

South Australia

Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Regulations 1999

under the *Workers Rehabilitation and Compensation Act 1986*

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Legislative history

1—Short title

These regulations may be cited as the *Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Regulations 1999*.

2—Commencement

These regulations come into operation on the day on which they are made.

3—Revocation

The *Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Regulations 1997* (see *Gazette 15.5.1997 p2000*) are revoked.

4—Interpretation

- (1) In these regulations—

Act means the *Workers Rehabilitation and Compensation Act 1986*;

GST means the tax payable under the GST law;

GST law means—

- (a) *A New Tax System (Goods and Services Tax) Act 1999* (Commonwealth); and
- (b) the related legislation of the Commonwealth dealing with the imposition of a tax on the supply of goods, services and other things;

MBS Book means the Medicare Benefits Schedule Book published by the Commonwealth Department of Health and Aged Care in the year 2000 and expressed as operating from 1 November 2000;

N/A (not applicable), in relation to an item in Schedule A, means that a fee is not set by these regulations for the relevant item;

prescribed medical certificate means a certificate provided by a recognised medical expert in support of a claim for compensation pursuant to section 52 of the Act in a form prescribed by regulation under the Act.

- (2) Subject to the Act and subregulation (1), and unless the contrary intention appears, words and expressions used in Schedule A or B have the meanings specified in the MBS Book.

5—Scales of charges—Medical practitioners

Pursuant to section 32(11) of the Act, the scales of charges set out in Schedules A and B are, subject to modification under regulation 6, prescribed as scales of charges for the purposes of that section for the provision of medical and related or supplementary services by legally qualified medical practitioners.

6—Increase in fees for Goods and Services Tax

- (1) Where a service set out in Schedule A or B is subject to GST, the maximum fee set out in (or determined as a derived fee in accordance with) the Schedule in respect of the service is increased so that after deduction of the GST in relation to the service the amount of the fee remaining is equal to the maximum fee set out in, or determined in accordance with, the Schedule.
- (2) Where the maximum fee in respect of a service is determined as a derived fee in accordance with Schedule A or B, the fee from which it is derived must not be increased under subregulation (1) to include GST when calculating the derived fee.

Schedule A—Clinical medical services

Note—

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[Schedule A appears in Gazette 20.3.2003 p1100]

Schedule B—Workers compensation services

Medical report-treating doctor

Item No.	Group	Description	Maximum Fee
WMG16	General Practitioners	Treating doctor medical report—provided within 10 business days of receipt of the initial request.	\$150.40
WMG17	General Practitioners	Treating doctor medical report—provided between 10 and 30 business days after receipt of the initial request.	\$117.00
WMG18	General Practitioners	Treating doctor medical report—provided 30 or more business days after receipt of the initial request.	\$89.10

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Item No.	Group	Description	Maximum Fee
WMS16	Specialists in a surgical discipline	Treating doctor medical report—provided within 10 business days of receipt of the initial request.	\$239.60
WMS17	Specialists in a surgical discipline	Treating doctor medical report—provided between 10 and 30 business days after receipt of the initial request.	\$206.20
WMS18	Specialists in a surgical discipline	Treating doctor medical report—provided 30 or more business days after receipt of the initial request.	\$167.20
WMP16	Consultant Physicians	Treating doctor medical report—provided within 10 business days of receipt of the initial request.	\$239.60
WMP17	Consultant Physicians	Treating doctor medical report—provided between 10 and 30 business days after receipt of the initial request.	\$206.20
WMP18	Consultant Physicians	Treating doctor medical report—provided 30 or more business days after receipt of the initial request.	\$167.20

Notes—

Note 1 A medical report must be requested in writing and may be requested by—

- a claims agent, self-managed or exempt employer; or
- a worker's representative or advocate.

(Refer to the report preparation guidelines on page 1 of the explanatory booklet "Schedule B—Workers Compensation".)

Note 2 The date of request is taken to be 2 business days after the date the letter of request is posted, or 1 business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

Note 3 Most reports are expected to be completed on the basis of the medical practitioner's clinical notes, therefore a consultation is not necessarily a pre-requisite for the preparation of a report. However, if required in the judgement of the medical practitioner, the consultation is billed in the usual manner.

Note 4 Reading time for treating doctor medical reports is not normally chargeable. However, an appropriate fee for reading time for treating doctor medical reports will be authorised by the claims agent, self-managed or exempt employer if the costs are reasonable; for example, if the medical practitioner believes he or she has been asked to read an unusually large amount of material supplied by the requestor.

