

Western Australia

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

As at 10 Jan 2006

Version 01-m0-02

Extract from www.slp.wa.gov.au, see that website for further information

Western Australia

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

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Schedule 1

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

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specialists**

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

1. Citation

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

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

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

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

- (2) In Schedule 1 —

“MBS item number” means the item number corresponding to a radiological service described in the Medicare Benefits Schedule published by the Commonwealth Department of Health and Aged Care, as at November 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 \$165.20 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; 10 Jan 2006 p. 43.]*

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 \$52.30 is prescribed as the fee to be paid to an osteopath for an osteopathic consultation with a worker suffering injuries that are compensable under the Act.

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

*[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;
10 Jan 2006 p. 44.]*

8. Scale of fees — vocational rehabilitation providers

Under section 292(2)(b) of the Act, the hourly rate of \$123.35 per hour is prescribed as the fee to be paid to approved providers of vocational rehabilitation services when those services are provided to workers in accordance with the Act.

*[Regulation 8 amended in Gazette 21 Dec 2000 p. 7626;
28 Dec 2001 p. 6692; 23 Sep 2003 p. 4174; 9 Jan 2004 p. 99;
21 Jan 2005 p. 279; 11 Nov 2005 p. 5569; 10 Jan 2005 p. 44.]*

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

Surgery Consultation

in hours

Content based	\$
Minor or Specific Service (Level A or B)	51.35
Extended Service (Level C)	93.85
Comprehensive Service (Level D)	144.20
Time based	\$
up to 5 mins	30.60
more than 5 mins to 15 mins	40.00
more than 15 mins to 30 mins	77.05
more than 30 mins to 45 mins	116.55
more than 45 mins to 60 mins	158.05

Surgery Consultations

out of hours

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

Content based	\$
Minor Service (Level A)	38.55

**Workers' Compensation and Injury Management (Scales of Fees)
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Specific Service (Level B)	77.05
Extended Service (Level C)	140.30
Comprehensive Service (Level D)	217.35
Time based	\$
up to 5 mins	61.00
more than 5 mins to 15 mins	66.20
more than 15 mins to 30 mins	102.75
more than 30 mins to 45 mins	140.30

VISITS

Consultations at a place other than the Consulting Rooms

in hours	\$
Minor Service (Level A)	64.25
Specific Service (Level B)	87.90
Extended Service (Level C)	130.40
Comprehensive Service (Level D)	181.75
out of hours	\$
Minor Service (Level A)	77.05
Specific Service (Level B)	114.60
Extended Service (Level C)	175.85
Comprehensive Service (Level D)	256.85

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	17.15
more than 5 mins to 15 mins	21.50
more than 15 mins to 30 mins	44.90
more than 30 mins	67.30

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

per hour	193.20
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Schedule 1

TRAVELLING FEES

Outside the metropolitan area
Rate per kilometre

3.42

PHYSICIANS, OCCUPATIONAL & REHABILITATION PHYSICIANS

PHYSICIANS

CONSULTATIONS

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

\$

first attendance

195.05

subsequent attendances

97.60

VISITS

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

\$

first attendance

233.60

subsequent attendances

134.80

REHABILITATION PHYSICIANS

CONSULTATIONS

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

\$

first attendance

195.05

subsequent attendances

97.60

VISITS

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

\$

first attendance

233.60

subsequent attendances

134.80

OCCUPATIONAL PHYSICIANS

CONSULTATIONS

**Workers' Compensation and Injury Management (Scales of Fees)
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Schedule 1

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	198.25
subsequent attendances	97.60

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	233.60
subsequent attendances	134.80

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	25.55
more than 5 mins to 15 mins	31.55
more than 15 mins to 30 mins	66.00
more than 30 mins	99.65

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

per hour	286.45
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TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	3.42
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CONSULTANT PSYCHIATRISTS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
Time based	\$
up to 15 mins	57.25
more than 15 mins to 30 mins	114.15
more than 30 mins to 45 mins	170.95
more than 45 mins to 60 mins	228.75
more than 60 mins to 75 mins	258.85
more than 75 mins	288.90

