



Western Australia

Workers' Compensation and Injury Management Act 1981

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

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Western Australia

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

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specialists and other medical
practitioners**

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

1. Citation

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

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

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

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

- (2) In Schedule 1 —

MBS item number means the item number corresponding to a radiological service described in the Medicare Benefits Schedule published by the Commonwealth Department of Health and Aged Care, as at November 2006.

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

r. 3

3. Scale of fees — physiotherapists

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

[(2) deleted]

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

4. Scale of fees — chiropractors

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

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

5. Scale of fees — occupational therapists

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

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

6. Scale of fees — clinical psychologists

- (1) Under section 292(2)(a)(vi) of the Act, the hourly rate of \$209.55 per hour is prescribed as the fee to be paid to clinical psychologists for attendance on, and treatment of, workers suffering injuries that are compensable under the Act.

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

[Regulation 6 inserted in Gazette 22 Dec 2006 p. 5758; amended in Gazette 7 Dec 2007 p. 6035; 17 Dec 2008 p. 5290; 30 Oct 2009 p. 4345; 29 Oct 2010 p. 5348; 30 Sep 2011 p. 3914.]

6A. Scale of fees — counselling psychology

Under section 292(2)(a)(viii) of the Act, the hourly rate of \$209.55 per hour is prescribed as the fee to be paid to a psychologist providing counselling services for the treatment of a worker suffering injuries that are compensable under the Act.

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

[Regulation 6A inserted in Gazette 22 Dec 2006 p. 5758; amended in Gazette 7 Dec 2007 p. 6035; 17 Dec 2008 p. 5290; 30 Oct 2009 p. 4346; 29 Oct 2010 p. 5348; 30 Sep 2011 p. 3914.]

7. Scale of fees — speech therapists

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

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

7A. Scale of fees — osteopaths

Under section 292(2)(a)(viii) of the Act, the amount of \$66.30 is prescribed as the fee to be paid to an osteopath for an osteopathic consultation with a worker suffering injuries that are compensable under the Act.

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

r. 7B

*[Regulation 7A inserted in Gazette 22 Dec 2006 p. 5759;
amended in Gazette 7 Dec 2007 p. 6035; 17 Dec 2008 p. 5290;
30 Oct 2009 p. 4346; 29 Oct 2010 p. 5348; 30 Sep 2011
p. 3914.]*

7B. Scale of fees — exercise physiologists

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

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

8. Scale of fees — vocational rehabilitation providers

Under section 292(2)(b) of the Act, the hourly rate of \$156.45 per hour is prescribed as the fee to be paid to approved providers of vocational rehabilitation services when those services are provided to workers in accordance with the Act.

*[Regulation 8 amended in Gazette 21 Dec 2000 p. 7626;
28 Dec 2001 p. 6692; 23 Sep 2003 p. 4174; 9 Jan 2004 p. 99;
21 Jan 2005 p. 279; 11 Nov 2005 p. 5569; 10 Jan 2006 p. 44;
22 Dec 2006 p. 5759; 7 Dec 2007 p. 6036; 17 Dec 2008
p. 5291; 30 Oct 2009 p. 4346; 29 Oct 2010 p. 5348;
30 Sep 2011 p. 3914.]*

9. Scale of maximum fees — approved medical specialists

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

report and certificate means a report referred to in section 146H(1)(a) of the Act and a certificate referred to in section 146H(1)(b) of the Act.

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

10. Effect of GST

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

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

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Regulations 1998**

Schedule 1	Scale of fees: medical specialists and other medical practitioners
Part 1	Medical specialists and other medical practitioners

**Schedule 1 — Scale of fees: medical specialists and other
medical practitioners**

[r. 2]

[Heading inserted in Gazette 29 Oct 2010 p. 5348.]

Part 1 — Medical specialists and other medical practitioners

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

Type of service/by whom	Fee
	\$
GENERAL PRACTITIONER	
CONSULTATIONS	
Surgery Consultation	
in hours	
Content based	
Minor or Specific Service (Level A or B)	\$65.15
Extended Service (Level C)	\$119.05
Comprehensive Service (Level D)	\$182.95
Time based	
up to 5 minutes	\$38.85
more than 5 minutes to 15 minutes	\$50.70
more than 15 minutes to 30 minutes	\$97.80
more than 30 minutes to 45 minutes	\$147.90
more than 45 minutes to 60 minutes	\$200.45
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.	
Content based	

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Medical specialists and other medical practitioners

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Part 1

Minor Service (Level A)	\$48.90
Specific Service (Level B)	\$97.80
Extended Service (Level C)	\$178.05
Comprehensive Service (Level D)	\$275.65

Time based

up to 5 minutes	\$77.40
more than 5 minutes to 15 minutes	\$84.00
more than 15 minutes to 30 minutes	\$130.20
more than 30 minutes	\$178.05

VISITS

Consultations at a place other than the Consulting Rooms

in hours

Minor Service (Level A)	\$81.55
Specific Service (Level B)	\$111.45
Extended Service (Level C)	\$165.40
Comprehensive Service (Level D)	\$230.55

out of hours

Minor Service (Level A)	\$97.80
Specific Service (Level B)	\$145.40
Extended Service (Level C)	\$223.10
Comprehensive Service (Level D)	\$325.80

TELEPHONE CONSULTATIONS

Time based

up to 5 minutes	\$21.75
more than 5 minutes to 15 minutes	\$27.25
more than 15 minutes to 30 minutes	\$57.00
more than 30 minutes	\$85.40

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

per hour	\$245.05
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TRAVELLING FEES

Rate per kilometre	\$4.40
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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	\$247.40
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subsequent attendances	\$123.80
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VISITS

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

first attendance	\$296.30
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subsequent attendances	\$171.00
------------------------	----------

REHABILITATION PHYSICIANS

CONSULTATIONS

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

first attendance	\$247.40
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subsequent attendances	\$123.80
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VISITS

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

first attendance	\$296.30
------------------	----------

subsequent attendances	\$171.00
------------------------	----------

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

Schedule 1

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Part 1

OCCUPATIONAL PHYSICIANS

CONSULTATIONS

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

first attendance \$251.50

subsequent attendances \$123.80

VISITS

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

first attendance \$296.30

subsequent attendances \$171.00

TELEPHONE CONSULTATIONS

Time based

up to 5 minutes \$32.50

more than 5 minutes to 15 minutes \$40.05

more than 15 minutes to 30 minutes \$83.70

more than 30 minutes \$126.40

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

per hour \$363.40

TRAVELLING FEES

Rate per kilometre \$4.40

CONSULTANT PSYCHIATRISTS

CONSULTATIONS

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

Time based

up to 15 minutes \$72.55

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more than 15 minutes to 30 minutes	\$144.80
more than 30 minutes to 45 minutes	\$216.90
more than 45 minutes to 60 minutes	\$290.15
more than 60 minutes to 75 minutes	\$328.35
more than 75 minutes	\$366.50

VISITS

Professional attendance at a place other than consulting rooms
and issue of certificate (if required) et al
Visits include both attendance at hospitals and home visits

Time based

up to 15 minutes	\$119.15
more than 15 minutes to 30 minutes	\$192.45
more than 30 minutes to 45 minutes	\$262.60
more than 45 minutes to 75 minutes	\$335.95
more than 75 minutes	\$404.80

TELEPHONE CONSULTATIONS

Time based

up to 45 minutes	\$96.25
more than 45 minutes	\$210.20

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

per hour	\$363.40
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TRAVELLING FEES

Rate per kilometre	\$4.40
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SPECIALISTS

SURGEONS

CONSULTATIONS

Professional attendance at consulting rooms and issue of

**Workers' Compensation and Injury Management (Scales of Fees)
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certificate (if required) et al	
first attendance	\$140.65
subsequent attendances	\$73.35

VISITS

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

first attendance	\$189.60
subsequent attendances	\$120.85

DERMATOLOGISTS

CONSULTATIONS

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

first attendance	\$140.65
subsequent attendances	\$73.35

VISITS

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

first attendance	\$189.30
subsequent attendances	\$120.65

TELEPHONE CONSULTATIONS

Time based

up to 5 minutes	\$32.50
more than 5 minutes to 15 minutes	\$40.05
more than 15 minutes to 30 minutes	\$83.70
more than 30 minutes	\$126.40

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

per hour	\$363.40
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Schedule 1 Scale of fees: medical specialists and other medical practitioners

Part 1 Medical specialists and other medical practitioners

TRAVELLING FEES

Rate per kilometre \$4.40

ANAESTHETISTS

All anaesthesia fees are calculated by multiplying the units for the consultation, attendance, procedure or service by the \$ value per unit allocated by this Schedule.

\$ VALUE PER UNIT

\$ value per unit \$73.15

CONSULTATIONS AND ATTENDANCES Units

Anaesthetist Consultation

— an attendance of 15 minutes or less duration 2

— an attendance of more than 15 minutes but not more than 30 minutes duration 4

— an attendance of more than 30 minutes but not more than 45 minutes duration 6

— an attendance of more than 45 minutes duration 8

Post anaesthesia patient care following a day procedure 2

EMERGENCY ATTENDANCES

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

Note: No after hours loading applies to the above item

Attendance on a patient in imminent danger of death requiring continuous life saving emergency treatment to the exclusion of all other patients 6

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

PROCEDURES AND SERVICES

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

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comprises 3 elements: base units (BUs), modifying units (MUs) and time units (TUs).

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

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

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

Base units

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

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

Time units

For the first 2 hours, each 15 minutes (or part thereof) of anaesthetic time constitutes one time unit. After 2 hours, time units are calculated at one per 10 minutes (or part thereof).

Modifying units

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

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

Description	Units
A normal healthy patient	0
A patient with a mild systemic disease	0
A patient with a severe systemic disease	1
A patient with a severe systemic disease that is a constant threat to life	4

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Description	Units
A moribund patient who is not expected to survive for 24 hours with or without the operation	6
A patient who is morbidly obese (body mass index is more than 35)	2
A patient who is in the 3 rd trimester of pregnancy	2
A patient declared brain dead whose organs are being removed for donor purposes	0
Where the patient is aged under 1 year or over 70 years old	1
Emergency surgery (i.e. When undue delay in treatment of the patient would lead to a significant increase in a threat to life or body part)	2
Anaesthesia in the prone position (not applicable to lower intestinal endoscopic procedures)	3

Anaesthesia for after-hours emergencies

A 50% loading should apply to emergency after-hours anaesthesia. It is calculated using the "total relative value". The 50% loading and the emergency surgery modifier should not be used together.

After-hours is defined as that period between 6.00 p.m. and the following 8.00 a.m. on weekdays and between 8.00 a.m. and the following 8.00 a.m. on weekend days and public holidays.

