



Western Australia

Workers' Compensation and Injury Management Act 1981

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

**Reprint 3: The regulations as at 1 March 2007**

## 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  - removed (because it was repealed or deleted from the law); or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.

### *Reprint numbering and date*

1. The reprint number (in the footer of each page of the document) shows how many times the regulations have been reprinted. For example, numbering a reprint as “Reprint 3” would mean that the reprint was the 3<sup>rd</sup> reprint since the regulations were published. Reprint numbering was implemented as from 1 January 2003.
2. The information in the reprint is current on the date shown as the date as at which the regulations are reprinted. That date is not the date when the reprint was published by the State Law Publisher and it is probably not the date when the most recent amendment had effect.

Western Australia

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

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Reprinted under the  
*Reprints Act 1984* as  
at 1 March 2007

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;

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**“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;  
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.

*[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.

*[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.]*

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

**GENERAL PRACTITIONER**

**CONSULTATIONS**

Surgery Consultation

in hours

<b>Content based</b>	<b>\$</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>	<b>\$</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.

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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, rehabilitation providers, workplace assessments etc.	<b>\$</b>
per hour	201.05

<b>TRAVELLING FEES</b>	<b>\$</b>
Outside the metropolitan area	
Rate per kilometre	3.56

**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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***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)  
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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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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

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

**CONSULTANT PSYCHIATRISTS**

CONSULTATIONS

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

**Time based**

	\$
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

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Scales of fees — medical specialists and other medical  
practitioners

**Schedule 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

	<b>\$</b>
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

	<b>\$</b>
first attendance	155.55
subsequent attendances	99.10

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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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***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**

<b>\$ VALUE PER UNIT</b>	
\$ value per unit	\$60.00
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<b>CONSULTATIONS AND ATTENDANCES</b>	Units
<hr/>	
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
<b>EMERGENCY ATTENDANCES</b>	
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
<b>Note: No after hours loading applies to the above item</b>	
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
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**PROCEDURES AND SERVICES**

All anaesthesia fees in relation to procedures and services are to be charged on the relative value guide (RVG) system. In most cases, the RVG system 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.

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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
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



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

Description	Units
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
— lens surgery	6
— retinal surgery	6
— corneal transplant	8
— vitrectomy	8

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

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<b>Description of procedure, etc</b>	<b>Units</b>
— 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
<b>Neck</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

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

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

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<b>Description of procedure, etc</b>	<b>Units</b>
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
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

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<b>Description of procedure, etc</b>	<b>Units</b>
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
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

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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>
Anaesthesia for all procedures on major abdominal blood vessels	15
Anaesthesia for all procedures within the peritoneal cavity in upper abdomen including cholecystectomy, gastrectomy, laparoscopic nephrectomy, bowel shunts and cadaver harvesting of organs unless otherwise specified	8
Anaesthesia for gastric reduction or gastroplasty for the treatment of morbid obesity	10
Anaesthesia for partial hepatectomy (excluding liver biopsy)	13
Anaesthesia for extended or trisegmental hepatectomy	15
Anaesthesia for pancreatectomy, partial or total (eg. Whipple procedure)	12
Anaesthesia for liver transplant (recipient)	30
Anaesthesia for neuro endocrine tumour removal (eg. carcinoid)	10
Anaesthesia for percutaneous procedures on an intra-abdominal organ in the upper abdomen	6
<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

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<b>Description of procedure, etc</b>	<b>Units</b>
Anaesthesia for all hernia repairs in lower abdomen unless otherwise specified	4
— repair of incisional hernia and/or wound dehiscence	6
Anaesthesia for all procedures within the peritoneal cavity in the lower abdomen (including appendicetomy) unless otherwise specified	6
Anaesthesia for bowel resection, including laparoscopic bowel resection, unless otherwise specified	8
— amniocentesis	4
— abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir	10
— radical prostatectomy	10
— radical hysterectomy	10
— radical ovarian surgery	10
— pelvic exenteration	10
— Caesarean section	10
— Caesarean hysterectomy or hysterectomy within 24 hours of delivery	15
Anaesthesia for all extraperitoneal procedures in lower abdomen, including urinary tract, unless otherwise specified	6
— renal procedures, including upper 1/3 or ureter	7
— 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

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<b>Description of procedure, etc</b>	<b>Units</b>
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
Anaesthesia for all transurethral procedures (including urethroscopy) 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