Note 5 A report clarification fee may be charged for clarification of a report if it is considered reasonable and not sought as a result of failure by the provider to address the original request. The claims agent, self-managed or exempt employer will authorise the cost if it is considered reasonable.

Note 6 Payment for reports will not be made in advance.

Short report—treating doctor

Item No.	Group	Description	Maximum Fee
WMG37	General Practitioners	Short report—provided within 72 hours of receipt of the initial request.	\$70.00
WMG38	General Practitioners	Short report—provided more than 72 hours after receipt of the initial request.	\$20.00

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Item No.	Group	Description	Maximum Fee
WMS37	Specialists in a surgical discipline	Short report—provided within 72 hours of receipt of the initial request.	\$70.00
WMS38	Specialists in a surgical discipline	Short report—provided more than 72 hours after receipt of the initial request.	\$20.00
WMP37	Consultant Physicians	Short report—provided within 72 hours of receipt of the initial request.	\$70.00
WMP38	Consultant Physicians	Short report—provided more than 72 hours after receipt of the initial request.	\$20.00

Notes—

- Note 1 The requestor must specify in the request that he or she is seeking a short report.
- Note 2 A medical report must be requested in writing and may be requested by—
- a claims agent, self-managed or exempt employer; or
 - a worker's representative or advocate.
- Note 3 The date of request is taken to be 2 business days after the date the letter of request is posted, or 1 business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.
- Note 4 Reports should be concise and focused. The anticipated length of a short report is approximately half an A4 page.
 (Refer to the report preparation guidelines on page 1 of the explanatory booklet "Schedule B—Workers Compensation".)
- Note 5 A short report should be based on the medical practitioner's notes and should not require a consultation with the patient. There may be occasions where a consultation is deemed appropriate; for example, if the practitioner has not seen the patient for some time or detailed information is required about the range of duties being considered, a consultation fee may be billed in the usual manner.
- Note 6 Short reports may be faxed to the requestor with the relevant account.
- Note 7 A report clarification fee may be charged for clarification of a report if it is considered reasonable and not sought as a result of failure by the provider to address the original request. The claims agent, self-managed or exempt employer will authorise the cost if it is considered reasonable.
- Note 8 Payment for reports will not be made in advance.

Telephone calls (excluding calls made to or received from workers)

Item No.	Group	Description	Maximum Fee
WMG19	General Practitioners	Telephone calls—of up to and including 10 minutes duration.	\$22.50
WMG20	General Practitioners	Telephone calls—of more than 10 minutes duration.	\$51.00
WMS19	Specialists in a surgical discipline	Telephone calls—of up to and including 10 minutes duration.	\$30.00
WMS20	Specialists in a surgical discipline	Telephone calls—of more than 10 minutes duration.	\$67.50

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Item No.	Group	Description	Maximum Fee
WMP19	Consultant Physicians	Telephone calls—of up to and including 10 minutes duration.	\$30.00
WMP20	Consultant Physicians	Telephone calls—of more than 10 minutes duration.	\$67.50

Notes—

- Note 1 Telephone calls are chargeable if of a case specific nature, made to or received from—
- a claims agent, self-managed or exempt employer; or
 - an employer; or
 - a worker's representative or advocate; or
 - a WorkCover Corporation medical consultant; or
 - a provider of return to work services registered by WorkCover Corporation.
- Note 2 Telephone contact between treating / referring medical providers which forms part of the clinical management of the case is not chargeable.
- Note 3 A fee is payable if the telephone contact occurs during a consultation with the worker provided that the consultation duration excludes the duration of the telephone call. For example, if the consultation and telephone call duration is 40 minutes and the call duration alone is 10 minutes, the consultation should be billed as a 30 minute consultation.
- Note 4 Invoices for telephone calls in accordance with this item must record the name of the other party.

Worksite assessment

Item No.	Group	Description	Maximum Fee
WMG08	General Practitioners	Worksite assessment—for the purpose of assessing and reporting the duties that are or can be made available, and the capacity of the worker to undertake these duties.	\$142.60 per hour
WMS08	Specialists in a surgical discipline	Worksite assessment—for the purpose of assessing and reporting the duties that are or can be made available, and the capacity of the worker to undertake these duties.	\$183.90 per hour
WMP08	Consultant Physicians	Worksite assessment—for the purpose of assessing and reporting the duties that are or can be made available, and the capacity of the worker to undertake these duties.	\$183.90 per hour

Notes—

- Note 1 A worksite assessment may be requested by—
- a claims agent, self-managed or exempt employer; or
 - a worker, worker's representative or advocate.
- Note 2 The claims agent, self-managed or exempt employer will authorise the fee if it is considered reasonable.