PART A — PROCEDURES

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

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Description of procedure, etc	Units
— otoscopy	4
Anaesthesia for all procedures on eye unless otherwise specified	5
— lens surgery	6
— retinal surgery	6
— corneal transplant	8
— vitrectomy	8
— biopsy of conjunctiva	5
— ophthalmoscopy	4
Anaesthesia for all procedures on nose and accessory sinuses unless otherwise specified	6
— radical surgery	7
— biopsy, soft tissue	4
Anaesthesia for all intraoral procedures, including biopsy, unless otherwise specified	6
— repair of cleft palate	7
— excision of retropharyngeal tumour	9
— radical intraoral surgery	10
Anaesthesia for all procedures on facial bones unless otherwise specified	5
— extensive surgery on facial bones (including prognathism and extensive facial bone reconstruction)	10
Anaesthesia for all intracranial procedures unless otherwise specified	15
— subdural taps	5
— burr holes	9
— intracranial vascular procedures including those for aneurysms and arterio-venous abnormalities	20
— spinal fluid shunt procedures	10
— ablation of intracranial nerve	6

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Part 1 Medical specialists and other medical practitioners

Description of procedure, etc	Units
Anaesthesia for all cranial bone procedures	12
Neck	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the neck unless otherwise specified	5
Anaesthesia for incision and drainage of large haematoma, large abscess, cellulitis, or similar lesion causing life threatening airway obstruction	15
Anaesthesia for all procedures on oesophagus, thyroid, larynx, trachea and lymphatic system muscles, nerves or other deep tissues of the neck unless otherwise specified	6
— for laryngectomy, hemi laryngectomy, laryngopharyngectomy, or pharyngectomy	10
Anaesthesia for laser surgery to the airway	8
Anaesthesia for all procedures on major vessels of neck unless otherwise specified	10
— simple ligation	5
Thorax (Chest Wall/Shoulder Girdle)	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the chest unless otherwise specified	3
Anaesthesia for all procedures on the breast unless otherwise specified	4
— reconstructive procedures on the breast (eg. reduction or augmentation, mammoplasty)	5
— removal of breast lump or for breast segmentectomy where axillary node dissection is performed	5
— mastectomy	6
— reconstructive procedures on the breast using myocutaneous flaps	8
— radical or modified radical procedures on breast with internal mammary node dissection	13
— electrical conversion of arrhythmias	5

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Description of procedure, etc	Units
Anaesthesia for percutaneous bone marrow biopsy of the sternum	4
Anaesthesia for all procedures on the clavicle, scapula or sternum unless otherwise specified	5
— radical surgery	6
Anaesthesia for partial rib resection unless otherwise specified	6
— thoracoplasty	10
— extensive procedures (eg. pectus excavatum)	13
Intrathoracic	
Anaesthesia for open procedures on the oesophagus	15
Anaesthesia for all closed chest procedures (including rigid oesophagoscopy or bronchoscopy) unless otherwise specified	6
— needle biopsy of pleura	4
— pneumocentesis	4
— thoracoscopy	10
— mediastinoscopy	8
Anaesthesia for all thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum unless otherwise specified	13
— pulmonary decortication	15
— pulmonary resection with thoracoplasty	15
— intrathoracic repair of trauma to trachea and bronchi	15
Anaesthesia for all open procedures on the heart, pericardium, and great vessels of the chest	20
Anaesthesia for heart transplant	20
Anaesthesia for heart and lung transplant	20
Cadaver harvesting of heart and/or lungs	8
Spine and spinal cord	
Anaesthesia for all procedures on the cervical spine and/or cord unless otherwise specified (for myelography and discography see items in 'Other Procedures')	10

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Description of procedure, etc	Units
— posterior cervical laminectomy in sitting position	13
Anaesthesia for all procedures on the thoracic spine and/or cord unless otherwise specified	10
— thoracolumbar sympathectomy	13
Anaesthesia for all procedures in the lumbar region unless otherwise specified	8
— lumbar sympathectomy	7
— chemonucleolysis	10
Anaesthesia for extensive spine and spinal cord procedures	13
Anaesthesia for manipulation of spine	3
Anaesthesia for percutaneous spinal procedures	5
Upper abdomen	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the upper abdominal wall unless otherwise specified	3
Anaesthesia for all procedures on the nerves, muscles, tendons and fascia of the upper abdominal wall	4
Anaesthesia for diagnostic laparoscopy	6
Anaesthesia for laparoscopic procedures unless otherwise specified	7
Anaesthesia for extracorporeal shock wave lithotripsy	6
Anaesthesia for upper gastrointestinal endoscopic procedures	5
Anaesthesia for upper gastrointestinal endoscopic procedures in association with imaging techniques including fluoroscopy and ultrasound	6
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

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

Description of procedure, etc	Units
— transabdominal repair of diaphragmatic hernia	9
Anaesthesia for all procedures on major abdominal blood vessels	15
Anaesthesia for all procedures within the peritoneal cavity in upper abdomen including cholecystectomy, gastrectomy, laparoscopic nephrectomy, bowel shunts and cadaver harvesting of organs unless otherwise specified	8
Anaesthesia for gastric reduction or gastroplasty for the treatment of morbid obesity	10
Anaesthesia for partial hepatectomy (excluding liver biopsy)	13
Anaesthesia for extended or trisegmental hepatectomy	15
Anaesthesia for pancreatectomy, partial or total (eg. Whipple procedure)	12
Anaesthesia for liver transplant (recipient)	30
Anaesthesia for neuro endocrine tumour removal (eg. carcinoid)	10
Anaesthesia for percutaneous procedures on an intra-abdominal organ in the upper abdomen	6
Lower abdomen	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the lower abdominal wall unless otherwise specified	3
— lipectomy	5
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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Part 1 Medical specialists and other medical practitioners

Description of procedure, etc	Units
Anaesthesia for all hernia repairs in lower abdomen unless otherwise specified	4
— repair of incisional hernia and/or wound dehiscence	6
Anaesthesia for all procedures within the peritoneal cavity in the lower abdomen (including appendicectomy) unless otherwise specified	6
Anaesthesia for bowel resection, including laparoscopic bowel resection, unless otherwise specified	8
— amniocentesis	4
— abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir	10
— radical prostatectomy	10
— 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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Medical specialists and other medical practitioners **Part 1**

Description of procedure, etc	Units
Anaesthesia for percutaneous procedures on an intra-abdominal organ in the lower abdomen	6
Perineum	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the perineum (including biopsy of male genital system) unless otherwise specified	3
— anorectal procedure (including endoscopy and/or biopsy)	4
— radical perineal procedure including radical perineal prostatectomy or radical vulvectomy	7
— vulvectomy	4
Anaesthesia for all transurethral procedures (including 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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Schedule 1 Scale of fees: medical specialists and other medical practitioners

Part 1 Medical specialists and other medical practitioners

Description of procedure, etc	Units
Anaesthesia for all vaginal procedures (including biopsy of labia, vagina, cervix or endometrium) unless otherwise specified	4
— colpotomy, colpectomy, colporrhaphy	5
— transvaginal assisted reproductive services	4
— vaginal hysterectomy	6
— vaginal delivery	6
— purse string ligation of cervix	4
— culdoscopy	5
— hysteroscopy	4
Anaesthesia for endometrial ablation or resection in association with hysteroscopy	5
— correction of inverted uterus	8
Anaesthesia for evacuation of retained products of conception, as a complication of confinement	4
— for the manual removal of retained placenta or for repair of vaginal or perineal tear following delivery	5
— for vaginal procedures in the management of post partum haemorrhage	7
Pelvis — except hip	
Anaesthesia for all procedures on the skin and subcutaneous tissue of the pelvic region, except external genitalia	3
Anaesthesia for percutaneous bone marrow biopsy of the anterior iliac crest	4
— percutaneous bone marrow biopsy of the posterior iliac crest	5
Anaesthesia for percutaneous bone marrow harvesting from the pelvis	6
Anaesthesia for procedures on bony pelvis	6
Anaesthesia for body cast application or revision	3
Anaesthesia for interpelviabdominal (hind quarter) amputation	15

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Description of procedure, etc	Units
Anaesthesia for radical procedures for tumour of pelvis, except hind quarter amputation	10
Anaesthesia for closed procedures involving symphysis pubis or sacroiliac joint	4
Anaesthesia for open procedures involving symphysis pubis or sacroiliac joint	8
Upper leg — except knee	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the upper leg	3
— on the nerves, muscles, tendons, fascia, or bursae of the upper leg	4
Anaesthesia for all closed procedures involving hip joint	4
Anaesthesia for arthroscopic procedures of hip joint	4
Anaesthesia for all open procedures involving hip joint unless otherwise specified	6
— hip disarticulation	10
— total hip replacement or revision	10
Anaesthesia for bilateral total hip replacement	14
Anaesthesia for all closed procedures involving upper 2/3 of femur	4
Anaesthesia for all open procedures involving upper 2/3 of femur unless otherwise specified	6
— amputation	5
— radical resection	8
Anaesthesia for all procedures involving veins of the upper leg including exploration	4
Anaesthesia for all procedures involving arteries of the upper leg, including bypass graft, unless otherwise specified	8
— femoral artery ligation	4
— femoral artery embolectomy	6
— for microsurgical reimplantation of upper leg	15

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Description of procedure, etc	Units
Knee and popliteal area	
Anaesthesia for all procedures on the skin and subcutaneous tissue of the knee and/or popliteal area	3
Anaesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of the knee and/or popliteal area	4
Anaesthesia for all closed procedures on the lower 1/3 of femur	4
Anaesthesia for all open procedures on the lower 1/3 of femur	5
Anaesthesia for all closed procedures on the knee joint	3
Anaesthesia for arthroscopic procedures of the knee joint	4
Anaesthesia for all closed procedures on upper ends of the tibia and fibula, and/or patella	3
Anaesthesia for all open procedures on upper ends of the tibia and fibula, and/or patella	4
Anaesthesia for open procedures on the knee joint unless otherwise specified	4
— knee replacement	7
— bilateral knee replacement	10
— disarticulation of knee	5
Anaesthesia for all cast applications, removal, or repair involving the knee joint	3
Anaesthesia for all procedures on the veins of the knee and popliteal area unless otherwise specified	4
— repair of arteriovenous fistula	5
Anaesthesia for all procedures on the arteries of the knee and popliteal area unless otherwise specified	8
Lower leg — below knee (includes ankle and foot)	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the lower leg, ankle and foot	3

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Description of procedure, etc	Units
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
 Shoulder and axilla (<i>includes humeral head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint</i>)	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the shoulder or axilla	3
Anaesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of shoulder and axilla, including axillary dissection	5

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Part 1 Medical specialists and other medical practitioners

Description of procedure, etc	Units
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
Upper arm and elbow	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the upper arm and elbow	3
Anaesthesia for all procedures on the nerves, muscles, tendons, fascia and bursae of upper arm and elbow, unless otherwise specified	4
— tenotomy, elbow to shoulder, open	5
— tenoplasty, elbow to shoulder	5
— tenodesis, rupture of long tendon of biceps	5
Anaesthesia for all closed procedures on the humerus and elbow	3

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Description of procedure, etc	Units
Anaesthesia for arthroscopic procedures of elbow joint	4
Anaesthesia for all open procedures on the humerus and elbow unless otherwise specified	5
— radical procedures	6
— total elbow replacement	7
Anaesthesia for all procedures on the arteries of the upper arm unless otherwise specified	8
— embolectomy	6
Anaesthesia for all procedures on the veins of the upper arm unless otherwise specified	4
— for microsurgical reimplantation of the upper arm	15
Forearm, wrist and hand	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the forearm, wrist and hand	3
Anaesthesia for all procedures on the nerves, muscles, tendons, fascia and bursae of the forearm, wrist and hand	4
Anaesthesia for all closed procedures on radius, ulna, wrist, or hand bones	3
Anaesthesia for all open procedures on radius, ulna, wrist, or hand bones unless otherwise specified	4
— total wrist replacement	7
Anaesthesia for arthroscopic procedures of the wrist joint	4
Anaesthesia for all procedures on the arteries of the forearm, wrist, and hand unless otherwise specified	8
— embolectomy	6
Anaesthesia for all procedures on the veins of the forearm, wrist, and hand unless otherwise specified	4
Anaesthesia for forearm, wrist, or hand cast application, removal or repair	3
— for microsurgical reimplantation of forearm, wrist or hand	15
— for microsurgical reimplantation of a finger	8

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Description of procedure, etc	Units
Burns	
Anaesthesia for excision of debridement of burns with or without skin grafting	
— where the burnt area involves not more than 3% of total body surface	3
— where the burnt area involves more than 3% but less than 10% of total body surface	5
— where the burnt area involves 10% or more but less than 20% of total body surface	7
— where the burnt area involves 20% or more but less than 30% of total body surface	9
— where the burnt area involves 30% or more but less than 40% of total body surface	11
— where the burnt area involves 40% or more but less than 50% of total body surface	13
— where the burnt area involves 50% or more but less than 60% of total body surface	15
— where the burnt area involves 60% or more but less than 70% of total body surface	17
— where the burnt area involves 70% or more but less than 80% of total body surface	19
— where the burnt area involves 80% or more of total body surface	21
Other procedures	
Anaesthesia for injection procedure for myelography:	
— lumbar or thoracic	5
— cervical	6
— posterior fossa	9
Anaesthesia for injection procedure for discography:	
— lumbar or thoracic	5
— cervical	6

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Description of procedure, etc	Units
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
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

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Description of procedure, etc	Units
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

Note — Unlisted anaesthetic procedures

The AMA recognise that in determining the number of units applicable, the anaesthetist shall have regard to equivalent procedures

PART B — THERAPEUTIC AND DIAGNOSTIC SERVICES

Description of service, etc.	MUs	TUs	BUs
Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in an emergency situation	no	no	3
Administration of blood or bone marrow already collected when performed in association with the administration of anaesthesia	no	no	4
Venous cannulation and blood transfusion (or blood products) not associated with anaesthesia	no	no	5

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Description of service, etc.	MUs	TUs	BUs
Intubation, endotracheal, emergency procedure, where the patient's airway is unsecured and at high risk of occlusion, (eg. epiglottitis or haematoma post thyroidectomy) 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
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

