

Western Australia

**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

CONTENTS

1.	Citation	1
2.	Scales of fees — medical specialists and other medical practitioners	1
3.	Scale of fees — physiotherapists	2
4.	Scale of fees — chiropractors	2
5.	Scale of fees — occupational therapists	2
6.	Scale of fees — clinical psychologists	2
7.	Scale of fees — speech therapists	3
7A.	Scale of fees — osteopaths	3
8.	Scale of fees — vocational rehabilitation providers	3
9.	Scale of maximum fees — approved medical specialists	4

Contents

Schedule 1

**Part 3 — Diagnostic Imaging
Services**

Schedule 2

Part 1 — General

Part 2 — Exercise-based programs

Schedule 3

Scale of fees — chiropractors

Schedule 4

**Scale of fees — occupational
therapists**

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

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

Part 1 — Assessments

Part 2 — Attempted assessments

Notes

Compilation table

59

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 2003;

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

[Regulation 2 amended in Gazette 28 Dec 2001 p. 6691; 23 Sep 2003 p. 4174; 19 Mar 2004 p. 863; 11 Nov 2005 p. 5569 and 5570.]

s. 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) In Schedule 2 Part 2 —
“metropolitan area” means the area within a radius of 50 kilometres from the General Post Office at Perth.

*[Regulation 3 amended in Gazette 21 Jan 2005 p. 278;
11 Nov 2005 p. 5569 and 5570.]*

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.]*

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.]*

6. Scale of fees — clinical psychologists

Under section 292(2)(a)(vi) of the Act, the hourly rate of \$159.20 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.

*[Regulation 6 amended in Gazette 20 Jul 1999 p. 3249;
21 Dec 2000 p. 7625; 14 Dec 2001 p. 6417; 9 May 2003
p. 1626; 9 Jan 2004 p. 99; 21 Jan 2005 p. 278; 11 Nov 2005
p. 5569 and 5570.]*

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.]

7A. Scale of fees — osteopaths

Under section 292(2)(a)(viii) of the Act, the amount of \$50.40 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.]

*[Regulation 7A inserted in Gazette 14 Dec 2001 p. 6417;
amended in Gazette 7 Mar 2003 p. 741; 9 Jan 2004 p. 99;
21 Jan 2005 p. 279; 11 Nov 2005 p. 5569 and 5570.]*

8. Scale of fees — vocational rehabilitation providers

Under section 292(2)(b) of the Act, the hourly rate of \$118.85 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.]*

s. 9

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.]

Schedule 1

[r. 2]

Scales of fees — medical specialists and other medical practitioners

Part 1 — Medical specialists and other medical practitioners

Type of service/by whom	Fee
	\$
GENERAL PRACTITIONER	
CONSULTATIONS	
<u>Surgery Consultation</u>	
in hours	
Content based	\$
Minor or Specific Service (Level A or B)	49.50
Extended Service (Level C)	90.45
Comprehensive Service (Level D)	138.95
Time based	\$
up to 5 mins	29.50
more than 5 mins to 15 mins	38.55
more than 15 mins to 30 mins	74.25
more than 30 mins to 45 mins	112.30
more than 45 mins to 60 mins	152.30

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)	37.15
Specific Service (Level B)	74.25
Extended Service (Level C)	135.20
Comprehensive Service (Level D)	209.45

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

Schedule 1

Time based	\$
up to 5 mins	58.80
more than 5 mins to 15 mins	63.80
more than 15 mins to 30 mins	99.00
more than 30 mins to 45 mins	135.20

VISITS

Consultations at a place other than the Consulting Rooms

in hours	\$
Minor Service (Level A)	61.90
Specific Service (Level B)	84.70
Extended Service (Level C)	125.65
Comprehensive Service (Level D)	175.15
out of hours	\$
Minor Service (Level A)	74.25
Specific Service (Level B)	110.45
Extended Service (Level C)	169.45
Comprehensive Service (Level D)	247.50

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	16.55
more than 5 mins to 15 mins	20.70
more than 15 mins to 30 mins	43.25
more than 30 mins	64.85

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

per hour	\$186.20
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TRAVELLING FEES

Outside the metropolitan area	
Rate per kilometre	\$3.30

PHYSICIANS, OCCUPATIONAL & REHABILITATION PHYSICIANS

PHYSICIANS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	187.95
subsequent attendances	94.05

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	225.10
subsequent attendances	129.90