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- Note 3 At worksite visits it is expected that the employer, worker or worker's representative, claims agent or self-managed or exempt employer representative should be present.
- Note 4 The claims agent, self-managed or exempt employer should contact the employer to ensure appropriate access to the worksite and to arrange for an employer representative to be available to help maximise the value of time spent in the workplace.
- Note 5 The worksite assessment must include an assessment of the physical environment, mental work demands, human behaviour, working conditions, educational requirements and other conditions.
- Note 6 The report of a worksite assessment is to be completed and distributed to relevant parties in attendance during the worksite assessment. A copy must also be provided to the case manager, treating doctor and worker (if not present) within 1 week of the assessment. No additional fee is payable for completion of the form.

Proformas can be obtained from WorkCover Corporation on (08) 8233 2452.

Case conference

Item No.	Group	Description	Maximum Fee
WMG09	General Practitioners	Case conference—to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery, including medical treatment strategies.	\$142.60 per hour
WMS09	Specialists in a surgical discipline	Case conference—to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery, including medical treatment strategies.	\$183.90 per hour
WMP09	Consultant Physicians	Case conference—to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery, including medical treatment strategies.	\$183.90 per hour

Notes—

- Note 1 This service must be authorised by the claims agent, self-managed or exempt employer.
- Note 2 A case conference may be requested by—
- a treating medical expert; or
 - an employer; or
 - a worker or worker's advocate; or
 - a claims agent, self-managed or exempt employer; or
 - a provider of return to work services registered by WorkCover Corporation.
- Note 3 The claims agent, self-managed or exempt employer must be represented at the case conference. The worker, or worker's advocate or representative must always be invited to attend the case conference.
- Note 4 It is the responsibility of the claims agent, self-managed or exempt employer to make a written and signed record of the case conference that is to be distributed to all attendees. Differences of opinion should be noted in the record. No fee is payable for records made by any medical practitioner during the case conference.

Travel—worksite assessments, case conferences and dispute resolution

Item No.	Group	Description	Maximum Fee
WMG10	General Practitioners	Travel time—worksite assessment, case conference or dispute resolution.	\$142.60 per hour
WMS10	Specialists in a surgical discipline	Travel time—worksite assessment, case conference or dispute resolution.	\$183.90 per hour
WMP10	Consultant Physicians	Travel time—worksite assessment, case conference or dispute resolution.	\$183.90 per hour

Notes—

- Note 1 Travel must be authorised by the claims agent, self-managed or exempt employer.
- Note 2 All accounts must include the total time spent travelling plus the distance travelled.
- Note 3 The case manager may choose to contain costs by requesting the service from an appropriate practitioner based in the worker's locality.
- Note 4 Where more than 1 worksite assessment, case conference or dispute resolution is conducted, the travel fee is to be apportioned accordingly.

Third party consultation

Item No.	Group	Description	Maximum Fee
WMG14	General Practitioners	Third party consultation—at the doctor's rooms where the worker is usually not present.	\$142.60 per hour
WMS14	Specialists in a surgical discipline	Third party consultation—at the doctor's rooms where the worker is usually not present.	\$183.90 per hour
WMP14	Consultant Physicians	Third party consultation—at the doctor's rooms where the worker is usually not present.	\$183.90 per hour

Notes—

- Note 1 This service must be authorised by the claims agent, self-managed or exempt employer.
- Note 2 This service should involve 1 of the following:
- an employer; or
 - a claims agent, self-managed or exempt employer; or
 - a worker's representative or advocate; or
 - a provider of return to work services registered by WorkCover Corporation.
- Note 3 This service may include a video viewing of a worker's normal duties, alternative duties or other activities.
- Note 4 It is the responsibility of the claims agent, self-managed or exempt employer to ensure a written and signed record is made of the third party consultation that is to be distributed to all attendees. No fee is payable for records made by a medical practitioner during the third party consultation.
- Note 5 If, as a result of the third party consultation, the medical practitioner has amended details regarding the injured worker's limitations to work, capacity, recommendations for facilitating a return to work and/or options for management of the worker, the medical practitioner must consider the worker's input into this decision.

