



Western Australia

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

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Western Australia

Workers' Compensation and Injury Management Act 1981

## **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*<sup>1</sup>.

[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 disabilities 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 2003;

**“metropolitan area”** means the area within a radius of 50 kilometres from the General Post Office at Perth.

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*[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.]*

**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 disabilities that are compensable under the Act.
- (2) In Schedule 2 Part 2 —  
“**metropolitan area**” means the area within a radius of  
50 kilometres from the General Post Office at Perth.

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

**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 disabilities that are compensable under the Act.

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

**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 disabilities that are compensable under the Act.

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

**6. Scale of fees — clinical psychologists**

- (1) Under section 292(2)(a)(vi) of the Act, the hourly rate of \$171.90 per hour is prescribed as the fee to be paid to clinical psychologists for attendance on, and treatment of, workers suffering disabilities 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.]*

**6A. Scale of fees — counselling psychology**

Under section 292(2)(a)(viii) of the Act, the hourly rate of \$171.90 per hour is prescribed as the fee to be paid to a psychologist providing counselling services for the treatment of a worker suffering disabilities 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. 55-1.

*[Regulation 6A inserted in Gazette 22 Dec 2006 p. 5758.]*

**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 disabilities that are compensable under the Act.

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

**7A. Scale of fees — osteopaths**

Under section 292(2)(a)(viii) of the Act, the amount of \$54.40 is prescribed as the fee to be paid to an osteopath for an osteopathic consultation with a worker suffering disabilities that are compensable under the Act.

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

*[Regulation 7A inserted in Gazette 22 Dec 2006 p. 5759.]*

**8. Scale of fees — vocational rehabilitation providers**

Under section 292(2)(b) of the Act, the hourly rate of \$128.35 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.]*

**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.]*

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

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

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**Schedule 1**

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**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<br>\$ |
|-------------------------|-----------|
|-------------------------|-----------|

**GENERAL PRACTITIONER**

**CONSULTATIONS**

Surgery Consultation

in hours

| <b>Content based</b>                     | \$     |
|--|--------|
| Minor or Specific Service (Level A or B) | 53.45  |
| Extended Service (Level C)               | 97.65  |
| Comprehensive Service (Level D)          | 150.05 |
| <b>Time based</b>                        | \$     |
| up to 5 mins                             | 31.85  |
| more than 5 mins to 15 mins              | 41.60  |
| more than 15 mins to 30 mins             | 80.20  |
| more than 30 mins to 45 mins             | 121.30 |
| more than 45 mins to 60 mins             | 164.45 |

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.

**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

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|                                 |           |
|---------------------------------|-----------|
| <b>Content based</b>            | <b>\$</b> |
| Minor Service (Level A)         | 40.10     |
| Specific Service (Level B)      | 80.20     |
| Extended Service (Level C)      | 146.00    |
| Comprehensive Service (Level D) | 226.15    |

|                              |           |
|------------------------------|-----------|
| <b>Time based</b>            | <b>\$</b> |
| up to 5 mins                 | 63.50     |
| more than 5 mins to 15 mins  | 68.90     |
| more than 15 mins to 30 mins | 106.90    |
| more than 30 mins to 45 mins | 146.00    |

**VISITS**

Consultations at a place other than the Consulting Rooms

|                                 |           |
|---------------------------------|-----------|
| in hours                        | <b>\$</b> |
| Minor Service (Level A)         | 66.85     |
| Specific Service (Level B)      | 91.45     |
| Extended Service (Level C)      | 135.70    |
| Comprehensive Service (Level D) | 189.15    |

|                                 |           |
|---------------------------------|-----------|
| out of hours                    | <b>\$</b> |
| Minor Service (Level A)         | 80.20     |
| Specific Service (Level B)      | 119.25    |
| Extended Service (Level C)      | 183.00    |
| Comprehensive Service (Level D) | 267.30    |

**TELEPHONE CONSULTATIONS**

|                              |           |
|------------------------------|-----------|
| <b>Time based</b>            | <b>\$</b> |
| up to 5 mins                 | 17.85     |
| more than 5 mins to 15 mins  | 22.35     |
| more than 15 mins to 30 mins | 46.70     |
| more than 30 mins            | 70.05     |

|  |           |
|--|-----------|
| CASE CONFERENCES, discussions with employers/insurers,<br>rehabilitation providers, workplace assessments etc. | <b>\$</b> |
| per hour   | 201.05    |

|                               |           |
|-------------------------------|-----------|
| <b>TRAVELLING FEES</b>        | <b>\$</b> |
| Outside the metropolitan area |           |



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

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

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—Rate per kilometre 3.56

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

***PHYSICIANS***

**CONSULTATIONS**

Professional attendance at consulting rooms and issue of certificate (if required) et al \$  
first attendance 202.95  
subsequent attendances 101.55

**VISITS**

Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al \$  
first attendance 243.10  
subsequent attendances 140.25

***REHABILITATION PHYSICIANS***

**CONSULTATIONS**

Professional attendance at consulting rooms and issue of certificate (if required) et al \$  
first attendance 202.95  
subsequent attendances 101.55

**VISITS**

Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al \$  
first attendance 243.10  
subsequent attendances 140.25

***OCCUPATIONAL PHYSICIANS***

**CONSULTATIONS**

Professional attendance at consulting rooms and issue of certificate (if required) et al \$  
first attendance 206.30  
subsequent attendances 101.55

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

|                   |  |
|-------------------|--|
| <b>Schedule 1</b> | Scales of fees — medical specialists and other medical practitioners |
| <b>Part 1</b>     | Medical specialists and other medical practitioners                  |

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VISITS

|  |        |
|--|--------|
| <u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u> | \$     |
| first attendance   | 243.10 |
| subsequent attendances   | 140.25 |

TELEPHONE CONSULTATIONS

|                              |        |
|------------------------------|--------|
| <b>Time based</b>            | \$     |
| up to 5 mins                 | 26.60  |
| more than 5 mins to 15 mins  | 32.85  |
| more than 15 mins to 30 mins | 68.70  |
| more than 30 mins            | 103.70 |

|   |        |
|---|--------|
| CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments etc. | \$     |
| per hour  | 298.10 |

TRAVELLING FEES

|                               |      |
|-------------------------------|------|
| Outside the metropolitan area | \$   |
| Rate per kilometre            | 3.55 |

**CONSULTANT PSYCHIATRISTS**

CONSULTATIONS

|   |        |
|---|--------|
| <u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u> | \$     |
| <b>Time based</b>   | \$     |
| up to 15 mins   | 59.55  |
| more than 15 mins to 30 mins  | 118.80 |
| more than 30 mins to 45 mins  | 177.90 |
| more than 45 mins to 60 mins  | 238.05 |
| more than 60 mins to 75 mins  | 269.35 |
| more than 75 mins   | 300.65 |

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

Scales of fees — medical specialists and other medical  
practitioners

**Schedule 1**

Medical specialists and other medical practitioners

**Part 1**

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**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

| <b>Time based</b>            | <b>\$</b> |
|------------------------------|-----------|
| up to 15 mins                | 97.75     |
| more than 15 mins to 30 mins | 157.85    |
| more than 30 mins to 45 mins | 215.45    |
| more than 45 mins to 75 mins | 275.60    |
| more than 75 mins            | 332.05    |

**TELEPHONE CONSULTATIONS**

| <b>Time based</b> | <b>\$</b> |
|-------------------|-----------|
| up to 45 mins     | 78.95     |
| more than 45 mins | 172.45    |

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

per hour 298.10

**TRAVELLING FEES**

Outside the metropolitan area \$  
Rate per kilometre 3.56

***SPECIALISTS***

***SURGEONS***

**CONSULTATIONS**

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

first attendance 115.40  
subsequent attendances 60.20

**VISITS**

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

first attendance 155.55

**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

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subsequent attendances 99.10