REHABILITATION PHYSICIANS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	187.95
subsequent attendances	94.05

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	225.10
subsequent attendances	129.90

OCCUPATIONAL PHYSICIANS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	191.05
subsequent attendances	94.05

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	225.10
subsequent attendances	129.90

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

Schedule 1

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	24.60
more than 5 mins to 15 mins	30.40
more than 15 mins to 30 mins	63.60
more than 30 mins	96.05

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

per hour	\$276.05
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TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	\$3.30
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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 mins	55.15
more than 15 mins to 30 mins	110.00
more than 30 mins to 45 mins	164.75
more than 45 mins to 60 mins	220.45
more than 60 mins to 75 mins	249.45
more than 75 mins	278.40

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 mins	90.55
more than 15 mins to 30 mins	146.20
more than 30 mins to 45 mins	199.55
more than 45 mins to 75 mins	255.25
more than 75 mins	307.50

Schedule 1

TELEPHONE CONSULTATIONS

Time based	\$
up to 45 mins	73.10
more than 45 mins	159.70

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

per hour	\$276.05
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TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	\$3.30
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SPECIALISTS

SURGEONS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	106.85
subsequent attendances	55.75

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	144.05
subsequent attendances	91.80

DERMATOLOGISTS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	106.85
subsequent attendances	55.75

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
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**Workers' Compensation and Injury Management (Scales of Fees)
Regulations 1998**

Schedule 1

first attendance	143.85
subsequent attendances	91.65

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	24.60
more than 5 mins to 15 mins	30.40
more than 15 mins to 30 mins	63.60
more than 30 mins	96.05

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

per hour	\$276.05
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TRAVELLING FEES

Country

Rate per kilometre	\$3.30
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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	\$34.15

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

Schedule 1

\$ value per unit	\$34.15
After hours — where immediate attendance is required after 6 p.m. and before 8 a.m. on any weekday, or at any time on a Saturday, Sunday or a public holiday	6
Note: No after hours loading applies to the above item	
Attendance on a patient in imminent danger of death requiring continuous life saving emergency treatment to the exclusion of all other patients	6
Call back from home, office or other distant location for the provision of emergency services	4

PROCEDURES AND SERVICES

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

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

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

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

Base units

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

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

Time units

Each 15 minutes (or part thereof) of anaesthetic time constitutes one time unit. After 4 hours, time units are calculated at 1 per 10 minutes.

Modifying units

Schedule 1

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 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

Schedule 1

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
— 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

Schedule 1

— 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
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

Schedule 1

— removal of breast lump or for breast segmentectomy where axillary node dissection is performed	5
— mastectomy	6
— reconstructive procedures on the breast using myocutaneous flaps	8
— radical or modified radical procedures on breast with internal mammary node dissection	13
— electrical conversion of arrhythmias	5
Anaesthesia for percutaneous bone marrow biopsy of the sternum	4
Anaesthesia for all procedures on the clavicle, scapula or sternum unless otherwise specified	5
— radical surgery	6
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

Schedule 1

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 diagnostic laparoscopy	6
Anaesthesia for laparoscopic procedures unless otherwise specified	7
Anaesthesia for extracorporeal shock wave lithotripsy	6

Schedule 1

Anaesthesia for upper gastrointestinal endoscopic procedures	5
Anaesthesia for upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage	6
Anaesthesia for all hernia repairs in upper abdomen unless otherwise specified	4
— repair of incisional hernia and/or wound dehiscence	6
— repair of omphalocele	7
— transabdominal repair of diaphragmatic hernia	9
Anaesthesia for all procedures on major abdominal blood vessels	15
Anaesthesia for all procedures within the peritoneal cavity in upper abdomen including cholecystectomy, gastrectomy, laparoscopic nephrectomy, bowel shunts and cadaver harvesting of organs unless otherwise specified	8
— gastric reduction or gastroplasty for the treatment of morbid obesity	10
— partial hepatectomy (excluding liver biopsy)	13
— extended or trisegmental hepatectomy	15
— pancreatectomy, partial or total (eg. Whipple procedure)	12
— liver transplant (recipient)	30
— neuro endocrine tumour removal (eg. carcinoid)	10
— 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

