



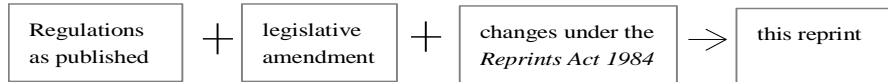
Western Australia

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

Reprinted as at 24 May 2002

Guide for using this reprint

What the reprint includes



Endnotes, Compilation table, and Table of provisions that have not come into operation

1. Details about the original regulations and legislation that has amended its text are shown in the Compilation table in endnote 1, at the back of the reprint. The table also shows any previous reprint.
2. Transitional, savings, or other provisions identified in the Compilation table may be important. The table may refer to another endnote setting out the text of these provisions in full.
3. A table of provisions that have not come into operation, to be found in endnote 1a if it is needed, lists any provisions of the regulations being reprinted that have not come into operation and any amendments that have not come into operation. The full text is set out in another endnote that is referred to in the table.

Notes amongst text (italicised and within square brackets)

1. If the reprint includes a regulation that was inserted, or has been amended, since the regulations being reprinted were made, editorial notes at the foot of the regulation give some history of how the regulation came to be as it is. If the regulation replaced an earlier regulation, no history of the earlier regulation is given (the full history of the regulations is in the Compilation table).

Notes of this kind may also be at the foot of Schedules or headings.

2. The other kind of editorial note shows something has been —
 - removed (because it was repealed or deleted from the law); or
 - omitted under the *Reprints Act 1984* s. 7(4) (because, although still technically part of the text, it no longer has any effect).

The text of anything removed or omitted can be found in an earlier reprint (if there is one) or one of the written laws identified in the Compilation table.

Western Australia

Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998

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Western Australia

Reprinted under the
Reprints Act 1984 as
at 24 May 2002

Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998

1. Citation

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

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

- (1) Under section 176(1a)(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 2000;

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

[Regulation 2 amended in Gazette 28 Dec 2001 p. 6691.]

3. Scale of fees — physiotherapists

Under section 176(1a)(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.

4. Scale of fees — chiropractors

Under section 176(1a)(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.

5. Scale of fees — occupational therapists

Under section 176(1a)(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.

6. Scale of fees — clinical psychologists

Under section 176(1a)(a)(vi) of the Act, the hourly rate of \$146 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.

[Regulation 6 amended in Gazette 20 Jul 1999 p. 3249; 21 Dec 2000 p. 7625; 14 Dec 2001 p. 6417.]

7. Scale of fees — speech therapists

Under section 176(1a)(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 therapists for attendance on, and treatment of, workers suffering disabilities that are compensable under the Act.

7A. Scale of fees — osteopaths

Under section 176(1a)(a)(viii) of the Act, the amount of \$47 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.

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

[Regulation 7A inserted in Gazette 14 Dec 2001 p. 6417.]

8. Scale of fees — vocational rehabilitation providers

Under section 176(1a)(b) of the Act, the hourly rate of \$108 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.]

Schedule 1

Schedule 1

[r. 2]

Scales of fees — medical specialists and other medical practitioners

Part 1 — Medical specialists and other medical practitioners

Type of service/by whom **Fee**
\$

GENERAL PRACTITIONER

CONSULTATIONS

Surgery Consultation: In Hours

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

Surgery Consultations: Out of hours

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

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

VISITS

Consultations at a place other than the Consulting Rooms

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

TELEPHONE CONSULTATIONS

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

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

per hour	\$169.20
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TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	\$3.00
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PHYSICIANS, OCCUPATIONAL & REHABILITATION PHYSICIANS

PHYSICIANS

CONSULTATIONS

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

Schedule 1

VISITS

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

REHABILITATION PHYSICIANS

CONSULTATIONS

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

VISITS

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

OCCUPATIONAL PHYSICIANS

CONSULTATIONS

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

VISITS

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

TELEPHONE CONSULTATIONS

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

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

per hour \$250.80

TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre \$3.00

CONSULTANT PSYCHIATRISTS

CONSULTATIONS

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

Time based

up to 15 mins	51.70
15-30 mins	103.10
30-45 mins	154.40
45-60 mins	206.60
60-75 mins	233.85
75 + mins	260.95

VISITS

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

Time based \$

up to 15 mins	84.85
15-30 mins	137.00
30-45 mins	187.05
45-75 mins	239.25
75 + mins	288.20