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Attendance for the purpose of dispute resolution

Item No.	Group	Description	Maximum Fee
WMG15	General Practitioners	Attendance for the purpose of dispute resolution.	\$142.60 per hour
WMS15	Specialists in a surgical discipline	Attendance for the purpose of dispute resolution.	\$183.90 per hour
WMP15	Consultant Physicians	Attendance for the purpose of dispute resolution.	\$183.90 per hour

Notes—

Note 1 Attendance for the purpose of dispute resolution must be at the request of—

- a claims agent, self-managed or exempt employer; or
- a worker or worker's representative; or
- an employer or employer's representative.

Note 2 A witness at a dispute resolution proceeding is entitled to reimbursement of any expense that the dispute resolution authority certifies has been, or is likely to be, reasonably incurred by the witness as a consequence of appearing before the authority.

Cancellation of an attendance for the purpose of a dispute resolution

Item No.	Group	Description	Maximum Fee
WMG36	General Practitioners	Cancellation for the purpose of dispute resolution.	\$142.60 per hour
WMS36	Specialists in a surgical discipline	Cancellation for the purpose of dispute resolution.	\$183.90 per hour
WMP36	Consultant Physicians	Cancellation for the purpose of dispute resolution.	\$183.90 per hour

Notes—

Note 1 Payment for cancellation of an attendance for the purpose of dispute resolution will only be made when the attendance was at the request of—

- a claims agent, self-managed or exempt employer; or
- a worker or worker's representative; or
- an employer or employer's representative.

Note 2 A cancellation fee is payable only if the cancellation occurs less than 24 hours before the time of the proposed attendance.

Independent medical examiners—medical report

Item No.	Group	Description	Maximum Fee
WMS29	Specialists in a surgical discipline	Independent medical examiner report—provided within 10 business days of receipt of the initial request.	\$222.90
WMS30	Specialists in a surgical discipline	Independent medical examiner report—provided between 10 and 30 business days after receipt of the initial request.	\$200.50

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Item No.	Group	Description	Maximum Fee
WMS31	Specialists in a surgical discipline	Independent medical examiner report—provided 30 or more business days after receipt of the initial request.	\$167.20
WMP29	Consultant Physicians	Independent medical examiner report—provided within 10 business days of receipt of the initial request.	\$222.90
WMP30	Consultant Physicians	Independent medical examiner report—provided between 10 and 30 business days after receipt of the initial request.	\$200.50
WMP31	Consultant Physicians	Independent medical examiner report—provided 30 or more business days after receipt of the initial request.	\$167.20

Notes—

- Note 1 A medical report must be requested in writing and may be requested by—
- a claims agent, self-managed or exempt employer; or
 - a worker, worker's representative or advocate.
- (Refer to the report preparation guidelines on page 1 of the explanatory booklet "Schedule B—Workers Compensation".)
- Note 2 The date of request is taken to be 2 business days after the date the letter of request is posted, or 1 business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.
- Note 3 There is an expectation that a consultation will be required for the preparation of a report and should be billed in the usual manner.
- Note 4 Independent Medical Examiners on WorkCover Corporation's Register of Independent Medical Examiner Providers have a separate service and fee schedule. Please contact WorkCover Corporation on (08) 8233 2452 for details.
- Note 5 A report clarification fee may be charged for clarification of a report if it is considered reasonable and not sought as a result of failure by the provider to address the original request. The claims agent, self-managed or exempt employer will authorise the cost if it is considered reasonable.
- Note 6 Payment for reports will not be made in advance.

Independent medical examiners—reading time

Item No.	Group	Description	Maximum Fee
WMS32	Specialists in a surgical discipline	Reading time—payable to an independent medical examiner for reading prior reports or other information forwarded by the requestor.	\$27.90
WMP32	Consultant Physicians	Reading time—payable to an independent medical examiner for reading prior reports or other information forwarded by the requestor.	\$27.90

Independent medical examiners—short report

Item No.	Group	Description	Maximum Fee
WMSA1	Specialists in a surgical discipline	Independent medical examiner short report—provided within 72 hours of receipt of the initial request.	\$70.00

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Item No.	Group	Description	Maximum Fee
WMSA2	Specialists in a surgical discipline	Independent medical examiner short report—provided more than 72 hours after receipt of the initial request.	\$20.00
WMPA1	Consultant Physicians	Independent medical examiner short report—provided within 72 hours of receipt of the initial request.	\$70.00
WMPA2	Consultant Physicians	Independent medical examiner short report—provided more than 72 hours after receipt of the initial request.	\$20.00

