WORKCOVER

WC301

Workers' Compensation and Injury Management Act 1981

Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2021

SL 2021/169

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2021*.

2. Commencement

These regulations come into operation as follows —

(a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;

(b) the rest of the regulations — on 1 November 2021.

3. Regulations amended

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

4. Regulation 2 amended

In regulation 2(2) in the definition of ***MBS item number*** delete "1 November 2020." and insert:

1 November 2021.

5. Various fees amended

Amend the provisions listed in the Table as set out in the Table.

Table

Provision	Delete	Insert
r. 6(1)	$258.35	$262.35
r. 6A	$258.35	$262.35

Provision	Delete	Insert
r. 7A	$81.70	$82.95
r. 7C(2)	$79.75	$81.00
r. 8	$192.75	$195.70

6. Schedules 1 to 6 replaced

Delete Schedules 1 to 6 and insert:

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

[r. 2]

Part 1 — Medical specialists and other medical practitioners

Type of service/by whom	Fee
GENERAL PRACTITIONER	
CONSULTATIONS	
Surgery Consultation	
in hours	
Content based	
Minor or Specific Service (Level A or B)	$81.60
Extended Service (Level C)	$149.00
Comprehensive Service (Level D)	$228.85
Time based	
up to 5 minutes	$48.65
more than 5 minutes to 15 minutes	$63.35
more than 15 minutes to 30 minutes	$122.35
more than 30 minutes to 45 minutes	$185.15
more than 45 minutes to 60 minutes	$250.85
Surgery Consultations	
out of hours	
For attendances between the hours of 6 pm and 8 am on a weekday or between 12 noon on Saturday and 8 am on the following Monday and Public Holiday.	
Content based	
Minor Service (Level A)	$61.25
Specific Service (Level B)	$122.35
Extended Service (Level C)	$222.80

Comprehensive Service (Level D)	$344.95
Time based	
up to 5 minutes	$96.90
more than 5 minutes to 15 minutes	$105.15
more than 15 minutes to 30 minutes	$162.90
more than 30 minutes	$222.80
VISITS	
Consultations at a place other than the Consulting Rooms	
in hours	
Minor Service (Level A)	$102.05
Specific Service (Level B)	$139.45
Extended Service (Level C)	$206.95
Comprehensive Service (Level D)	$288.40
out of hours	
Minor Service (Level A)	$122.35
Specific Service (Level B)	$181.95
Extended Service (Level C)	$279.15
Comprehensive Service (Level D)	$407.70
TELEPHONE CONSULTATIONS	
Time based	
up to 5 minutes	$27.15
more than 5 minutes to 15 minutes	$34.10
more than 15 minutes to 30 minutes	$71.35
more than 30 minutes	$106.90
CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments, etc.	
per hour	$306.75
TRAVELLING FEES	
Rate per kilometre	$5.55

PHYSICIANS, OCCUPATIONAL & REHABILITATION PHYSICIANS

PHYSICIANS

CONSULTATIONS	
Professional attendance at consulting rooms or a hospital and issue of certificate (if required) et al	
first attendance	$309.70
subsequent attendances	$154.85

VISITS	
Professional attendance at a place other than consulting rooms or a hospital and issue of certificate (if required) et al	
first attendance	$370.65
subsequent attendances	$213.85
REHABILITATION PHYSICIANS	
CONSULTATIONS	
Professional attendance at consulting rooms or a hospital and issue of certificate (if required) et al	
first attendance	$309.70
subsequent attendances	$154.85
VISITS	
Professional attendance at a place other than consulting rooms or a hospital and issue of certificate (if required) et al	
first attendance	$370.65
subsequent attendances	$213.85
OCCUPATIONAL PHYSICIANS	
CONSULTATIONS	
Professional attendance at consulting rooms or a hospital and issue of certificate (if required) et al	
first attendance	$314.65
subsequent attendances	$154.85
VISITS	
Professional attendance at a place other than consulting rooms or a hospital and issue of certificate (if required) et al	
first attendance	$370.65
subsequent attendances	$213.85
TELEPHONE CONSULTATIONS	
Time based	
up to 5 minutes	$40.65
more than 5 minutes to 15 minutes	$50.05
more than 15 minutes to 30 minutes	$104.70
more than 30 minutes	$158.10
CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments, etc.	
per hour	$454.75
TRAVELLING FEES	
Rate per kilometre	$5.55

CONSULTANT PSYCHIATRISTS

CONSULTATIONS

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

Time based

up to 15 minutes	$90.85
more than 15 minutes to 30 minutes	$181.15
more than 30 minutes to 45 minutes	$271.35
more than 45 minutes to 60 minutes	$363.10
more than 60 minutes to 75 minutes	$410.85
more than 75 minutes	$458.55