TELEPHONE CONSULTATIONS

Time based \$

up to 45 mins	68.55
45 + mins	149.70

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

per hour \$250.80

Schedule 1

TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre \$3.00

SPECIALISTS

SURGEONS

CONSULTATIONS

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

VISITS

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

DERMATOLOGISTS

CONSULTATIONS

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

VISITS

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

TELEPHONE CONSULTATIONS

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

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

per hour \$250.80

TRAVELLING FEES

Country

Rate per kilometre \$3.00

ANAESTHETISTS

CONSULTATIONS

\$

Standard pre-anaesthesia 63.95

Referred pre-anaesthesia —
initial attendance 127.90
subsequent attendance 63.95

PROCEDURES AND SERVICES

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

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

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

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

Base units

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

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

Time units

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

Schedule 1

Modifying units

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

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

\$ VALUE PER UNIT

\$ value per unit \$32.00

PART A — PROCEDURES

Description of procedure, etc.	Units
Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the head and on its muscles, salivary glands and superficial blood vessels, including biopsy, unless otherwise specified	5
— plastic repair of cleft palate	6
Anaesthesia for electroconvulsive therapy	4
Anaesthesia for all procedures on external, middle and inner ear, including biopsy, unless otherwise specified	5
— otoscopy	4
— tympanotomy	4
Anaesthesia for all procedures on the eye unless otherwise specified	5
— lens surgery	6
— retinal surgery	6
— corneal transplant	8
— vitrectomy	8
— biopsy of conjunctiva	5
— ophthalmoscopy	4
Anaesthesia for all procedures on the nose and accessory sinuses unless otherwise specified	5
— radical surgery	7
— biopsy, soft tissue	4

Schedule 1

Description of procedure, etc.	Units
Anaesthesia for all intraoral procedures, including biopsy, unless otherwise specified	5
— radical surgery	10
Anaesthesia for all procedures on facial bones unless otherwise specified	5
— radical surgery (including prognathism and extensive facial bone reconstruction)	10
Anaesthesia for all intracranial and cranial bone procedures unless otherwise specified	12
— subdural taps	5
— burr holes	9
— intracranial vascular procedures including those for aneurysms and arteriovenous abnormalities	20
— procedures in sitting position	13
— spinal fluid shunt procedures	10
— electrocoagulation of intracranial nerve	6
Neck	
Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the neck	5
Anaesthesia for all procedures on oesophagus, thyroid, larynx, trachea and lymphatic system muscles, nerves and other deep tissues of the neck unless otherwise specified	6
— for laryngectomy, hemi laryngectomy, laryngopharyngectomy, or pharyngectomy	10
— needle biopsy of the thyroid	3
Anaesthesia for all procedures on major blood vessels of the neck unless otherwise specified	10
— simple ligation	5

Schedule 1

Description of procedure, etc.	Units
Thorax (Chest Wall/Shoulder Girdle)	
Anaesthesia for all procedures on the skin of the anterior part of the chest, including its derivatives and subcutaneous tissue unless otherwise specified	3
— reconstructive procedures on breast (eg. Reduction or augmentation, mammoplasty, muscle flaps)	5
— radical or modified radical procedures on breast	5
— radical or modified radical procedures on breast with internal mammary node dissection	13
— electrical conversion of arrhythmias	5
Anaesthesia for all procedures on the skin of the posterior part of the chest, including its derivatives and subcutaneous tissue	5
Anaesthesia for all procedures on clavicle, scapula and sternum unless other specified	5
— radical surgery	6
— biopsy of clavicle	3
Anaesthesia for partial rib resection unless otherwise specified	6
— thoracoplasty (any type)	10
— radical procedures (eg. pecus excavatum)	13
Intrathoracic	
Anaesthesia for all closed chest procedures (unless oesophagoscopy, bronchoscopy, transverse pacemaker) unless otherwise specified	6
— needle biopsy of pleura	4
— pneumocentesis	4
— thoracoscopy	10
— mediastinoscopy	8

Schedule 1

Description of procedure, etc.	Units
Anaesthesia for all thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum unless otherwise specified	13
— decortication	15
— pulmonary resection with thoracoplasty	15
— intrathoracic repair of trauma to trachea and bronchi	15
Anaesthesia for all procedures on heart, pericardium, and great vessels of chest:	
— without pump oxygenator	15
— with pump oxygenator	20
Anaesthesia for heart transplant	20
Anaesthesia for heart and lung transplant	20
Spine and spinal cord	
Anaesthesia for all procedures on cervical spine and cord unless otherwise specified	10
— posterior cervical laminectomy in sitting position	13
Anaesthesia for all procedures on thoracic spine and cord unless otherwise specified	10
— thoracolumbar sympathectomy	13
Anaesthesia for all procedures in the lumbar region unless otherwise specified	8
— lumbar sympathectomy	7
— chemoneucleosis	10
Anaesthesia for extensive spine and spinal cord procedures (eg. Harrington rod technique)	13
Anaesthesia for manipulation of spine	3
Anaesthesia for percutaneous spinal procedures unless otherwise specified	5