Schedule 1

Anaesthesia for all procedures on the nerves, muscles, tendons and fascia of the lower abdominal wall (with the exception of abdominal lipectomy)	4
Anaesthesia for diagnostic laparoscopy	6
Anaesthesia for laparoscopic procedures	7
Anaesthesia for all lower intestinal endoscopic procedures (modifier for prone position is not applicable)	4
Anaesthesia for extracorporeal shock wave lithotripsy	6
Anaesthesia for all hernia repairs in lower abdomen unless otherwise specified	4
— repair of incisional hernia and/or wound dehiscence	6
Anaesthesia for all procedures within the peritoneal cavity in the lower abdomen (including appendicectomy) unless otherwise specified	6
Anaesthesia for bowel resection, including laparoscopic bowel resection, unless otherwise specified	8
— amniocentesis	4
— abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir	10
— radical prostatectomy	10
— 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

Schedule 1

— total cystectomy	10
— adrenalectomy	10
— neuro endocrine tumour removal (eg. carcinoid)	10
— renal transplant (donor or recipient)	10
Anaesthesia for all procedures on major lower abdominal vessels unless otherwise specified	15
— inferior vena cava ligation	10
— percutaneous umbrella insertion	5
Anaesthesia for percutaneous procedures on an intra-abdominal organ in the lower abdomen	6

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 pineal 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	3
— undescended testis, unilateral or bilateral	4
Anaesthesia for procedures on the cord and/or testes unless otherwise specified	4
— radical orchidectomy, inguinal	4
— radical orchidectomy, abdominal	6
— orchiopexy, unilateral or bilateral	4
— complete amputation of the penis	4

Schedule 1

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

Schedule 1

Anaesthesia for body cast application or revision	3
Anaesthesia for interpelviabdominal (hind quarter) amputation	15
Anaesthesia for radical procedures for tumour of pelvis, except hind quarter amputation	10
Anaesthesia for closed procedures involving symphysis pubis or sacroiliac joint	4
Anaesthesia for open procedures involving symphysis pubis or sacroiliac joint	8
Upper leg — except knee	
Anaesthesia for all 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

Schedule 1

- 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
 - 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*)

Schedule 1

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 (<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

Schedule 1

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

Schedule 1

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

Schedule 1

- 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
- 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

Schedule 1

— cervical	6
Anaesthesia for peripheral arteriogram	5
Anaesthesia for arteriograms:	
— carotid, cerebral or vertebral	5
— retrograde, brachial or femoral	5
Anaesthesia for computerised axial tomography scanning, magnetic resonance scanning, ultrasound scanning or digital subtraction angiography scanning	7
Anaesthesia for radiology unless otherwise specified	4
Anaesthesia for retrograde cystography, retrograde urethrography or retrograde cystourethrography	4
Anaesthesia for flouroscopy	5
Anaesthesia for small bowel enema, barium or other opaque study of the small bowel	5
Anaesthesia for bronchography	6
Anaesthesia for phlebography	5
Anaesthesia for heart, 2 dimensional real time transoesophageal examination	6
Anaesthesia for peripheral venous cannulation	3
Anaesthesia for cardiac catheterisation including coronary arteriography, ventriculography, cardiac mapping, insertion of automatic defibrillator or transvenous pacemaker	7
Anaesthesia for cardiac electrophysiological procedures including radio frequency ablation	10
Anaesthesia for central vein catheterisation or insertion of right heart balloon catheter	5
Anaesthesia for lumbar puncture, cisternal puncture, or epidural injection	5
Anaesthesia for harvesting of bone marrow for the purpose of transplantation	5
Anaesthesia for muscle biopsy for malignant hyperpyrexia	10
Anaesthesia for electroencephalography	5
Anaesthesia for brain stem evoked audiometry	5

Schedule 1

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

Schedule 1

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
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

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

Schedule 1

Invasive pressure monitoring, not otherwise listed	no	no	3
Central vein catheterization, percutaneous via jugular, subclavian or femoral vein	no	no	3
Central vein catheterization by cutdown	no	no	5
Central venous pressure monitoring	no	no	3
Arterial cannulation, percutaneous	no	no	3
Arterial puncture, withdrawal of blood for diagnosis	no	no	1
Arterial cannulation, by cutdown	no	no	5
Intra arterial pressure monitoring	no	no	3
Catheterization, umbilical artery, newborn, for diagnosis, or therapy	no	no	5
Intra-arterial infusion or retrograde intravenous perfusion of a sympatholytic agent	no	no	4
Intravenous regional anaesthesia of limb by retrograde perfusion	no	no	4
Perfusion of limb or organ	no	no	12
Medical management of cardio-pulmonary bypass perfusion using heart/lung machine	yes	yes	20
Hypothermia, total body	no	no	5
Cardioplegia, blood or crystalloid, administration by any route	no	no	10
Deep hypothermia to a core temperature of less than 22 degrees in association with circulatory arrest	no	no	15
Standby medical management of cardio-pulmonary bypass perfusion using heart/lung machine	no	yes	5