Notes—

- Note 1 The requestor must specify in the request that he or she is seeking a short report.
- Note 2 A medical report must be requested in writing and may be requested by—
- a claims agent, self-managed or exempt employer; or
 - a worker, a worker's representative or advocate.
- Note 3 The date of request is taken to be 2 business days after the date the letter of request is posted, or 1 business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.
- Note 4 Reports should be concise and focused. The anticipated length of a short report is approximately half an A4 page. (Refer to the report preparation guidelines on page 1 of the explanatory booklet "Schedule B—Workers Compensation".)
- Note 5 The intention of this fee is to provide a facility for follow up questions or issues relating to prior independent medical examinations and additional consultations may not be required. The decision to undertake a further consultation is at the discretion of the medical practitioner.
- Note 6 Short reports may be faxed to the requestor with the relevant account.
- Note 7 A report clarification fee may be charged for clarification of a report if it is considered reasonable and not sought as a result of failure by the provider to address the original request. The claims agent, self-managed or exempt employer will authorise the cost if it is considered reasonable.
- Note 8 Payment for reports will not be made in advance.

Independent medical examiners—travel

Item No.	Group	Description	Maximum Fee
MS940	Specialists in a surgical discipline	Travel time—worksite assessment, case conference or dispute resolution.	\$183.90 per hour
MP940	Consultant Physicians	Travel time—worksite assessment, case conference or dispute resolution.	\$183.90 per hour

Notes—

- Note 1 Travel will be approved for independent medical examiner services requested by—
- a claims agent, self-managed or exempt employer; or
 - the worker or worker's representative.
- Travel must be authorised by the claims agent, self-managed or exempt employer. The cost will be authorised if it is considered reasonable.
- Note 2 All accounts must include the total time spent travelling as well as the distance travelled.

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Note 3 When the service is requested by the case manager, he or she may choose to contain costs by requesting the service from an appropriately based practitioner in the worker's locality.

Note 4 Where more than 1 examination and report is conducted, the travel fee is to be apportioned accordingly.

Independent medical examiners—cancellation of an appointment

Item No.	Group	Description	Maximum Fee
WMS34	Specialists in a surgical discipline	Cancellation of an appointment—less than 24 hours before the time of the scheduled appointment.	\$47.90
WMP34	Consultant Physicians	Cancellation of an appointment—less than 24 hours before the time of the scheduled appointment.	\$84.70

Notes—

- Note 1 Fees apply only to the cancellation of medical appointments arranged by—
- a claims agent, self-managed or exempt employer; or
 - a worker, a worker's representative or advocate.

Specified duties form (SDF)

Item No.	Group	Description	Maximum Fee
WMG23	General Practitioners	Completion of a specified duties form (SDF).	\$16.70
WMS23	Specialists in a surgical discipline	Completion of a specified duties form (SDF).	\$16.70
WMP23	Consultant Physicians	Completion of a specified duties form (SDF).	\$16.70

Notes—

- Note 1 This form is to be completed at the request of the worker, worker's advocate or representative, claims agent, self-managed or exempt employer.
- Note 2 A fee is not payable if the form is completed during a consultation with the worker.
- Note 3 SDFs may be obtained by contacting WorkCover Corporation on 13 18 55.

Emergency retrieval teams—travel time

Item No.	Group	Description	Maximum Fee
WMS51	Specialists	Travel time—by a retrieval team doctor in association with a professional attendance relating to Medicare Benefits Schedule item numbers 00160, 00161, 00162, 00163 and 00164, other than 'out of hours' travel (refer to item number WMS52).	\$183.90 per hour
WMS52	Specialists	Travel time—by a retrieval team doctor between 11pm and 7am any day of the week or on a public holiday in association with a professional attendance relating to Medicare Benefits Schedule item numbers 00160, 00161, 00162, 00163 and 00164.	\$267.40 per hour

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Note—

Where more than 1 worker is treated at the site of the emergency, the travel fee is to be apportioned accordingly.

Extra-Corporeal Shock Wave Therapy

Item No.	Group	Description	Maximum Fee
WMI11	Specialists	For the initial treatment of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.	\$110.00
WMI12	Specialists	For subsequent treatments of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.	\$90.00
WMI13	Specialists	For double treatments (bilateral or multiple) of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.	\$150.00

Notes—

- Note 1 The I in prefix WMI item numbers represents the letter "I", not the numeral "1".
- Note 2 This treatment has been approved by WorkCover Corporation for use in the following conditions:
- heel pain/plantar fasciitis; or
 - calcific tendonitis of shoulder; or
 - lateral epicondylitis (tennis elbow); or
 - medial epicondylitis; or
 - non-united fractures.
- Note 3 Extra-corporeal Shock Wave Therapy for any other conditions must be authorised by the claims agent, self-managed or exempt employer prior to treatment.