Schedule 1

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

Description of procedure, etc.	Units
Lower abdomen	
Anaesthesia for all procedures on lower anterior abdominal wall unless otherwise specified	3
— panniculectomy	5
Anaesthesia for laparoscopic procedures	6
Anaesthesia for all intestinal endoscopic procedures	4
Anaesthesia for lithotripsy	6
Anaesthesia for all procedures on lower posterior abdominal wall	5
Anaesthesia for all hernia repairs in lower abdomen unless otherwise specified	4
— ventral and incisional hernias	6
Anaesthesia for all procedures within the peritoneal cavity in lower abdomen unless otherwise specified	6
— amniocentesis	4
— abdominoperineal resection, including pull through procedures	10
— radical prostatectomy	9
— radical hysterectomy	9
— pelvic exenteration	10
Anaesthesia for all extraperitoneal procedures in lower abdomen, including urinary tract, unless otherwise specified	6
— renal procedures, including upper ↓ or ureter	7
— total cystectomy	10
— adrenalectomy	10
— neuro endocrine tumour removal (eg. carcinoid)	10
— renal transplant (donor or recipient)	10
Anaesthesia for all procedures on major lower abdominal vessels unless otherwise specified	15
— inferior vena cava ligation	10
— transvenous umbrella insertion	5

Schedule 1

Description of procedure, etc.	Units
Perineum	
Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the perineum (including biopsy of male genital system) unless otherwise specified	3
— anorectal procedure (including endoscopy and/or biopsy)	4
— radical pineal procedure including radical vulvectomy	7
— vulvectomy	4
Anaesthesia for all transurethral procedures (including urethroscopy) unless otherwise specified	3
— transurethral resection of bladder tumour(s)	5
— transurethral resection of prostate	6
— post-transurethral resection bleeding	5
Anaesthesia for all procedures on male external genitalia unless otherwise specified	3
— seminal vesicles	6
— undescended testis, unilateral or bilateral	4
— radical orchidectomy, inguinal	4
— radical orchidectomy, abdominal	6
— orchiopexy, unilateral or bilateral	4
— complete amputation of the penis	4
— radical amputation of the penis with bilateral inguinal lymphadenectomy	6
— radical amputation of the penis with bilateral inguinal and iliac lymphadenectomy	8
— insertion of penile prosthesis (perianal approach)	4
Anaesthesia for all vaginal procedures (including biopsy of labia, vagina, cervix or endometrium) unless otherwise specified	3
— colpotomy, colpectomy, colporrhaphy	4
— transvaginal oocyte collection	4
— vaginal hysterectomy	6
— purse string ligation of cervix	4
— culdoscopy	5

Description of procedure, etc.	Units
— hysteroscopy	4
— correction of inverted uterus	8
Pelvis — except hip	
Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the anterior pelvic region (anterior to iliac crest), except external genitalia	3
Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the pelvic region (posterior to iliac crest), except perineum	5
Anaesthesia for procedures on bony pelvis	6
Anaesthesia for body cast application or revision	3
Anaesthesia for interpelviabdominal (hind quarter) amputation	15
Anaesthesia for radical procedures for tumour of pelvis, except hind quarter amputation	10
Anaesthesia for closed procedures involving symphysis pubis or sacroiliac joint	4
Anaesthesia for open procedures involving symphysis pubis or sacroiliac joint	8
Upper leg — except knee	
Anaesthesia for all closed procedures involving hip joint	4
Anaesthesia for arthroscopic procedures of hip joint	4
Anaesthesia for all open procedures involving hip joint unless otherwise specified	6
— hip disarticulation	10
— total hip replacement or revision	10
Anaesthesia for all closed procedures involving upper ° of femur	4
Anaesthesia for all open procedures involving upper ° of femur unless otherwise specified	6
— amputation	5
— radical resection	8

Schedule 1

Description of procedure, etc.	Units
Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the upper leg	3
Anaesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg	4
Anaesthesia for all procedures involving veins of upper leg, including exploration	3
Anaesthesia for all procedures involving arteries of upper leg, including bypass graft, unless otherwise specified	8
— femoral artery ligation	4
— femoral artery embolectomy	6
— for microsurgical reimplantation of upper leg	15
Knee and popliteal area	
Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the knee and/or popliteal area	3
Anaesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of the knee and/or popliteal area	4
Anaesthesia for all closed procedures on the lower ↓ of femur	4
Anaesthesia for all open procedures on the lower ↓ of femur	5
Anaesthesia for all closed procedures on knee joint	3
Anaesthesia for arthroscopic procedures of knee joint	4
Anaesthesia for all closed procedures on upper ends of tibia and fibula, and/or patella	3
Anaesthesia for all open procedures on upper ends of tibia and fibula, and/or patella	4
Anaesthesia for open procedures on knee joint unless otherwise specified	4
— total knee replacement	7
— disarticulation of knee	5
Anaesthesia for all cast applications, removal, or repair involving knee joint	3