Schedule 1

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
Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, where continuous attendance by a medical practitioner extends beyond one hour, add one unit for each 15 minutes over the first hour	no	no	0

Schedule 1

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, add one unit for each 15 minutes of the first hour for a patient in labour	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

Schedule 1

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 genito femoral nerves, one or more of	no	no	5
— pudendal nerve	no	no	8
— ulnar, radial or median nerve of main trunk, one or more of, not being associated with a brachial plexus block	no	no	5
— paracervical (uterine) nerve	no	no	5
— obturator nerve	no	no	7
— femoral nerve	no	no	7
— saphenous, sural, popliteal or posterior tibial nerve of main trunk, one or more of	no	no	5

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

Schedule 1

— 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
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

Schedule 1

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
Skin testing for allergy to anaesthetic agents	no	yes	4
Assistance in the administration of an anaesthetic	yes	yes	5

Note — Unlisted services

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

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

Schedule 1

*[Part 1 amended in Gazette 19 Mar 2004 p. 864-96; 29 Oct 2004
p. 4941-2; 21 Jan 2005 p. 279-81.]*

Part 2 — Medical procedures

Type of procedure	Fee
	\$
GENERAL	
Localised burns	41.25
Localised burns, including dressing of, under general anaesthetic	117.45
Extensive burns	71.15
Extensive burns, including dressing of, under general anaesthetic	248.55
Dressing of wounds, under general anaesthetic	117.45
Acupuncture, including consultation	54.80
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	221.40
Elbow, by open reduction	293.65
Interphalangeal joint, by closed reduction	94.90
Interphalangeal joint, by open reduction	126.55
Mandible, by closed reduction	79.10
Clavicle, by closed reduction	93.80
Clavicle, by open reduction	189.80
Shoulder, not requiring general anaesthetic	105.55

Schedule 1

	\$
Shoulder, by open reduction, with general anaesthetic	378.45
Shoulder, other, with general anaesthetic	187.50
Metacarpophalangeal joint, by closed reduction	126.55
Metacarpophalangeal joint, by open reduction	169.45
Patella, by closed reduction	142.30
Patella, by open reduction	189.80
Radioulnar joint, by closed reduction	221.40
Radioulnar joint, by open reduction	293.65
Toe, by closed reduction	79.10
Toe, by open reduction	105.05

REMOVAL OF FOREIGN BODIES —	\$
as independent procedure	34.45
superficial	153.60
deep tissue or muscle	429.25
ear, other than by syringing	110.70
nose, other than by simple probing	110.70
cornea or sclera, embedded	112.95

FRACTURES

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

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

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

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

	\$
Distal phalanx of finger or thumb	
fracture, by closed reduction	142.30
fracture, intra-articular, by closed reduction	164.95
fracture, by open reduction	189.80
fracture, intra-articular, by open reduction	237.20

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

Schedule 1

	\$
Middle phalanx of finger	
fracture, by closed reduction	214.60
fracture, intra-articular, by closed reduction	242.80
fracture, by open reduction	282.35
fracture, intra-articular, by open reduction	355.75
Proximal phalanx of finger or thumb	
fracture, by closed reduction	282.35
fracture, intra-articular, by closed reduction	333.15
fracture, by open reduction	378.45
fracture, intra-articular, by open reduction	474.40
Metacarpal	
fracture, by closed reduction	282.35
fracture, intra-articular, by closed reduction	333.15
fracture, by open reduction	378.45
fracture, intra-articular, by open reduction	474.40
Carpal Scaphoid, by open reduction	632.50
Carpal Scaphoid, other	282.35
Carpus (excluding Scaphoid), by open reduction	395.30
Carpus (excluding Scaphoid), other	158.15
Radius	
by closed management	316.25
by open management	632.50
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	474.40
by open reduction	632.50
Ribs (1 or more), each attendance	72.35
Tibia, plateau of, medial or lateral	
by closed reduction	570.40
by open reduction	756.70
Tibia, plateau of, medial and lateral	
by closed reduction	948.75
by open reduction	1 270.60
 SUTURES	
face or neck, less than 7 cm, superficial	112.95
face or neck, less than 7 cm, deep	171.65
face or neck, more than 7 cm, superficial	171.65