**DERMATOLOGISTS**

CONSULTATIONS

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

\$

first attendance 115.40

subsequent attendances 60.20

VISITS

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

\$

first attendance 155.30

subsequent attendances 98.95

TELEPHONE CONSULTATIONS

**Time based**

\$

up to 5 mins 26.60

more than 5 mins to 15 mins 32.85

more than 15 mins to 30 mins 68.70

more than 30 mins 103.70

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

\$

per hour 298.10

TRAVELLING FEES

Outside the metropolitan area

\$

Rate per kilometre

3.55

**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.

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

— \$ VALUE PER UNIT

\$ value per unit \$60.00

**CONSULTATIONS AND ATTENDANCES**

Units

Anaesthetist Consultation

- an attendance of 15 minutes or less duration 2
- an attendance of more than 15 minutes but not more than 30 minutes duration 4
- an attendance of more than 30 minutes but not more than 45 minutes duration 6
- an attendance of more than 45 minutes duration 8

Post anaesthesia patient care following a day procedure 2

EMERGENCY ATTENDANCES

After hours — where immediate attendance is required after 6 p.m. and before 8 a.m. on any weekday, or at any time on a Saturday, Sunday or a public holiday

6

**Note: No after hours loading applies to the above item**

Attendance on a patient in imminent danger of death requiring continuous life saving emergency treatment to the exclusion of all other patients

6

Call back from home, office or other distant location for the provision of emergency services 4

PROCEDURES AND SERVICES

All anaesthesia fees in relation to procedures and services are to be charged on the relative value guide (RVG) system. In most cases, the RVG system comprises 3 elements: base units (BUs), modifying units (MUs) and time units (TUs).

In 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.

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

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".]

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| <b>Description</b>   | <b>Units</b> |
|--|--------------|
| A normal healthy patient   | 0            |
| A patient with a mild systemic disease   | 0            |
| A patient with a severe systemic disease   | 1            |
| A patient with a severe systemic disease that is a constant threat to life                   | 4            |
| A moribund patient who is not expected to survive for 24 hours with or without the operation | 6            |
| A patient who is morbidly obese (body mass index is more than 35)                            | 2            |
| A patient who is in the 3 <sup>rd</sup> trimester of pregnancy                               | 2            |

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**Workers' Compensation and Injury Management (Scales of Fees)  
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Medical specialists and other medical practitioners **Part 1**

| Description   | Units |
|---|-------|
| 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 |
|--|-------|
| <b>Head</b>  |       |
| Anaesthesia for all procedures on the skin and subcutaneous tissue, muscles, salivary glands and superficial blood vessels of the head, including biopsy, unless otherwise specified | 5     |
| — plastic repair of cleft lip  | 6     |
| Anaesthesia for electroconvulsive therapy  | 4     |
| Anaesthesia for all procedures on external, middle or inner ear, including biopsy, unless otherwise specified  | 5     |
| — otoscopy   | 4     |
| Anaesthesia for all procedures on eye unless otherwise specified   | 5     |

**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

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| <b>Description of procedure, etc</b>   | <b>Units</b> |
|--|--------------|
| — 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           |
| — ablation of intracranial nerve   | 6            |
| Anaesthesia for all cranial bone procedures  | 12           |

**Neck**



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| <b>Description of procedure, etc</b>   | <b>Units</b> |
|--|--------------|
| 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            |
| <b>Thorax (Chest Wall/Shoulder Girdle)</b>   |              |
| 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            |
| — radical or modified radical procedures on breast with internal mammary node dissection   | 13           |

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

| Description of procedure, etc   | Units |
|---|-------|
| — 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    |
| <b>Intrathoracic</b>  |       |
| 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    |

**Workers' Compensation and Injury Management (Scales of Fees)  
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Medical specialists and other medical practitioners **Part 1**

| <b>Description of procedure, etc</b>  | <b>Units</b> |
|---|--------------|
| Anaesthesia for heart and lung transplant   | 20           |
| Cadaver harvesting of heart and/or lungs  | 8            |
| <b>Spine and spinal cord</b>  |              |
| 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            |
| <b>Upper abdomen</b>  |              |
| 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            |

**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  | 5     |
| Anaesthesia for upper gastrointestinal endoscopic procedures in association with imaging techniques including fluoroscopy and ultrasound  | 6     |
| Anaesthesia for upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage   | 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    |

**Workers' Compensation and Injury Management (Scales of Fees)  
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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 percutaneous procedures on an intra-abdominal organ in the upper abdomen  | 6     |
| <b>Lower abdomen</b>  |       |
| Anaesthesia for all procedures on the skin or subcutaneous tissue of the lower abdominal wall unless otherwise specified                          | 3     |
| — lipectomy   | 5     |
| Anaesthesia for all procedures on the nerves, muscles, tendons and fascia of the lower abdominal wall (with the exception of abdominal lipectomy) | 4     |
| Anaesthesia for 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 appendicectomy) 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    |

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| Description of procedure, etc  | Units |
|--|-------|
| — 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     |
| — 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     |
| <b>Perineum</b>  |       |
| 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     |

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| <b>Description of procedure, etc</b>   | <b>Units</b> |
|--|--------------|
| 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            |
| — 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            |

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| <b>Description of procedure, etc</b>   | <b>Units</b> |
|--|--------------|
| 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            |
| <b>Pelvis — except hip</b>   |              |
| 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            |
| <b>Upper leg — except knee</b>   |              |



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| <b>Description of procedure, etc</b>   | <b>Units</b> |
|--|--------------|
| Anaesthesia for all procedures on the skin or subcutaneous tissue of the upper leg                                     | 3            |
| — on the nerves, muscles, tendons, fascia, or bursae of the upper leg  | 4            |
| Anaesthesia for all closed procedures involving hip joint  | 4            |
| Anaesthesia for arthroscopic procedures of hip joint   | 4            |
| Anaesthesia for all open procedures involving hip joint unless otherwise specified                                     | 6            |
| — hip disarticulation  | 10           |
| — total hip replacement or revision  | 10           |
| Anaesthesia for bilateral total hip replacement  | 14           |
| Anaesthesia for all closed procedures involving upper 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           |
| <b>Knee and popliteal area</b>   |              |
| Anaesthesia for all procedures on the skin and subcutaneous tissue of the knee and/or popliteal area                   | 3            |

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| Description of procedure, etc   | Units |
|---|-------|
| 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     |
| — 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     |
| <b>Lower leg — below knee (<i>includes ankle and foot</i>)</b>  |       |
| Anaesthesia for all procedures on the skin or subcutaneous tissue of the lower leg, ankle and foot              | 3     |

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| <b>Description of procedure, etc</b>   | <b>Units</b> |
|--|--------------|
| 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            |
| 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            |
| <b>Shoulder and axilla (includes humeral head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint)</b>        |              |
| Anaesthesia for all procedures on the skin or subcutaneous tissue of the shoulder or axilla  | 3            |

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| Description of procedure, etc  | Units |
|--|-------|
| 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     |
| — interthoracoscapular (forequarter) amputation  | 15    |
| — total shoulder replacement   | 10    |
| Anaesthesia for all procedures on arteries of shoulder and axilla unless otherwise specified   | 8     |
| — axillary-brachial aneurysm   | 10    |
| — bypass graft   | 8     |
| — axillary-femoral bypass graft  | 10    |
| Anaesthesia for all procedures on veins of shoulder and axilla   | 4     |
| Anaesthesia for all shoulder cast application, removal or repair unless otherwise specified  | 3     |
| — shoulder spica   | 4     |
| <b>Upper arm and elbow</b>   |       |
| Anaesthesia for all procedures on the skin or subcutaneous tissue of the upper arm and elbow   | 3     |

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| <b>Description of procedure, etc</b>   | <b>Units</b> |
|--|--------------|
| 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           |
| <b>Forearm, wrist and hand</b>   |              |
| 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            |