Schedule 1

Description of procedure, etc.	Units
Anaesthesia for all procedures on veins of knee and popliteal area unless otherwise specified	3
— arteriovenous fistula	5
Anaesthesia for all procedures on arteries of knee and popliteal area unless otherwise specified	8
— popliteal thromboendarterectomy, with or without patch graft	8
— popliteal excision and graft or repair for occlusion or aneurysm	8
Lower leg — below knee (<i>includes ankle</i>)	
Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue of the lower leg, ankle and foot	3
Anaesthesia for all closed procedures on the lower leg, ankle and foot	3
Anaesthesia for arthroscopic procedure of ankle joint	4
Anaesthesia for all procedures on nerves, muscles, tendons, and fascia of lower leg, ankle and foot unless otherwise specified	3
— repair of Achilles tendon, with or without graft	5
— gastrocnemius recession (eg. Strayer procedure)	5
Anaesthesia for all open procedures on bones of lower leg, ankle and foot, including amputation, unless otherwise specified	3
— radical resection	4
— osteotomy or osteoplasty of tibia and fibula	4
— total ankle replacement	7
Anaesthesia for lower leg cast application, removal or repair	3
Anaesthesia for all procedures on arteries of lower leg, including bypass graft unless otherwise specified	8
— embolectomy	6

Schedule 1

Description of procedure, etc.	Units
Anaesthesia for all procedures on veins of lower leg unless otherwise specified	3
— venous thrombectomy	5
— for microsurgical reimplantation of lower leg, ankle or foot	15
— for microsurgical reimplantation of toe	8
Shoulder and axilla	
<i>(includes humeral head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint)</i>	
Anaesthesia for all procedures on the skin and its derivatives and subcutaneous tissue on the shoulder and axilla	3
Anaesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of shoulder and axilla	5
Anaesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint	4
Anaesthesia for all arthroscopic procedures of shoulder joint	5
Anaesthesia for all open procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint unless otherwise specified	5
— radical resection	6
— shoulder disarticulation	9
— 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

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

Schedule 1

Description of procedure, etc.	Units
Anaesthesia for arthroscopic procedures on the wrist joint	4
Anaesthesia for all procedures on arteries of forearm, wrist, and hand unless otherwise specified	8
— embolectomy	6
Anaesthesia for all procedures on veins of forearm, wrist, and hand unless otherwise specified	3
— phleborrhaphy	4
Anaesthesia for forearm, wrist, or hand cast application, removal or repair	3
— for microsurgical reimplantation of forearm, wrist or hand	15
— for microsurgical reimplantation of finger	8
Other procedures	
Anaesthesia for injection procedure for hysterosalpingography	3
Anaesthesia for burr hole(s) for ventriculography	9
Anaesthesia for injection procedure for pneumoencephalography	7
Anaesthesia for injection procedure for myelography:	
— lumbar	5
— cervical	5
— posterior fossa	9
Anaesthesia for injection procedure for discography:	
— lumbar	5
— cervical	6
Anaesthesia for arteriograms, needle:	
— carotid or vertebral	5
— retrograde, brachial or femoral	5
Anaesthesia for cardiac catheterization including coronary arteriography ventriculography and cardiac mapping (not including Swan-Ganz catheter)	7
Anaesthesia for computerised axial tomography scanning, magnetic resonance scanning, ultrasound scanning	7

Description of procedure, etc.	Units
Anaesthesia for radiology unless otherwise specified	4
Anaesthesia for radiotherapy	7
Anaesthesia for peripheral venous cannulation	3
Anaesthesia for central venous cannulation	3
Anaesthesia for lumbar puncture, cisternal puncture or epidural injection	5
Anaesthesia for harvesting of bone marrow for the purpose of transplantation	5
Anaesthesia for muscle biopsy for malignant hyperpyrexia	10

Note — Unlisted anaesthetic procedures

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

PART B — THERAPEUTIC AND DIAGNOSTIC SERVICES

Description of service, etc.	MUs or TUs		BUs
Intubation, endotracheal, emergency procedure, where the patient's airway is unsecured and at high risk of occlusion, eg epiglottitis or haematoma post thyroidectomy	yes	yes	15
Intubation, endotracheal, not associated with anaesthesia, when subsequent management is not in an intensive care unit	yes	yes	4
Venous cannulation and commencement of intravenous infusion, under age of 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
Venous cannulation and blood transfusion (or blood products) not associated with anaesthesia	no	no	5

Schedule 1

Description of service, etc.	MUs or TUs		BUs
Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in an emergency situation, not associated with anaesthesia	no	no	3
Central vein catheterization, percutaneous via jugular or subclavian vein	no	no	3
Central vein catheterization by cutdown	no	no	5
Central venous pressure monitoring	no	no	3
Arterial puncture, withdrawal of blood for diagnosis	no	no	1
Arterial cannulation, percutaneous	no	no	3
Arterial cannulation, by cutdown	no	no	5
Intra arterial pressure monitoring	no	no	3
Catheterization, umbilical artery, newborn, for diagnosis, or therapy	no	no	5
Intra-arterial infusion or retrograde intravenous perfusion of a sympatholytic agent	no	no	4
Introduction of a narcotic, for the control of post-operative pain, into the epidural or intrathecal space in association with an operation	no	no	2
Introduction of local anaesthetic, for the control of post-operative pain, into the epidural or intrathecal space in conjunction with an operation	no	no	2
Intravenous regional anaesthesia of limb by retrograde perfusion	no	no	4
Perioperative nerve block (<i>specify type</i>) performed to provide post operative pain relief (this does not include subcutaneous infiltration)	no	no	3
Subarachnoid puncture, lumbar, diagnostic	no	no	4
Insertion of subarachnoid drain	no	no	8