Schedule 1

	\$
face or neck, more than 7 cm, deep	293.65
except face or neck, less than 7 cm, superficial	85.85
except face or neck, less than 7 cm, deep	128.75
except face or neck, more than 7 cm, superficial	128.75
except face or neck, more than 7 cm, deep	282.35

AMPUTATIONS

Hand, midcarpal or transmetacarpal	429.25
Hand, forearm or through arm	496.95
At shoulder	841.40
Interscapulothoracic	1 671.55
One digit of foot	225.85
Two digits of one foot	338.85
Three digits of one foot	457.45
Four digits of one foot	570.40
Five digits of one foot	683.35
Toe including metatarsal or part of metatarsal	266.60
Foot, at ankle	496.95
Foot, midtarsal or transmetatarsal	429.25
Through thigh, at knee or below knee	734.15
At hip	1033.35

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 \$142.30, whichever is greater.

USE OF PRIVATE THEATRES

A theatre fee of **\$85.85** 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.

Schedule 1

*[Part 2 amended in Gazette 19 Mar 2004 p. 896-9; 21 Jan 2005
p. 281-3.]*

Part 3 — Diagnostic Imaging Services

ULTRASOUND

MBS item number <i>(November 2004 edition)</i>	Fee \$
55028	138.35
55029	48.00
55030	138.35
55031	48.00
55032	138.35
55033	48.00
55036	141.10
55037	48.00
55038	138.35
55039	48.00
55044	141.10
55045	48.00
55048	138.35
55049	48.00
55054	138.35
55070	124.55
55073	43.15
55076	138.35
55079	48.00
55084	124.55
55085	43.15
55113	292.45
55114	292.45
55115	292.45
55116	325.20
55117	325.20
55118	349.30
55130	215.55
55135	448.35
55238	214.90
55244	214.90
55246	214.90

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

Schedule 1

MBS item number <i>(November 2004 edition)</i>	Fee \$
55248	214.90
55252	214.90
55274	214.90
55276	214.90
55278	214.90
55280	214.90
55282	214.90
55284	214.90
55292	214.90
55294	214.90
55296	140.80
55600	138.35
55603	138.35
55700	76.05
55703	44.40
55704	88.75
55705	44.40
55706	126.80
55709	48.20
55712	145.80
55715	50.70
55718	126.80
55721	145.80
55723	48.20
55725	50.70
55728	126.80
55729	34.55
5731	124.25
55733	44.40
55736	161.00
55739	72.25
55759	190.20
55762	76.05
55764	202.85
55766	82.40
55768	190.20
55770	76.05
55772	202.85

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

Schedule 1

MBS item number <i>(November 2004 edition)</i>	Fee \$
55774	82.40
55800	138.35
55802	48.00
55804	138.35
55806	48.00
55808	138.35
55810	48.00
55812	138.35
55814	48.00
55816	138.35
55818	48.00
55820	138.35
55822	48.00
55824	138.35
55826	48.00
55828	138.35
55830	48.00
55832	138.35
55834	48.00
55836	138.35
55838	48.00
55840	138.35
55842	48.00
55844	110.75
55846	48.00
55848	138.35
55850	193.80
55852	138.35
55854	48.00

**COMPUTED TOMOGRAPHY —
EXAMINATION AND REPORT**

MBS item number <i>(November 2004 edition)</i>	Fee \$
56001	227.15
56007	291.15
56010	293.55

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

Schedule 1

MBS item number <i>(November 2004 edition)</i>	Fee \$
56013	291.15
56016	337.70
56022	262.00
56028	392.20
56030	262.00
56036	392.20
56041	115.00
56047	146.85
56050	149.30
56053	149.30
56056	181.00
56062	131.75
56068	196.10
56070	131.75
56076	196.10
56101	267.85
56107	395.95
56141	135.60
56147	199.85
56219	379.85
56220	279.50
56221	279.50
56223	279.50
56224	409.20
56225	409.20
56226	409.20
56227	142.65
56228	142.65
56229	142.65
56230	206.65
56231	206.65
56232	206.65
56233	279.50
56234	409.20
56235	142.60
56236	206.65
56237	279.50
56238	409.20