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| <b>Description of procedure, etc</b>  | <b>Units</b> |
|---|--------------|
| — 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            |
| <b>Burns</b>  |              |
| Anaesthesia for excision of debridement of burns with or without skin grafting                            |              |
| — where the burnt area involves not more than 3% of total body surface                                    | 3            |
| — where the burnt area involves more than 3% but less than 10% of total body surface                      | 5            |
| — where the burnt area involves 10% or more but less than 20% of total body surface                       | 7            |
| — where the burnt area involves 20% or more but less than 30% of total body surface                       | 9            |
| — where the burnt area involves 30% or more but less than 40% of total body surface                       | 11           |
| — where the burnt area involves 40% or more but less than 50% of total body surface                       | 13           |
| — where the burnt area involves 50% or more but less than 60% of total body surface                       | 15           |

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|--|--------------|
| — 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           |
| <br><b>Other procedures</b>  |              |
| Anaesthesia for injection procedure for myelography:   |              |
| — lumbar or thoracic   | 5            |
| — cervical   | 6            |
| — posterior fossa  | 9            |
| Anaesthesia for injection procedure for discography:   |              |
| — lumbar or thoracic   | 5            |
| — cervical   | 6            |
| Anaesthesia for peripheral arteriogram   | 5            |
| Anaesthesia for arteriograms:  |              |
| — carotid, cerebral or vertebral   | 5            |
| — retrograde, brachial or femoral  | 5            |
| Anaesthesia for computerised axial tomography scanning, magnetic resonance scanning, ultrasound scanning or digital subtraction angiography scanning | 7            |
| Anaesthesia for radiology unless otherwise specified   | 4            |
| Anaesthesia for retrograde cystography, retrograde urethrography or retrograde cystourethrography  | 4            |
| 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            |

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| Description of procedure, etc  | Units |
|--|-------|
| 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     |
| Anaesthesia during hyperbaric therapy where the medical practitioner is confined in the chamber (including the administration of oxygen)                                   | 15    |



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| Description of procedure, etc                                  | Units |
|--|-------|
| 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.   | <b>MusM</b><br><b>Us</b> | 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  |

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| Description of service, etc.   | <del>Mus</del><br><u>Us</u> | TUs | BUs |
|--|-----------------------------|-----|-----|
| Intubation, endotracheal, not associated with anaesthesia, when subsequent management is not in an intensive care unit   | yes                         | yes | 4   |
| Awake endotracheal intubation with flexible fiberoptic scope, associated with difficult airway, when performed in association with the administration of anaesthesia | no                          | no  | 4   |
| Double lumen endobronchial tube or bronchial blocker, insertion of, when performed in association with the administration of anaesthesia                             | no                          | no  | 4   |
| Monitoring of depth of anaesthesia, incorporating continuous measurement of the EEG during anaesthesia for the diagnosis of awareness                                | no                          | no  | 3   |
| Venous cannulation and commencement of intravenous infusion, under age of 3 years, not associated with anaesthesia   | no                          | no  | 3   |
| Venous cannulation, cutdown  | no                          | no  | 5   |
| Venous cannulation and commencement of intravenous infusion not associated with anaesthesia  | no                          | no  | 2   |
| Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement  | no                          | no  | 7   |
| Pulmonary artery pressure monitoring   | no                          | no  | 3   |

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| Description of service, etc.  | <del>Mus</del><br><u>Us</u> | TUs | BUs               |
|---|-----------------------------|-----|-------------------|
| Left atrial pressure monitoring via left atrial catheter  | no                          | no  | 3                 |
| Invasive pressure monitoring, not otherwise listed  | no                          | no  | 3                 |
| 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  | <del>7</del><br>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                 |

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|---|--------------------------|-----|-----|
| 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   |
| 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   |

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|---|--------------------------|-----|-----|
| 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   |
| 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   |

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| Description of service, etc.  | <del>Mus</del><br><u>Us</u> | TUs | BUs                    |
|---|-----------------------------|-----|------------------------|
| Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, <del>where</del> <u>including up to one hour of</u> continuous <del>after hours</del> attendance by a medical practitioner <del>extends beyond the first hour</del> <u>after hours</u> for a patient in labour. <del>Derived fee being 15 units for the first hour plus one unit for each additional 15 minutes or part thereof</del>    | no                          | no  | <del>0</del> <u>15</u> |
| Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, where continuous <del>after hours</del> attendance by a medical practitioner extends beyond the first hour; <del>add</del> <u>for a patient in labour. Derived fee being 15 units for the first hour plus</u> one unit for each <u>additional</u> 15 minutes <del>of the first hour for a patient in labour</del> <u>or part thereof</u> | 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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|---|--------------------------|-----|-----|
| 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   |

**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

| Description of service, etc.   | <u>MusM</u><br><u>Us</u> | TUs | BUs |
|--|--------------------------|-----|-----|
| — ilioinguinal, iliohypogastric or genito femoral nerves, one or more of   | no                       | no  | 5   |
| — pudendal nerve   | no                       | no  | 8   |
| — ulnar, radial or median nerve of main trunk, one or more of, not being associated with a brachial plexus block | no                       | no  | 5   |
| — paracervical (uterine) nerve   | no                       | no  | 5   |
| — obturator nerve  | no                       | no  | 7   |
| — femoral nerve  | no                       | no  | 7   |
| — saphenous, sural, popliteal or posterior tibial nerve of main trunk, one or more of                            | no                       | no  | 5   |
| — paravertebral, cervical, thoracic, lumbar, sacral or coccygeal nerves, single vertebral level                  | no                       | no  | 7   |
| — paravertebral nerves, multiple levels  | no                       | no  | 10  |
| — sciatic nerve  | no                       | no  | 7   |
| — other peripheral nerve or branch   | no                       | no  | 5   |
| — sphenopalatine ganglion  | no                       | no  | 10  |
| — carotid sinus, as an independent percutaneous procedure  | no                       | no  | 8   |
| — stellate ganglion (cervical sympathetic block)   | no                       | no  | 8   |
| — lumbar or thoracic nerves (paravertebral sympathetic block)  | no                       | no  | 8   |
| — coeliac plexus or splanchnic nerves  | no                       | no  | 10  |



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

Scales of fees — medical specialists and other medical  
practitioners

**Schedule 1**

Medical specialists and other medical practitioners

**Part 1**

| Description of service, etc.   | <del>Mus</del><br><u>Us</u> | TUs | BUs |
|--|-----------------------------|-----|-----|
| Cranial nerve other than trigeminal, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin                                 | no                          | no  | 20  |
| Nerve branch, not covered by any other item in this Group, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin           | no                          | no  | 10  |
| Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent   | no                          | no  | 20  |
| Lumbar sympathetic chain, destruction by a neurolytic agent  | no                          | no  | 15  |
| Cervical or thoracic sympathetic chain, destruction by a neurolytic agent  | no                          | no  | 20  |
| Cardioversion, elective, electrical conversion of arrhythmia, external   | no                          | no  | 4   |
| Hyperbaric oxygen treatment when the specialist is inside the chamber  | yes                         | yes | 15  |
| Hyperbaric oxygen treatment when the specialist is outside the chamber   | yes                         | yes | 8   |
| Heart, 2 dimensional real time transoesophageal examination of, at least 2 oesophageal windows performed using a mechanical sector scanner or phased array transducer with — |                             |     |     |
| (a) measurement blood flow velocities across the cardiac valves using pulsed wave and continuous Doppler techniques;   |                             |     |     |

**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

| Description of service, etc.  | <del>Mus</del><br><u>Us</u> | TUs | BUs |
|---|-----------------------------|-----|-----|
| (b) real time colour flow mapping from at least 2 oesophageal windows; and<br>(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  |
| 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*

**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**

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*[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.]*