Schedule 1

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	93.95
more than 15 mins to 30 mins	151.70
more than 30 mins to 45 mins	207.05
more than 45 mins to 75 mins	264.85
more than 75 mins	319.10

TELEPHONE CONSULTATIONS

Time based	\$
up to 45 mins	75.85
more than 45 mins	165.70

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

per hour	286.45
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TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	3.42
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SPECIALISTS

SURGEONS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	110.90
subsequent attendances	57.85

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	149.50
subsequent attendances	95.25

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

Schedule 1

DERMATOLOGISTS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	110.90
subsequent attendances	57.85

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	149.25
subsequent attendances	95.10

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	25.55
more than 5 mins to 15 mins	31.55
more than 15 mins to 30 mins	66.00
more than 30 mins	99.65

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

per hour	286.45
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TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	3.42
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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	\$35.45

CONSULTATIONS AND ATTENDANCES	Units
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Anaesthetist Consultation

Schedule 1

\$ value per unit	\$35.45
— an attendance of 15 minutes or less duration	2
— an attendance of more than 15 minutes but not more than 30 minutes duration	4
— an attendance of more than 30 minutes but not more than 45 minutes duration	6
— an attendance of more than 45 minutes duration	8
Post anaesthesia patient care following a day procedure	2
EMERGENCY ATTENDANCES	
After hours — where immediate attendance is required after 6 p.m. and before 8 a.m. on any weekday, or at any time on a Saturday, Sunday or a public holiday	6
Note: No after hours loading applies to the above item	
Attendance on a patient in imminent danger of death requiring continuous life saving emergency treatment to the exclusion of all other patients	6
Call back from home, office or other distant location for the provision of emergency services	4

PROCEDURES AND SERVICES

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

Schedule 1

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

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

Schedule 1

Anaesthesia for after-hours emergencies

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

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

PART A — PROCEDURES

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

Schedule 1

— 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
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)

Schedule 1

Anaesthesia for all procedures on the skin or subcutaneous tissue of the chest unless otherwise specified	3
Anaesthesia for all procedures on the breast unless otherwise specified	4
— reconstructive procedures on the breast (eg. reduction or augmentation, mammoplasty)	5
— removal of breast lump or for breast segmentectomy where axillary node dissection is performed	5
— mastectomy	6
— reconstructive procedures on the breast using myocutaneous flaps	8
— radical or modified radical procedures on breast with internal mammary node dissection	13
— electrical conversion of arrhythmias	5
Anaesthesia for percutaneous bone marrow biopsy of the sternum	4
Anaesthesia for all procedures on the clavicle, scapula or sternum unless otherwise specified	5
— radical surgery	6
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

Schedule 1

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
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Schedule 1

Anaesthesia for all procedures on the nerves, muscles, tendons and fascia of the upper abdominal wall	4
Anaesthesia for diagnostic laparoscopy	6
Anaesthesia for laparoscopic procedures unless otherwise specified	7
Anaesthesia for extracorporeal shock wave lithotripsy	6
Anaesthesia for upper gastrointestinal endoscopic procedures	5
Anaesthesia for upper gastrointestinal endoscopic procedures in association with imaging techniques including fluoroscopy and ultrasound	6
Anaesthesia for upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage	6
Anaesthesia for all hernia repairs in upper abdomen unless otherwise specified	4
— repair of incisional hernia and/or wound dehiscence	6
— repair of omphalocele	7
— transabdominal repair of diaphragmatic hernia	9
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

Schedule 1

— percutaneous procedures on an intra-abdominal organ in the upper abdomen 6

Lower abdomen

Anaesthesia for all procedures on the skin or subcutaneous tissue of the lower abdominal wall unless otherwise specified 3

— lipectomy 5

Anaesthesia for all procedures on the nerves, muscles, tendons and fascia of the lower abdominal wall (with the exception of abdominal lipectomy) 4

Anaesthesia for diagnostic laparoscopy 6

Anaesthesia for laparoscopic procedures 7

Anaesthesia for all lower intestinal endoscopic procedures (modifier for prone position is not applicable) 4