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Description of service, etc.	MUs	TUs	BUs
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 catheterisation, percutaneous via jugular, subclavian or femoral vein	no	no	3
Central vein catheterisation by cutdown	no	no	5
Central venous pressure monitoring	no	no	3
Arterial cannulation, percutaneous	no	no	3
Arterial puncture, withdrawal of blood for diagnosis	no	no	1
Arterial cannulation, by cutdown	no	no	5
Intra arterial pressure monitoring	no	no	3
Catheterisation, 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

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Description of service, etc.	MUs	TUs	BUs
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
Intrathecal or epidural injection (initial) of a therapeutic substance, with or without insertion of a catheter, in association with anaesthesia and surgery, for post operative pain management	no	no	5
Intrathecal or epidural injection (subsequent) of a therapeutic substance, in association with anaesthesia and surgery, for post operative pain management	no	no	3
Subarachnoid puncture, lumbar, diagnostic	no	no	5
Insertion of subarachnoid drain	no	no	8
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, including up to one hour of continuous attendance by a medical practitioner	no	no	8

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Description of service, etc.	MUs	TUs	BUs
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, where continuous attendance by a medical practitioner extends beyond the first hour. Derived fee being 8 units for the first hour plus one unit for each additional 15 minutes or part thereof	no	no	0
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, including up to one hour of continuous attendance by a medical practitioner after hours for a patient in labour	no	no	15
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, where continuous after hours attendance by a medical practitioner extends beyond the first hour for a patient in labour. Derived fee being 15 units for the first hour plus one unit for each additional 15 minutes or part thereof	no	no	0
Subsequent injection (or revision of infusion) of a therapeutic substance to maintain regional anaesthesia or analgesia where the period of continuous medical practitioner attendance is 15 minutes or less	no	no	3
Subsequent injection (or revision of infusion) of a therapeutic substance to maintain regional anaesthesia or analgesia where the period of continuous medical practitioner attendance is more than 15 minutes	no	no	4

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Description of service, etc.	MUs	TUs	BUs
Interpleural block, initial injection or commencement of infusion of a therapeutic substance	no	no	5
Intrathecal, epidural or caudal injection of neurolytic substance	no	no	20
Intrathecal, epidural or caudal injection of substance other than anaesthetic, contrast or neurolytic solutions, not being a service to which another item in the Group applies	no	no	8
Epidural injection of blood for blood patch	no	no	8
Injection of an anaesthetic agent			
— trigeminal nerve, primary division of	no	no	10
— trigeminal nerve, peripheral branch of	no	no	5
— facial nerve	no	no	3
— retrobulbar or peribulbar	no	no	5
— greater occipital nerve	no	no	3
— vagus nerve	no	no	8
— glossopharyngeal nerve	no	no	8
— phrenic nerve	no	no	7
— spinal accessory nerve	no	no	5
— cervical plexus	no	no	8
— brachial plexus	no	no	8
— suprascapular nerve	no	no	5
— intercostal nerve, single	no	no	5
— intercostal nerves, multiple	no	no	7
— ilioinguinal, iliohypogastric or genitofemoral nerves, one or more of	no	no	5
— pudendal nerve	no	no	8

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Description of service, etc.	MUs	TUs	BUs
— ulnar, radial or median nerve of main trunk, one or more of, not being associated with a brachial plexus block	no	no	5
— paracervical (uterine) nerve	no	no	5
— obturator nerve	no	no	7
— femoral nerve	no	no	7
— saphenous, sural, popliteal or posterior tibial nerve of main trunk, one or more of	no	no	5
— paravertebral, cervical, thoracic, lumbar, sacral or coccygeal nerves, single vertebral level	no	no	7
— paravertebral nerves, multiple levels	no	no	10
— sciatic nerve	no	no	7
— other peripheral nerve or branch	no	no	5
— sphenopalatine ganglion	no	no	10
— carotid sinus, as an independent percutaneous procedure	no	no	8
— stellate ganglion (cervical sympathetic block)	no	no	8
— lumbar or thoracic nerves (paravertebral sympathetic block)	no	no	8
— coeliac plexus or splanchnic nerves	no	no	10
Cranial nerve other than trigeminal, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin	no	no	20
Nerve branch, not covered by any other item in this Group, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin	no	no	10

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Description of service, etc.	MUs	TUs	BUs
Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent	no	no	20
Lumbar sympathetic chain, destruction by a neurolytic agent	no	no	15
Cervical or thoracic sympathetic chain, destruction by a neurolytic agent	no	no	20
Cardioversion, elective, electrical conversion of arrhythmia, external	no	no	4
Hyperbaric oxygen treatment when the specialist is inside the chamber	yes	yes	15
Hyperbaric oxygen treatment when the specialist is outside the chamber	yes	yes	8
Heart, 2 dimensional real time transoesophageal examination of, at least 2 oesophageal windows performed using a mechanical sector scanner or phased array transducer with —			
(a) measurement blood flow velocities across the cardiac valves using pulsed wave and continuous Doppler techniques;			
(b) real time colour flow mapping from at least 2 oesophageal windows; and			
(c) recording on video tape	no	no	10
Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure	no	no	14

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Schedule 1	Scale of fees: medical specialists and other medical practitioners
Part 2	Medical procedures

Description of service, etc.	MUs	TUs	BUs
The use of 2 dimensional imaging ultrasound guidance to assist percutaneous major vascular access involving catheterisation of the jugular, subclavian or femoral vein	no	no	3
The use of 2 dimensional imaging ultrasound guidance to assist percutaneous neural blockade involving the brachial plexus, or femoral and/or sciatic nerve	no	no	3
Skin testing for allergy to anaesthetic agents	no	yes	4
Assistance in the administration of an anaesthetic	yes	yes	5

Note — Unlisted services

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

[Part 1 inserted in Gazette 20 Jul 1999 p. 3250-69; amended in Gazette 31 Aug 1999 p. 4244-5; 21 Dec 2000 p. 7626-34; 28 Dec 2001 p. 6692-7; 23 Sep 2003 p. 4174-7; 19 Mar 2004 p. 864-96; 29 Oct 2004 p. 4941-2; 21 Jan 2005 p. 279-81; 10 Jan 2006 p. 44-52; 22 Dec 2006 p. 5759-68; 7 Dec 2007 p. 6037-42; 17 Dec 2008 p. 5291-6; 30 Oct 2009 p. 4346-53; 29 Oct 2010 p. 5349-55; 30 Sep 2011 p. 3914-17.]

Part 2 — Medical procedures

[Heading inserted in Gazette 29 Oct 2010 p. 5355.]

Type of procedure	Fee \$
GENERAL	
Localised burns	54.30
Localised burns, including dressing of, under general anaesthetic	154.55
Extensive burns	93.70

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**Schedule 1
Part 2**

Type of procedure	Fee \$
Extensive burns, including dressing of, under general anaesthetic	327.10
Dressing of wounds, under general anaesthetic	154.55
Acupuncture, including consultation	72.05
DISLOCATIONS	
<i>closed reduction</i> means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.	
<i>open reduction</i> means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation.	
<i>other</i> means treatment by any other method and includes the use of external splintage.	
[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]	
Elbow, by closed reduction	291.45
Elbow, by open reduction	386.50
Interphalangeal joint, by closed reduction	124.95
Interphalangeal joint, by open reduction	166.55
Mandible, by closed reduction	104.15
Clavicle, by closed reduction	123.55
Clavicle, by open reduction	249.80
Shoulder, not requiring general anaesthetic	138.95
Shoulder, by open reduction, with general anaesthetic	498.20
Shoulder, other, with general anaesthetic	246.75
Metacarpophalangeal joint, by closed reduction	166.55
Metacarpophalangeal joint, by open reduction	223.10

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Part 2 Medical procedures

Type of procedure	Fee \$
Patella, by closed reduction	187.25
Patella, by open reduction	249.80
Radioulnar joint, by closed reduction	291.45
Radioulnar joint, by open reduction	386.50
Toe, by closed reduction	104.15
Toe, by open reduction	138.30
REMOVAL OF FOREIGN BODIES	
as independent procedure	45.30
superficial	202.20
deep tissue or muscle	565.05
ear, other than by syringing	145.65
nose, other than by simple probing	145.65
cornea or sclera, embedded	148.70
FRACTURES	
<i>closed reduction</i> means non-operative reduction of the fracture, and included percutaneous fixation and/or external splintage by cast or splint.	
<i>open reduction</i> means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation.	
<i>other</i> 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	187.25

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Type of procedure	Fee \$
fracture, intra-articular, by closed reduction	217.10
fracture, by open reduction	249.80
fracture, intra-articular, by open reduction	312.20
Middle phalanx of finger	
fracture, by closed reduction	282.50
fracture, intra-articular, by closed reduction	319.60
fracture, by open reduction	371.65
fracture, intra-articular, by open reduction	468.30
Proximal phalanx of finger or thumb	
fracture, by closed reduction	371.65
fracture, intra-articular, by closed reduction	438.50
fracture, by open reduction	498.20
fracture, intra-articular, by open reduction	624.45
Metacarpal	
fracture, by closed reduction	371.65
fracture, intra-articular, by closed reduction	438.50
fracture, by open reduction	498.20
fracture, intra-articular, by open reduction	624.45
Carpal Scaphoid, by open reduction	832.60
Carpal Scaphoid, other	371.65
Carpus (excluding Scaphoid), by open reduction	520.30
Carpus (excluding Scaphoid), other	208.15
Radius	
by closed management	416.20
by open management	832.60

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Part 2 Medical procedures

Type of procedure	Fee \$
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	624.45
by open reduction	832.60
Ribs (1 or more), each attendance	95.25
Tibia, plateau of, medial or lateral	
by closed reduction	750.85
by open reduction	996.05
Tibia, plateau of, medial and lateral	
by closed reduction	1 248.80
by open reduction	1 672.55
SUTURES	
face or neck, less than 7 cm, superficial	148.70
face or neck, less than 7 cm, deep	225.95
face or neck, more than 7 cm, superficial	225.95
face or neck, more than 7 cm, deep	386.50
except face or neck, less than 7 cm, superficial	112.95
except face or neck, less than 7 cm, deep	169.50
except face or neck, more than 7 cm, superficial	169.50
except face or neck, more than 7 cm, deep	371.65
AMPUTATIONS	
Hand, midcarpal or transmetacarpal	565.05
Hand, forearm or through arm	654.20
At shoulder	1 107.50
Interscapulothoracic	2 200.30
One digit of foot	297.25

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

Scale of fees: medical specialists and other medical
practitioners
Diagnostic Imaging Services

**Schedule 1
Part 3**

Type of procedure	Fee \$
Two digits of one foot	446.05
Three digits of one foot	602.10
Four digits of one foot	750.85
Five digits of one foot	899.45
Toe including metatarsal or part of metatarsal — each toe	351.00
Foot, at ankle	654.20
Foot, midtarsal or transmetatarsal	565.05
Through thigh, at knee or below knee	966.45
At hip	1 360.25

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 \$187.25, whichever is greater.

USE OF PRIVATE THEATRES

A theatre fee of **\$112.95** 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 29 Oct 2010 p. 5355-60; amended in Gazette 30 Sep 2011 p. 3917-20.]

Part 3 — Diagnostic Imaging Services

[Heading inserted in Gazette 30 Sep 2011 p. 3921.]