**Part 2 — Medical procedures**

*[Heading inserted in Gazette 22 Dec 2006 p. 5768.]*

| <b>Type of procedure</b>  | <b>Fee</b><br><b>\$</b> |
|---|-------------------------|
| <b>GENERAL</b>  |                         |
| Localised burns   | 44.55                   |
| Localised burns, including dressing of, under general<br>anaesthetic  | 126.85                  |
| Extensive burns   | 76.85                   |
| Extensive burns, including dressing of, under general<br>anaesthetic  | 268.35                  |
| Dressing of wounds, under general anaesthetic   | 126.85                  |
| Acupuncture, including consultation   | 59.15                   |
| <b>DISLOCATIONS</b>   |                         |
| “closed reduction” means non-operative reduction of the<br>dislocation, and included percutaneous fixation and/or<br>external splintage by cast or splint.                                    |                         |
| “open reduction” means treatment by either closed reduction and<br>intra-medullary fixation or treatment by operative exposure<br>of the dislocation including internal or external fixation. |                         |
| “other” means treatment by any other method and includes the use<br>of external splintage.  |                         |
| <b>[Where injuries are associated with a compound (open)<br/>wound, an additional fee of 50% of the fee listed is to apply.]</b>  |                         |
| Elbow, by closed reduction  | 239.10                  |
| Elbow, by open reduction  | 317.05                  |
| Interphalangeal joint, by closed reduction  | 102.50                  |
| Interphalangeal joint, by open reduction  | 136.65                  |
| Mandible, by closed reduction   | 85.45                   |
| Clavicle, by closed reduction   | 101.30                  |
| Clavicle, by open reduction   | 204.95                  |

**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

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| <b>Type of procedure</b>                              | <b>Fee</b><br>\$ |
|---|------------------|
| Shoulder, not requiring general anaesthetic           | 114.00           |
| Shoulder, by open reduction, with general anaesthetic | 408.65           |
| Shoulder, other, with general anaesthetic             | 202.45           |
| Metacarpophalangeal joint, by closed reduction        | 136.65           |
| Metacarpophalangeal joint, by open reduction          | 183.00           |
| Patella, by closed reduction                          | 153.65           |
| Patella, by open reduction                            | 204.95           |
| Radioulnar joint, by closed reduction                 | 239.10           |
| Radioulnar joint, by open reduction                   | 317.05           |
| Toe, by closed reduction                              | 85.45            |
| Toe, by open reduction                                | 113.45           |

**REMOVAL OF FOREIGN BODIES —**

|                                    |        |
|------------------------------------|--------|
| as independent procedure           | 37.20  |
| superficial                        | 165.85 |
| deep tissue or muscle              | 463.55 |
| ear, other than by syringing       | 119.50 |
| nose, other than by simple probing | 119.50 |
| cornea or sclera, embedded         | 121.95 |

**FRACTURES**

“**closed reduction**” means non-operative reduction of the fracture, and included percutaneous fixation and/or external splintage by cast or splint.

“**open reduction**” means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation.

“**other**” means treatment by any other method and includes the use of external splintage.

**[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]**

|  |        |
|--|--------|
| Distal phalanx of finger or thumb              |        |
| fracture, by closed reduction                  | 153.65 |
| fracture, intra-articular, by closed reduction | 178.10 |
| fracture, by open reduction                    | 204.95 |
| fracture, intra-articular, by open reduction   | 256.15 |

**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**

| <b>Type of procedure</b>                                    | <b>Fee</b> |
|---|------------|
|   | <b>\$</b>  |
| Middle phalanx of finger                                    |            |
| fracture, by closed reduction                               | 231.75     |
| fracture, intra-articular, by closed reduction              | 262.20     |
| fracture, by open reduction                                 | 304.90     |
| fracture, intra-articular, by open reduction                | 384.15     |
| Proximal phalanx of finger or thumb                         |            |
| fracture, by closed reduction                               | 304.90     |
| fracture, intra-articular, by closed reduction              | 359.75     |
| fracture, by open reduction                                 | 408.65     |
| fracture, intra-articular, by open reduction                | 512.30     |
| Metacarpal  |            |
| fracture, by closed reduction                               | 304.90     |
| fracture, intra-articular, by closed reduction              | 359.75     |
| fracture, by open reduction                                 | 408.65     |
| fracture, intra-articular, by open reduction                | 512.30     |
| Carpal Scaphoid, by open reduction                          | 683.00     |
| Carpal Scaphoid, other                                      | 304.90     |
| Carpus (excluding Scaphoid), by open reduction              | 426.85     |
| Carpus (excluding Scaphoid), other                          | 170.75     |
| Radius  |            |
| by closed management  | 341.45     |
| by open management  | 683.00     |
| Radius or Ulnar, distal end, (Colies', Smith's or Barton's) |            |
| by closed reduction   | 512.30     |
| by open reduction   | 683.00     |
| Ribs (1 or more), each attendance                           | 78.15      |
| Tibia, plateau of, medial or lateral                        |            |
| by closed reduction   | 615.95     |
| by open reduction   | 817.15     |
| Tibia, plateau of, medial and lateral                       |            |
| by closed reduction   | 1 024.45   |
| by open reduction   | 1 372.05   |
| <b>SUTURES</b>  |            |
| face or neck, less than 7 cm, superficial                   | 121.95     |

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

|                   |  |
|-------------------|--|
| <b>Schedule 1</b> | Scales of fees — medical specialists and other medical practitioners |
| <b>Part 2</b>     | Medical procedures   |

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| <b>Type of procedure</b>                         | <b>Fee</b> |
|--|------------|
|  | <b>\$</b>  |
| face or neck, less than 7 cm, deep               | 185.35     |
| face or neck, more than 7 cm, superficial        | 185.35     |
| face or neck, more than 7 cm, deep               | 317.05     |
| except face or neck, less than 7 cm, superficial | 92.70      |
| except face or neck, less than 7 cm, deep        | 139.00     |
| except face or neck, more than 7 cm, superficial | 139.00     |
| except face or neck, more than 7 cm, deep        | 304.90     |

**AMPUTATIONS**

|  |          |
|--|----------|
| Hand, midcarpal or transmetacarpal             | 463.55   |
| Hand, forearm or through arm                   | 536.65   |
| At shoulder                                    | 908.55   |
| Interscapulothoracic                           | 1 804.95 |
| One digit of foot                              | 243.85   |
| Two digits of one foot                         | 365.85   |
| Three digits of one foot                       | 493.95   |
| Four digits of one foot                        | 615.95   |
| Five digits of one foot                        | 737.90   |
| Toe including metatarsal or part of metatarsal | 287.90   |
| Foot, at ankle                                 | 536.65   |
| Foot, midtarsal or transmetatarsal             | 463.55   |
| Through thigh, at knee or below knee           | 792.80   |
| At hip   | 1 115.85 |

**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 \$153.65, whichever is greater.**

**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**

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USE OF PRIVATE THEATRES

A theatre fee of **\$92.70** 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 22 Dec 2006 p. 5768-72.]*

**Part 3 — Diagnostic Imaging Services**

*[Heading inserted in Gazette 22 Dec 2006 p. 5773.]*

ULTRASOUND

| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 55028  | 149.40                  |
| 55029  | 51.80                   |
| 55030  | 149.40                  |
| 55031  | 51.80                   |
| 55032  | 149.40                  |
| 55033  | 51.80                   |
| 55036  | 152.35                  |
| 55037  | 51.80                   |
| 55038  | 149.40                  |
| 55039  | 51.80                   |
| 55044  | 152.35                  |
| 55045  | 51.80                   |
| 55048  | 149.40                  |
| 55049  | 51.80                   |
| 55054  | 149.40                  |
| 55070  | 134.50                  |
| 55073  | 46.60                   |
| 55076  | 149.40                  |
| 55079  | 51.80                   |
| 55084  | 134.50                  |
| 55085  | 46.60                   |
| 55113  | 315.80                  |
| 55114  | 315.80                  |
| 55115  | 315.80                  |
| 55116  | 351.15                  |
| 55117  | 351.15                  |

