list-style-type: none"> detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval. 	
EXE03 Subsequent reports	
Progress report to be provided at the request of the referrer.	\$148.30 155.10 per hour to a maximum of 30 minutes**
EXE04 Final report	
Comprehensive report to be provided at the end of the service delivery detailing —	\$148.30 155.10 per hour to a maximum of 30 minutes**
<ul style="list-style-type: none"> physiological testing results pre and post program; worker attendance/program compliance. 	
EXE05 Gym membership/Entry fees	
Includes direct cost of membership (pool or gym).	Market rates
Prior approval from insurer required.	
EXE06 Travel	
Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice.	\$118.65 124.10 per hour **
The insurer must provide pre-approval for travel in excess of one hour.	
If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.	

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scale of fees — exercise physiologists **Schedule 5A**

	Type of service	Fee
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.	\$14.90 <u>15.60</u> per 6 minute block
EXE09	Attendance at Medical Case Conferences Prior insurer approval must be obtained prior to undertaking the service.	\$148.30 <u>155.10</u> per hour **

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

[Schedule 5A inserted in Gazette ~~17 Dec 2008~~30 Oct 2009
p. ~~5325-8~~4386-9.]

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 6 Scale of maximum fees — approved medical specialists

Part 1 Assessments

**Schedule 6 — Scale of maximum fees — approved
medical specialists**

[r. 9]

[Heading inserted in Gazette ~~17 Dec 2008~~ 30 Oct 2009 p. ~~5328~~ 4389.]

Part 1 — Assessments

[Heading inserted in Gazette ~~17 Dec 2008~~ 30 Oct 2009 p. ~~5328~~ 43.]

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.	\$1 000 46.15 (or, if an interpreter is present at the examination, \$1 250.10 307.60 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 one body system involved) — other than a service mentioned in item 4, 5, 6 or 8.	\$1 250.10 307.60 (or, if an interpreter is present at the examination, \$1 500 569.15 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.	\$1 500 569.15 (or, if an interpreter is present at the examination, \$1 750.15 830.65 excluding any fee payable to the interpreter)
4. Examination of any of ear, nose and throat only, including audiometric testing, and provision of report and certificate — other than a service mentioned in item 8.	\$1 000 46.15 (or, if an interpreter is present at the examination, \$1 250.10 307.60 excluding any fee payable to the

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Scale of maximum fees — approved medical specialists **Schedule 6**
Attempted assessments **Part 2**

Description of assessment	Maximum fee**
	interpreter)
5. Examination and provision of report and certificate — psychiatric — standard assessment — other than a service mentioned in item 8.	\$1 500 <u>569</u> .15 (or, if an interpreter is present at the examination, \$1 750.15 <u>830.65</u> 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.	\$2 500 <u>615</u> .20 (or, if an interpreter is present at the examination, \$2 750.20 <u>876.70</u> excluding any fee payable to the interpreter)
7. Consolidation of written assessments from multiple assessors.	\$500 <u>523</u> .00
8. Re-examination and provision of report and certificate.	\$750.05 <u>784.55</u> (or, if an interpreter is present at the examination, \$1 000 <u>046</u> .15 excluding any fee payable to the interpreter)
9. Provision of supplementary report and certificate.	\$250.05 <u>261.55</u>

*[Part 1 inserted in Gazette ~~17-Dec-2008~~30 Oct 2009
p. ~~5328-9~~4389-90.]*

Part 2 — Attempted assessments

[Heading inserted in Gazette ~~17-Dec-2008~~30 Oct 2009 p. ~~5330~~4390.]

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	\$500 <u>523</u> .00

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 6 Scale of maximum fees — approved medical specialists
Part 2 Attempted assessments

Description of circumstances	Maximum fee**
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 one working day's notice.	

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

[Part 2 inserted in Gazette ~~17 Dec 2008~~ 30 Oct 2009 p. ~~5330~~4390-1.]