ULTRASOUND

MBS item number (1 November 2009)	Fee \$
55028	182.10

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

Schedule 1 Scale of fees: medical specialists and other medical
practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2009)	Fee \$
55029	63.15
55030	182.10
55031	63.15
55032	182.10
55033	63.15
55036	185.70
55037	63.15
55038	182.10
55039	63.15
55044	185.70
55045	63.15
55048	182.10
55049	63.15
55054	182.10
55070	163.95
55073	56.75
55076	182.10
55079	63.15
55084	163.95
55085	56.75
55113	384.95
55114	384.95
55115	384.95
55116	428.10
55117	428.10

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

Scale of fees: medical specialists and other medical
practitioners
Diagnostic Imaging Services

Schedule 1

Part 3

MBS item number (1 November 2009)	Fee \$
55118	459.75
55130	283.80
55135	590.15
55238	282.85
55244	282.85
55246	282.85
55248	282.85
55252	282.85
55274	282.85
55276	282.85
55278	282.85
55280	282.85
55282	282.85
55284	282.85
55292	282.85
55294	282.85
55296	185.40
55600	182.10
55603	182.10
55700	100.05
55703	58.40
55704	116.85
55705	58.40
55706	166.90
55707	116.85

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

Schedule 1 Scale of fees: medical specialists and other medical
practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2009)	Fee \$
55708	58.40
55709	63.40
55712	191.95
55715	66.75
55718	166.90
55721	191.95
55723	63.40
55725	66.75
55729	45.45
55731	163.65
55733	58.40
55736	211.90
55739	95.05
55759	250.35
55762	100.05
55764	267.00
55766	108.40
55768	250.35
55770	100.05
55772	267.00
55774	108.40
55800	182.10
55802	63.15
55804	182.10
55806	63.15

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

Scale of fees: medical specialists and other medical
practitioners
Diagnostic Imaging Services

Schedule 1

Part 3

MBS item number (1 November 2009)	Fee \$
55808	182.10
55810	63.15
55812	182.10
55814	63.15
55816	182.10
55818	63.15
55820	182.10
55822	63.15
55824	182.10
55826	63.15
55828	182.10
55830	63.15
55832	182.10
55834	63.15
55836	182.10
55838	63.15
55840	182.10
55842	63.15
55844	145.75
55846	63.15
55848	182.10
55850	255.10
55852	182.10
55854	63.15

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

Schedule 1 Scale of fees: medical specialists and other medical
practitioners

Part 3 Diagnostic Imaging Services

COMPUTED TOMOGRAPHY —
EXAMINATION AND REPORT

MBS item number (1 November 2009)	Fee \$
56001	298.90
56007	383.25
56010	386.35
56013	383.25
56016	444.55
56022	344.85
56028	516.25
56030	344.85
56036	516.25
56041	151.45
56047	193.35
56050	196.55
56053	196.55
56056	238.15
56062	173.40
56068	258.15
56070	173.40
56076	258.15
56101	352.65
56107	521.25
56141	178.45
56147	263.05
56219	500.00
56220	367.90

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

Scale of fees: medical specialists and other medical
practitioners
Diagnostic Imaging Services

Schedule 1

Part 3

MBS item number (1 November 2009)	Fee \$
56221	367.90
56223	367.90
56224	538.65
56225	538.65
56226	538.65
56227	187.75
56228	187.75
56229	187.75
56230	271.95
56231	271.95
56232	271.95
56233	367.90
56234	538.65
56235	187.70
56236	271.95
56237	367.90
56238	538.65
56239	187.70
56240	271.95
56259	252.55
56301	452.25
56307	613.00
56341	229.10
56347	309.60
56401	383.25

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

Schedule 1 Scale of fees: medical specialists and other medical
practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2009)	Fee \$
56407	551.75
56409	383.25
56412	551.75
56441	194.30
56447	278.15
56449	194.30
56452	278.15
56501	590.15
56507	735.75
56541	296.05
56547	373.60
56549	590.15
56551	590.15
56619	337.25
56625	512.95
56659	171.80
56665	256.65
56801	715.15
56807	858.45
56841	357.65
56847	435.15
57001	715.30
57007	870.25
57041	357.75
57047	435.20

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

Scale of fees: medical specialists and other medical
practitioners

Schedule 1

Diagnostic Imaging Services

Part 3

MBS item number (1 November 2009)	Fee \$
57201	237.85
57247	118.80
57341	720.45
57345	370.35
57350	781.75
57351	781.75
57355	404.90
57356	404.90

DIAGNOSTIC RADIOLOGY

MBS item number (1 November 2009)	Fee \$
57506	52.65
57509	70.35
57512	71.70
57515	95.60
57518	57.50
57521	76.80
57524	87.55
57527	116.45
57700	71.70
57703	95.60
57706	57.50
57709	76.80
57712	83.45
57715	107.85

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

Schedule 1 Scale of fees: medical specialists and other medical
practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2009)	Fee \$
57721	175.65
57901	114.10
57902	114.10
57903	83.70
57906	114.10
57909	114.10
57912	83.45
57915	83.45
57918	83.45
57921	83.45
57924	83.45
57927	87.80
57930	58.20
57933	138.50
57939	114.10
57942	87.80
57945	76.80
57960	83.95
57963	83.95
57966	83.95
57969	83.95
58100	118.80
58103	97.55
58106	136.25
58108	235.20

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

Scale of fees: medical specialists and other medical
practitioners
Diagnostic Imaging Services

Schedule 1

Part 3

MBS item number (1 November 2009)	Fee \$
58109	83.25
58112	172.15
58115	235.20
58300	71.05
58306	158.20
58500	62.60
58503	83.45
58506	107.65
58509	70.35
58521	76.80
58524	100.00
58527	122.80
58700	81.60
58706	279.50
58715	268.25
58718	223.30
58721	244.75
58900	63.15
58903	84.20
58909	159.15
58912	195.20
58915	139.70
58916	245.10
58921	239.40
58924	148.80

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

Schedule 1 Scale of fees: medical specialists and other medical practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2009)	Fee \$
58927	135.40
58933	364.00
58936	346.90
58939	246.60
59103	37.75
59300	158.45
59303	95.50
59306	177.60
59309	355.00
59312	154.05
59314	92.90
59318	83.30
59503	158.20
59700	170.95
59703	134.35
59712	201.30
59715	254.10
59718	238.40
59724	400.90
59733	190.65
59736	109.75
59739	130.70
59751	246.35
59754	388.25
59760	203.85

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

Scale of fees: medical specialists and other medical
practitioners
Diagnostic Imaging Services

Schedule 1

Part 3

MBS item number (1 November 2009)	Fee \$
59763	237.10
59903	202.80
59912	540.25
59925	641.55
59970	298.00
59971	101.45
59972	270.10
59973	320.80
59974	149.00
60000	998.40
60003	1 464.15
60006	2 081.90
60009	2 436.40
60012	998.40
60015	1 464.15
60018	2 081.90
60021	2 436.40
60024	998.40
60027	1 464.15
60030	2 081.90
60033	2 436.40
60036	998.40
60039	1 464.15
60042	2 081.90
60045	2 436.40

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

Schedule 1 Scale of fees: medical specialists and other medical
practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2009)	Fee \$
60048	998.40
60051	1 464.15
60054	2 081.90
60057	2 436.40
60060	998.40
60063	1 464.15
60066	2 081.90
60069	2 436.40
60072	85.20
60075	170.10
60078	255.30
60100	107.65
60500	76.80
60503	52.65
60506	112.85
60509	175.00
60918	83.45
60927	67.40
61109	458.30

NUCLEAR MEDICINE IMAGING

MBS item number (1 November 2009)	Fee \$
61302	612.05
61303	770.75
61306	967.60

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

Scale of fees: medical specialists and other medical
practitioners

Schedule 1

Diagnostic Imaging Services

Part 3

MBS item number (1 November 2009)	Fee \$
61307	1 138.45
61310	500.80
61313	413.65
61314	572.65
61316	519.75
61317	671.35
61320	312.10
61328	310.40
61340	344.95
61348	604.50
61352	353.55
61353	527.05
61356	535.55
61360	549.95
61361	629.15
61364	677.65
61368	304.25
61369	2 748.35
61372	304.25
61373	667.65
61376	195.50
61381	783.05
61383	852.00
61384	937.65
61386	453.40

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

Schedule 1 Scale of fees: medical specialists and other medical
practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2009)	Fee \$
61387	587.35
61389	505.20
61390	559.00
61393	825.55
61397	336.55
61401	221.35
61402	825.05
61405	471.75
61409	1 191.05
61413	308.05
61417	162.05
61421	654.25
61425	819.00
61426	756.40
61429	740.35
61430	899.10
61433	677.65
61434	839.10
61437	740.10
61438	917.60
61441	667.65
61442	1 025.85
61445	391.00
61446	454.85
61449	622.00

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

Scale of fees: medical specialists and other medical
practitioners
Diagnostic Imaging Services

**Schedule 1
Part 3**

MBS item number (1 November 2009)	Fee \$
61450	542.05
61453	701.75
61454	474.55
61457	641.45
61458	541.15
61461	719.60
61462	177.65
61465	361.95
61469	474.55
61473	239.10
61480	527.50
61484	1 201.15
61485	1 362.35
61495	304.25
61499	344.95
61650	1 198.00

MAGNETIC RESONANCE IMAGING

MBS item number (1 November 2009)	Fee \$
63000-63200	887.90
63201	1 331.75
63202-63203	887.90
63204	1 331.75
63219-63243	1 331.75
63271-63473	887.90

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

Schedule 1 Scale of fees: medical specialists and other medical
practitioners

Part 3 Diagnostic Imaging Services

MBS item number (1 November 2009)	Fee \$
63491-63494	101.50
63497	304.70

[Part 3 inserted in Gazette 30 Sep 2011 p. 3921-37.]

Schedule 2 — Scale of fees: physiotherapists

[r. 3]

[Heading inserted in Gazette 29 Oct 2010 p. 5375.]

Part 1 — General

[Heading inserted in Gazette 29 Oct 2010 p. 5375.]

Service Code	Service	
PA001	Initial Consultation	Set Fee
	A consultation with the physiotherapist including the following elements —	\$72.55
	Subjective assessment — of the following points as required:	
	Major symptoms and lifestyle dysfunction; current history and treatment; past history and treatment; pain, 24-hour behaviour, aggravating and relieving factors; general health, medication, risk factors.	
	Objective assessment — of the following points as required:	
	Movement — active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.	
	Appropriate initial management, treatment or advice — based on assessment findings that could include the following as required:	
	Provisional diagnosis; goals of treatment; treatment plan. Discussion with the patient regarding working hypothesis and treatment goals and expected outcomes; initial treatment and response; advice regarding home care including any exercise programs to be followed.	

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

Schedule 2 Scale of fees: physiotherapists

Part 1 General

Service Code	Service
	<p>Documentation of consultation — as required that could include:</p> <p>The assessment findings, physiotherapy intervention(s), evaluation of intervention(s), plan for future treatment and results of other relevant tests and warnings (if applicable).</p> <p>Includes:</p> <ul style="list-style-type: none">• Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.• Courtesy communication by the physiotherapist with the medical practitioner such as acknowledgment of referral.• The physiotherapist's notes of the consultation. <p>Does not include:</p> <ul style="list-style-type: none">• Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001).• The physiotherapist's involvement in case conferences. This service has a specific item number in this Table (PQ001).
PB001	<p>Standard Consultation Set Fee</p> <p>Consultation for one body area or condition including the following elements — \$58.25</p>

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

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

**Service
Code**

- subjective re-assessment;
- objective re-assessment;
- appropriate management, intervention or advice;
- documentation of consultation.

Includes:

- Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.
- Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner.

Does not include:

- Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001).
- The physiotherapist's involvement in case conferences. This service has a specific item number in this Table (PQ001).