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<b>Description of procedure, etc</b>	<b>Units</b>
Anaesthesia for all vaginal procedures (including biopsy of labia, vagina, cervix or endometrium) unless otherwise specified	4
— colpotomy, colpectomy, colporrhaphy	5
— transvaginal assisted reproductive services	4
— vaginal hysterectomy	6
— vaginal delivery	6
— purse string ligation of cervix	4
— culdoscopy	5
— hysteroscopy	4
Anaesthesia for endometrial ablation or resection in association with hysteroscopy	5
— correction of inverted uterus	8
Anaesthesia for evacuation of retained products of conception, as a complication of confinement	4
— for the manual removal of retained placenta or for repair of vaginal or perineal tear following delivery	5
— for vaginal procedures in the management of post partum haemorrhage	7
<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

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<b>Description of procedure, etc</b>	<b>Units</b>
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>	
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

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<b>Description of procedure, etc</b>	<b>Units</b>
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
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

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Description of procedure, etc	Units
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
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

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Description of procedure, etc	Units
<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
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

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<b>Description of procedure, etc</b>	<b>Units</b>
<b>Upper arm and elbow</b>	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the upper arm and elbow	3
Anaesthesia for all procedures on the nerves, muscles, tendons, fascia and bursae of upper arm and elbow, unless otherwise specified	4
— tenotomy, elbow to shoulder, open	5
— tenoplasty, elbow to shoulder	5
— tenodesis, rupture of long tendon of biceps	5
Anaesthesia for all closed procedures on the humerus and elbow	3
Anaesthesia for arthroscopic procedures of elbow joint	4
Anaesthesia for all open procedures on the humerus and elbow unless otherwise specified	5
— radical procedures	6
— total elbow replacement	7
Anaesthesia for all procedures on the arteries of the upper arm unless otherwise specified	8
— embolectomy	6
Anaesthesia for all procedures on the veins of the upper arm unless otherwise specified	4
— for microsurgical reimplantation of the upper arm	15
<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

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<b>Description of procedure, etc</b>	<b>Units</b>
Anaesthesia for all open procedures on radius, ulna, wrist, or hand bones unless otherwise specified	4
— total wrist replacement	7
Anaesthesia for arthroscopic procedures of the wrist joint	4
Anaesthesia for all procedures on the arteries of the forearm, wrist, and hand unless otherwise specified	8
— embolectomy	6
Anaesthesia for all procedures on the veins of the forearm, wrist, and hand unless otherwise specified	4
Anaesthesia for forearm, wrist, or hand cast application, removal or repair	3
— for microsurgical reimplantation of forearm, wrist or hand	15
— for microsurgical reimplantation of a finger	8
<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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<b>Description of procedure, etc</b>	<b>Units</b>
— 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
<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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<b>Description of procedure, etc</b>	<b>Units</b>
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
Anaesthesia for brachytherapy using radioactive sealed sources	5
Anaesthesia for therapeutic nuclear medicine	5
Anaesthesia for radiotherapy	7
Anaesthesia where no procedure ensues	3

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**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**

<b>Description of service, etc.</b>	<b>MUs</b>	<b>TUs</b>	<b>BUs</b>
Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in an emergency situation	no	no	3
Administration of blood or bone marrow already collected when performed in association with the administration of anaesthesia	no	no	4
Venous cannulation and blood transfusion (or blood products) not associated with anaesthesia	no	no	5
Intubation, endotracheal, emergency procedure, where the patient's airway is unsecured and at high risk of occlusion, (eg. epiglottitis or haematoma post thyroidectomy) not associated with surgery	yes	yes	15
Intubation, endotracheal, not associated with anaesthesia, when subsequent management is not in an intensive care unit	yes	yes	4
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

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<b>Description of service, etc.</b>	<b>MUs</b>	<b>TUs</b>	<b>BUs</b>
Monitoring of depth of anaesthesia, incorporating continuous measurement of the EEG during anaesthesia for the diagnosis of awareness	no	no	3
Venous cannulation and commencement of intravenous infusion, under age of 3 years, not associated with anaesthesia	no	no	3
Venous cannulation, cutdown	no	no	5
Venous cannulation and commencement of intravenous infusion not associated with anaesthesia	no	no	2
Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement	no	no	7
Pulmonary artery pressure monitoring	no	no	3
Left atrial pressure monitoring via left atrial catheter	no	no	3
Invasive pressure monitoring, not otherwise listed	no	no	3
Measurement of the mechanical or gas exchange function of the respiration system, or of respiratory muscle function, or of ventilatory control mechanisms, using measurements of parameters including pressures, volumes, flow, gas concentrations in inspired or expired air, alveolar gas or blood and incorporating serial arterial blood gas analysis and a written record of the results, when performed in association with the administration of anaesthesia	no	no	7
Central vein catheterization, percutaneous via jugular, subclavian or femoral vein	no	no	3
Central vein catheterization by cutdown	no	no	5