Anaesthesia for extracorporeal shock wave lithotripsy 6

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

Schedule 1

— pelvic exenteration	10
— Caesarean section	10
— Caesarean hysterectomy or hysterectomy within 24 hours of delivery	15
Anaesthesia for all extraperitoneal procedures in lower abdomen, including urinary tract, unless otherwise specified	6
— renal procedures, including upper 1/3 or ureter	7
— total cystectomy	10
— adrenalectomy	10
— neuro endocrine tumour removal (eg. carcinoid)	10
— renal transplant (donor or recipient)	10
Anaesthesia for all procedures on major lower abdominal vessels unless otherwise specified	15
— inferior vena cava ligation	10
— percutaneous umbrella insertion	5
Anaesthesia for percutaneous procedures on an intra-abdominal organ in the lower abdomen	6

Perineum

Anaesthesia for all procedures on the skin or subcutaneous tissue of the perineum (including biopsy of male genital system) unless otherwise specified	3
— anorectal procedure (including endoscopy and/or biopsy)	4
— radical perineal procedure including radical perineal prostatectomy or radical vulvectomy	7
— vulvectomy	4
Anaesthesia for all transurethral procedures (including 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

Schedule 1

— 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
— 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
Anaesthesia for endometrial ablation or resection in association with hysteroscopy	5
— correction of inverted uterus	8
Anaesthesia for evacuation of retained products of conception, as a complication of confinement	4
— for the manual removal of retained placenta or for repair of vaginal or perineal tear following delivery	5
— for vaginal procedures in the management of post partum haemorrhage	7

Pelvis — except hip

Schedule 1

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
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

Schedule 1

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
— knee replacement	7
— bilateral knee replacement	10
— disarticulation of knee	5

Schedule 1

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

Schedule 1

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
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
— interthoracoscaphular (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

Schedule 1

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

Schedule 1

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
— 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:	

Schedule 1

— lumbar or thoracic	5
— cervical	6
— posterior fossa	9
Anaesthesia for injection procedure for discography:	
— lumbar or thoracic	5
— cervical	6
Anaesthesia for peripheral arteriogram	5
Anaesthesia for arteriograms:	
— carotid, cerebral or vertebral	5
— retrograde, brachial or femoral	5
Anaesthesia for computerised axial tomography scanning, magnetic resonance scanning, ultrasound scanning or digital subtraction angiography scanning	7
Anaesthesia for radiology unless otherwise specified	4
Anaesthesia for retrograde cystography, retrograde urethrography or retrograde cystourethrography	4
Anaesthesia for flouroscopy	5
Anaesthesia for small bowel enema, barium or other opaque study of the small bowel	5
Anaesthesia for bronchography	6
Anaesthesia for phlebography	5
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

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Anaesthesia for harvesting of bone marrow for the purpose of transplantation	5
Anaesthesia for muscle biopsy for malignant hyperpyrexia	10
Anaesthesia for electroencephalography	5
Anaesthesia for brain stem evoked audiometry	5
Anaesthesia for electrocochleography by extratympanic method or transtympanic membrane insertion method	5
Anaesthesia for a therapeutic procedure where it can be demonstrated that there is a clinical need for anaesthesia	5
Anaesthesia during hyperbaric therapy where the medical practitioner is not confined in the chamber (including the administration of oxygen)	8
Anaesthesia during hyperbaric therapy where the medical practitioner is confined in the chamber (including the administration of oxygen)	15
Anaesthesia for brachytherapy using radioactive sealed sources	5
Anaesthesia for therapeutic nuclear medicine	5
Anaesthesia for radiotherapy	7
Anaesthesia where no procedure ensues	3