**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

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 55118  | 377.15                  |
| 55130  | 232.80                  |
| 55135  | 484.15                  |
| 55238  | 232.05                  |
| 55244  | 232.05                  |
| 55246  | 232.05                  |
| 55248  | 232.05                  |
| 55252  | 232.05                  |
| 55274  | 232.05                  |
| 55276  | 232.05                  |
| 55278  | 232.05                  |
| 55280  | 232.05                  |
| 55282  | 232.05                  |
| 55284  | 232.05                  |
| 55292  | 232.05                  |
| 55294  | 232.05                  |
| 55296  | 152.05                  |
| 55600  | 149.40                  |
| 55603  | 149.40                  |
| 55700  | 82.10                   |
| 55703  | 47.90                   |
| 55704  | 95.85                   |
| 55705  | 47.90                   |
| 55706  | 136.95                  |
| 55707  | 95.85                   |
| 55708  | 47.90                   |
| 55709  | 52.05                   |
| 55712  | 157.45                  |
| 55715  | 54.75                   |
| 55718  | 136.95                  |
| 55721  | 157.45                  |
| 55723  | 52.05                   |
| 55725  | 54.75                   |
| 55728  | 136.95                  |
| 55729  | 37.30                   |
| 55731  | 134.20                  |
| 55733  | 47.90                   |



**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**

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 55736  | 173.85                  |
| 55739  | 78.00                   |
| 55759  | 205.35                  |
| 55762  | 82.10                   |
| 55764  | 219.05                  |
| 55766  | 88.95                   |
| 55768  | 205.35                  |
| 55770  | 82.10                   |
| 55772  | 219.05                  |
| 55774  | 88.95                   |
| 55800  | 149.40                  |
| 55802  | 51.80                   |
| 55804  | 149.40                  |
| 55806  | 51.80                   |
| 55808  | 149.40                  |
| 55810  | 51.80                   |
| 55812  | 149.40                  |
| 55814  | 51.80                   |
| 55816  | 149.40                  |
| 55818  | 51.80                   |
| 55820  | 149.40                  |
| 55822  | 51.80                   |
| 55824  | 149.40                  |
| 55826  | 51.80                   |
| 55828  | 149.40                  |
| 55830  | 51.80                   |
| 55832  | 149.40                  |
| 55834  | 51.80                   |
| 55836  | 149.40                  |
| 55838  | 51.80                   |
| 55840  | 149.40                  |
| 55842  | 51.80                   |
| 55844  | 119.60                  |
| 55846  | 51.80                   |
| 55848  | 149.40                  |
| 55850  | 209.25                  |
| 55852  | 149.40                  |

**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

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| <b>MBS item number</b>   | <b>Fee</b> |
|--------------------------|------------|
| <i>(1 November 2005)</i> | <b>\$</b>  |
| 55854                    | 51.80      |

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COMPUTED TOMOGRAPHY —  
EXAMINATION AND REPORT

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| <b>MBS item number</b>   | <b>Fee</b> |
|--------------------------|------------|
| <i>(1 November 2005)</i> | <b>\$</b>  |
| 56001                    | 245.25     |
| 56007                    | 314.40     |
| 56010                    | 316.95     |
| 56013                    | 314.40     |
| 56016                    | 364.70     |
| 56022                    | 282.95     |
| 56028                    | 423.50     |
| 56030                    | 282.95     |
| 56036                    | 423.50     |
| 56041                    | 124.20     |
| 56047                    | 158.60     |
| 56050                    | 161.25     |
| 56053                    | 161.25     |
| 56056                    | 195.40     |
| 56062                    | 142.25     |
| 56068                    | 211.75     |
| 56070                    | 142.25     |
| 56076                    | 211.75     |
| 56101                    | 289.25     |
| 56107                    | 427.60     |
| 56141                    | 146.40     |
| 56147                    | 215.80     |
| 56219                    | 410.15     |
| 56220                    | 301.85     |
| 56221                    | 301.85     |
| 56223                    | 301.85     |
| 56224                    | 441.90     |
| 56225                    | 441.90     |
| 56226                    | 441.90     |
| 56227                    | 154.05     |
| 56228                    | 154.05     |

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**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**

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 56229  | 154.05                  |
| 56230  | 223.15                  |
| 56231  | 223.15                  |
| 56232  | 223.15                  |
| 56233  | 301.85                  |
| 56234  | 441.90                  |
| 56235  | 154.00                  |
| 56236  | 223.15                  |
| 56237  | 301.85                  |
| 56238  | 441.90                  |
| 56239  | 154.00                  |
| 56240  | 223.15                  |
| 56259  | 207.25                  |
| 56301  | 370.95                  |
| 56307  | 502.95                  |
| 56341  | 187.95                  |
| 56347  | 254.00                  |
| 56401  | 314.40                  |
| 56407  | 452.65                  |
| 56409  | 314.40                  |
| 56412  | 452.65                  |
| 56441  | 159.40                  |
| 56447  | 228.20                  |
| 56449  | 159.40                  |
| 56452  | 228.20                  |
| 56501  | 484.15                  |
| 56507  | 603.60                  |
| 56541  | 242.90                  |
| 56547  | 306.50                  |
| 56549  | 484.15                  |
| 56551  | 484.15                  |
| 56619  | 276.65                  |
| 56625  | 420.80                  |
| 56659  | 140.95                  |
| 56665  | 210.50                  |
| 56801  | 586.70                  |
| 56807  | 704.15                  |

**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

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| <b>MBS item number</b>   | <b>Fee</b> |
|--------------------------|------------|
| <i>(1 November 2005)</i> | <b>\$</b>  |
| 56841                    | 293.45     |
| 56847                    | 356.95     |
| 57001                    | 586.80     |
| 57007                    | 713.95     |
| 57041                    | 293.50     |
| 57047                    | 357.00     |
| 57201                    | 195.15     |
| 57247                    | 97.50      |
| 57341                    | 591.00     |
| 57345                    | 303.80     |
| 57350                    | 641.30     |
| 57351                    | 641.30     |
| 57355                    | 332.15     |
| 57356                    | 332.15     |

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**DIAGNOSTIC RADIOLOGY**

| <b>MBS item number</b>   | <b>Fee</b> |
|--------------------------|------------|
| <i>(1 November 2005)</i> | <b>\$</b>  |
| 57506                    | 43.20      |
| 57509                    | 57.70      |
| 57512                    | 58.80      |
| 57515                    | 78.40      |
| 57518                    | 47.20      |
| 57521                    | 63.00      |
| 57524                    | 71.80      |
| 57527                    | 95.50      |
| 57700                    | 58.80      |
| 57703                    | 78.40      |
| 57706                    | 47.20      |
| 57709                    | 63.00      |
| 57712                    | 68.45      |
| 57715                    | 88.45      |
| 57721                    | 144.10     |
| 57901                    | 93.65      |
| 57902                    | 93.65      |
| 57903                    | 68.70      |
| 57906                    | 93.65      |

**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**

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br>\$ |
|--|------------------|
| 57909  | 93.65            |
| 57912  | 68.45            |
| 57915  | 68.45            |
| 57918  | 68.45            |
| 57921  | 68.45            |
| 57924  | 68.45            |
| 57927  | 72.05            |
| 57930  | 47.75            |
| 57933  | 113.65           |
| 57939  | 93.65            |
| 57942  | 72.05            |
| 57945  | 63.00            |
| 57960  | 68.85            |
| 57963  | 68.85            |
| 57966  | 68.85            |
| 57969  | 68.85            |
| 58100  | 97.50            |
| 58103  | 80.00            |
| 58106  | 111.80           |
| 58108  | 193.00           |
| 58109  | 68.25            |
| 58112  | 141.25           |
| 58115  | 193.00           |
| 58300  | 58.25            |
| 58306  | 129.85           |
| 58500  | 51.35            |
| 58503  | 68.45            |
| 58506  | 88.25            |
| 58509  | 57.70            |
| 58521  | 63.00            |
| 58524  | 82.05            |
| 58527  | 100.80           |
| 58700  | 66.90            |
| 58706  | 229.30           |
| 58715  | 220.10           |
| 58718  | 183.15           |
| 58721  | 200.75           |