VISITS

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

Time based

up to 15 minutes	$149.10
more than 15 minutes to 30 minutes	$240.75
more than 30 minutes to 45 minutes	$328.55
more than 45 minutes to 75 minutes	$420.30
more than 75 minutes	$506.55

TELEPHONE CONSULTATIONS

Time based

up to 45 minutes	$120.60
more than 45 minutes	$263.00

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

per hour	$454.75

TRAVELLING FEES

Rate per kilometre	$5.55

SPECIALISTS

SURGEONS

CONSULTATIONS

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

first attendance	$176.00
subsequent attendances	$91.85

VISITS

Professional attendance at a place other than consulting rooms or a hospital and issue of certificate (if required) et al	
first attendance	$237.15
subsequent attendances	$151.30

DERMATOLOGISTS

CONSULTATIONS

Professional attendance at consulting rooms or a hospital and issue of certificate (if required) et al	
first attendance	$176.00
subsequent attendances	$91.85

VISITS

Professional attendance at a place other than consulting rooms or a hospital and issue of certificate (if required) et al	
first attendance	$236.85
subsequent attendances	$150.95

TELEPHONE CONSULTATIONS

Time based

up to 5 minutes	$40.65
more than 5 minutes to 15 minutes	$50.05
more than 15 minutes to 30 minutes	$104.70
more than 30 minutes	$158.10

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

per hour	$454.75

TRAVELLING FEES

Rate per kilometre	$5.55

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	$91.55

CONSULTATIONS AND ATTENDANCES	**Units**
Anaesthetist Consultation	
— an attendance of 15 minutes or less duration	2

CONSULTATIONS AND ATTENDANCES	Units
— 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 pm and before 8 am on any weekday, or at any time on a Saturday, Sunday or a public holiday	6
Note: No after hours loading applies to the above item	
Attendance on a patient in imminent danger of death requiring continuous life saving emergency treatment to the exclusion of all other patients	6
Call back from home, office or other distant location for the provision of emergency services	4

PROCEDURES AND SERVICES

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

In Division 1, 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) x $ value per unit = Fee

In Division 2, 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 1 time unit. After 2 hours, time units are calculated at 1 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
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 3rd 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 of age	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 pm. and the following 8.00 am on weekdays and between 8.00 am and the following 8.00 am on weekend days and public holidays.

Division 1 — 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

Description of procedure, etc.	Units
Anaesthesia for all procedures on external, middle or inner ear, including biopsy, unless otherwise specified	5
— otoscopy	4
Anaesthesia for all procedures on eye unless otherwise specified	5
— lens surgery	5
— retinal surgery	8
— corneal transplant	7
— vitrectomy	7
— biopsy of conjunctiva	5
— ophthalmoscopy	4
Anaesthesia for all procedures on nose and accessory sinuses unless otherwise specified	6
— radical surgery	7
— biopsy, soft tissue	4
Anaesthesia for all intraoral procedures, including biopsy, unless otherwise specified	6
— repair of cleft palate	7
— excision of retropharyngeal tumour	9
— radical intraoral surgery	10
Anaesthesia for all procedures on facial bones unless otherwise specified	5
— extensive surgery on facial bones (including prognathism and extensive facial bone reconstruction)	10
Anaesthesia for all intracranial procedures unless otherwise specified	15
— subdural taps	5
— burr holes	9
— intracranial vascular procedures including those for aneurysms and arterio-venous abnormalities	20
— spinal fluid shunt procedures	10
— ablation of intracranial nerve	6
Anaesthesia for all cranial bone procedures	12
Neck	
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

Description of procedure, etc.	Units
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 (e.g. 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	4
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 (e.g. 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

Description of procedure, etc.	Units
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
— 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 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	7
Anaesthesia for all hernia repairs in upper abdomen unless otherwise specified	5