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

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Administration of blood or bone marrow already collected when performed in association with the administration of anaesthesia	no	no	4
Venous cannulation and blood transfusion (or blood products) not associated with anaesthesia	no	no	5
Intubation, endotracheal, emergency procedure, where the patient's airway is unsecured and at high risk of occlusion, (eg. epiglottitis or haematoma post thyroidectomy) not associated with surgery	yes	yes	15
Intubation, endotracheal, not associated with anaesthesia, when subsequent management is not in an intensive care unit	yes	yes	4
Awake endotracheal intubation with flexible fiberoptic scope, associated with difficult airway, when performed in association with the administration of anaesthesia	no	no	4
Double lumen endobronchial tube or bronchial blocker, insertion of, when performed in association with the administration of anaesthesia	no	no	4
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

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Venous cannulation and commencement of intravenous infusion not associated with anaesthesia	no	no	2
Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement	no	no	7
Pulmonary artery pressure monitoring	no	no	3
Left atrial pressure monitoring via left atrial catheter	no	no	3
Invasive pressure monitoring, not otherwise listed	no	no	3
Measurement of the mechanical or gas exchange function of the respiration system, or of respiratory muscle function, or of ventilatory control mechanisms, using measurements of parameters including pressures, volumes, flow, gas concentrations in inspired or expired air, alveolar gas or blood and incorporating serial arterial blood gas analysis and a written record of the results, when performed in association with the administration of anaesthesia	no	no	7
Central vein catheterization, percutaneous via jugular, subclavian or femoral vein	no	no	3
Central vein catheterization by cutdown	no	no	5
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

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Intra arterial pressure monitoring	no	no	3
Catheterization, umbilical artery, newborn, for diagnosis, or therapy	no	no	5
Intra-arterial infusion or retrograde intravenous perfusion of a sympatholytic agent	no	no	4
Intravenous regional anaesthesia of limb by retrograde perfusion	no	no	4
Perfusion of limb or organ	no	no	12
Medical management of cardio-pulmonary bypass perfusion using heart/lung machine	yes	yes	20
Hypothermia, total body	no	no	5
Cardioplegia, blood or crystalloid, administration by any route	no	no	10
Deep hypothermia to a core temperature of less than 22 degrees in association with circulatory arrest	no	no	15
Standby medical management of cardio-pulmonary bypass perfusion using heart/lung machine	no	yes	5
Major nerve block (proximal to the elbow or knee), including intercostal nerve block(s) or plexus block to provide post operative pain relief	no	no	4
Minor nerve block (specify type) to provide post operative pain relief (does not include subcutaneous infiltration)	no	no	2
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

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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
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

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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
— glossopharyngeal nerve	no	no	8
— phrenic nerve	no	no	7
— spinal accessory nerve	no	no	5

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

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— coeliac plexus or splanchnic nerves	no	no	10
Cranial nerve other than trigeminal, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin	no	no	20
Nerve branch, not covered by any other item in this Group, destruction by a neurolytic agent, not being a service associated with the injection of botulinum toxin	no	no	10
Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent	no	no	20
Lumbar sympathetic chain, destruction by a neurolytic agent	no	no	15
Cervical or thoracic sympathetic chain, destruction by a neurolytic agent	no	no	20
Cardioversion, elective, electrical conversion of arrhythmia, external	no	no	4
Hyperbaric oxygen treatment when the specialist is inside the chamber	yes	yes	15
Hyperbaric oxygen treatment when the specialist is outside the chamber	yes	yes	8
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;			

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(b) real time colour flow mapping from at least 2 oesophageal windows; and			
(c) recording on video tape	no	no	10
Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure	no	no	14
The use of two dimensional imaging ultrasound guidance to assist percutaneous major vascular access involving catheterisation of the jugular, subclavian or femoral vein	no	no	3
The use of two dimensional imaging ultrasound guidance to assist percutaneous neural blockade involving the branchial plexus, or femoral and/or sciatic nerve	no	no	3
Skin testing for allergy to anaesthetic agents	no	yes	4
Assistance in the administration of an anaesthetic	yes	yes	5

Note — Unlisted services

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

[Part 1 amended in Gazette 19 Mar 2004 p. 864-96; 29 Oct 2004 p. 4941-2; 21 Jan 2005 p. 279-81; 10 Jan 2006 p. 44-52.]