**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

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 58900  | 51.80                   |
| 58903  | 69.10                   |
| 58909  | 130.60                  |
| 58912  | 160.10                  |
| 58915  | 114.60                  |
| 58916  | 201.10                  |
| 58921  | 196.40                  |
| 58924  | 122.05                  |
| 58927  | 111.05                  |
| 58933  | 298.55                  |
| 58936  | 284.55                  |
| 58939  | 202.30                  |
| 59103  | 30.95                   |
| 59300  | 129.95                  |
| 59303  | 78.35                   |
| 59306  | 145.70                  |
| 59309  | 291.25                  |
| 59312  | 126.35                  |
| 59314  | 76.20                   |
| 59318  | 68.30                   |
| 59503  | 129.85                  |
| 59700  | 140.20                  |
| 59703  | 110.20                  |
| 59712  | 165.10                  |
| 59715  | 208.50                  |
| 59718  | 195.60                  |
| 59724  | 328.90                  |
| 59733  | 156.40                  |
| 59736  | 90.05                   |
| 59739  | 107.15                  |
| 59751  | 202.10                  |
| 59754  | 318.55                  |
| 59760  | 167.20                  |
| 59763  | 194.45                  |
| 59903  | 166.35                  |
| 59912  | 443.20                  |
| 59925  | 526.30                  |

**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**

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 59970  | 244.45                  |
| 59971  | 83.20                   |
| 59972  | 221.60                  |
| 59973  | 263.20                  |
| 59974  | 122.25                  |
| 60000  | 819.00                  |
| 60003  | 1 201.10                |
| 60006  | 1 707.90                |
| 60009  | 1 998.65                |
| 60012  | 819.00                  |
| 60015  | 1 201.10                |
| 60018  | 1 707.90                |
| 60021  | 1 998.65                |
| 60024  | 819.00                  |
| 60027  | 1 201.10                |
| 60030  | 1 707.90                |
| 60033  | 1 998.65                |
| 60036  | 819.00                  |
| 60039  | 1 201.10                |
| 60042  | 1 707.90                |
| 60045  | 1 998.65                |
| 60048  | 819.00                  |
| 60051  | 1 201.10                |
| 60054  | 1 707.90                |
| 60057  | 1 998.65                |
| 60060  | 819.00                  |
| 60063  | 1 201.10                |
| 60066  | 1 707.90                |
| 60069  | 1 998.65                |
| 60072  | 69.90                   |
| 60075  | 139.55                  |
| 60078  | 209.45                  |
| 60100  | 88.25                   |
| 60500  | 63.00                   |
| 60503  | 43.20                   |
| 60506  | 92.60                   |
| 60509  | 143.60                  |

**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

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br>\$ |
|--|------------------|
| 60918  | 68.45            |
| 60927  | 55.25            |
| 61109  | 375.95           |

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**NUCLEAR MEDICINE IMAGING**

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br>\$ |
|--|------------------|
| 61302  | 502.10           |
| 61303  | 632.30           |
| 61306  | 793.75           |
| 61307  | 933.90           |
| 61310  | 410.85           |
| 61313  | 339.35           |
| 61314  | 469.80           |
| 61316  | 426.40           |
| 61317  | 550.75           |
| 61320  | 256.05           |
| 61328  | 254.65           |
| 61340  | 283.00           |
| 61348  | 495.90           |
| 61352  | 290.10           |
| 61353  | 432.40           |
| 61356  | 439.35           |
| 61360  | 451.15           |
| 61361  | 516.10           |
| 61364  | 555.90           |
| 61368  | 249.55           |
| 61369  | 2 254.65         |
| 61372  | 249.55           |
| 61373  | 547.70           |
| 61376  | 160.35           |
| 61381  | 642.40           |
| 61383  | 699.00           |
| 61384  | 769.20           |
| 61386  | 371.90           |
| 61387  | 481.80           |
| 61389  | 414.45           |

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**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**

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 61390  | 458.55                  |
| 61393  | 677.25                  |
| 61397  | 276.10                  |
| 61401  | 181.55                  |
| 61402  | 676.80                  |
| 61405  | 387.00                  |
| 61409  | 977.00                  |
| 61413  | 252.70                  |
| 61417  | 132.95                  |
| 61421  | 536.70                  |
| 61425  | 671.90                  |
| 61426  | 620.55                  |
| 61429  | 607.35                  |
| 61430  | 737.60                  |
| 61433  | 555.90                  |
| 61434  | 688.35                  |
| 61437  | 607.15                  |
| 61438  | 752.75                  |
| 61441  | 547.70                  |
| 61442  | 841.55                  |
| 61445  | 320.75                  |
| 61446  | 373.10                  |
| 61449  | 510.25                  |
| 61450  | 444.65                  |
| 61453  | 575.70                  |
| 61454  | 389.35                  |
| 61457  | 526.20                  |
| 61458  | 443.95                  |
| 61461  | 590.40                  |
| 61462  | 145.75                  |
| 61465  | 296.95                  |
| 61469  | 389.35                  |
| 61473  | 196.15                  |
| 61480  | 432.70                  |
| 61484  | 985.30                  |
| 61485  | 1 117.60                |
| 61495  | 249.55                  |

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

|                   |  |
|-------------------|--|
| <b>Schedule 1</b> | Scales of fees — medical specialists and other medical practitioners |
| <b>Part 3</b>     | Diagnostic Imaging Services  |

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 61499  | 283.00                  |
| 61650  | 982.85                  |

**MAGNETIC RESONANCE IMAGING**

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 63000-63204  | 728.35                  |
| 63219-63243  | 1 092.50                |
| 63271-63473  | 728.35                  |
| 63491-63494  | 83.25                   |
| 63497  | 250.00                  |

*[Part 3 inserted in Gazette 22 Dec 2006 p. 5773-84.]*

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**Schedule 2 — Scale of fees — physiotherapists**

[r. 3]

[Heading inserted in Gazette 22 Dec 2006 p. 5784.]

**Part 1 — General**

[Heading inserted in Gazette 22 Dec 2006 p. 5784.]

| <b>Service code</b> | <b>Service</b>  | <b>\$</b>                 |
|---------------------|---|---------------------------|
| PA001               | <b>Initial Consultation</b><br>A consultation with the physiotherapist including the following elements —<br><b>Subjective assessment</b><br>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.<br><b>Objective assessment</b><br>Movement — active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.<br><b>Appropriate initial management, treatment or advice</b><br>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.<br><b>Documentation of consultation</b><br>Recording all of the above in the clinical record of the patient, as well as: x-ray and results of other relevant tests and warnings (if applicable). | <b>Set Fee</b><br>\$59.55 |

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

**Schedule 2** Scale of fees — physiotherapists

**Part 1** General

| <b>Service code</b> | <b>Service</b>   | <b>\$</b>                            |
|---------------------|--|--------------------------------------|
|                     | Includes individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.   |                                      |
|                     | Includes courtesy communication by the physiotherapist with the medical practitioner such as acknowledgement of referral.  |                                      |
|                     | Includes the physiotherapist's brief communication with the medical practitioner regarding the injured worker's management.  |                                      |
|                     | Does not include any verbal 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).   |                                      |
|                     | Does not include the physiotherapist's involvement in case conferences. The physiotherapist's involvement in case conferences has a specific item number in this table (PQ001).  |                                      |
| PB001               | <p><b>Standard Consultation</b></p> <p>Consultation for one body area or condition including the following elements —</p> <p style="margin-left: 20px;"><b>Subjective re-assessment</b></p> <p style="margin-left: 20px;"><b>Objective re-assessment</b></p> <p style="margin-left: 20px;"><b>Appropriate management, treatment or advice</b></p> <p style="margin-left: 20px;"><b>Documentation of consultation.</b></p> <p>Includes individual services provided in rooms, home or hospital; hydrotherapy treatment;</p> | <p><b>Set Fee</b></p> <p>\$47.80</p> |