Description of procedure, etc.	Units
— repair of incisional hernia and/or wound dehiscence	6
— repair of omphalocele	7
— transabdominal repair of diaphragmatic hernia	9
Anaesthesia for all procedures on major abdominal blood vessels	15
Initiation of the management of anaesthesia for procedures within the peritoneal cavity in upper abdomen, including open cholecystectomy, gastrectomy, laparoscopically assisted nephrectomy and bowel shunts	8
Anaesthesia for bariatric surgery in a patient with clinically severe obesity	10
Anaesthesia for partial hepatectomy (excluding liver biopsy)	13
Anaesthesia for extended or trisegmental hepatectomy	15
Anaesthesia for pancreatectomy, partial or total (e.g. Whipple procedure)	12
Anaesthesia for liver transplant (recipient)	30
Anaesthesia for neuro endocrine tumour removal (e.g. 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 laparoscopic procedures	7
Anaesthesia for all lower intestinal endoscopic procedures (modifier for prone position is not applicable)	4
Anaesthesia for extracorporeal shock wave lithotripsy	6
Anaesthesia for all hernia repairs in lower abdomen unless otherwise specified	4
— repair of incisional hernia and/or wound dehiscence	6
Anaesthesia for all procedures within the peritoneal cavity in the lower abdomen (including appendicetomy) unless otherwise specified	6
Anaesthesia for bowel resection, including laparascopic bowel resection, unless otherwise specified	8
— amniocentesis	4
— abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir	10

Description of procedure, etc.	Units
— 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 (e.g. carcinoid)	10
— renal transplant (donor or recipient)	10
Anaesthesia for all procedures on major lower abdominal vessels unless otherwise specified	15
— inferior vena cava ligation	10
— percutaneous umbrella insertion	5
Anaesthesia for percutaneous procedures on an intra-abdominal organ in the lower abdomen	6
Perineum	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the perineum unless otherwise specified	3
— anorectal procedures (including surgical haemorrhoidectomy, but not banding of haemorrhoids)	4
— radical perineal procedure including radical perineal prostatectomy or radical vulvectomy	7
— vulvectomy	4
Anaesthesia for all transurethral procedures (including urethrocystoscopy) unless otherwise specified	4
— transurethral resection of bladder tumour(s)	5
— transurethral resection of prostate	7
— post-transurethral resection bleeding	7
Anaesthesia for all procedures on male external genitalia unless otherwise specified	4
— 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

Description of procedure, etc.	Units
— orchiopexy, unilateral or bilateral	4
— complete amputation of the penis	4
— complete amputation of the penis with bilateral inguinal lymphadenectomy	6
— complete amputation of the penis with bilateral inguinal and iliac lymphadenectomy	8
— insertion of penile prosthesis (perianal approach)	4
Anaesthesia for all vaginal procedures (including biopsy of labia, vagina, cervix or endometrium) unless otherwise specified	4
— transvaginal assisted reproductive services	4
— vaginal hysterectomy	6
— vaginal delivery	6
— purse string ligation of cervix	4
— culdoscopy	5
— hysteroscopy	4
— 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
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

Description of procedure, etc.	Units
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
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

Description of procedure, etc.	Units
— 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
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 (includes humeral head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint)	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the shoulder or axilla	3

Description of procedure, etc.	Units
Anaesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of shoulder and axilla, including axillary dissection	5
Anaesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint or the shoulder joint	4
Anaesthesia for all arthroscopic procedures of the shoulder joint	5
Anaesthesia for all open procedures on the humeral head and neck, sternoclavicular joint, acromioclavicular joint or the shoulder joint unless otherwise specified	5
— radical resection	6
— shoulder disarticulation	9
— interthoracoscapular (forequarter) amputation	15
— total shoulder replacement	10
Anaesthesia for all procedures on arteries of shoulder and axilla unless otherwise specified	8
— axillary-brachial aneurysm	10
— bypass graft	8
— axillary-femoral bypass graft	10
Anaesthesia for all procedures on veins of shoulder and axilla	4
Anaesthesia for all shoulder cast application, removal or repair unless otherwise specified	3
— shoulder spica	4
Upper arm and elbow	
Anaesthesia for all procedures on the skin or subcutaneous tissue of the upper arm and elbow	3
Anaesthesia for all procedures on the nerves, muscles, tendons, fascia and bursae of upper arm and elbow, unless otherwise specified	4
— tenotomy, elbow to shoulder, open	5
— tenoplasty, elbow to shoulder	5
— tenodesis, rupture of long tendon of biceps	5
Anaesthesia for all closed procedures on the humerus and elbow	3
Anaesthesia for arthroscopic procedures of elbow joint	4
Anaesthesia for all open procedures on the humerus and elbow unless otherwise specified	5
— radical procedures	6
— total elbow replacement	7

Description of procedure, etc.	Units
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
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