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

Schedule 1

MBS item number <i>(November 2004 edition)</i>	Fee \$
56239	142.60
56240	206.65
56259	191.90
56301	343.55
56307	465.80
56341	174.05
56347	235.25
56401	291.15
56407	419.20
56409	291.15
56412	419.20
56441	147.65
56447	211.35
56449	147.65
56452	211.35
56501	448.35
56507	559.00
56541	224.90
56547	283.85
56619	256.20
56625	389.70
56659	130.55
56665	194.95
56801	543.30
56807	652.10
56841	271.75
56847	330.55
57001	543.40
57007	661.15
57041	271.80
57047	330.60
57201	180.75
57247	90.30
57341	547.30
57345	281.35
57350	593.90
57351	593.90
57355	307.60

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

Schedule 1

MBS item number	Fee
<i>(November 2004 edition)</i>	\$
57356	307.60

DIAGNOSTIC RADIOLOGY

MBS item number	Fee
<i>(November 2004 edition)</i>	\$
57506	40.00
57509	53.45
57512	54.45
57515	72.60
57518	43.70
57521	58.35
57524	366.45
57527	88.40
57700	54.45
57703	72.60
57706	43.70
57709	58.35
57712	63.40
57715	81.90
57721	133.45
57901	86.75
57902	86.75
57903	63.60
57906	86.75
57909	86.75
57912	63.40
57915	63.40
57918	63.40
57921	63.40
57924	63.40
57927	66.75
57930	44.25
57933	105.25
57939	86.75
57942	66.75
57945	58.35
57960	63.75
57963	63.75

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

Schedule 1

MBS item number <i>(November 2004 edition)</i>	Fee \$
57966	63.75
57969	63.75
58100	90.30
58103	74.10
58106	103.55
58108	178.70
58109	63.20
58112	130.80
58115	178.70
58300	53.95
58306	120.25
58500	47.55
58503	63.40
58506	81.70
58509	53.45
58521	58.35
58524	76.00
58527	93.35
58700	61.95
58706	212.35
58715	203.80
58718	169.60
58721	185.90
58900	48.00
58903	64.00
58909	120.95
58912	148.25
58915	106.15
58916	186.25
58921	181.90
58924	113.05
58927	102.80
58933	276.50
58936	263.50
58939	187.35
59103	28.65
59300	120.35
59303	72.55

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

Schedule 1

MBS item number <i>(November 2004 edition)</i>	Fee \$
59306	134.90
59309	269.75
59312	117.00
59314	70.60
59318	63.25
59503	120.25
59700	129.85
59703	102.05
59712	152.90
59715	193.05
59718	181.10
59724	304.55
59733	144.85
59736	83.40
59739	99.20
59751	187.15
59754	295.00
59760	154.85
59763	180.05
59903	154.05
59912	410.45
59925	487.40
59970	226.35
59971	77.05
59972	205.20
59973	243.75
59974	113.25
60000	758.45
60003	1 112.30
60006	1 581.60
60009	1 850.85
60012	758.45
60015	1 112.30
60018	1 581.60
60021	1 850.85
60024	758.45
60027	1 112.30
60030	1 581.60

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

Schedule 1

MBS item number <i>(November 2004 edition)</i>	Fee \$
60033	1 850.85
60036	758.45
60039	1 112.30
60042	1 581.60
60045	1 850.85
60048	758.45
60051	1 112.30
60054	1 581.60
60057	1 850.85
60060	758.45
60063	1 112.30
60066	1 581.60
60069	1 850.85
60072	64.70
60075	129.25
60078	194.00
60100	81.70
60500	58.35
60503	40.00
60506	85.75
60509	133.00
60918	63.40
60927	51.15
61109	348.15

NUCLEAR MEDICINE IMAGING

MBS item number <i>(November 2004 edition)</i>	Fee \$
61302	464.95
61303	585.55
61306	735.10
61307	864.85
61310	380.45
61313	314.25
61314	435.05
61316	394.85
61317	510.00
61320	237.10