Description of service, etc.	MUs or TUs		BUs
Intrathecal, epidural or caudal, initial injection (or commencement of infusion) of a therapeutic substance, including up to one hour of continuous attendance by a medical practitioner	no	no	8
— where continuous attendance by a medical practitioner extends beyond one hour, add one unit for each 15 minutes over the first hour	no	yes	0
Subsequent injection (or revision of infusion) of a therapeutic substance to maintain regional anaesthesia or analgesia where the period of continuous medical practitioner attendance is 15 minutes or less	no	no	3
Subsequent injection (or revision of infusion) of a therapeutic substance to maintain regional anaesthesia or analgesia where the period of continuous medical practitioner attendance is more than 15 minutes	no	no	4
Interpleural block, initial injection or commencement of infusion of a therapeutic substance	no	no	5
Intrathecal, epidural or caudal injection of neurolytic substance	no	no	20
Intrathecal, epidural or caudal injection of substance other than anaesthetic, contrast or neurolytic solutions, not being a service to which another item in the Group applies	no	no	8
Epidural injection of blood for blood patch	no	no	8
Injection of an anaesthetic agent:			
— trigeminal nerve, primary division of	no	no	10
— trigeminal nerve, peripheral branch of	no	no	5
— facial nerve	no	no	3
— retrobulbar or peribulbar	no	no	5
— greater occipital nerve	no	no	3

Schedule 1

Description of service, etc.	MUs or TUs		BUs
— vagus nerve	no	no	8
— glossopharyngeal nerve	no	no	8
— phrenic nerve	no	no	7
— spinal accessory nerve	no	no	5
— cervical plexus	no	no	8
— brachial plexus	no	no	8
— suprascapular nerve	no	no	5
— intercostal nerve, single	no	no	5
— intercostal nerves, multiple	no	no	7
— ilioinguinal, iliohypogastric or genito femoral nerves, one or more of	no	no	5
— pudendal nerve	no	no	8
— ulnar, radial or median nerve of main trunk, one or more of, not being associated with a brachial plexus block	no	no	5
— paracervical (uterine) nerve	no	no	5
— obturator nerve	no	no	7
— femoral nerve	no	no	7
— saphenous, sural, popliteal or posterior tibial nerve of main trunk, one or more of	no	no	5
— paravertebral, cervical, thoracic, lumbar, sacral or coccygeal nerves, single vertebral level	no	no	7
— paravertebral nerves, multiple levels	no	no	10
— sciatic nerve	no	no	7
— other peripheral nerve or branch	no	no	5
— sphenopalatine ganglion	no	no	10
— carotid sinus, as an independent percutaneous procedure	no	no	8
— stellate ganglion (cervical sympathetic block)	no	no	8

Description of service, etc.	MUs or TUs		BUs
— lumbar or thoracic nerves (paravertebral sympathetic block)	no	no	8
— coeliac plexus or splanchnic nerves	no	no	10
Cranial nerve other than trigeminal, destruction by a neurolytic agent	no	no	20
Nerve branch, not covered by any other item in the Group, destruction by a neurolytic agent	no	no	10
Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent	no	no	20
Lumbar sympathetic chain, destruction by a neurolytic agent	no	no	15
Cervical or thoracic sympathetic chain, destruction by a neurolytic agent	no	no	20
Cardioversion, elective, electrical conversion of arrhythmia, external	no	no	4
Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement	no	no	7
Pulmonary artery pressure monitoring	no	no	3
Left atrial pressure monitoring via left atrial catheter	no	no	3
Hyperbaric oxygen pressurisation, with or without anaesthesia, when anaesthetist is inside the chamber	yes	yes	15
Hyperbaric oxygen pressurisation, with or without anaesthesia, when anaesthetist is outside the chamber	yes	yes	8
Hypothermia, total body	no	no	5
Deep hypothermia to a core temperature of less than 20 degrees in association with circulatory arrest	no	no	15
Medical management of cardio-pulmonary bypass perfusion using heart/lung machine	yes	yes	20

Schedule 1

Description of service, etc.	MUs or TUs		BUs
Standby medical management of cardio-pulmonary bypass perfusion using heart/lung machine	no	yes	5
Perfusion of limb or organ	no	no	12
Cardioplegia, blood or crystalloid, administration by any route	no	no	10
Skin testing for allergy to anaesthetic agents	no	yes	4
Assistance in the administration of an anaesthetic	yes	yes	5