Part 2 — Medical procedures

Type of procedure	Fee
	\$
GENERAL	
Localised burns	42.80
Localised burns, including dressing of, under general anaesthetic	121.90
Extensive burns	73.85
Extensive burns, including dressing of, under general anaesthetic	257.90
Dressing of wounds, under general anaesthetic	121.90
Acupuncture, including consultation	56.85
DISLOCATIONS	
<p>“closed reduction” means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.</p> <p>“open reduction” means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation.</p> <p>“other” means treatment by any other method and includes the use of external splintage.</p>	
[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	229.75
Elbow, by open reduction	304.70
Interphalangeal joint, by closed reduction	98.50
Interphalangeal joint, by open reduction	131.30
Mandible, by closed reduction	82.10
Clavicle, by closed reduction	97.35
Clavicle, by open reduction	196.95
Shoulder, not requiring general anaesthetic	109.55
Shoulder, by open reduction, with general anaesthetic	392.70
Shoulder, other, with general anaesthetic	194.55
Metacarpophalangeal joint, by closed reduction	131.30
Metacarpophalangeal joint, by open reduction	175.85

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Type of procedure	Fee \$
Patella, by closed reduction	147.65
Patella, by open reduction	196.95
Radioulnar joint, by closed reduction	229.75
Radioulnar joint, by open reduction	304.70
Toe, by closed reduction	82.10
Toe, by open reduction	109.00

REMOVAL OF FOREIGN BODIES —

as independent procedure	35.75
superficial	159.40
deep tissue or muscle	445.45
ear, other than by syringing	114.85
nose, other than by simple probing	114.85
cornea or sclera, embedded	117.20

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	147.65
fracture, intra-articular, by closed reduction	171.15
fracture, by open reduction	196.95
fracture, intra-articular, by open reduction	246.15
Middle phalanx of finger	
fracture, by closed reduction	222.70
fracture, intra-articular, by closed reduction	251.95

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Type of procedure	Fee \$
fracture, by open reduction	293.00
fracture, intra-articular, by open reduction	369.15
Proximal phalanx of finger or thumb	
fracture, by closed reduction	293.00
fracture, intra-articular, by closed reduction	345.70
fracture, by open reduction	392.70
fracture, intra-articular, by open reduction	492.30
Metacarpal	
fracture, by closed reduction	293.00
fracture, intra-articular, by closed reduction	345.70
fracture, by open reduction	392.70
fracture, intra-articular, by open reduction	492.30
Carpal Scaphoid, by open reduction	656.35
Carpal Scaphoid, other	293.00
Carpus (excluding Scaphoid), by open reduction	410.20
Carpus (excluding Scaphoid), other	164.10
Radius	
by closed management	328.15
by open management	656.35
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	492.30
by open reduction	656.35
Ribs (1 or more), each attendance	75.10
Tibia, plateau of, medial or lateral	
by closed reduction	591.90
by open reduction	785.25
Tibia, plateau of, medial and lateral	
by closed reduction	984.50
by open reduction	1 318.50

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Type of procedure	Fee \$
SUTURES	
face or neck, less than 7 cm, superficial	117.20
face or neck, less than 7 cm, deep	178.10
face or neck, more than 7 cm, superficial	178.10
face or neck, more than 7 cm, deep	304.70
except face or neck, less than 7 cm, superficial	89.10
except face or neck, less than 7 cm, deep	133.60
except face or neck, more than 7 cm, superficial	133.60
except face or neck, more than 7 cm, deep	293.00
AMPUTATIONS	
Hand, midcarpal or transmetacarpal	445.45
Hand, forearm or through arm	515.70
At shoulder	873.10
Interscapulothoracic	1 734.55
One digit of foot	234.35
Two digits of one foot	351.60
Three digits of one foot	474.70
Four digits of one foot	591.90
Five digits of one foot	709.10
Toe including metatarsal or part of metatarsal	276.65
Foot, at ankle	515.70
Foot, midtarsal or transmetatarsal	445.45
Through thigh, at knee or below knee	761.85
At hip	1 072.30

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

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Type of procedure	Fee
	\$
of \$147.65, whichever is greater.	