PC001	Two distinct areas of treatment per visit	Set Fee
	Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions.	\$73.70

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

Schedule 2 Scale of fees: physiotherapists

Part 1 General

Service Code	Service	
PG001	Group Consultation — per person	Cost per participant
	Includes non-individualised services provided to more than one individual whether —	\$17.90
	<ul style="list-style-type: none">• in rooms, home or hospital;• hydrotherapy treatment;• extended treatments;• services provided outside of normal business hours.	
PE001	Worksite Visit — prior approval from insurer required.	Hourly rate**
	Prior to a worksite evaluation, consideration of details such as relevance to injury; intended outcomes; likely duration and reporting requirements should be made and discussed with the insurer with a suggested maximum duration of 2 hours.	\$165.50
	Does not include reports or travel.	
PR001	Progress/Standard report	Set Fee
	A report relating to a specific worker that is provided to a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider that contains (where applicable) —	\$72.55
	<ul style="list-style-type: none">• a summary of assessment findings;• treatment/management services provided and results obtained;• recommendations for further treatment/management;	

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

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

Service Code	Service	
	<ul style="list-style-type: none"> • functional and objective improvements; • perceived treatment duration required; • return to work recommendation; • perceived barriers to return to work; • questionnaire results and implications. <p>A maximum combined total of 3 reports or Treatment Management Plans (PR003) permitted without prior approval from insurer. Additional reports require prior approval from insurer.</p> <p>Does not include:</p> <ul style="list-style-type: none"> • Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner. 	
PR002	Comprehensive report	Hourly rate**
	<p>As above for progress/standard report and contains information relating to more detailed assessments and interventions performed.</p> <p>The specific requirements for a comprehensive report must be discussed with the insurer prior to approval with a suggested maximum duration of 2 hours.</p>	\$165.50
PR003	Treatment Management Plan	Set Fee
	Provision of a completed Treatment Management Plan that must contain —	\$72.55

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

Schedule 2 Scale of fees: physiotherapists

Part 1 General

Service Code	Service	
	<ul style="list-style-type: none"> • clinical assessment of injured worker and results of any investigation; • injured worker's current work status and level of incapacity; • proposed management plan including — <ol style="list-style-type: none"> 1. the proposed work and functional goals and estimated timeframe in weeks; 2. description and number of proposed treatment methods; 3. the number of weeks treatment is to be conducted; 4. the injured worker's expected fitness for work at the end of the management plan; 5. other comments or recommendations (including barriers to recovery where relevant). <p>A maximum combined total of 3 Treatment Management Plans or reports (PR001) permitted without prior approval from insurer. Additional Treatment Management Plans require prior approval from insurer.</p>	
PT001	Travel	Hourly rate**
	<p>Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of one hour.</p> <p>If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.</p>	\$132.45

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

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

Service Code	Service	
PQ001	Case Conferences	
	Face-to-face or telephone communication involving the physiotherapist with one or more of the following —	\$16.65 per 6 minute block
	doctor, employer, insurer/claims manager, rehabilitation providers and worker.	
	The aim of the case conference is to plan, implement, manage or review treatment options and/or rehabilitation plan.	
PK001	Communication	
	Any required oral communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner) relating to the treatment or rehabilitation of a specific worker.	\$16.65 per 6 minute block
	The physiotherapist must keep a written record of the details of the communication, including its date, time and duration.	
	Maximum duration per communication is 30 minutes.	
	Maximum cumulative duration of communications per claim is one hour. When the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required.	

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

Schedule 2 Scale of fees: physiotherapists

Part 2 Exercise-based programs

Service Code	Service	Hourly rate**
PS001	Specific Physiotherapy Assessment — prior approval from insurer required. Includes specific types of assessments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. diagnostic ultrasound imaging, Functional Capacity Assessments (FCE's), seating and wheelchair assessments).	\$165.50
PW001	Specific Physiotherapy Intervention — prior approval from insurer required (*replaces PD001). Includes treatments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. treatment of severe multiple area trauma, burns, neurologically injured patients and patients with severe spinal injuries, ergonomic corrections of workplace, specialised real-time ultrasound imaging, short consultations).	\$165.50 per hour to a maximum of 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 29 Oct 2010 p. 5375-82; amended in Gazette 30 Sep 2011 p. 3937.]

Part 2 — Exercise-based programs

[Heading inserted in Gazette 29 Oct 2010 p. 5382.]

Type of service	Fee
EXE20 Initial Consultation/Assessment Insurer approval must be obtained prior to undertaking the service. Review of current medical and vocational status.	\$165.50 per hour to a maximum of 2 hours**

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

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

Type of service	Fee
<ul style="list-style-type: none"> • Communication/Liaison with relevant parties. • Physiological Assessment/testing. • Screening questionnaires relating to worker's level of function. • Program design based on above. • Exercise facility/equipment coordination (pool or gym based). • Provider to patient ratio must be 1:1 for the duration of the consultation. 	
EXE21 Subsequent Exercise Consultation/Assessment	
Includes —	\$165.50
<ul style="list-style-type: none"> • program implementation — prescription and provision of exercises (land or pool based); • program monitoring; • post program screening questionnaire relating to worker's level of function; • psychosocial reassessment; • communication/liaison with relevant parties. 	per hour to a maximum of one hour**
EXE02 Initial report	
Includes —	\$165.50
<ul style="list-style-type: none"> • initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan; • current status as per medical certification and proposed outcome status; 	per hour to a maximum of one hour**

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

Schedule 2 Scale of fees: physiotherapists

Part 2 Exercise-based programs

	Type of service	Fee
	<ul style="list-style-type: none">detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval.	
EXE03	Subsequent reports Progress report to be provided at the request of the referrer.	\$165.50 per hour to a maximum of 30 minutes**
EXE04	Final report Comprehensive report to be provided at the end of the service delivery detailing — <ul style="list-style-type: none">physiological testing results pre and post program;worker attendance/program compliance.	\$165.50 per hour to a maximum of 30 minutes**
EXE05	Gym membership/Entry fees Includes direct cost of membership (pool or gym). Prior approval from insurer required.	Market rates
EXE06	Travel Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of one hour. If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.	\$132.45 per hour **

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

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

	Type of service	Fee
EXE08	Communication Any requested or required oral communication with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment of a specific worker. Excludes courtesy communication such as acknowledgment of referral and brief updates to the medical practitioner. Maximum time allowable per communication of 30 minutes.	\$16.65 per 6 minute block
EXE09	Attendance at Medical Case Conferences Insurer approval must be obtained prior to undertaking the service.	\$165.50 per hour **

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

[Part 2 inserted in Gazette 29 Oct 2010 p. 5382-5; amended in Gazette 30 Sep 2011 p. 3937-8.]

Schedule 3 — Scale of fees: chiropractors

[r. 4]

[Heading inserted in Gazette 29 Oct 2010 p. 5385.]

Type of service	Fee \$
1. Initial consultation and examination	57.40
2. Subsequent consultation	47.85
3. Spinal x-ray, one region	114.00
4. Spinal x-ray, 2 or more regions	171.20
5. Travel (per kilometre)	0.85

*[Schedule 3 inserted in Gazette 29 Oct 2010 p. 5385; amended in
Gazette 30 Sep 2011 p. 3938.]*

Schedule 4 — Scale of fees: occupational therapists

[r. 5]

[Heading inserted in Gazette 29 Oct 2010 p. 5386.]

Type of service	Fee \$
1. Brief consultation (< 15 minutes)	24.75
2. Short consultation (15 minutes to < 30 minutes)	49.65
3. Standard consultation (30 minutes to < 45 minutes)	81.85
4. Extended consultation (45 minutes to < one hour)	122.75
5. Extended consultation (> one hour)	163.75
6. Standard group consultation (30 minutes) per person	53.75
7. Travel costs are to be calculated at the hourly rate by the length of time spent travelling.	

[Schedule 4 inserted in Gazette 29 Oct 2010 p. 5386; amended in Gazette 30 Sep 2011 p. 3938.]

Schedule 5 — Scale of fees: speech pathologists

[r. 7]

[Heading inserted in Gazette 29 Oct 2010 p. 5386.]

Type of service	Fee \$
1. Initial consultation/assessment (up to and including one hour)	151.30
2. Initial consultation/assessment (exceeding one hour)	195.95
3. Subsequent consultation (< ½ hour)	66.05
4. Subsequent consultation (½ hour – one hour)	85.70
5. Subsequent consultation (> one hour)	115.65

[Schedule 5 inserted in Gazette 29 Oct 2010 p. 5386; amended in Gazette 30 Sep 2011 p. 3939.]

Schedule 5A — Scale of fees: exercise physiologists

[r. 7B]

[Heading inserted in Gazette 29 Oct 2010 p. 5387.]

Exercise-based programs

[Heading inserted in Gazette 29 Oct 2010 p. 5387.]

	Type of service	Fee
EXE20	Initial Consultation/Assessment	
	Insurer approval must be obtained prior to undertaking the service.	\$165.50 per hour to a maximum of 2 hours**
	Review of current medical and vocational status.	
	Communication/Liaison with relevant parties.	
	Physiological Assessment/testing.	
	Screening questionnaires relating to worker's level of function.	
	Program design based on above.	
	Exercise facility/equipment coordination (pool or gym based).	
	Provider to patient ratio must be 1:1 for the duration of the consultation.	

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

Schedule 5A Scale of fees: exercise physiologists

	Type of service	Fee
EXE21	Subsequent Exercise Consultation/Assessment Includes — program implementation — prescription and provision of exercises (land or pool based); program monitoring; post program screening questionnaire relating to worker's level of function; psychosocial reassessment; communication/liason with relevant parties.	\$165.50 per hour to a maximum of one hour**
EXE02	Initial report Includes — initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan; current status as per medical certification and proposed outcome status; detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval.	\$165.50 per hour to a maximum of one hour**
EXE03	Subsequent reports Progress report to be provided at the request of the referrer.	\$165.50 per hour to a maximum of 30 minutes**
EXE04	Final report Comprehensive report to be provided at the end of the service delivery detailing — physiological testing results pre and post program; worker attendance/program compliance.	\$165.50 per hour to a maximum of 30 minutes**

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

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

	Type of service	Fee
EXE05	Gym membership/Entry fees Includes direct cost of membership (pool or gym). Prior approval from insurer required.	Market rates
EXE06	Travel Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of one hour. If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.	\$132.45 per hour **
EXE08	Communication Any requested or required oral communication with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment of a specific worker. Excludes courtesy communication such as acknowledgment of referral and brief updates to the medical practitioner. Maximum time allowable per communication of 30 minutes.	\$16.65 per 6 minute block
EXE09	Attendance at Medical Case Conferences Insurer approval must be obtained prior to undertaking the service.	\$165.50 per hour **

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

[Schedule 5A inserted in Gazette 29 Oct 2010 p. 5387-90; amended in Gazette 30 Sep 2011 p. 3939.]

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

Schedule 6 Scale of maximum fees: approved medical specialists

Part 1 Assessments

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

[r. 9]

[Heading inserted in Gazette 29 Oct 2010 p. 5390.]

Part 1 — Assessments

[Heading inserted in Gazette 29 Oct 2010 p. 5390.]

Description of assessment	Maximum fee**
1. Examination and provision of report and certificate — straightforward assessment — other than a service mentioned in item 4, 5, 6 or 8.	\$1 116.30 (or, if an interpreter is present at the examination, \$1 395.35 excluding any fee payable to the interpreter)
2. Examination and provision of report and certificate — moderately complex assessment (e.g. reviewing multiple questions and reports; impairment involving more complex assessments; more than one body system involved) — other than a service mentioned in item 4, 5, 6 or 8.	\$1 395.35 (or, if an interpreter is present at the examination, \$1 674.40 excluding any fee payable to the interpreter)
3. Examination and provision of report and certificate — complex assessment (e.g. multiple injuries; severe impairment such as spinal cord injury or head injury) — other than a service mentioned in item 4, 5, 6 or 8.	\$1 674.40 (or, if an interpreter is present at the examination, \$1 953.45 excluding any fee payable to the interpreter)
4. Examination of any of ear, nose and throat only, including audiometric testing and provision of report and certificate — other than a service mentioned in item 8.	\$1 116.30 (or, if an interpreter is present at the examination, \$1 395.35 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.	\$1 674.40 (or, if an interpreter is present at the examination, \$1 953.45 excluding any fee payable to the interpreter)
6. Examination and provision of report and certificate — psychiatric — complex assessment (e.g. reviewing significant documented prior psychiatric history) — other than a service mentioned in item 8.	\$2 790.60 (or, if an interpreter is present at the examination, \$3 069.70 excluding any fee payable to the interpreter)
7. Consolidation of written assessments from multiple assessors.	\$558.10
8. Re-examination and provision of report and certificate.	\$837.20 (or, if an interpreter is present at the examination, \$1 116.30 excluding any fee payable to the interpreter)
9. Provision of supplementary report and certificate.	\$279.10

[Part 1 inserted in Gazette 29 Oct 2010 p. 5390-1; amended in Gazette 30 Sep 2011 p. 3939-40.]

Part 2 — Attempted assessments

[Heading inserted in Gazette 29 Oct 2010 p. 5392.]

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 —	\$558.10

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

Schedule 6 Scale of maximum fees: approved medical specialists

Part 2 Attempted assessments

Description of circumstances	Maximum fee**
(a) no prior arrangements to cancel the examination are made; or	
(b) the examination is cancelled, otherwise than at the request of the approved medical specialist, with less than one working day's notice.	

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

[Part 2 inserted in Gazette 29 Oct 2010 p. 5392; amended in Gazette 30 Sep 2011 p. 3940.]