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

Schedule 1

MBS item number <i>(November 2004 edition)</i>	Fee \$
61328	235.80
61340	262.05
61348	459.25
61352	268.65
61353	400.45
61356	406.85
61360	417.80
61361	477.95
61364	514.80
61368	231.10
61369	2 088.00
61372	231.10
61373	507.25
61376	148.50
61381	594.90
61383	647.35
61384	712.35
61386	344.40
61387	446.20
61389	383.85
61390	424.65
61393	627.20
61397	255.70
61401	168.10
61402	626.75
61405	358.40
61409	904.80
61413	234.05
61417	123.10
61421	497.00
61425	622.25
61426	574.70
61429	562.45
61430	683.05
61433	514.80
61434	637.45
61437	562.25
61438	697.10

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

Schedule 1

MBS item number <i>(November 2004 edition)</i>	Fee \$
61441	507.25
61442	779.30
61445	297.05
61446	345.50
61449	472.55
61450	411.80
61453	533.15
61454	360.55
61457	487.30
61458	411.15
61461	546.75
61462	134.95
61465	275.00
61469	360.55
61473	181.65
61480	400.70
61484	912.45
61485	1 035.00
61495	231.10
61499	262.05
61650	910.20

MAGNETIC RESONANCE IMAGING

MBS item number <i>(November 2004 edition)</i>	Fee \$
63000 — 63497	526.75

Part 3 inserted in Gazette 1 Nov 2005 p. 4977-84.]

[Schedule 1 inserted in Gazette 20 Jul 1999 p. 3250-77; amended in Gazette 31 Aug 1999 p. 4244-5; 21 Dec 2000 p. 7626-46 (Printers correction in Gazette 6 Feb 2001 p. 743); 28 Dec 2001 p. 6692-710; 23 Sep 2003 p. 4174-85; 19 Mar 2004 p. 864-910; 29 Oct 2004 p. 4941-2; 21 Jan 2005 p. 279-83; 1 Nov 2005 p. 4977-84.]

Schedule 2

[r. 3]

Scale of fees – physiotherapists

Part 1 — General

Type of service	Fee \$
1. Initial consultation (Includes individual initial services provided in rooms, home or hospital; hydrotherapy treatment; specialist consultations; extended treatments; and services provided outside normal business hours)	55.15
2. Standard consultation (Includes individual subsequent services provided in rooms, home or hospital; hydrotherapy treatment; specialist consultations; extended treatments; and services provided outside normal business hours)	44.30
3. Two distinct areas of treatment per visit (Includes individual initial or subsequent services provided in rooms, home or hospital; hydrotherapy treatment; specialist consultations; and services provided outside normal business hours)	56.00
4. Three or more distinct areas of treatment per visit (Includes individual initial or subsequent services provided in rooms, home or hospital; hydrotherapy treatment; complex treatment; specialist consultations; and services provided outside normal business hours)	74.55
5. Group consultation – per person (Includes services provided to more than one individual in rooms, home or hospital; hydrotherapy treatment; complex treatment; specialist consultations; extended treatments; and services provided outside normal business hours)	13.65
6. Worksite visit (per hour)	125.35
7. Solicitors reports	55.15

Schedule 2

8. **Travel (per kilometre)** .0.64
[Part 1 amended in Gazette 29 Oct 2004 p. 4942; 21 Jan 2005 p. 284.]

Part 2 — Exercise-based programs

Type of service	Fee
	\$
9. Exercise consultation/assessment The following services are included in the initial/subsequent consultation fee:	\$125.75 per hour, total fee not to exceed \$251.50
<ul style="list-style-type: none"> • Assessment of the worker; • Provision/prescription of exercises; • Program development, coordination; • Physiological testing; • Communication with relevant persons (other than reports). 	Where a session is for a fraction of one hour, the amount chargeable is to be calculated as that fraction of the maximum amount chargeable.
Physiotherapist to patient ratio must be 1:1 for the duration of the consultation.	
10. Initial report	55.35
11. Subsequent reports	44.45
	per report
12. Final report	44.45
13. Gym membership/Entry fees (Prior approval from insurer/self-insurer is required)	Market rates

Schedule 2

14. Travel, within metropolitan area 31.35 per journey to a venue (If a physiotherapist consults with more than one worker before leaving a venue, the fee for the journey to the venue is to be apportioned equally between the workers.)

[Part 2 amended in Gazette 21 Jan 2005 p. 284-5

[Schedule 2 inserted in Gazette 21 May 2002 p. 2593-4; amended in Gazette 25 Mar 2003 p. 923; 23 Sep 2003 p. 4185-6; 29 Oct 2004 p. 4942; 21 Jan 2005 p. 284-5.]