Description of procedure, etc.	Units
— where the burnt area involves 50% or more but less than 60% of total body surface	15
— where the burnt area involves 60% or more but less than 70% of total body surface	17
— where the burnt area involves 70% or more but less than 80% of total body surface	19
— where the burnt area involves 80% or more of total body surface	21
Other Procedures	
Anaesthesia for injection procedure for myelography	
— lumbar or thoracic	5
— cervical	6
— posterior fossa	9
Anaesthesia for injection procedure for discography	
— lumbar or thoracic	5
— cervical	6
Anaesthesia for peripheral arteriogram	5
Anaesthesia for arteriograms	
— carotid, cerebral or vertebral	5
— retrograde, brachial or femoral	5
Anaesthesia for computerised axial tomography scanning, magnetic resonance scanning, ultrasound scanning or digital subtraction angiography scanning	7
Anaesthesia for radiology unless otherwise specified	4
Anaesthesia for retrograde cystography, retrograde urethrography or retrograde cystourethrography	4
Initiation of management of anaesthesia for fluoroscopy	4
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

Description of procedure, etc.	Units
Anaesthesia for harvesting of bone marrow for the purpose of transplantation	5
Anaesthesia for muscle biopsy for malignant hyperpyrexia	4
Anaesthesia for electroencephalography	5
Anaesthesia for brain stem evoked audiometry	5
Anaesthesia for electrocochleography by extratympanic method or transtympanic membrane insertion method	5
Anaesthesia for a therapeutic procedure where it can be demonstrated that there is a clinical need for anaesthesia	5
Anaesthesia during hyperbaric therapy where the medical practitioner is not confined in the chamber (including the administration of oxygen)	8
Anaesthesia during hyperbaric therapy where the medical practitioner is confined in the chamber (including the administration of oxygen)	15
Anaesthesia for brachytherapy using radioactive sealed sources	5
Anaesthesia for therapeutic nuclear medicine	5
Anaesthesia for radiotherapy	7
Anaesthesia where no procedure ensues	3

Note — Unlisted anaesthetic procedures

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

Division 2 — Therapeutic and diagnostic services

Description of service, etc.	MUs	TUs	BUs
Administration of blood or bone marrow already collected when performed in association with the administration of anaesthesia	no	no	4
Venous cannulation and blood transfusion (or blood products) not associated with anaesthesia	no	no	5
Intubation, endotracheal, emergency procedure, where the patient's airway is unsecured and at high risk of occlusion, (e.g. 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

Description of service, etc.	MUs	TUs	BUs
Awake endotracheal intubation with flexible fibreoptic 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
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
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

Description of service, etc.	MUs	TUs	BUs
Medical management of cardio-pulmonary bypass perfusion using heart/lung machine	yes	yes	20
Hypothermia, total body	no	no	5
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 1 hour of continuous attendance by a medical practitioner	no	no	8
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, where continuous attendance by a medical practitioner extends beyond the first hour. Derived fee being 8 units for the first hour plus 1 unit for each additional 15 minutes or part thereof	no	no	0

Description of service, etc.	MUs	TUs	BUs
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, including up to 1 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 1 unit for each additional 15 minutes or part thereof	no	no	0
Subsequent injection (or revision of infusion) of a therapeutic substance to maintain regional anaesthesia or analgesia where the period of continuous medical practitioner attendance is 15 minutes or less	no	no	3
Subsequent injection (or revision of infusion) of a therapeutic substance to maintain regional anaesthesia or analgesia where the period of continuous medical practitioner attendance is more than 15 minutes	no	no	4
Interpleural block, initial injection or commencement of infusion of a therapeutic substance	no	no	5
Intrathecal, epidural or caudal injection of neurolytic substance	no	no	20
Intrathecal, epidural or caudal injection of substance other than anaesthetic, contrast or neurolytic solutions, not being a service to which another item in the Group applies	no	no	8
Epidural injection of blood for blood patch	no	no	8
Injection of an anaesthetic agent			
— trigeminal nerve, primary division of	no	no	10
— trigeminal nerve, peripheral branch of	no	no	5
— facial nerve	no	no	3
— retrobulbar or peribulbar	no	no	5
— greater occipital nerve	no	no	3
— vagus nerve	no	no	8

Description of service, etc.	MUs	TUs	BUs
— phrenic nerve	no	no	7
— spinal accessory nerve	no	no	5
— cervical plexus	no	no	8
— brachial plexus	no	no	8
— suprascapular nerve	no	no	5
— intercostal nerve, single	no	no	5
— intercostal nerves, multiple	no	no	7
— ilioinguinal, iliohypogastric or genito femoral nerves, 1 or more of	no	no	5
— pudendal nerve	no	no	8
— ulnar, radial or median nerve of main trunk, 1 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, 1 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