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<b>Description of service, etc.</b>	<b>MUs</b>	<b>TUs</b>	<b>BUs</b>
Central venous pressure monitoring	no	no	3
Arterial cannulation, percutaneous	no	no	3
Arterial puncture, withdrawal of blood for diagnosis	no	no	1
Arterial cannulation, by cutdown	no	no	5
Intra arterial pressure monitoring	no	no	3
Catheterization, umbilical artery, newborn, for diagnosis, or therapy	no	no	5
Intra-arterial infusion or retrograde intravenous perfusion of a sympatholytic agent	no	no	4
Intravenous regional anaesthesia of limb by retrograde perfusion	no	no	4
Perfusion of limb or organ	no	no	12
Medical management of cardio-pulmonary bypass perfusion using heart/lung machine	yes	yes	20
Hypothermia, total body	no	no	5
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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<b>Description of service, etc.</b>	<b>MUs</b>	<b>TUs</b>	<b>BUs</b>
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
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 <b>after hours</b> for a patient in labour	no	no	15

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Description of service, etc.	MUs	TUs	BUs
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, where continuous <b>after hours</b> attendance by a medical practitioner extends beyond the first hour for a patient in labour. Derived fee being 15 units for the first hour plus one unit for each additional 15 minutes or part thereof	no	no	0
Subsequent injection (or revision of infusion) of a therapeutic substance to maintain regional anaesthesia or analgesia where the period of continuous medical practitioner attendance is 15 minutes or less	no	no	3
Subsequent injection (or revision of infusion) of a therapeutic substance to maintain regional anaesthesia or analgesia where the period of continuous medical practitioner attendance is more than 15 minutes	no	no	4
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

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<b>Description of service, etc.</b>	<b>MUs</b>	<b>TUs</b>	<b>BUs</b>
— retrobulbar or peribulbar	no	no	5
— greater occipital nerve	no	no	3
— vagus nerve	no	no	8
— glossopharyngeal nerve	no	no	8
— phrenic nerve	no	no	7
— spinal accessory nerve	no	no	5
— cervical plexus	no	no	8
— brachial plexus	no	no	8
— suprascapular nerve	no	no	5
— intercostal nerve, single	no	no	5
— intercostal nerves, multiple	no	no	7
— ilioinguinal, iliohypogastric or genito femoral nerves, one or more of	no	no	5
— pudendal nerve	no	no	8
— 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

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<b>Description of service, etc.</b>	<b>MUs</b>	<b>TUs</b>	<b>BUs</b>
— carotid sinus, as an independent percutaneous procedure	no	no	8
— stellate ganglion (cervical sympathetic block)	no	no	8
— lumbar or thoracic nerves (paravertebral sympathetic block)	no	no	8
— coeliac plexus or splanchnic nerves	no	no	10
Cranial nerve other than trigeminal, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin	no	no	20
Nerve branch, not covered by any other item in this Group, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin	no	no	10
Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent	no	no	20
Lumbar sympathetic chain, destruction by a neurolytic agent	no	no	15
Cervical or thoracic sympathetic chain, destruction by a neurolytic agent	no	no	20
Cardioversion, elective, electrical conversion of arrhythmia, external	no	no	4
Hyperbaric oxygen treatment when the specialist is inside the chamber	yes	yes	15
Hyperbaric oxygen treatment when the specialist is outside the chamber	yes	yes	8



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<b>Description of service, etc.</b>	<b>MUs</b>	<b>TUs</b>	<b>BUs</b>
Heart, 2 dimensional real time transoesophageal examination of, at least 2 oesophageal windows performed using a mechanical sector scanner or phased array transducer with —			
(a) measurement blood flow velocities across the cardiac valves using pulsed wave and continuous Doppler techniques;			
(b) real time colour flow mapping from at least 2 oesophageal windows; and			
(c) recording on video tape	no	no	10
Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure	no	no	14
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

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

**Part 2** Medical procedures

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**Note — Unlisted services**

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

*[Part 1 inserted in Gazette 20 Jul 1999 p. 3250-69; amended in Gazette 31 Aug 1999 p. 4244-5; 21 Dec 2000 p. 7626-34; 28 Dec 2001 p. 6692-7; 23 Sep 2003 p. 4174-7; 19 Mar 2004 p. 864-96; 29 Oct 2004 p. 4941-2; 21 Jan 2005 p. 279-81; 10 Jan 2006 p. 44-52; 22 Dec 2006 p. 5759-68.]*