USE OF PRIVATE THEATRES

A theatre fee of **\$89.10** will be paid to practitioners for the use of their private theatre, but this fee may only be charged if the patient would otherwise have been sent to hospital.

[Part 2 inserted in Gazette 10 Jan 2006 p. 52-6.]

Part 3 — Diagnostic Imaging Services

ULTRASOUND

MBS item number	Fee
<i>(1 November 2005)</i>	\$
55028	143.55
55029	49.80
55030	143.55
55031	49.80
55032	143.55
55033	49.80
55036	146.40
55037	49.80
55038	143.55
55039	49.80
55044	146.40
55045	49.80
55048	143.55
55049	49.80
55054	143.55
55070	129.25
55073	44.80
55076	143.55
55079	49.80
55084	129.25
55085	44.80
55113	303.50
55114	303.50

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MBS item number <i>(1 November 2005)</i>	Fee \$
55115	303.50
55116	337.45
55117	337.45
55118	362.45
55130	223.70
55135	465.25
55238	223.00
55244	223.00
55246	223.00
55248	223.00
55252	223.00
55274	223.00
55276	223.00
55278	223.00
55280	223.00
55282	223.00
55284	223.00
55292	223.00
55294	223.00
55296	146.10
55600	143.55
55603	143.55
55700	78.90
55703	46.05
55704	92.10
55705	46.05
55706	131.60
55707	92.10
55708	46.05
55709	50.00
55712	151.30
55715	52.60
55718	131.60
55721	151.30
55723	50.00
55725	52.60
55728	131.60
55729	35.85

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MBS item number <i>(1 November 2005)</i>	Fee \$
55731	128.95
55733	46.05
55736	167.05
55739	74.95
55759	197.35
55762	78.90
55764	210.50
55766	85.50
55768	197.35
55770	78.90
55772	210.50
55774	85.50
55800	143.55
55802	49.80
55804	143.55
55806	49.80
55808	143.55
55810	49.80
55812	143.55
55814	49.80
55816	143.55
55818	49.80
55820	143.55
55822	49.80
55824	143.55
55826	49.80
55828	143.55
55830	49.80
55832	143.55
55834	49.80
55836	143.55
55838	49.80
55840	143.55
55842	49.80
55844	114.95
55846	49.80
55848	143.55
55850	201.10

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MBS item number <i>(1 November 2005)</i>	Fee \$
55852	143.55
55854	49.80

**COMPUTED TOMOGRAPHY —
EXAMINATION AND REPORT**

MBS item number <i>(1 November 2005)</i>	Fee \$
56001	235.70
56007	302.15
56010	304.60
56013	302.15
56016	350.45
56022	271.90
56028	407.00
56030	271.90
56036	407.00
56041	119.35
56047	152.40
56050	154.95
56053	154.95
56056	187.80
56062	136.70
56068	203.50
56070	136.70
56076	203.50
56101	277.95
56107	410.90
56141	140.70
56147	207.40
56219	394.15
56220	290.05
56221	290.05
56223	290.05
56224	424.65
56225	424.65
56226	424.65
56227	148.05

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MBS item number <i>(1 November 2005)</i>	Fee \$
56228	148.05
56229	148.05
56230	214.45
56231	214.45
56232	214.45
56233	290.05
56234	424.65
56235	148.00
56236	214.45
56237	290.05
56238	424.65
56239	148.00
56240	214.45
56259	199.15
56301	356.50
56307	483.35
56341	180.60
56347	244.10
56401	302.15
56407	435.00
56409	302.15
56412	435.00
56441	153.20
56447	219.30
56449	153.20
56452	219.30
56501	465.25
56507	580.05
56541	233.40
56547	294.55
56549	465.25
56551	465.25
56619	265.85
56625	404.40
56659	135.45
56665	202.30
56801	563.80
56807	676.70

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MBS item number <i>(1 November 2005)</i>	Fee \$
56841	282.00
56847	343.00
57001	563.90
57007	686.10
57041	282.05
57047	343.05
57201	187.55
57247	93.70
57341	567.95
57345	291.95
57350	616.30
57351	616.30
57355	319.20
57356	319.20