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

Scale of fees — physiotherapists      **Schedule 2**  
   **Part 1**

| <b>Service code</b> | <b>Service</b>  | <b>\$</b>                                      |
|---------------------|---|--|
|                     | <p>extended treatments; and services provided outside of normal business hours.</p> <p>Includes courtesy communication by the physiotherapist such as brief verbal and/or written updates to the medical practitioner.</p> <p>Does not include any verbal 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).</p> <p>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> <p>Does not include the physiotherapist's involvement in case conferences. The physiotherapist's involvement in case conferences has a specific item number in this table (PQ001).</p> |  |
| PC001               | <p><b>Two distinct areas of treatment per visit</b></p> <p>Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions.</p>   | <p><b>Set Fee</b><br/>\$60.45</p>              |
| PG001               | <p><b>Group Consultation – per person</b></p> <p>Includes non-individualised services provided to more than one individual whether —</p> <p>in rooms, home or hospital</p> <p>hydrotherapy treatment</p> <p>extended treatments</p> <p>services provided outside of normal business hours.</p>  | <p><b>Cost per participant</b><br/>\$14.70</p> |

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

**Schedule 2** Scale of fees — physiotherapists

**Part 1** General

| <b>Service code</b> | <b>Service</b>   | <b>\$</b>                            |
|---------------------|--|--------------------------------------|
| PE001               | <b>Worksite Visit</b><br><br>Does not include reports or travel.<br><u>Maximum duration of visit of 2 hours without prior approval from insurer.</u>   | <b>Hourly rate**</b><br><br>\$135.80 |
| PR001               | <b>Reports</b><br>Any report required by or requested by —<br>Medical Specialist<br>Medical Practitioner<br>Employer<br>Insurer<br>relating to a specific worker.<br>Excludes unsolicited reports from the physiotherapist and courtesy communication such as acknowledgement of referral and brief updates to the medical practitioner. |                                      |
|                     | <b>Progress/Standard report</b><br>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.   | <b>Set Fee</b><br>\$59.55            |
|                     | <b>Comprehensive report</b><br>As above for progress/standard report and contains information relating to more detailed assessments and interventions performed.<br><u>The hourly rate is to be negotiated with the insurer with a suggested maximum of 2 hours.</u>   | <b>Hourly rate**</b><br>\$135.80     |

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

Scale of fees — physiotherapists     **Schedule 2**  
General     **Part 1**

| Service code | Service  | \$   |
|--------------|--|--|
| PT001        | <b>Travel</b> (within metropolitan area)   | <b>Set Fee</b>                                     |
|              | Outside metropolitan area to be negotiated prior to consult with insurer.  | \$33.85  |
|              | <u>If a physiotherapist consults with more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.</u>   | per journey to a venue                             |
| PQ001        | <b>Case Conferences</b>  |  |
|              | Face-to-face or telephone communication involving the physiotherapist with one or more of the following —<br>doctor, employer, insurer/claims manager, rehabilitation providers and worker.  | \$13.60<br>Calculated<br>per<br>6 minute<br>block- |
|              | The aim of the case conference is to plan, implement, manage or review treatment options and/or rehabilitation plan.   |  |
| PK001        | <b>Communication</b>   |  |
|              | Any verbal 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).<br>Does not include unsolicited communication from the physiotherapist. | \$13.60<br>Calculated<br>per<br>6 minute<br>block- |
|              | <u>Maximum time allowable per communication of 30 minutes.</u>   |  |
| PS001        | <b>Specific Physiotherapy Assessment – Prior approval from insurer required</b>  | <b>Hourly Rate**</b>                               |
|              | Includes specific types of assessments not classified elsewhere in the table/ <i>Gazette</i> required by the insurer which physiotherapists may undertake (eg. diagnostic ultrasound imaging,  | \$135.80<br>Max<br>duration of                     |

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

**Schedule 2** Scale of fees — physiotherapists

**Part 2** Exercise-based programs

| Service code | Service   | \$   |
|--------------|---|--|
|              | Functional Capacity Assessments (FCE's), seating and wheelchair assessments).   | service provision<br>2 hours   |
| PW001        | <b>Specific Physiotherapy Intervention – Prior approval from insurer required (*replaces PD001)</b><br><br>Includes treatments not classified elsewhere in the table/ <i>Gazette</i> required by the insurer which physiotherapists may undertake (eg. 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). | <b>Hourly Rate**</b><br><br>\$135.80<br><br>Max duration of service provision<br>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 22 Dec 2006 p. 5784-899.]*

**Part 2 — Exercise-based programs**

*[Heading inserted in Gazette 22 Dec 2006 p. 5790.]*

| Type of service   | Fee   |
|---|---|
| <b>1. Initial Consultation/Assessment</b>                             |   |
| The following services are included in the initial consultation fee — | \$135.80 per hour, total fee not to exceed \$271.60   |
| Assessment of the worker  |   |
| Physiological testing   |   |
| Program design  | Where a session is for a fraction of one hour, the amount chargeable is to be calculated as that fraction of the maximum amount chargeable. |
| Communication with relevant persons (other than reports).             |   |

Physiotherapist 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 — physiotherapists      **Schedule 2**  
Exercise-based programs                      **Part 2**

| Type of service   | Fee  |
|---|--|
| <b>2. Subsequent Exercise Consultation/Assessment</b>   |  |
| Subsequent consultation/assessments for the provision or prescription of an exercise-based program up to a maximum of one hour including —                                    | \$135.80 per hour<br>Where a session is for a fraction of one hour, the amount chargeable is to be calculated as that fraction of the maximum amount chargeable. |
| Provision/prescription of exercises   |  |
| Program development, coordination   |  |
| Communication with relevant persons (other than reports).   |  |
| 3. Initial report   | \$59.80  |
| 4. Subsequent reports   | \$48.00<br>per report  |
| 5. Final report   | \$48.00  |
| 6. Gym membership/Entry fees<br>(Prior approval from insurer/self-insurer is required)  | Market rates   |
| 7. Travel, within metropolitan area   | \$33.85 per<br>journey to a<br>venue   |
| <u>If a physiotherapist consults with more than one worker before leaving a venue, the fee for the journey to the venue is to be apportioned equally between the workers.</u> |  |
| 8. Travel, outside metropolitan area  | \$97.85<br>per hour  |
| 9. Communication (assessment capped at 30 minutes)  | \$67.00  |

*[Part 2 inserted in Gazette 22 Dec 2006 p. 5790-1.]*

**Schedule 3 — Scale of fees — chiropractors**

[r. 4]

*[Heading inserted in Gazette 22 Dec 2006 p. 5791.]*

|    | <b>Type of service</b>               | <b>Fee</b> |
|----|--------------------------------------|------------|
| 1. | Initial consultation and examination | \$47.10    |
| 2. | Subsequent consultation              | \$39.30    |
| 3. | Spinal x-ray, one region             | \$93.55    |
| 4. | Spinal x-ray, 2 or more regions      | \$140.45   |
| 5. | Travel (per kilometre)               | 0.67       |

*[Schedule 3 inserted in Gazette 22 Dec 2006 p. 5791.]*

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**Schedule 4 — Scale of fees — occupational therapists**

[r. 5]

*[Heading inserted in Gazette 22 Dec 2006 p. 5791.]*

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|    | <b>Type of Service</b>  | <b>Fee</b> |
|----|---|------------|
| 1. | Brief consultation (< 15 minutes)   | \$20.35    |
| 2. | Short consultation (15 minutes to < 30 minutes)   | \$40.75    |
| 3. | Standard consultation (30 minutes to < 45 minutes)  | \$67.15    |
| 4. | Extended consultation (45 minutes to < one hour)  | \$100.75   |
| 5. | Extended consultation ( $\geq$ one hour)  | \$134.30   |
| 6. | Standard group consultation (30 minutes)<br>per person  | \$44.10    |
| 7. | Travel costs are to be calculated at the hourly rate by<br>the length of time spent travelling. |            |