**Part 2 — Medical procedures**

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

<b>Type of procedure</b>	<b>Fee \$</b>
GENERAL	
Localised burns	44.55
Localised burns, including dressing of, under general anaesthetic	126.85
Extensive burns	76.85
Extensive burns, including dressing of, under general anaesthetic	268.35
Dressing of wounds, under general anaesthetic	126.85
Acupuncture, including consultation	59.15
DISLOCATIONS	
<b>“closed reduction”</b> means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.	
<b>“open reduction”</b> means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation.	
<b>“other”</b> means treatment by any other method and includes the use of external splintage.	
<b>[Where injuries are associated with a compound (open) 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

**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>
Mandible, by closed reduction	85.45
Clavicle, by closed reduction	101.30
Clavicle, by open reduction	204.95
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

**Workers' Compensation and Injury Management (Scales of Fees)  
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**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>
	<b>\$</b>
fracture, by open reduction	204.95
fracture, intra-articular, by open reduction	256.15
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

**Workers' Compensation and Injury Management (Scales of Fees)  
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Scales of fees — medical specialists and other medical  
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**Part 2**

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<b>Type of procedure</b>	<b>Fee</b>
	<b>\$</b>
<b>SUTURES</b>	
face or neck, less than 7 cm, superficial	121.95
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
<b>AMPUTATIONS</b>	
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**

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

**Part 3** Diagnostic Imaging Services

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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

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<b>MBS item number</b> <i>(1 November 2005)</i>	<b>Fee</b> <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)  
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Scales of fees — medical specialists and other medical  
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<b>MBS item number</b> <i>(1 November 2005)</i>	<b>Fee</b> <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
55736	173.85

**Workers' Compensation and Injury Management (Scales of Fees)  
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**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> <i>(1 November 2005)</i>	<b>Fee</b> <b>\$</b>
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
55854	51.80

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**Workers' Compensation and Injury Management (Scales of Fees)  
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Scales of fees — medical specialists and other medical  
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Diagnostic Imaging Services

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COMPUTED TOMOGRAPHY —  
EXAMINATION AND REPORT

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<b>MBS item number</b> <i>(1 November 2005)</i>	<b>Fee</b> <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
56229	154.05
56230	223.15
56231	223.15
56232	223.15

**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> <i>(1 November 2005)</i>	<b>Fee</b> <b>\$</b>
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
56841	293.45
56847	356.95
57001	586.80
57007	713.95
57041	293.50

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

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

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<b>MBS item number</b>	<b>Fee</b>
<i>(1 November 2005)</i>	<b>\$</b>
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**

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<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
57909	93.65
57912	68.45
57915	68.45
57918	68.45
57921	68.45
57924	68.45

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

**Part 3** Diagnostic Imaging Services

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<b>MBS item number</b> <i>(1 November 2005)</i>	<b>Fee</b> <b>\$</b>
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
58900	51.80
58903	69.10
58909	130.60
58912	160.10
58915	114.60
58916	201.10
58921	196.40

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

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

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**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> <i>(1 November 2005)</i>	<b>Fee</b> <b>\$</b>
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
60918	68.45
60927	55.25
61109	375.95

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**NUCLEAR MEDICINE IMAGING**

<b>MBS item number</b> <i>(1 November 2005)</i>	<b>Fee</b> <b>\$</b>
61302	502.10
61303	632.30

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

**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> <i>(1 November 2005)</i>	<b>Fee</b> <b>\$</b>
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
61499	283.00
61650	982.85

**MAGNETIC RESONANCE IMAGING**

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<b>MBS item number</b> <i>(1 November 2005)</i>	<b>Fee</b> <b>\$</b>
63000-63204	728.35
63219-63243	1 092.50
63271-63473	728.35



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

**Part 3**

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<b>MBS item number</b> <i>(1 November 2005)</i>	<b>Fee</b> <b>\$</b>
63491-63494	83.25
63497	250.00

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

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

**Schedule 2** Scale of fees — physiotherapists

**Part 1** General

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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.]*

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<b>Service code</b>	<b>Service</b>	<b>\$</b>
PA001	<b>Initial Consultation</b> A consultation with the physiotherapist including the following elements — <b>Subjective assessment</b> 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. <b>Objective assessment</b> Movement — active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated. <b>Appropriate initial management, treatment or advice</b> 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. <b>Documentation of consultation</b> 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> \$59.55