DIAGNOSTIC RADIOLOGY

MBS item number <i>(1 November 2005)</i>	Fee \$
57506	41.50
57509	55.45
57512	56.50
57515	75.35
57518	45.35
57521	60.55
57524	380.25
57527	91.75
57700	56.50
57703	75.35
57706	45.35
57709	60.55
57712	65.80
57715	85.00
57721	138.50
57901	90.00
57902	90.00
57903	66.00
57906	90.00
57909	90.00

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MBS item number <i>(1 November 2005)</i>	Fee \$
57912	65.80
57915	65.80
57918	65.80
57921	65.80
57924	65.80
57927	69.25
57930	45.90
57933	109.20
57939	90.00
57942	69.25
57945	60.55
57960	66.15
57963	66.15
57966	66.15
57969	66.15
58100	93.70
58103	76.90
58106	107.45
58108	185.45
58109	65.60
58112	135.75
58115	185.45
58300	56.00
58306	124.80
58500	49.35
58503	65.80
58506	84.80
58509	55.45
58521	60.55
58524	78.85
58527	96.85
58700	64.30
58706	220.35
58715	211.50
58718	176.00
58721	192.90
58900	49.80
58903	66.40

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

Schedule 1

MBS item number <i>(1 November 2005)</i>	Fee \$
58909	125.50
58912	153.85
58915	110.15
58916	193.25
58921	188.75
58924	117.30
58927	106.70
58933	286.90
58936	273.45
58939	194.40
59103	29.75
59300	124.90
59303	75.30
59306	140.00
59309	279.90
59312	121.40
59314	73.25
59318	65.65
59503	124.80
59700	134.75
59703	105.90
59712	158.65
59715	200.35
59718	187.95
59724	316.05
59733	150.30
59736	86.55
59739	102.95
59751	194.20
59754	306.10
59760	160.70
59763	186.85
59903	159.85
59912	425.90
59925	505.75
59970	234.90
59971	79.95
59972	212.95

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

Schedule 1

MBS item number <i>(1 November 2005)</i>	Fee \$
59973	252.95
59974	117.50
60000	787.05
60003	1 154.25
60006	1 641.25
60009	1 920.65
60012	787.05
60015	1 154.25
60018	1 641.25
60021	1 920.65
60024	787.05
60027	1 154.25
60030	1 641.25
60033	1 920.65
60036	787.05
60039	1 154.25
60042	1 641.25
60045	1 920.65
60048	787.05
60051	1 154.25
60054	1 641.25
60057	1 920.65
60060	787.05
60063	1 154.25
60066	1 641.25
60069	1 920.65
60072	67.15
60075	134.10
60078	201.30
60100	84.80
60500	60.55
60503	41.50
60506	89.00
60509	138.00
60918	65.80
60927	53.10
61109	361.30

NUCLEAR MEDICINE IMAGING

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

Schedule 1

MBS item number <i>(1 November 2005)</i>	Fee \$
61302	482.50
61303	607.65
61306	762.80
61307	897.45
61310	394.80
61313	326.10
61314	451.45
61316	409.75
61317	529.25
61320	246.05
61328	244.70
61340	271.95
61348	476.55
61352	278.80
61353	415.55
61356	422.20
61360	433.55
61361	495.95
61364	534.20
61368	239.80
61369	2 166.70
61372	239.80
61373	526.35
61376	154.10
61381	617.35
61383	671.75
61384	739.20
61386	357.40
61387	463.00
61389	398.30
61390	440.65
61393	650.85
61397	265.35
61401	174.45
61402	650.40
61405	371.90
61409	938.90
61413	242.85

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

Schedule 1

MBS item number <i>(1 November 2005)</i>	Fee \$
61417	127.75
61421	515.75
61425	645.70
61426	596.35
61429	583.65
61430	708.80
61433	534.20
61434	661.50
61437	583.45
61438	723.40
61441	526.35
61442	808.70
61445	308.25
61446	358.55
61449	490.35
61450	427.30
61453	553.25
61454	374.15
61457	505.65
61458	426.65
61461	567.35
61462	140.05
61465	285.35
61469	374.15
61473	188.50
61480	415.80
61484	946.85
61485	1 074.00
61495	239.80
61499	271.95
61650	944.50

MAGNETIC RESONANCE IMAGING

MBS item number <i>(1 November 2003)</i>	Fee \$
63000 — 63497	526.75

[Part 3 inserted in Gazette 10 Jan 2006 p. 56-67.]