Schedule 3

Schedule 3

[r. 4]

Scale of fees — chiropractors

Type of service	Fee \$
Initial consultation and examination	43.60
Subsequent consultation	36.40
Spinal x-ray, one region	86.65
Spinal x-ray, 2 or more regions	130.05
Travel (per kilometre)	0.62

*[Schedule 3 inserted in Gazette 12 Sep 2003 p. 4082; amended in
Gazette 9 Jan 2004 p. 99; 21 Jan 2005 p. 285.]*

Schedule 4

[r. 5]

Scale of fees — occupational therapists

Type of Service	Fee
	\$
1. Brief consultation (< 15 minutes)	18.85
2. Short consultation (15 minutes to < 30 minutes)	37.75
3. Standard consultation (30 minutes to < 45 minutes)	62.20
4. Extended consultation (45 minutes to < one hour)	93.30
5. Extended consultation (\geq one hour)	124.35
6. Standard group consultation (30 minutes) per person	40.85
7. Travel costs are to be calculated at the hourly rate by the length of time spent travelling.	

*[Schedule 4 inserted in Gazette 23 Sep 2003 p. 4186; amended in
Gazette 9 Jan 2004 p. 99; 21 Jan 2005 p. 285.]*

Schedule 5 Scale of fees — speech pathologists

Schedule 5 — Scale of fees — speech pathologists

[r. 7]

	Type of service	Fee
1.	Initial consultation/assessment (up to and including 1 hour)	\$114.90
2.	Initial consultation/assessment (exceeding 1 hour)	\$148.90
3.	Subsequent consultation (<½ hour)	\$50.20
4.	Subsequent consultation (½ hour – 1 hour)	\$65.10
5.	Subsequent consultation (>1 hour)	\$87.90

[Schedule 5 inserted in Gazette 14 Dec 2001 p. 6417; amended in Gazette 7 Mar 2003 p. 741-2; 9 Jan 2004 p. 100; 21 Jan 2005 p. 285-6; 11 Nov 2005 p. 5569.]

Scale of maximum fees — approved medical specialists Schedule 6

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

[r. 9]

[Heading inserted in Gazette 11 Nov 2005 p. 5568.]

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	\$880 (or, if an interpreter is present at the examination, \$1 100 excluding any fee payable to the interpreter)
2. Examination and provision of report and certificate — moderately complex assessment (eg. reviewing multiple questions and reports; impairment involving more complex assessments; more than one body system involved) — other than a service mentioned in item 4, 5, 6 or 8	\$1 100 (or, if an interpreter is present at the examination, \$1 320 excluding any fee payable to the interpreter)
3. Examination and provision of report and certificate — complex assessment (eg. multiple injuries; severe impairment such as spinal cord injury or head injury) — other than a service mentioned in item 4, 5, 6 or 8	\$1 320 (or, if an interpreter is present at the examination, \$1 540 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	\$880 (or, if an interpreter is present at the examination, \$1 100 excluding any fee payable to the interpreter)
5. Examination and provision of report and certificate — psychiatric — standard assessment — other than a service	\$1 320 (or, if an interpreter is present at the examination, \$1 540 excluding any fee payable

Schedule 6 Scale of maximum fees — approved medical specialists

	Description of assessment	Maximum fee
	mentioned in item 8	to the interpreter)
6.	Examination and provision of report and certificate — psychiatric — complex assessment (eg. reviewing significant documented prior psychiatric history) — other than a service mentioned in item 8	\$2 200 (or, if an interpreter is present at the examination, \$2 420 excluding any fee payable to the interpreter)
7.	Consolidation of written assessments from multiple assessors	\$440
8.	Re-examination and provision of report and certificate	\$660 (or, if an interpreter is present at the examination, \$880 excluding any fee payable to the interpreter)
9.	Provision of supplementary report and certificate	\$220

[Part 1 inserted in Gazette 11 Nov 2005 p. 5568-9.]

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 (b) the examination is cancelled, otherwise than at the request of the approved medical specialist, with less than one working day's notice	\$440

[Part 2 inserted in Gazette 11 Nov 2005 p. 5569.]

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. The table also contains information about any reprint.

Compilation table

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

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

Citation	Gazettal	Commencement
<i>Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2003</i>	7 Mar 2003 p. 741-2	7 Mar 2003
<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 (Scale 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)

² Now known as the *Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998*; short title changed (see note under s. 1).