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Notes

- ¹ This is a compilation of the *Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998* and includes the amendments made by the other written laws referred to in the following table ². The table also contains information about any reprint.

Compilation table

Citation	Gazettal	Commencement
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998</i> ³	13 Oct 1998 p. 5709-25	13 Oct 1998
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 1999</i>	20 Jul 1999 p. 3249-77	20 Jul 1999
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 1999</i>	31 Aug 1999 p. 4244-5	31 Aug 1999
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2000</i>	21 Dec 2000 p. 7623-51 (correction 6 Feb 2001 p. 743)	21 Dec 2000
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2001</i>	14 Dec 2001 p. 6416-17	14 Dec 2001
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 2001</i>	28 Dec 2001 p. 6691-710	28 Dec 2001
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2002</i>	21 May 2002 p. 2593-4	21 May 2002
Reprint of the <i>Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998</i> as at 24 May 2002 (includes amendments listed above)		
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 2002</i>	10 Sep 2002 p. 4602-3	10 Sep 2002
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2003</i>	7 Mar 2003 p. 741-2	7 Mar 2003

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Citation	Gazettal	Commencement
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 2003</i>	25 Mar 2003 p. 922-3	25 Mar 2003
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 3) 2003</i>	9 May 2003 p. 1626	9 May 2003
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 4) 2003</i>	12 Sep 2003 p. 4081-2	12 Sep 2003
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 5) 2003</i>	23 Sep 2003 p. 4173-86	23 Sep 2003
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 6) 2003</i>	9 Jan 2004 p. 98-100	9 Jan 2004
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2004</i>	19 Mar 2004 p. 861-910	19 Mar 2004
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 2004</i>	29 Oct 2004 p. 4940-2	29 Oct 2004
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2005</i>	21 Jan 2005 p. 278-86	21 Jan 2005
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 2005</i>	1 Nov 2005 p. 4976-84	1 Nov 2005
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations (No. 3) 2005</i>	11 Nov 2005 p. 5567-70	14 Nov 2005 (see r. 2 and <i>Gazette</i> 31 Dec 2004 p. 7131 and 17 Jun 2005 p. 2657)
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2006</i>	10 Jan 2006 p. 41-71	10 Jan 2006
Reprint 2: The Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998 as at 3 Mar 2006 (includes amendments listed above)		
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations (No. 2) 2006</i>	28 Apr 2006 p. 1660	28 Apr 2006

**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Citation	Gazettal	Commencement
<i>Workers' Compensation and Injury Management (Scale of Fees) Amendment Regulations (No. 3) 2006</i>	22 Dec 2006 p. 5755-94	22 Dec 2006
Reprint 3: The Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998 as at 2 Mar 2007 (includes amendments listed above)		
<i>Workers' Compensation and Injury Management (Scale of Fees) Amendment Regulations 2007</i>	7 Dec 2007 p. 6031-71	r. 1 and 2: 7 Dec 2007 (see r. 2(a)); Regulations other than r. 1 and 2: 8 Dec 2007 (see r. 2(b))
<i>Workers' Compensation and Injury Management (Scale of Fees) Amendment Regulations 2008</i>	17 Dec 2008 p. 5287-330	r. 1 and 2: 17 Dec 2008 (see r. 2(a)); Regulations other than r. 1 and 2: 18 Dec 2008 (see r. 2(b))
<u>Workers' Compensation and Injury Management (Scale of Fees) Amendment Regulations 2009</u>	<u>30 Oct 2009</u> <u>p. 4343-91</u>	<u>r. 1 and 2: 30 Oct 2009</u> <u>(see r. 2(a));</u> <u>Regulations other than r. 1 and 2:</u> <u>1 Nov 2009 (see r. 2(b))</u>

² The amendments in the *Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 3) 2004* published in *Gazette* 4 Jan 2005 p. 6-14 have no effect because of an error in the reference to the principal regulations to be amended.

³ Now known as the *Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998*; citation changed (see note under r. 1).