Description of service, etc.	MUs	TUs	BUs
Nerve branch, not covered by any other item in this Group, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin	no	no	10
Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent	no	no	20
Lumbar sympathetic chain, destruction by a neurolytic agent	no	no	15
Cervical or thoracic sympathetic chain, destruction by a neurolytic agent	no	no	20
Cardioversion, elective, electrical conversion of arrhythmia, external	no	no	4
Hyperbaric oxygen treatment when the specialist is inside the chamber	yes	yes	15
Hyperbaric oxygen treatment when the specialist is outside the chamber	yes	yes	8
Heart, 2-dimensional real time transoesophageal examination of, at least 2 oesophageal windows performed using a mechanical sector scanner or phased array transducer with —			
(a) measurement blood flow velocities across the cardiac valves using pulsed wave and continuous Doppler techniques; and			
(b) real time colour flow mapping from at least 2 oesophageal windows; and			
(c) recording on video	no	no	10
Intra-operative 2-dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure	no	no	14
The use of 2-dimensional imaging ultrasound guidance to assist percutaneous major vascular access involving catheterisation of the jugular, subclavian or femoral vein	no	no	3

Description of service, etc.	MUs	TUs	BUs
The use of 2-dimensional imaging ultrasound guidance to assist percutaneous neural blockade involving the branchial plexus, or femoral and/or sciatic nerve	no	no	3
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 2 — Medical procedures

Type of procedure	Fee
GENERAL	
Localised burns	$68.00
Localised burns, including dressing of, under general anaesthetic	$193.30
Extensive burns	$117.40
Extensive burns, including dressing of, under general anaesthetic	$409.25
Dressing of wounds, under general anaesthetic	$193.30
Acupuncture, including consultation	$90.20
DISLOCATIONS	
closed reduction means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.	
open reduction means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation.	
other means treatment by any other method and includes the use of external splintage.	
[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]	
Elbow, by closed reduction	$364.65
Elbow, by open reduction	$483.65
Mandible, by closed reduction	$130.35
Clavicle, by closed reduction	$154.60
Shoulder, not requiring general anaesthetic	$173.90
Shoulder, by open reduction, with general anaesthetic	$623.40
Shoulder, other, with general anaesthetic	$308.65
Metacarpophalangeal joint, by closed reduction	$208.35

Type of procedure	Fee
Patella, by closed reduction	$234.25
Patella, by open reduction	$312.55
Radioulnar joint, by closed reduction	$364.65
Toe, by closed reduction	$130.35
REMOVAL OF FOREIGN BODIES	
as independent procedure	$56.70
superficial	$253.00
deep tissue or muscle	$707.00
ear, other than by syringing	$182.30
nose, other than by simple probing	$182.30
cornea or sclera, embedded	$186.10
FRACTURES	
closed reduction means non-operative reduction of the fracture, and included percutaneous fixation and/or external splintage by cast or splint.	
open reduction means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation.	
other means treatment by any other method and includes the use of external splintage.	
[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]	
Metacarpal	
Carpal Scaphoid, by open reduction	$1 041.75
Carpal Scaphoid, other	$465.00
Carpus (excluding Scaphoid), by open reduction	$651.00
Carpus (excluding Scaphoid), other	$260.50
Radius	
by closed management	$520.70
by open management	$1 041.75
Ribs (1 or more), each attendance	$119.10
Tibia, plateau of, medial or lateral, by closed reduction	$939.50
Tibia, plateau of, medial and lateral	
by closed reduction	$1 562.60
by open reduction	$2 092.85
SUTURES	
face or neck, less than 7 cm, superficial	$186.10
face or neck, less than 7 cm, deep	$282.85

Type of procedure	Fee
face or neck, more than 7 cm, superficial	$282.85
face or neck, more than 7 cm, deep	$483.65
except face or neck, less than 7 cm, superficial	$141.40
except face or neck, less than 7 cm, deep	$212.10
except face or neck, more than 7 cm, superficial	$212.10
except face or neck, more than 7 cm, deep	$465.00
AMPUTATIONS	
Hand, midcarpal or transmetacarpal	$707.00
Hand, forearm or through arm	$818.55
At shoulder	$1 385.75
Interscapulothoracic	$2 753.10
1 digit of foot	$372.00
2 digits of 1 foot	$558.20
3 digits of 1 foot	$753.45
4 digits of 1 foot	$939.50
5 digits of 1 foot	$1 125.45
Foot, midtarsal or transmetatarsal	$707.00
Through thigh, at knee or below knee	$1 209.30
At hip	$1 701.95
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 $234.25, whichever is greater.	
USE OF PRIVATE THEATRES	
A theatre fee of $141.40 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	Fee $
55028	227.90
55029	79.00
55030	227.90
55031	79.00
55032	227.90