Notes

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

Compilation table

Citation	Gazettal	Commencement
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998</i> ³	13 Oct 1998 p. 5709-25	13 Oct 1998
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 1999</i>	20 Jul 1999 p. 3249-77	20 Jul 1999
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 1999</i>	31 Aug 1999 p. 4264-5	31 Aug 1999
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2000</i>	21 Dec 2000 p. 7623-51 (correction 6 Feb 2001 p. 743)	21 Dec 2000
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2001</i>	14 Dec 2001 p. 6416-17	14 Dec 2001
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 2001</i>	28 Dec 2001 p. 6691-710	28 Dec 2001
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2002</i>	21 May 2002 p. 2593-4	21 May 2002
Reprint of the <i>Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998</i> as at 24 May 2002 (includes amendments listed above)		
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 2) 2002</i>	10 Sep 2002 p. 4602-3	10 Sep 2002
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2003</i>	7 Mar 2003 p. 741-2	7 Mar 2003

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

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

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

Citation	Gazettal	Commencement
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations (No. 3) 2006</i>	22 Dec 2006 p. 5755-94	22 Dec 2006
Reprint 3: The Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998 as at 2 Mar 2007 (includes amendments listed above)		
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2007</i>	7 Dec 2007 p. 6031-71	r. 1 and 2: 7 Dec 2007 (see r. 2(a)); Regulations other than r. 1 and 2: 8 Dec 2007 (see r. 2(b))
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2008</i>	17 Dec 2008 p. 5287-330	r. 1 and 2: 17 Dec 2008 (see r. 2(a)); Regulations other than r. 1 and 2: 18 Dec 2008 (see r. 2(b))
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2009</i>	30 Oct 2009 p. 4343-91	r. 1 and 2: 30 Oct 2009 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Nov 2009 (see r. 2(b))
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations (No. 2) 2009</i>	22 Dec 2009 p. 5276-7	r. 1 and 2: 22 Dec 2009 (see r. 2(a)); Regulations other than r. 1 and 2: 23 Dec 2009 (see r. 2(b))
Reprint 4: The Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998 as at 7 May 2010 (includes amendments listed above)		
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2010</i>	29 Oct 2010 p. 5347-92	r. 1 and 2: 29 Oct 2010 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Nov 2010 (see r. 2(b))
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2011</i>	30 Sep 2011 p. 3913-41	r. 1 and 2: 30 Sep 2011 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Nov 2011 (see r. 2(b))
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2012 r. 1 and 2</i>	25 Sep 2012 p. 4447-96	25 Sep 2012 (see r. 2(a))

^{1a} On the date as at which this compilation was prepared, provisions referred to in the following table had not come into operation and were therefore not included in this compilation. For the text of the provisions see the endnotes referred to in the table.

Provisions that have not come into operation

Citation	Gazettal	Commencement
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2012</i> r. 3-9 ⁴	25 Sep 2012 p. 4447-96	1 Nov 2012(see r. 2(b))

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

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

⁴ On the date as at which this compilation was prepared, the *Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2012* r. 3-9 had not come into operation. They read as follows:

3. Regulations amended

These regulations amend the *Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998*.

4. Regulation 6 amended (clinical psychologists)

In regulation 6(1) delete "\$209.55" and insert:

\$217.80

5. Regulation 6A amended (counselling psychology)

In regulation 6A delete "\$209.55" and insert:

\$217.80

6. Regulation 7A amended (osteopaths)

In regulation 7A delete "\$66.30" and insert:

\$68.90

7. Regulation 8 amended (vocational rehabilitation providers)

In regulation 8 delete "\$156.45" and insert:

\$162.60

8. Schedule 1 amended

- (1) In Schedule 1 Part 1 delete the passage that begins with “**GENERAL PRACTITIONER**” and ends immediately before “**CONSULTATIONS AND ATTENDANCES**” and insert:

GENERAL PRACTITIONER

CONSULTATIONS

Surgery Consultation

in hours

Content based

Minor or Specific Service (Level A or B)	\$67.70
Extended Service (Level C)	\$123.75
Comprehensive Service (Level D)	\$190.15

Time based

up to 5 minutes	\$40.40
more than 5 minutes to 15 minutes	\$52.70
more than 15 minutes to 30 minutes	\$101.65
more than 30 minutes to 45 minutes	\$153.70
more than 45 minutes to 60 minutes	\$208.35

Surgery Consultations

out of hours

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

Content based

Minor Service (Level A)	\$50.80
Specific Service (Level B)	\$101.65
Extended Service (Level C)	\$185.05
Comprehensive Service (Level D)	\$286.50

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

Time based

up to 5 minutes	\$80.45
more than 5 minutes to 15 minutes	\$87.30
more than 15 minutes to 30 minutes	\$135.30
more than 30 minutes	\$185.05

VISITS

Consultations at a place other than the Consulting Rooms

in hours

Minor Service (Level A)	\$84.75
Specific Service (Level B)	\$115.85
Extended Service (Level C)	\$171.90
Comprehensive Service (Level D)	\$239.60

out of hours

Minor Service (Level A)	\$101.65
Specific Service (Level B)	\$151.10
Extended Service (Level C)	\$231.85
Comprehensive Service (Level D)	\$338.60

TELEPHONE CONSULTATIONS

Time based

up to 5 minutes	\$22.60
more than 5 minutes to 15 minutes	\$28.30
more than 15 minutes to 30 minutes	\$59.25
more than 30 minutes	\$88.75

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

per hour	\$254.70
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TRAVELLING FEES

Rate per kilometre	\$4.55
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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 \$257.10

subsequent attendances \$128.65

VISITS

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

first attendance \$307.95

subsequent attendances \$177.70

REHABILITATION PHYSICIANS

CONSULTATIONS

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

first attendance \$257.10

subsequent attendances \$128.65

VISITS

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

first attendance \$307.95

subsequent attendances \$177.70

OCCUPATIONAL PHYSICIANS

CONSULTATIONS

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

first attendance \$261.40

subsequent attendances \$128.65

VISITS

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

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

first attendance	\$307.95
subsequent attendances	\$177.70

TELEPHONE CONSULTATIONS

Time based

up to 5 minutes	\$33.80
more than 5 minutes to 15 minutes	\$41.60
more than 15 minutes to 30 minutes	\$87.00
more than 30 minutes	\$131.35

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

per hour	\$377.70
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TRAVELLING FEES

Rate per kilometre	\$4.55
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CONSULTANT PSYCHIATRISTS

CONSULTATIONS

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

Time based

up to 15 minutes	\$75.40
more than 15 minutes to 30 minutes	\$150.50
more than 30 minutes to 45 minutes	\$225.40
more than 45 minutes to 60 minutes	\$301.55
more than 60 minutes to 75 minutes	\$341.25
more than 75 minutes	\$380.90

VISITS

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

Visits include both attendance at hospitals and home visits

Time based

up to 15 minutes	\$123.85
more than 15 minutes to 30 minutes	\$200.00

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

more than 30 minutes to 45 minutes	\$272.90
more than 45 minutes to 75 minutes	\$349.15
more than 75 minutes	\$420.70

TELEPHONE CONSULTATIONS

Time based

up to 45 minutes	\$100.05
more than 45 minutes	\$218.45

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

per hour	\$377.70
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TRAVELLING FEES

Rate per kilometre	\$4.55
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SPECIALISTS

SURGEONS

CONSULTATIONS

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

first attendance	\$146.20
subsequent attendances	\$76.25

VISITS

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

first attendance	\$197.05
subsequent attendances	\$125.60

DERMATOLOGISTS

CONSULTATIONS

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

first attendance	\$146.20
subsequent attendances	\$76.25

VISITS

Professional attendance at a place other than consulting rooms and

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

issue of certificate (if required) et al	
first attendance	\$196.75
subsequent attendances	\$125.40
TELEPHONE CONSULTATIONS	
Time based	
up to 5 minutes	\$33.80
more than 5 minutes to 15 minutes	\$41.60
more than 15 minutes to 30 minutes	\$87.00
more than 30 minutes	\$131.35
CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments, etc.	
per hour	\$377.70
TRAVELLING FEES	
Rate per kilometre	\$4.55
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.	
\$ VALUE PER UNIT	
\$ value per unit	\$76.00

(2) Delete Schedule 1 Parts 2 and 3 and insert:

Part 2 — Medical procedures

Type of procedure	Fee
GENERAL	
Localised burns	\$56.45
Localised burns, including dressing of, under general anaesthetic	\$160.60
Extensive burns	\$97.40
Extensive burns, including dressing of, under general anaesthetic	\$339.95
Dressing of wounds, under general anaesthetic	\$160.60

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

Type of procedure	Fee
Acupuncture, including consultation	\$74.90
DISLOCATIONS	
<i>closed reduction</i> means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.	
<i>open reduction</i> means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation.	
<i>other</i> means treatment by any other method and includes the use of external splintage.	
[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]	
Elbow, by closed reduction	\$302.90
Elbow, by open reduction	\$401.70
Interphalangeal joint, by closed reduction	\$129.85
Interphalangeal joint, by open reduction	\$173.10
Mandible, by closed reduction	\$108.25
Clavicle, by closed reduction	\$128.40
Clavicle, by open reduction	\$259.60
Shoulder, not requiring general anaesthetic	\$144.40
Shoulder, by open reduction, with general anaesthetic	\$517.80
Shoulder, other, with general anaesthetic	\$256.45
Metacarpophalangeal joint, by closed reduction	\$173.10
Metacarpophalangeal joint, by open reduction	\$231.85
Patella, by closed reduction	\$194.60
Patella, by open reduction	\$259.60
Radioulnar joint, by closed reduction	\$302.90
Radioulnar joint, by open reduction	\$401.70
Toe, by closed reduction	\$108.25

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

Type of procedure	Fee
Toe, by open reduction	\$143.75
REMOVAL OF FOREIGN BODIES	
as independent procedure	\$47.10
superficial	\$210.15
deep tissue or muscle	\$587.25
ear, other than by syringing	\$151.35
nose, other than by simple probing	\$151.35
cornea or sclera, embedded	\$154.55
FRACTURES	
<p><i>closed reduction</i> means non-operative reduction of the fracture, and included percutaneous fixation and/or external splintage by cast or splint.</p> <p><i>open reduction</i> means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation.</p> <p><i>other</i> means treatment by any other method and includes the use of external splintage.</p> <p>[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]</p>	
Distal phalanx of finger or thumb	
fracture, by closed reduction	\$194.60
fracture, intra-articular, by closed reduction	\$225.65
fracture, by open reduction	\$259.60
fracture, intra-articular, by open reduction	\$324.45
Middle phalanx of finger	
fracture, by closed reduction	\$293.60
fracture, intra-articular, by closed reduction	\$332.15
fracture, by open reduction	\$386.25
fracture, intra-articular, by open reduction	\$486.70

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

Type of procedure	Fee
Proximal phalanx of finger or thumb	
fracture, by closed reduction	\$386.25
fracture, intra-articular, by closed reduction	\$455.75
fracture, by open reduction	\$517.80
fracture, intra-articular, by open reduction	\$649.00
Metacarpal	
fracture, by closed reduction	\$386.25
fracture, intra-articular, by closed reduction	\$455.75
fracture, by open reduction	\$517.80
fracture, intra-articular, by open reduction	\$649.00
Carpal Scaphoid, by open reduction	\$865.30
Carpal Scaphoid, other	\$386.25
Carpus (excluding Scaphoid), by open reduction	\$540.75
Carpus (excluding Scaphoid), other	\$216.35
Radius	
by closed management	\$432.55
by open management	\$865.30
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	\$649.00
by open reduction	\$865.30
Ribs (1 or more), each attendance	\$99.00
Tibia, plateau of, medial or lateral	
by closed reduction	\$780.35
by open reduction	\$1 035.20
Tibia, plateau of, medial and lateral	
by closed reduction	\$1 297.90
by open reduction	\$1 738.30

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

Type of procedure	Fee
SUTURES	
face or neck, less than 7 cm, superficial	\$154.55
face or neck, less than 7 cm, deep	\$234.85
face or neck, more than 7 cm, superficial	\$234.85
face or neck, more than 7 cm, deep	\$401.70
except face or neck, less than 7 cm, superficial	\$117.40
except face or neck, less than 7 cm, deep	\$176.15
except face or neck, more than 7 cm, superficial	\$176.15
except face or neck, more than 7 cm, deep	\$386.25
AMPUTATIONS	
Hand, midcarpal or transmetacarpal	\$587.25
Hand, forearm or through arm	\$679.90
At shoulder	\$1 151.00
Interscapulothoracic	\$2 286.75
One digit of foot	\$308.95
Two digits of one foot	\$463.60
Three digits of one foot	\$625.75
Four digits of one foot	\$780.35
Five digits of one foot	\$934.80
Toe including metatarsal or part of metatarsal — each toe	\$364.80
Foot, at ankle	\$679.90
Foot, midtarsal or transmetatarsal	\$587.25
Through thigh, at knee or below knee	\$1 004.45
At hip	\$1 413.70
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.	