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*[Schedule 4 inserted in Gazette 22 Dec 2006 p. 5791.]*

**Schedule 5 — Scale of fees — speech pathologists**

[r. 7]

*[Heading inserted in Gazette 22 Dec 2006 p. 5792.]*

|    | <b>Type of service</b>                                       | <b>Fee</b> |
|----|--|------------|
| 1. | Initial consultation/assessment (up to and including 1 hour) | \$124.10   |
| 2. | Initial consultation/assessment (exceeding 1 hour)           | \$160.75   |
| 3. | Subsequent consultation (<½ hour)                            | \$54.20    |
| 4. | Subsequent consultation (½ hour – 1 hour)                    | \$70.30    |
| 5. | Subsequent consultation (>1 hour)                            | \$94.90    |

*[Schedule 5 inserted in Gazette 22 Dec 2006 p. 5792.]*

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

[r. 9]

*[Heading inserted in Gazette 22 Dec 2006 p. 5792.]*

**Part 1 — Assessments**

*[Heading inserted in Gazette 22 Dec 2006 p. 5792.]*

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|    | <b>Description of assessment</b>   | <b>Maximum fee*</b>   |
|----|--|---|
| 1. | Examination and provision of report and certificate — straightforward assessment — other than a service mentioned in item 4, 5, 6 or 8.  | \$915.75 (or, if an interpreter is present at the examination, \$1 144.65 excluding any fee payable to the interpreter)   |
| 2. | Examination and provision of report and certificate — moderately complex assessment (eg. 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. | \$1 144.65 (or, if an interpreter is present at the examination, \$1 373.60 excluding any fee payable to the interpreter) |
| 3. | Examination and provision of report and certificate — complex assessment (eg. multiple injuries; severe impairment such as spinal cord injury or head injury) — other than a service mentioned in item 4, 5, 6 or 8.   | \$1 373.60 (or, if an interpreter is present at the examination, \$1 602.50 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.  | \$915.75 (or, if an interpreter is present at the examination, \$1 144.65 excluding any fee payable to the interpreter)   |

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

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

**Part 2** Attempted assessments

|    | <b>Description of assessment</b>  | <b>Maximum fee*</b>   |
|----|---|---|
| 5. | Examination and provision of report and certificate — psychiatric — standard assessment — other than a service mentioned in item 8.   | \$1 373.60 (or, if an interpreter is present at the examination, \$1 602.50 excluding any fee payable to the interpreter) |
| 6. | Examination and provision of report and certificate — psychiatric — complex assessment (eg. reviewing significant documented prior psychiatric history) — other than a service mentioned in item 8. | \$2 289.30 (or, if an interpreter is present at the examination, \$2 518.25 excluding any fee payable to the interpreter) |
| 7. | Consolidation of written assessments from multiple assessors.   | \$457.85  |
| 8. | Re-examination and provision of report and certificate.   | \$686.80 (or, if an interpreter is present at the examination, \$915.75 excluding any fee payable to the interpreter)     |
| 9. | Provision of supplementary report and certificate.  | \$228.95  |

*[Part 1 inserted in Gazette 22 Dec 2006 p. 5792-3.]*

**Part 2 — Attempted assessments**

*[Heading inserted in Gazette 22 Dec 2006 p. 5794.]*

|    | <b>Description of circumstances</b>   | <b>Maximum fee*</b> |
|----|---|---------------------|
| 1. | If a worker who is required under Part VII Division 2 of the Act to submit to an examination by an approved medical specialist does not attend, in a case in which —<br>(a) no prior arrangements to cancel the examination are made; or<br>(b) <del>the examination is cancelled, otherwise than at the request of</del> | \$457.85            |

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

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

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| <b>Description of circumstances</b>   | <b>Maximum fee*</b> |
|---|---------------------|
| <del>the approved medical specialist,<br/>with less than one working day's<br/>notice</del>   |                     |
| (b) <u>the examination is cancelled,<br/>otherwise than at the request of<br/>the approved medical specialist,<br/>with less than one working<br/>day's notice.</u> |                     |

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\* 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 22 Dec 2006 p. 5794.]*

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

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**Notes**

- <sup>1</sup> This [reprint](#) is a compilation [as at 2 March 2007](#) 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 <sup>2</sup>. The table also contains information about any reprint.

**Compilation table**

| <b>Citation</b>  | <b>Gazettal</b>   | <b>Commencement</b> |
|--|---|---------------------|
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998</i> <sup>3</sup>   | 13 Oct 1998<br>p. 5709-25   | 13 Oct 1998         |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 1999</i>  | 20 Jul 1999<br>p. 3249-77   | 20 Jul 1999         |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 1999</i>  | 31 Aug 1999<br>p. 4244-5  | 31 Aug 1999         |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2000</i>  | 21 Dec 2000<br>p. 7623-51<br>(correction<br>6 Feb 2001<br>p. 743) | 21 Dec 2000         |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2001</i>  | 14 Dec 2001<br>p. 6416-17   | 14 Dec 2001         |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 2001</i>  | 28 Dec 2001<br>p. 6691-710  | 28 Dec 2001         |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2002</i>  | 21 May 2002<br>p. 2593-4  | 21 May 2002         |
| <b>Reprint of the <i>Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998</i> as at 24 May 2002</b> (includes amendments listed above) |   |                     |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 2002</i>  | 10 Sep 2002<br>p. 4602-3  | 10 Sep 2002         |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2003</i>  | 7 Mar 2003<br>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<br>p. 922-3   | 25 Mar 2003   |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 3) 2003</i>  | 9 May 2003<br>p. 1626     | 9 May 2003  |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 4) 2003</i>  | 12 Sep 2003<br>p. 4081-2  | 12 Sep 2003   |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 5) 2003</i>  | 23 Sep 2003<br>p. 4173-86 | 23 Sep 2003   |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 6) 2003</i>  | 9 Jan 2004<br>p. 98-100   | 9 Jan 2004  |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2004</i>  | 19 Mar 2004<br>p. 861-910 | 19 Mar 2004   |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 2004</i>  | 29 Oct 2004<br>p. 4940-2  | 29 Oct 2004   |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2005</i>  | 21 Jan 2005<br>p. 278-86  | 21 Jan 2005   |
| <i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 2005</i>  | 1 Nov 2005<br>p. 4976-84  | 1 Nov 2005  |
| <i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations (No. 3) 2005</i>   | 11 Nov 2005<br>p. 5567-70 | 14 Nov 2005 (see r. 2 and<br><i>Gazette</i> 31 Dec 2004 p. 7131 and<br>17 Jun 2005 p. 2657) |
| <i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2006</i>   | 10 Jan 2006<br>p. 41-71   | 10 Jan 2006   |
| <b>Reprint 2: The- Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998 as at 3 Mar 2006</b> (includes amendments listed above) |                           |   |
| <i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations (No. 2) 2006</i>   | 28 Apr 2006<br>p. 1660    | 28 Apr 2006   |

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| <b>Citation</b>   | <b>Gazettal</b>           | <b>Commencement</b> |
|---|---------------------------|---------------------|
| <i>Workers' Compensation and Injury Management (Scale of Fees) Amendment Regulations (No. 3) 2006</i> | 22 Dec 2006<br>p. 5755-94 | 22 Dec 2006         |

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[Reprint 3: The Workers' Compensation and Injury Management \(Scales of Fees\) Regulations 1998 as at 2 Mar 2007 \(includes amendments listed above\)](#)

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- <sup>2</sup> 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 ~~has~~[have](#) no effect because of an error in the reference to the principal regulations to be amended.
- <sup>3</sup> Now known as the *Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998*; citation changed (see note under r. 1).