MBS item number	Fee $
55033	79.00
55036	232.30
55037	79.00
55038	227.90
55039	79.00
55048	227.90
55049	79.00
55054	227.90
55070	205.15
55073	71.10
55076	227.90
55079	79.00
55084	205.15
55085	71.10
55113	481.60
55114	481.60
55115	481.60
55116	535.65
55117	535.65
55118	575.25
55130	355.10
55135	738.40
55238	353.95
55244	353.95
55246	353.95
55248	353.95
55252	353.95
55274	353.95
55276	353.95
55278	353.95
55280	353.95
55282	353.95
55284	353.95
55292	353.95
55294	353.95
55296	231.95

MBS item number	Fee $
55600	227.90
55603	227.90
55700	125.20
55703	73.15
55704	146.20
55705	73.15
55706	208.80
55707	146.20
55708	73.15
55709	79.35
55712	240.20
55715	83.55
55718	208.80
55721	240.20
55723	79.35
55725	83.55
55729	56.90
55736	265.15
55739	118.95
55759	313.30
55762	125.20
55764	334.10
55766	135.65
55768	313.30
55770	125.20
55772	334.10
55774	135.65
55812	227.90
55814	79.00
55844	182.40
55846	79.00
55848	227.90
55850	319.15
55852	227.90
55854	79.00

COMPUTED TOMOGRAPHY — EXAMINATION AND REPORT

MBS item number	Fee $
56001	374.00
56007	479.45
56010	483.45
56013	479.45
56016	556.20
56022	431.55
56028	646.05
56030	431.55
56036	646.05
56101	441.25
56107	652.25
56219	625.70
56220	460.35
56221	460.35
56223	460.35
56224	673.95
56225	673.95
56226	673.95
56233	460.35
56234	673.95
56235	234.80
56236	340.30
56237	460.35
56238	673.95
56239	234.80
56240	340.30
56259	316.00
56301	565.80
56307	767.00
56341	286.65
56347	387.40
56401	479.45
56407	690.40
56409	479.45
56412	690.40
56441	243.10

MBS item number	Fee $
56447	348.05
56449	243.10
56452	348.05
56501	738.40
56507	920.55
56541	370.35
56547	467.50
56659	215.00
56665	321.15
56801	894.90
56807	1 074.15
56841	447.45
56847	544.45
57001	895.10
57007	1 088.90
57041	447.55
57047	544.50
57201	297.60
57247	148.65
57341	901.45
57345	463.45
57351	978.15
57355	506.65
57356	506.65

DIAGNOSTIC RADIOLOGY

MBS item number	Fee $
57506	65.80
57509	88.05
57512	89.75
57515	119.50
57518	71.85
57521	96.10
57524	109.50
57527	145.70
57700	89.75
57703	119.50

MBS item number	Fee $
57706	71.85
57709	96.10
57712	104.45
57715	135.00
57721	219.80
57901	142.80
57902	142.80
57915	104.45
57918	104.45
57921	104.45
57924	104.45
57927	109.80
57930	72.90
57933	173.30
57939	142.80
57942	109.80
57945	96.10
57960	105.10
57963	105.10
57966	105.10
57969	105.10
58100	148.65
58103	122.05
58106	170.50
58108	294.30
58109	104.20
58112	215.40
58115	294.30
58300	88.85
58306	197.85
58500	78.30
58503	104.45
58506	134.80
58509	88.05
58521	96.10
58524	125.15
58527	153.65

MBS item number	Fee $
58700	102.15
58706	349.70
58715	335.70
58718	279.50
58721	306.25
58900	79.00
58903	105.35
58909	199.10
58912	244.20
58915	174.80
58916	306.75
58921	299.60
58927	169.30
58933	455.45
58936	434.10
58939	308.50
59103	47.25
59300	198.30
59303	119.40
59312	192.70
59314	116.20
59318	104.25
59700	213.85
59703	168.20
59712	251.85
59715	318.00
59718	298.25
59724	501.65
59733	238.55
59739	163.55
59751	308.20
59754	485.80
59763	296.65
59903	253.75
59912	676.00
59925	802.70
59970	372.85

MBS item number	Fee $
59971	127.00
59972	337.85
59973	401.40
59974	186.45
60000	1 249.30
60003	1 832.15
60006	2 605.00
60009	3 048.55
60012	1 249.30
60015	1 832.15
60018	2 605.00
60021	3 048.55
60024	1 249.30
60027	1 832.15
60030	2 605.00
60033	3 048.55
60036	1 249.30
60039	1 832.15
60042	2 605.00
60045	3 048.55
60048	1 249.30
60051	1 832.15
60054	2 605.00
60057	3 048.55
60060	1 249.30
60063	1 832.15
60066	2 605.00
60069	3 048.55
60072	106.70
60075	212.90
60078	319.35
60500	96.10
60503	65.80
60506	141.30
60509	219.00
60918	104.45
60927	84.35