Type of procedure	Fee
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The fee is 20% of the total fee or the minimum sum of **\$194.60**, whichever is greater.

USE OF PRIVATE THEATRES

A theatre fee of **\$117.40** will be paid to practitioners for the use of their private theatre, but this fee may only be charged if the patient would otherwise have been sent to hospital.

Part 3 — Diagnostic Imaging Services

ULTRASOUND

MBS item number (1 November 2009)	Fee
55028	\$189.25
55029	\$65.65
55030	\$189.25
55031	\$65.65
55032	\$189.25
55033	\$65.65
55036	\$193.00
55037	\$65.65
55038	\$189.25
55039	\$65.65
55044	\$193.00
55045	\$65.65
55048	\$189.25
55049	\$65.65
55054	\$189.25
55070	\$170.40
55073	\$59.00
55076	\$189.25
55079	\$65.65

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

MBS item number (1 November 2009)	Fee
55084	\$170.40
55085	\$59.00
55113	\$400.10
55114	\$400.10
55115	\$400.10
55116	\$444.90
55117	\$444.90
55118	\$477.80
55130	\$294.95
55135	\$613.35
55238	\$293.95
55244	\$293.95
55246	\$293.95
55248	\$293.95
55252	\$293.95
55274	\$293.95
55276	\$293.95
55278	\$293.95
55280	\$293.95
55282	\$293.95
55284	\$293.95
55292	\$293.95
55294	\$293.95
55296	\$192.70
55600	\$189.25
55603	\$189.25
55700	\$104.00

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

MBS item number (1 November 2009)	Fee
55703	\$60.70
55704	\$121.45
55705	\$60.70
55706	\$173.45
55707	\$121.45
55708	\$60.70
55709	\$65.90
55712	\$199.50
55715	\$69.35
55718	\$173.45
55721	\$199.50
55723	\$65.90
55725	\$69.35
55729	\$47.25
55731	\$170.10
55733	\$60.70
55736	\$220.25
55739	\$98.80
55759	\$260.20
55762	\$104.00
55764	\$277.50
55766	\$112.65
55768	\$260.20
55770	\$104.00
55772	\$277.50
55774	\$112.65
55800	\$189.25

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

MBS item number (1 November 2009)	Fee
55802	\$65.65
55804	\$189.25
55806	\$65.65
55808	\$189.25
55810	\$65.65
55812	\$189.25
55814	\$65.65
55816	\$189.25
55818	\$65.65
55820	\$189.25
55822	\$65.65
55824	\$189.25
55826	\$65.65
55828	\$189.25
55830	\$65.65
55832	\$189.25
55834	\$65.65
55836	\$189.25
55838	\$65.65
55840	\$189.25
55842	\$65.65
55844	\$151.50
55846	\$65.65
55848	\$189.25
55850	\$265.15
55852	\$189.25
55854	\$65.65

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

COMPUTED TOMOGRAPHY —
EXAMINATION AND REPORT

MBS item number (1 November 2009)	Fee
56001	\$310.65
56007	\$398.30
56010	\$401.55
56013	\$398.30
56016	\$462.00
56022	\$358.40
56028	\$536.55
56030	\$358.40
56036	\$536.55
56041	\$157.40
56047	\$200.95
56050	\$204.25
56053	\$204.25
56056	\$247.50
56062	\$180.20
56068	\$268.30
56070	\$180.20
56076	\$268.30
56101	\$366.50
56107	\$541.75
56141	\$185.45
56147	\$273.40
56219	\$519.65
56220	\$382.35
56221	\$382.35
56223	\$382.35

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

MBS item number (1 November 2009)	Fee
56224	\$559.80
56225	\$559.80
56226	\$559.80
56227	\$195.15
56228	\$195.15
56229	\$195.15
56230	\$282.65
56231	\$282.65
56232	\$282.65
56233	\$382.35
56234	\$559.80
56235	\$195.10
56236	\$282.65
56237	\$382.35
56238	\$559.80
56239	\$195.10
56240	\$282.65
56259	\$262.50
56301	\$470.00
56307	\$637.10
56341	\$238.10
56347	\$321.75
56401	\$398.30
56407	\$573.45
56409	\$398.30
56412	\$573.45
56441	\$201.95

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

MBS item number (1 November 2009)	Fee
56447	\$289.10
56449	\$201.95
56452	\$289.10
56501	\$613.35
56507	\$764.65
56541	\$307.70
56547	\$388.30
56549	\$613.35
56551	\$613.35
56619	\$350.50
56625	\$533.10
56659	\$178.55
56665	\$266.75
56801	\$743.25
56807	\$892.20
56841	\$371.70
56847	\$452.25
57001	\$743.40
57007	\$904.45
57041	\$371.80
57047	\$452.30
57201	\$247.20
57247	\$123.45
57341	\$748.75
57345	\$384.90
57350	\$812.45
57351	\$812.45

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

MBS item number (1 November 2009)	Fee
57355	\$420.80
57356	\$420.80

DIAGNOSTIC RADIOLOGY

MBS item number (1 November 2009)	Fee
57506	\$54.70
57509	\$73.10
57512	\$74.50
57515	\$99.35
57518	\$59.75
57521	\$79.80
57524	\$91.00
57527	\$121.05
57700	\$74.50
57703	\$99.35
57706	\$59.75
57709	\$79.80
57712	\$86.75
57715	\$112.10
57721	\$182.55
57901	\$118.60
57902	\$118.60
57903	\$87.00
57906	\$118.60
57909	\$118.60
57912	\$86.75
57915	\$86.75
57918	\$86.75

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

MBS item number (1 November 2009)	Fee
57921	\$86.75
57924	\$86.75
57927	\$91.25
57930	\$60.50
57933	\$143.95
57939	\$118.60
57942	\$91.25
57945	\$79.80
57960	\$87.25
57963	\$87.25
57966	\$87.25
57969	\$87.25
58100	\$123.45
58103	\$101.40
58106	\$141.60
58108	\$244.45
58109	\$86.50
58112	\$178.90
58115	\$244.45
58300	\$73.85
58306	\$164.40
58500	\$65.05
58503	\$86.75
58506	\$111.90
58509	\$73.10
58521	\$79.80
58524	\$103.95

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

MBS item number (1 November 2009)	Fee
58527	\$127.65
58700	\$84.80
58706	\$290.50
58715	\$278.80
58718	\$232.10
58721	\$254.35
58900	\$65.65
58903	\$87.50
58909	\$165.40
58912	\$202.85
58915	\$145.20
58916	\$254.75
58921	\$248.80
58924	\$154.65
58927	\$140.70
58933	\$378.30
58936	\$360.55
58939	\$256.30
59103	\$39.25
59300	\$164.70
59303	\$99.25
59306	\$184.60
59309	\$368.95
59312	\$160.10
59314	\$96.55
59318	\$86.55
59503	\$164.40

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

MBS item number (1 November 2009)	Fee
59700	\$177.65
59703	\$139.65
59712	\$209.20
59715	\$264.10
59718	\$247.75
59724	\$416.65
59733	\$198.15
59736	\$114.05
59739	\$135.85
59751	\$256.05
59754	\$403.50
59760	\$211.85
59763	\$246.40
59903	\$210.75
59912	\$561.50
59925	\$666.75
59970	\$309.70
59971	\$105.45
59972	\$280.70
59973	\$333.40
59974	\$154.85
60000	\$1 037.65
60003	\$1 521.70
60006	\$2 163.70
60009	\$2 532.15
60012	\$1 037.65
60015	\$1 521.70

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

MBS item number (1 November 2009)	Fee
60018	\$2 163.70
60021	\$2 532.15
60024	\$1 037.65
60027	\$1 521.70
60030	\$2 163.70
60033	\$2 532.15
60036	\$1 037.65
60039	\$1 521.70
60042	\$2 163.70
60045	\$2 532.15
60048	\$1 037.65
60051	\$1 521.70
60054	\$2 163.70
60057	\$2 532.15
60060	\$1 037.65
60063	\$1 521.70
60066	\$2 163.70
60069	\$2 532.15
60072	\$88.55
60075	\$176.80
60078	\$265.35
60100	\$111.90
60500	\$79.80
60503	\$54.70
60506	\$117.30
60509	\$181.90
60918	\$86.75

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

MBS item number (1 November 2009)	Fee
60927	\$70.05
61109	\$476.30

NUCLEAR MEDICINE IMAGING

MBS item number (1 November 2009)	Fee
61302	\$636.10
61303	\$801.05
61306	\$1 005.65
61307	\$1 183.20
61310	\$520.50
61313	\$429.90
61314	\$595.15
61316	\$540.20
61317	\$697.75
61320	\$324.35
61328	\$322.60
61340	\$358.50
61348	\$628.25
61352	\$367.45
61353	\$547.75
61356	\$556.60
61360	\$571.55
61361	\$653.90
61364	\$704.30
61368	\$316.20
61369	\$2 856.35
61372	\$316.20
61373	\$693.90

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

MBS item number (1 November 2009)	Fee
61376	\$203.20
61381	\$813.80
61383	\$885.50
61384	\$974.50
61386	\$471.20
61387	\$610.45
61389	\$525.05
61390	\$580.95
61393	\$858.00
61397	\$349.80
61401	\$230.05
61402	\$857.45
61405	\$490.30
61409	\$1 237.85
61413	\$320.15
61417	\$168.40
61421	\$679.95
61425	\$851.20
61426	\$786.15
61429	\$769.45
61430	\$934.45
61433	\$704.30
61434	\$872.10
61437	\$769.20
61438	\$953.65
61441	\$693.90
61442	\$1 066.15

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

MBS item number (1 November 2009)	Fee
61445	\$406.35
61446	\$472.75
61449	\$646.45
61450	\$563.35
61453	\$729.35
61454	\$493.20
61457	\$666.65
61458	\$562.40
61461	\$747.90
61462	\$184.65
61465	\$376.15
61469	\$493.20
61473	\$248.50
61480	\$548.25
61484	\$1 248.35
61485	\$1 415.90
61495	\$316.20
61499	\$358.50
61650	\$1 245.10

MAGNETIC RESONANCE IMAGING

MBS item number (1 November 2009)	Fee
63000-63200	\$922.80
63201	\$1 384.10
63202-63203	\$922.80
63204	\$1 384.10
63219-63243	\$1 384.10
63271-63473	\$922.80

MBS item number (1 November 2009)	Fee
63491-63494	\$105.50
63497	\$316.65

9. **Schedules 2, 3, 4, 5, 5A and 6 replaced**
(1) Delete Schedule 2, 3, 4, 5, 5A and 6 and insert:

Schedule 2 — Scale of fees: physiotherapists

[r. 3]

Part 1 — General

Service Code	Service	Set Fee
PA001	Initial Consultation A consultation with the physiotherapist including the following elements — Subjective assessment — of the following points as required: Major symptoms and lifestyle dysfunction; current history and treatment; past history and treatment; pain, 24-hour behaviour, aggravating and relieving factors; general health, medication, risk factors. Objective assessment — of the following points as required: Movement — active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.	\$75.40

Service Code	Service
	<p>Appropriate initial management, treatment or advice — based on assessment findings that could include the following as required:</p> <p>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.</p> <p>Documentation of consultation — as required that could include:</p> <p>The assessment findings, physiotherapy intervention(s), evaluation of intervention(s), plan for future treatment and results of other relevant tests and warnings (if applicable).</p> <p>Includes:</p> <ul style="list-style-type: none">• Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.• Courtesy communication by the physiotherapist with the medical practitioner such as acknowledgment of referral.• The physiotherapist's notes of the consultation. <p>Does not include:</p> <ul style="list-style-type: none">• Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001).• The physiotherapist's involvement in case conferences. This service has a specific item number in this Table (PQ001).