Note — Unlisted services

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

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

Part 2 — Medical procedures

Type of procedure	Fee
	\$
GENERAL	
Localised burns	38.65
Localised burns, including dressing of, under general anaesthetic	110.10
Extensive burns	66.70
Extensive burns, including dressing of, under general anaesthetic	232.95
Dressing of wounds, under general anaesthetic	110.10
Acupuncture, including consultation	51.40
DISLOCATIONS	
<p>“closed reduction” means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint</p> <p>“open reduction” means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation.</p> <p>“other” means treatment by any other method and includes the use of external splintage.</p>	
<p>[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply]</p>	
	\$
Elbow, by closed reduction	207.55
Elbow, by open reduction	275.25
Interphalangeal joint, by closed reduction	88.95
Interphalangeal joint, by open reduction	118.60
Mandible, by closed reduction	74.15
Clavicle, by closed reduction	87.90
Clavicle, by open reduction	177.90
Shoulder, not requiring general anaesthetic	87.90
Shoulder, by open reduction, with general anaesthetic	354.70
Shoulder, other, with general anaesthetic	175.75

Schedule 1

	\$
Metacarpophalangeal joint, by closed reduction	118.60
Metacarpophalangeal joint, by open reduction	158.80
Patella, by closed reduction	133.40
Patella, by open reduction	177.90
Radioulnar joint, by closed reduction	207.55
Radioulnar joint, by open reduction	275.25
Toe, by closed reduction	74.15
Toe, by open reduction	98.45

REMOVAL OF FOREIGN BODIES —	\$
as independent procedure	32.30
superficial	144.00
deep tissue or muscle	402.30
ear, other than by syringing	103.75
nose, other than by simple probing	103.75
cornea or sclera, embedded	105.85

FRACTURES

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

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

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

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

	\$
Distal phalanx of finger or thumb	
fracture, by closed reduction	133.40
fracture, intra-articular, by closed reduction	154.60
fracture, by open reduction	177.90
fracture, intra-articular, by open reduction	222.35

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	\$
Middle phalanx of finger	
fracture, by closed reduction	201.15
fracture, intra-articular, by closed reduction	227.60
fracture, by open reduction	264.65
fracture, intra-articular, by open reduction	333.45
Proximal phalanx of finger or thumb	
fracture, by closed reduction	264.65
fracture, intra-articular, by closed reduction	312.30
fracture, by open reduction	354.70
fracture, intra-articular, by open reduction	444.65
Metacarpal	
fracture, by closed reduction	264.65
fracture, intra-articular, by closed reduction	312.30
fracture, by open reduction	354.70
fracture, intra-articular, by open reduction	444.65
Carpal Scaphoid, by open reduction	592.85
Carpal Scaphoid, other	264.65
Carpus (excluding Scaphoid), by open reduction	370.50
Carpus (excluding Scaphoid), other	148.25
Radius	
by closed management	296.40
by open management	592.85
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	444.65
by open reduction	592.85
Ribs (1 or more), each attendance	67.80
Tibia, plateau of, medial or lateral	
by closed reduction	534.65
by open reduction	709.30
Tibia, plateau of, medial and lateral	
by closed reduction	889.25
by open reduction	1190.95
SUTURES	
face or neck, less than 7 cm, superficial	105.85
face or neck, less than 7 cm, deep	160.90

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

AMPUTATIONS

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

ASSISTANCE AT OPERATIONS

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

The fee is 20% of the total fee or the minimum sum of \$133.40, whichever is greater.

USE OF PRIVATE THEATRES

A theatre fee of \$80.45 will be paid to practitioners for the use of their private theatre, but this fee may only be charged if the patient would otherwise have been sent to hospital.

Part 3 — Diagnostic Imaging Services

ULTRASOUND

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

Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998

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MBS item number	Fee
	\$
55256	189.80
55258	220.65
55260	244.70
55262	189.80
55263	220.65
55264	189.80
55265	220.65
55266	189.80
55268	220.65
55270	189.80
55272	220.65
55274	189.80
55276	189.80
55277	122.55
55278	189.80
55279	122.55
55280	189.80
55282	189.80
55284	189.80
55288	334.50
55290	334.50
55600	111.90
55603	111.90
55700	67.20
55703	39.20
55704	78.40
55705	39.20
55706	112.00
55709	42.55
55712	128.80
55715	44.80
55718	112.00
55721	128.80
55723	42.55
55725	44.80
55728	112.00
55729	30.50
55731	109.75

MBS item number	Fee
	\$
55733	39.20
55736	142.25
55739	63.85
55759	168.00
55762	67.20
55764	179.20
55766	72.80
55768	168.00
55770	67.20
55772	179.20
55774	72.80
55800	111.90
55802	38.80
55804	111.90
55806	38.80
55808	111.90
55810	38.80
55812	111.90
55814	38.80
55816	111.90
55818	38.80
55820	111.90
55822	38.80
55824	111.90
55826	38.80
55828	111.90
55830	38.80
55832	111.90
55834	38.80
55836	111.90
55838	38.80
55840	111.90
55842	38.80
55844	89.60
55846	38.80
55848	111.90
55850	156.80