MBS item number	Fee $
61109	573.45

NUCLEAR MEDICINE IMAGING

MBS item number	Fee $
61302	765.80
61303	964.40
61306	1 210.75
61307	1 424.45
61310	626.60
61313	517.60
61314	716.50
61328	388.40
61340	431.65
61348	756.45
61353	659.45
61356	670.10
61360	688.20
61361	787.25
61364	847.90
61368	380.70
61369	3 438.90
61372	380.70
61373	835.45
61376	244.60
61381	979.80
61383	1 066.05
61384	1 173.25
61386	567.35
61387	734.95
61389	632.20
61390	699.45
61393	1 033.00
61397	421.10
61402	1 032.25
61409	1 490.35
61413	385.45
61421	818.60

MBS item number	Fee $
61425	1 024.85
61426	946.50
61429	926.35
61430	1 125.10
61433	847.90
61434	1 049.90
61438	1 148.10
61441	835.45
61442	1 283.55
61445	489.25
61446	569.15
61449	778.25
61450	678.20
61453	878.10
61454	593.80
61457	802.60
61461	900.40
61462	222.30
61469	593.80
61473	299.15
61480	660.05
61485	1 704.70
61495	380.70
61499	431.65
61650	1 499.05

MAGNETIC RESONANCE IMAGING

MBS item number	Fee $
63000—63200	1 110.95
63201	1 666.40
63202—63203	1 110.95
63204	1 666.40
63219—63243	1 666.40
63271—63473	1 110.95
63491—63494	127.05
63497	381.30

Schedule 2 — Scale of fees: physiotherapists

[r. 3]

Part 1 — General

Service Code	Service	
PA001	**Initial Consultation**	**Set Fee**
	A consultation with the physiotherapist including the following elements —	$90.85
	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 program to be followed.	
	Documentation of consultation — as required that could include:	
	The assessment findings, physiotherapy intervention(s), evaluation of intervention(s), plan for future treatment and results of other relevant tests and warnings (if applicable).	
	Includes:	
	• Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.	

Service Code	Service	
	• Courtesy communication by the physiotherapist with the medical practitioner such as acknowledgment of referral. • The physiotherapist's notes of the consultation. **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).	
PB001	**Standard Consultation** Consultation for 1 body area or condition including the following elements — • 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).	**Set Fee** $72.95

Service Code	Service	
	• The physiotherapist's involvement in case conferences. This service has a specific item number in this Table (PQ001).	
PC001	**2 distinct areas of treatment per visit** Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions.	**Set Fee** $92.20
PG001	**Group Consultation — per person** Includes non-individualised services provided to more than 1 individual whether — • in rooms, home or hospital; • hydrotherapy treatment; • extended treatments; • services provided outside of normal business hours.	**Cost per participant** $22.50
PE001	**Worksite Visit — prior approval from insurer required** 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. Does not include reports or travel.	**Hourly rate**** $207.05
PR001	**Progress/Standard Report** 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) — • 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; • perceived barriers to return to work; • questionnaire results and implications.	**Set Fee** $90.85

Service Code	Service	
	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. **Does not include:** • Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner.	
PR002	**Comprehensive Report** As above for progress/standard report and contains information relating to more detailed assessments and interventions performed. The specific requirements for a comprehensive report must be discussed with the insurer prior to approval with a suggested maximum duration of 2 hours.	**Hourly rate**** $207.05
PR003	**Treatment Management Plan** Provision of a completed Treatment Management Plan that must contain — • clinical assessment of injured worker and results of any investigation; • injured worker's current work status and level of incapacity; • proposed management plan including — 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 during which 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).	**Set Fee** $90.85

Service Code	Service	
	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.	
PT001	**Travel**	**Hourly rate****
	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 1 hour. If services are provided to more than 1 worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.	$165.75
PQ001	**Case Conferences**	
	Face-to-face or telephone communication involving the physiotherapist with 1 or more of the following — • 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.	$20.75 per 6 minute block
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. 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 1 hour. When the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required.	$20.75 per 6 minute block

Service Code	Service	
PS001	**Specific Physiotherapy Assessment — prior approval from insurer required**	**Hourly rate****
	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 (FCAs), seating and wheelchair assessments).	$207.05
PW001	**Specific Physiotherapy Intervention — prior approval from insurer required**	**Hourly rate****
	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).	$207.05 per hour to a maximum of 2 hours**