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

Scale of fees — physiotherapists  
General

**Schedule 2  
Part 1**

<b>Service code</b>	<b>Service</b>	<b>\$</b>
	<p>Includes individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.</p> <p>Includes courtesy communication by the physiotherapist with the medical practitioner such as acknowledgement of referral.</p> <p>Includes the physiotherapist's brief communication with the medical practitioner regarding the injured worker's management.</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>	
<b>PB001</b>	<b>Standard Consultation</b>	<b>Set Fee</b>
	Consultation for one body area or condition including the following elements —	\$47.80
	<b>Subjective re-assessment</b>	
	<b>Objective re-assessment</b>	
	<b>Appropriate management, treatment or advice</b>	
	<b>Documentation of consultation.</b>	
	Includes individual services provided in rooms, home or hospital; hydrotherapy treatment;	

**Workers' Compensation and Injury Management (Scales of Fees)  
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**Schedule 2** Scale of fees — physiotherapists

**Part 1** General

<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></p> <p>\$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 style="padding-left: 20px;">in rooms, home or hospital</p> <p style="padding-left: 20px;">hydrotherapy treatment</p> <p style="padding-left: 20px;">extended treatments</p> <p style="padding-left: 20px;">services provided outside of normal business hours.</p>	<p><b>Cost per participant</b></p> <p>\$14.70</p>

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

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

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

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**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>
PT001	<p><b>Travel</b> (within metropolitan area)</p> <p>Outside metropolitan area to be negotiated prior to consult with insurer.</p> <p><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></p>	<p><b>Set Fee</b></p> <p>\$33.85 per journey to a venue</p>
PQ001	<p><b>Case Conferences</b></p> <p>Face-to-face or telephone communication involving the physiotherapist with one or more of the following —</p> <p style="padding-left: 40px;">doctor, employer, insurer/claims manager, rehabilitation providers and worker.</p> <p>The aim of the case conference is to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	<p>\$13.60</p> <p>Calculated per 6 minute block</p>
PK001	<p><b>Communication</b></p> <p>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).</p> <p>Does not include unsolicited communication from the physiotherapist.</p> <p><u>Maximum time allowable per communication of 30 minutes.</u></p>	<p>\$13.60</p> <p>Calculated per 6 minute block</p>
PS001	<p><b>Specific Physiotherapy Assessment – Prior approval from insurer required</b></p> <p>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, Functional Capacity Assessments (FCE's), seating and wheelchair assessments).</p>	<p><b>Hourly Rate**</b></p> <p>\$135.80</p> <p>Max duration of service provision 2 hours</p>

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

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

Service code	Service	\$
PW001	<b>Specific Physiotherapy Intervention – Prior approval from insurer required (*replaces PD001)</b>	<b>Hourly Rate**</b>
	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).	\$135.80 Max duration of service provision 2 hours

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

*[Part 1 inserted in Gazette 22 Dec 2006 p. 5784-9.]*

**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**

**Schedule 2** Scale of fees — physiotherapists

**Part 2** Exercise-based programs

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<b>Type of service</b>	<b>Fee</b>
<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 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 per report
5. Final report	\$48.00
6. Gym membership/Entry fees (Prior approval from insurer/self-insurer is required)	Market rates
7. Travel, within metropolitan area	\$33.85 per journey to a 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 per hour
9. Communication (assessment capped at 30 minutes)	\$67.00

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



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

[r. 4]

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

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	<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

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

**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) per person	\$44.10
7.	Travel costs are to be calculated at the hourly rate by the length of time spent travelling.	

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

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

[r. 7]

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

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<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

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

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

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

**Part 1** Assessments

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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**

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

Description of assessment	Maximum fee*
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.]*

Description of circumstances	Maximum fee*
1. If a worker who is required under Part VII Division 2 of the Act to submit to an examination by an approved medical specialist does not attend, in a case in which — (a) no prior arrangements to cancel the examination are made; or	\$457.85

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

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

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- (b)      the examination is cancelled,  
          otherwise than at the request of  
          the approved medical specialist,  
          with less than one working  
          day's notice.
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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.]*



### Notes

- <sup>1</sup> This reprint is a compilation as at 1 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

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

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



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

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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 p. 5755-94	22 Dec 2006

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

- <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 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).

**Defined Terms**

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**Defined Terms**

*[This is a list of terms defined and the provisions where they are defined.  
The list is not part of the law.]*

<b>Defined Term</b>	<b>Provision(s)</b>
assessor .....	9(2)
MBS item number .....	2(2)
metropolitan area .....	2(2), 3(2)
report and certificate .....	9(2)