Schedule 1

COMPUTED TOMOGRAPHY — EXAMINATION AND REPORT

MBS item number	Fee
	\$
56001	208.65
56007	267.50
56010	269.75
56013	267.50
56016	310.30
56022	240.75
56028	360.40
56030	321.00
56036	401.25
56041	105.65
56047	134.95
56050	137.10
56053	137.10
56056	166.30
56062	121.05
56068	180.20
56070	160.50
56076	200.65
56101	246.10
56107	363.80
56141	124.55
56147	183.60
56210	256.80
56216	375.95
56219	349.05
56250	131.05
56256	189.95
56259	176.35
56301	315.65
56307	428.00
56341	159.95
56347	216.15
56401	267.50
56407	385.20
56409	267.50
56412	385.20
56441	135.70

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MBS item number	Fee
	\$
56447	194.15
56449	135.70
56452	194.15
56501	411.95
56507	513.60
56541	206.60
56547	260.80
56619	235.40
56625	358.10
56659	119.95
56665	179.05
56801	499.20
56807	599.20
56841	249.65
56847	303.70
57001	499.30
57007	607.50
57041	249.70
57047	303.75
57201	166.05
57247	83.05
57341	502.90
57345	258.95
57350	545.70
57355	282.65

DIAGNOSTIC RADIOLOGY

MBS item number	Fee
	\$
57506	33.40
57509	44.65
57512	45.40
57515	60.55
57518	36.45
57521	48.65
57524	55.40
57527	73.80

Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998

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MBS item number	Fee
	\$
57700	45.40
57703	60.55
57706	36.45
57709	48.65
57712	52.90
57715	68.35
57721	111.30
57901	72.35
57902	72.35
57903	53.00
57906	72.35
57909	72.35
57912	52.90
57915	52.90
57918	52.90
57921	52.90
57924	52.90
57927	55.70
57930	36.90
57933	87.75
57936	53.15
57939	72.35
57942	55.70
57945	48.65
58100	75.35
58103	61.80
58106	86.35
58109	52.70
58112	109.05
58115	149.10
58300	45.00
58306	100.25
58500	39.65
58503	52.90
58506	68.20
58509	44.65
58521	48.65
58524	63.35

MBS item number	Fee
	\$
58527	77.90
58700	51.65
58706	177.15
58715	170.00
58718	141.50
58721	155.05
58900	40.05
58903	53.35
58909	100.90
58912	123.70
58915	88.55
58916	155.35
58921	151.70
58924	94.25
58927	85.75
58933	230.60
58936	219.80
58939	156.25
59103	25.35
59300	97.60
59303	58.85
59306	112.50
59309	225.05
59312	97.60
59314	58.85
59318	52.80
59503	100.25
59700	108.30
59703	85.15
59712	127.55
59715	161.00
59718	151.05
59724	254.00
59733	120.80
59736	69.55
59739	82.70
59751	156.05
59754	246.05

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MBS item number	Fee
	\$
59760	129.15
59763	150.20
59900	104.20
59903	143.50
59906	143.50
59912	382.30
59915	97.50
59918	123.70
59921	123.70
59924	123.70
59970	188.80
60000	632.60
60003	927.70
60006	1 319.25
60009	1 543.80
60012	632.60
60015	927.70
60018	1 319.25
60021	1 543.80
60024	632.60
60027	927.70
60030	1 319.25
60033	1 543.80
60036	632.60
60039	927.70
60042	1 319.25
60045	1 543.80
60048	632.60
60051	927.70
60054	1 319.25
60057	1 543.80
60060	632.60
60063	927.70
60066	1 319.25
60069	1 543.80
60072	53.95
60075	107.80
60078	161.80

Schedule 1

MBS item number	Fee
	\$
60100	68.20
60500	48.65
60503	33.40
60506	71.50
60509	110.90
60903	143.75
60915	79.20
60918	59.10
60927	47.65
61109	290.40

NUCLEAR MEDICINE IMAGING

MBS item number	Fee
	\$
61302	403.00
61303	507.55
61306	637.15
61307	749.60
61310	329.75
61313	272.40
61314	377.10
61316	342.15
61317	442.00
61320	205.55
61328	195.10
61340	227.15
61348	398.05
61352	232.85
61353	347.05
61356	352.60
61360	362.15
61361	414.25
61364	446.15
61368	200.30
61369	1 809.70
61372	200.30

Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998

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MBS item number	Fee
	\$
61373	439.65
61376	128.75
61381	515.65
61383	561.15
61384	617.45
61386	298.50
61387	386.70
61389	332.70
61390	368.10
61393	543.65
61397	221.65
61401	145.70
61402	543.20
61405	310.65
61409	784.25
61413	202.85
61417	106.65
61421	430.75
61425	539.30
61426	498.10
61429	487.50
61430	592.05
61433	446.15
61434	552.50
61437	487.30
61438	604.20
61441	439.65
61442	675.40
61445	257.50
61446	299.45
61449	409.65
61450	356.90
61453	462.05
61454	312.50
61457	422.40
61458	356.35
61461	473.90
61462	116.95

Schedule 1

MBS item number	Fee
	\$
61465	238.40
61469	312.50
61473	157.45
61480	347.30
61484	790.85
61485	897.15
61495	200.30
61499	227.15

MAGNETIC RESONANCE IMAGING

MBS item number	Fee
	\$
63000 —	
63946	498.75

[Schedule 1 inserted in Gazette 20 Jul 1999 p. 3250-77; amended in Gazette 31 Aug 1999 p. 4244-5; 21 Dec 2000 p. 7626-46 (Printers correction in Gazette 6 Feb 2001 p. 743); 28 Dec 2001 p. 6692-710.]