Note for this Part:

** Denotes that where the service provided is a fraction of 1 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**	
	Insurer approval must be obtained prior to undertaking the service.	$207.05 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 —	$207.05 per hour to a

	Type of service	Fee
	• 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.	maximum of 1 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.	$207.05 per hour to a maximum of 1 hour**
EXE03	**Subsequent reports** Progress report to be provided at the request of the referrer.	$207.05 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.	$207.05 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

	Type of service	Fee
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 1 hour. If services are provided to more than 1 worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.	$165.75 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.	$20.75 per 6 minute block
EXE09	**Attendance at Medical Case Conferences**	
	Insurer approval must be obtained prior to undertaking the service.	$207.05 per hour**

Note for this Part:

** Denotes that where the service provided is a fraction of 1 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	$71.75
2.	Subsequent consultation	$59.85
3.	Spinal x-ray, 1 region	$142.60
4.	Spinal x-ray, 2 or more regions	$214.15
5.	Travel (per kilometre)	$1.00

Schedule 4 — Scale of fees: occupational therapists

[r. 5]

	Type of service	Fee
1.	Brief consultation (< 15 minutes)	$30.85

	Type of service	Fee
2.	Short consultation (15 minutes to < 30 minutes)	$62.10
3.	Standard consultation (30 minutes to < 45 minutes)	$102.40
4.	Extended consultation (45 minutes to < 1 hour)	$153.55
5.	Extended consultation (≥ 1 hour)	$204.95
6.	Standard group consultation (30 minutes) per person	$67.30
7.	Travel costs	$204.95 per hour**
8.	Treatment management plan for an upper limb injury	$90.85

Note for this Schedule:

** Denotes that where the service provided is a fraction of 1 hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

Schedule 5 — Scale of fees: speech pathologists

[r. 7]

	Type of service	Fee
1.	Initial consultation/assessment (up to and including 1 hour)	$189.30
2.	Initial consultation/assessment (exceeding 1 hour)	$245.15
3.	Subsequent consultation (< 30 minutes)	$82.55
4.	Subsequent consultation (30 minutes — 1 hour)	$107.25
5.	Subsequent consultation (> 1 hour)	$144.70

Schedule 5A — Scale of fees: exercise physiologists

[r. 7B]

Exercise-based programs

	Type of service	Fee
EPE20	**Initial Consultation/Assessment**	
	Insurer approval must be obtained prior to undertaking the service.	$207.05 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).	

	Type of service	Fee
	Provider to patient ratio must be 1:1 for the duration of the consultation.	
EPE21	**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/liaison with relevant parties.	$207.05 per hour to a maximum of 1 hour**
EPE02	**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.	$207.05 per hour to a maximum of 1 hour**
EPE03	**Subsequent reports** Progress report to be provided at the request of the referrer.	$207.05 per hour to a maximum of 30 minutes **
EPE04	**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.	$207.05 per hour to a maximum of 30 minutes **
EPE05	**Gym membership/Entry fees** Includes direct cost of membership (pool or gym). Prior approval from insurer required.	Market rates

	Type of service	Fee
EPE06	**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 1 hour. If services are provided to more than 1 worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.	$165.75 per hour**
EPE08	**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.	$20.75 per 6 minute block
EPE09	**Attendance at Medical Case Conferences**	
	Insurer approval must be obtained prior to undertaking the service.	$207.05 per hour**

Note for this Schedule:

** Denotes that where the service provided is a fraction of 1 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.	$1 396.80 (or, if an interpreter is present at the examination, $1 746.00 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 1 body system involved) — other than a service mentioned in item 4, 5, 6 or 8.	$1 746.00 (or, if an interpreter is present at the examination, $2 095.20 excluding any fee payable to the interpreter)

	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.	$2 095.20 (or, if an interpreter is present at the examination, $2 444.25 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.	$1 396.80 (or, if an interpreter is present at the examination, $1 746.00 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.	$2 095.20 (or, if an interpreter is present at the examination, $2 444.25 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.	$3 491.75 (or, if an interpreter is present at the examination, $3 840.90 excluding any fee payable to the interpreter)
7.	Consolidation of written assessments from multiple medical practitioners.	$698.35
8.	Re-examination and provision of report and certificate.	$1 047.55 (or, if an interpreter is present at the examination, $1 396.80 excluding any fee payable to the interpreter)
9.	Provision of supplementary report and certificate.	$349.25

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 —	$698.35
	(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 1 working day's notice.	

Note for this Schedule:

** Denotes that where the service provided is a fraction of 1 hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

V.MOLAN, Clerk of the Executive Council.