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

Service Code	Service	
PB001	Standard Consultation	Set Fee
	Consultation for one body area or condition including the following elements —	\$60.55
	<ul style="list-style-type: none"> • subjective re-assessment; • objective re-assessment; • appropriate management, intervention or advice; • documentation of consultation. 	
	Includes:	
	<ul style="list-style-type: none"> • Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours. • Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner. 	
	Does not include:	
	<ul style="list-style-type: none"> • Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001). • The physiotherapist's involvement in case conferences. This service has a specific item number in this Table (PQ001). 	
PC001	Two distinct areas of treatment per visit	Set Fee
	Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions.	\$76.60
PG001	Group Consultation — per person	Cost per participant
	Includes non-individualised services provided to more than one individual whether —	\$18.60

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

Service Code	Service	
	<ul style="list-style-type: none"> • in rooms, home or hospital; • hydrotherapy treatment; • extended treatments; • services provided outside of normal business hours. 	
PE001	<p>Worksite Visit — prior approval from insurer required.</p> <p>Prior to a worksite evaluation, consideration of details such as relevance to injury; intended outcomes; likely duration and reporting requirements should be made and discussed with the insurer with a suggested maximum duration of 2 hours.</p> <p>Does not include reports or travel.</p>	<p>Hourly rate**</p> <p>\$172.00</p>
PR001	<p>Progress/Standard report</p> <p>A report relating to a specific worker that is provided to a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider that contains (where applicable) —</p> <ul style="list-style-type: none"> • a summary of assessment findings; • treatment/management services provided and results obtained; • recommendations for further treatment/management; • functional and objective improvements; • perceived treatment duration required; • return to work recommendation; 	<p>Set Fee</p> <p>\$75.40</p>

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

Service Code	Service	
	<ul style="list-style-type: none"> • perceived barriers to return to work; • questionnaire results and implications. • A maximum combined total of 3 reports or Treatment Management Plans (PR003) permitted without prior approval from insurer. Additional reports require prior approval from insurer. <p>Does not include:</p> <ul style="list-style-type: none"> • Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner. 	
PR002	Comprehensive report	Hourly rate**
	<p>As above for progress/standard report and contains information relating to more detailed assessments and interventions performed.</p> <p>The specific requirements for a comprehensive report must be discussed with the insurer prior to approval with a suggested maximum duration of 2 hours.</p>	\$172.00
PR003	Treatment Management Plan	Set Fee
	<p>Provision of a completed Treatment Management Plan that must contain —</p> <ul style="list-style-type: none"> • clinical assessment of injured worker and results of any investigation; • injured worker's current work status and level of incapacity; • proposed management plan including — <ol style="list-style-type: none"> 1. the proposed work and functional goals and estimated timeframe in weeks; 2. description and number of proposed treatment methods; 3. the number of weeks treatment is to be conducted; 	\$75.40

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

Service Code	Service	
	<p>4. the injured worker's expected fitness for work at the end of the management plan;</p> <p>5. other comments or recommendations (including barriers to recovery where relevant).</p> <p>A maximum combined total of 3 Treatment Management Plans or reports (PR001) permitted without prior approval from insurer. Additional Treatment Management Plans require prior approval from insurer.</p>	
PT001	Travel	Hourly rate**
	<p>Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of one hour.</p> <p>If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.</p>	\$137.65
PQ001	Case Conferences	
	<p>Face-to-face or telephone communication involving the physiotherapist with one or more of the following —</p> <p>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>	\$17.30 per 6 minute block
PK001	Communication	
	<p>Any required oral communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner) relating to the treatment or rehabilitation of a specific worker.</p>	\$17.30 per 6 minute block

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

Service Code	Service	
	<p>The physiotherapist must keep a written record of the details of the communication, including its date, time and duration.</p> <p>Maximum duration per communication is 30 minutes.</p> <p>Maximum cumulative duration of communications per claim is one hour. When the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required.</p>	
PS001	<p>Specific Physiotherapy Assessment — prior approval from insurer required.</p> <p>Includes specific types of assessments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. diagnostic ultrasound imaging, Functional Capacity Assessments (FCE's), seating and wheelchair assessments).</p>	<p>Hourly rate**</p> <p>\$172.00</p>
PW001	<p>Specific Physiotherapy Intervention — prior approval from insurer required (*replaces PD001).</p> <p>Includes treatments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. treatment of severe multiple area trauma, burns, neurologically injured patients and patients with severe spinal injuries, ergonomic corrections of workplace, specialised real-time ultrasound imaging, short consultations).</p>	<p>Hourly rate**</p> <p>\$172.00 per hour to a maximum of 2 hours**</p>
**	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 — Exercise-based programs

Type of service	Fee
EXE20	Initial Consultation/Assessment
	<p>Insurer approval must be obtained prior to undertaking the service.</p> <p>Review of current medical and vocational status.</p> <p>Communication/Liaison with relevant parties.</p> <p>Physiological Assessment/testing.</p>
	<p>\$172.00 per hour to a maximum of 2 hours**</p>

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

	Type of service	Fee
	<p>Screening questionnaires relating to worker's level of function.</p> <p>Program design based on above.</p> <p>Exercise facility/equipment coordination (pool or gym based).</p> <p>Provider to patient ratio must be 1:1 for the duration of the consultation.</p>	
EXE21	<p>Subsequent Exercise Consultation/Assessment</p> <p>Includes —</p> <p>program implementation — prescription and provision of exercises (land or pool based);</p> <p>program monitoring;</p> <p>post program screening questionnaire relating to worker's level of function;</p> <p>psychosocial reassessment;</p> <p>communication/liaison with relevant parties.</p>	<p>\$172.00 per hour to a maximum of one hour**</p>
EXE02	<p>Initial report</p> <p>Includes —</p> <p>initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan;</p> <p>current status as per medical certification and proposed outcome status;</p> <p>detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval.</p>	<p>\$172.00 per hour to a maximum of one hour**</p>
EXE03	<p>Subsequent reports</p> <p>Progress report to be provided at the request of the referrer.</p>	<p>\$172.00 per hour to a maximum of 30 minutes**</p>

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

	Type of service	Fee
EXE04	Final report Comprehensive report to be provided at the end of the service delivery detailing — physiological testing results pre and post program; worker attendance/program compliance.	\$172.00 per hour to a maximum of 30 minutes**
EXE05	Gym membership/Entry fees Includes direct cost of membership (pool or gym). Prior approval from insurer required.	Market rates
EXE06	Travel Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of one hour. If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.	\$137.65 per hour **
EXE08	Communication Any requested or required oral communication with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment of a specific worker. Excludes courtesy communication such as acknowledgment of referral and brief updates to the medical practitioner. Maximum time allowable per communication of 30 minutes.	\$17.30 per 6 minute block
EXE09	Attendance at Medical Case Conferences Insurer approval must be obtained prior to undertaking the service.	\$172.00 per hour **

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

Schedule 3 — Scale of fees: chiropractors

[r. 4]

	Type of service	Fee
1.	Initial consultation and examination	\$59.65
2.	Subsequent consultation	\$49.75
3.	Spinal x-ray, one region	\$118.50
4.	Spinal x-ray, 2 or more regions	\$177.95
5.	Travel (per kilometre)	\$0.90

Schedule 4 — Scale of fees: occupational therapists

[r. 5]

	Type of service	Fee
1.	Brief consultation (< 15 minutes)	\$25.70
2.	Short consultation (15 minutes to < 30 minutes)	\$51.60
3.	Standard consultation (30 minutes to < 45 minutes)	\$85.05
4.	Extended consultation (45 minutes to < one hour)	\$127.55
5.	Extended consultation (> one hour)	\$170.20
6.	Standard group consultation (30 minutes) per person	\$55.85
7.	Travel costs are to be calculated at the hourly rate by the length of time spent travelling.	

Schedule 5 — Scale of fees: speech pathologists

[r. 7]

	Type of service	Fee
1.	Initial consultation/assessment (up to and including one hour)	\$157.25
2.	Initial consultation/assessment (exceeding one hour)	\$203.65
3.	Subsequent consultation (< ½ hour)	\$68.65
4.	Subsequent consultation (½ hour – one hour)	\$89.05
5.	Subsequent consultation (> one hour)	\$120.20

Schedule 5A — Scale of fees: exercise physiologists

[r. 7B]

Exercise-based programs

	Type of service	Fee
EXE20	Initial Consultation/Assessment	
	Insurer approval must be obtained prior to undertaking the service.	\$172.00 per hour to a maximum of 2 hours**
	Review of current medical and vocational status.	
	Communication/Liaison with relevant parties.	
	Physiological Assessment/testing.	
	Screening questionnaires relating to worker's level of function.	
	Program design based on above.	
	Exercise facility/equipment coordination (pool or gym based).	
	Provider to patient ratio must be 1:1 for the duration of the consultation.	
EXE21	Subsequent Exercise Consultation/Assessment	
	Includes —	\$172.00
	program implementation — prescription and provision of exercises (land or pool based);	per hour to a maximum of one hour**
	program monitoring;	
	post program screening questionnaire relating to worker's level of function;	
	psychosocial reassessment;	
	communication/liaison with relevant parties.	

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

	Type of service	Fee
EXE02	<p>Initial report</p> <p>Includes —</p> <p>initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan;</p> <p>current status as per medical certification and proposed outcome status;</p> <p>detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval.</p>	<p>\$172.00</p> <p>per hour to a maximum of one hour**</p>
EXE03	<p>Subsequent reports</p> <p>Progress report to be provided at the request of the referrer.</p>	<p>\$172.00</p> <p>per hour to a maximum of 30 minutes**</p>
EXE04	<p>Final report</p> <p>Comprehensive report to be provided at the end of the service delivery detailing —</p> <p>physiological testing results pre and post program;</p> <p>worker attendance/program compliance.</p>	<p>\$172.00</p> <p>per hour to a maximum of 30 minutes**</p>
EXE05	<p>Gym membership/Entry fees</p> <p>Includes direct cost of membership (pool or gym).</p> <p>Prior approval from insurer required.</p>	<p>Market rates</p>
EXE06	<p>Travel</p> <p>Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice.</p> <p>The insurer must provide pre-approval for travel in excess of one hour.</p> <p>If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.</p>	<p>\$137.65</p> <p>per hour **</p>

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

	Type of service	Fee
EXE08	Communication Any requested or required oral communication with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment of a specific worker. Excludes courtesy communication such as acknowledgment of referral and brief updates to the medical practitioner. Maximum time allowable per communication of 30 minutes.	\$17.30 per 6 minute block
EXE09	Attendance at Medical Case Conferences Insurer approval must be obtained prior to undertaking the service.	\$172.00 per hour **

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

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

[r. 9]

Part 1 — Assessments

	Description of assessment	Maximum fee**
1.	Examination and provision of report and certificate — straightforward assessment — other than a service mentioned in item 4, 5, 6 or 8.	\$1 160.15 (or, if an interpreter is present at the examination, \$1 450.20 excluding any fee payable to the interpreter)
2.	Examination and provision of report and certificate — moderately complex assessment (e.g. reviewing multiple questions and reports; impairment involving more complex assessments; more than one body system involved) — other than a service mentioned in item 4, 5, 6 or 8.	\$1 450.20 (or, if an interpreter is present at the examination, \$1 740.20 excluding any fee payable to the interpreter)

**Workers' Compensation and Injury Management (Scales of Fees)
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Description of assessment	Maximum fee**
3. Examination and provision of report and certificate — complex assessment (e.g. multiple injuries; severe impairment such as spinal cord injury or head injury) — other than a service mentioned in item 4, 5, 6 or 8.	\$1 740.20 (or, if an interpreter is present at the examination, \$2 030.20 excluding any fee payable to the interpreter)
4. Examination of any ear, nose and throat only, including audiometric testing and provision of report and certificate — other than a service mentioned in item 8.	\$1 160.15 (or, if an interpreter is present at the examination, \$1 450.20 excluding any fee payable to the interpreter)
5. Examination and provision of report and certificate — psychiatric — standard assessment — other than a service mentioned in item 8.	\$1 740.20 (or, if an interpreter is present at the examination, \$2 030.20 excluding any fee payable to the interpreter)
6. Examination and provision of report and certificate — psychiatric — complex assessment (e.g. reviewing significant documented prior psychiatric history) — other than a service mentioned in item 8.	\$2 900.25 (or, if an interpreter is present at the examination, \$3 190.35 excluding any fee payable to the interpreter)
7. Consolidation of written assessments from multiple assessors.	\$580.05
8. Re-examination and provision of report and certificate.	\$870.10 (or, if an interpreter is present at the examination, \$1 160.15 excluding any fee payable to the interpreter)
9. Provision of supplementary report and certificate.	\$290.05

Part 2 — Attempted assessments

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	\$580.05

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

Defined Terms

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

Defined Term	Provision(s)
After-hours	Sch. 1
assessor	9(2)
GST	10(1)
MBS item number	2(2)
report and certificate	9(2)