Schedule 2

Schedule 2

[r. 3]

Scale of fees – physiotherapists

Type of service	Fee \$
1. Initial consultation (Includes individual initial services provided in rooms, home or hospital; hydrotherapy treatment; specialist consultations; extended treatments; and services provided outside normal business hours)	51.00
2. Standard consultation (Includes individual subsequent services provided in rooms, home or hospital; hydrotherapy treatment; specialist consultations; extended treatments; and services provided outside normal business hours)	41.00
3. Two distinct areas of treatment per visit (Includes individual initial or subsequent services provided in rooms, home or hospital; hydrotherapy treatment; specialist consultations; and services provided outside normal business hours)	51.85
4. Three or more distinct areas of treatment per visit (Includes individual initial or subsequent services provided in rooms, home or hospital; hydrotherapy treatment; complex treatment; specialist consultations; and services provided outside normal business hours)	69.05
5. Group consultation – per person (Includes services provided to more than one individual in rooms, home or hospital; hydrotherapy treatment; complex treatment; specialist consultations; extended treatments; and services provided outside normal business hours)	12.00
6. Worksite visit (per hour)	116.00

Schedule 2

- | | | |
|----|-------------------------------|-------|
| 7. | Solicitors reports | 51.00 |
| 8. | Travel (per kilometre) | 0.60 |

[Schedule 2 inserted in Gazette 21 May 2002 p. 2593-4.]

Schedule 3

Schedule 3

(regulation 4)

Scale of fees — chiropractors

Type of service	Fee
1. First consultation and examination — Rooms	\$40.85
2. Standard consultation — Rooms	\$34.10
3. Standard consultation — Home	\$50.95
4. Standard consultation — Rooms (out of hours)	\$40.85
5. Travel (per kilometre)	\$00.60
6. Fees for X-Ray (and report when requested)	
Spine	
1 region	\$78.40
2 regions	\$120.10
3 regions	\$149.05
Spot films	\$30.10
up to 18cm x 24cm	\$24.15
35cm x 43cm	\$36.05
35cm x 90cm	\$60.15

[Schedule 3 inserted in Gazette 21 Dec 2000 p. 7649.]

Schedule 4

(regulation 5)

Scale of fees — occupational therapists

	Type of service	Fee
1.	Initial comprehensive consultation (up to ½ hour)	\$62.25
2.	Initial comprehensive consultation (½ to 1 hour)	\$119.70
3.	Short consultation (up to ½ hour)	\$26.60
4.	Standard consultation (½ hour to ¾ hour)	\$53.20
5.	Extended consultation (¾ hour to 1 hour)	\$79.80
6.	Extended consultation (1 hour or more)	\$106.40
7.	Standard group consultations (½ hour)	
	2 people	\$53.20 per person
	3 people	\$37.25 per person
	4 people	\$26.60 per person
	More than 4 people	\$21.30 per person
8.	Travel costs are to be calculated at the hourly rate by the length of time spent travelling.	

NOTE: Consultations that extend beyond the scheduled times are charged as a multiple of the standard consultation fee.

[Schedule 4 inserted in Gazette 21 Dec 2000 p. 7650.]

Schedule 5 Scale of fees — speech therapists

Schedule 5 — Scale of fees — speech therapists

[r. 7]

	Type of service	Fee
1.	Initial consultation/assessment (up to and including 1 hour)	\$107
2.	Initial consultation/assessment (exceeding 1 hour)	\$138
3.	Subsequent consultation (<½ hour)	\$46
4.	Subsequent consultation (½ hour – 1 hour)	\$61
5.	Subsequent consultation (>1 hour)	\$82

[Schedule 5 inserted in Gazette 14 Dec 2001 p. 6417.]



Notes

- ¹ This reprint is a compilation as at 24 May 2002 of the *Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998* and includes the amendments made by the other written laws referred to in the following table.

Compilation table

Citation	Gazettal	Commencement
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998</i>	13 Oct 1998 p. 5709-25	13 Oct 1998
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 1999</i>	20 Jul 1999 p. 3249-77	20 Jul 1999
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 1999</i>	31 Aug 1999 p. 4244-5	31 Aug 1999
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2000</i>	21 Dec 2000 p. 7623-51 (Printers correction 6 Feb 2001 p. 743)	21 Dec 2000
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2001</i>	14 Dec 2001 p. 6416-17	14 Dec 2001
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 2001</i>	28 Dec 2001 p. 6691-710	28 Dec 2001
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2002</i>	21 May 2002 p. 2593-4	21 May 2002