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

Schedule 1

[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; 10 Jan 2006 p. 44-67.]

Scale of fees — physiotherapists Schedule 2

Schedule 2 — Scale of fees — physiotherapists

[r. 3]

[Heading inserted in Gazette 10 Jan 2006 p. 67.]

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)	57.25
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)	45.95
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)	58.10
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)	77.35
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)	14.15
6. Worksite visit (per hour)	130.10

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

Schedule 2 Scale of fees — physiotherapists

7.	Solicitors reports	57.25
8.	Travel (per kilometre)	0.66

[Part 1 inserted in Gazette 10 Jan 2006 p. 67-8.]

Part 2 — Exercise-based programs

Type of service	Fee \$
9. Exercise consultation/assessment The following services are included in the initial/subsequent consultation fee — Assessment of the worker; Provision/prescription of exercises; Program development, coordination; Physiological testing; Communication with relevant persons (other than reports). Physiotherapist to patient ratio must be 1:1 for the duration of the consultation.	\$130.50 per hour, total fee not to exceed \$261.00 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.
10. Initial report	57.45
11. Subsequent reports	46.15 per report
12. Final report	46.15
13. Gym membership/Entry fees (Prior approval from insurer/self-insurer is required)	Market rates

Scale of fees — physiotherapists Schedule 2

14.	Travel, within metropolitan area	32.53 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.)
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[Part 2 inserted in Gazette 10 Jan 2006 p. 69-70.]

Schedule 3 Scale of fees — chiropractors

Schedule 3 — Scale of fees — chiropractors

[r. 4]

[Heading inserted in Gazette 10 Jan 2006 p. 70.]

Type of service	Fee
	\$
1. Initial consultation and examination	45.25
2. Subsequent consultation	37.75
3. Spinal x-ray, one region	89.90
4. Spinal x-ray, 2 or more regions	134.95
5. Travel (per kilometre)	0.64

[Schedule 3 inserted in Gazette 10 Jan 2006 p. 70.]

Scale of fees — occupational therapists Schedule 4

Schedule 4 — Scale of fees — occupational therapists

[r. 5]

[Heading inserted in Gazette 10 Jan 2006 p. 70.]

Type of Service	Fee
	\$
1. Brief consultation (< 15 minutes)	19.55
2. Short consultation (15 minutes to < 30 minutes)	39.15
3. Standard consultation (30 minutes to < 45 minutes)	64.55
4. Extended consultation (45 minutes to < one hour)	96.80
5. Extended consultation (\geq one hour)	129.05
6. Standard group consultation (30 minutes) per person	42.40
7. Travel costs are to be calculated at the hourly rate by the length of time spent travelling.	

[Schedule 4 inserted in Gazette 10 Jan 2006 p. 70.]

Schedule 5 — Scale of fees — speech pathologists

[r. 7]

[Heading inserted in Gazette 10 Jan 2006 p. 71.]

Type of service	Fee
	\$
1. Initial consultation/assessment (up to and including 1 hour)	\$119.25
2. Initial consultation/assessment (exceeding 1 hour)	\$154.50
3. Subsequent consultation (<½ hour)	\$52.10
4. Subsequent consultation (½ hour – 1 hour)	\$67.55
5. Subsequent consultation (>1 hour)	\$91.20

[Schedule 5 inserted in Gazette 10 Jan 2006 p. 71.]

Schedule 6 Scale of maximum fees — approved medical specialists

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

Scale of maximum fees — approved medical specialists Schedule 6

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 —	\$440
(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	

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

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

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	Gazetted	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)
<i>Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2006</i>	10 Jan 2006 p. 41-71	10 Jan 2006

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