Services delivered by ear, nose and throat surgeons

Item No.	Group	Description	Maximum Fee
WME24	Otorhinolaryngologists	Cortical Evoked Response Audiometry—verification.	\$256.30
WME2A	Otorhinolaryngologists	Cortical Evoked Response Audiometry—quantification.	\$256.30
WME25	Otorhinolaryngologists	Sensonics Smell Identification Test.	\$111.40

Services delivered by medical practitioners

Item No.	Group	Description	Maximum Fee
WMG26	Medical Practitioners	Fluids, intravenous drip infusion of—percutaneous.	\$44.00
WMG27	Medical Practitioners	Fluids, intravenous drip infusion of—open exposure.	\$73.00

Note—

Item WMG26 is only payable where the service is not in association with a surgical procedure.

Services delivered by medical practitioners in the practice of hypnotherapy

Item No.	Group	Description	Maximum Fee
WMG31	Medical Practitioners	At consulting rooms—not more than 15 minutes.	\$37.70
WMG28	Medical Practitioners	At consulting rooms—16–30 minutes.	\$65.70
WMG29	Medical Practitioners	At consulting rooms—31–45 minutes.	\$98.60
WMG30	Medical Practitioners	At consulting rooms—more than 46 minutes.	\$134.30

Legislative history

Notes

- For further information relating to the Act and subordinate legislation made under the Act see the Index of South Australian Statutes.

Principal regulations and variations

New entries appear in bold.

Year	No	Reference	Commencement
1999	6	<i>Gazette 14.1.1999 p58</i>	14.1.1999: r 2
1999	38	<i>Gazette 27.5.1999 p2740</i>	27.5.1999: r 2
2000	140	<i>Gazette 22.6.2000 p3368</i>	22.6.2000: r 2
2001	212	<i>Gazette 30.8.2001 p3490</i>	17.9.2001: r 2
2003	26	<i>Gazette 20.3.2003 p1100</i>	14.4.2003: r 2
2003	147	<i>Gazette 12.6.2003 p2500</i>	12.6.2003: r 2

Provisions varied

New entries appear in bold.

Entries that relate to provisions that have been deleted appear in italics.

Provision	How varied	Commencement
r 4		
r 4(1)	r 4 redesignated as r 4(1) by 212/2001 r 3(b)	17.9.2001
GST	inserted by 140/2000 r 3	22.6.2000
GST law	inserted by 140/2000 r 3	22.6.2000
MBS Book	inserted by 212/2001 r 3(a)	17.9.2001
N/A	inserted by 212/2001 r 3(a)	17.9.2001
prescribed medical certificate	inserted by 212/2001 r 3(a)	17.9.2001
r 4(2)	inserted by 212/2001 r 3(b)	17.9.2001
r 5	varied by 140/2000 r 4	22.6.2000
	varied by 212/2001 r 4	17.9.2001
r 6	inserted by 140/2000 r 5	22.6.2000
r 6(1)	varied by 212/2001 r 5(a)	17.9.2001
r 6(2)	varied by 212/2001 r 5(b)	17.9.2001
<i>Notes 1 and 2</i>	<i>deleted by 212/2001 r 6</i>	<i>17.9.2001</i>
<i>Account Preparation Standards</i>	<i>deleted by 212/2001 r 6</i>	<i>17.9.2001</i>
<i>Explanatory notes</i>	<i>varied by 38/1999 r 3</i>	<i>27.5.1999</i>
	<i>deleted by 212/2001 r 6</i>	<i>17.9.2001</i>
<i>Sch of items</i>	<i>varied by 38/1999 r 4</i>	<i>27.5.1999</i>
	<i>deleted by 212/2001 r 6</i>	<i>17.9.2001</i>

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<i>Note 1</i>	<i>inserted by 212/2001 r 6</i>	<i>17.9.2001</i>
	<i>deleted by 147/2003 Sch 1</i>	<i>12.6.2003</i>
Sch A	inserted by 212/2001 r 6	17.9.2001
Heading	substituted by 26/2003 r 4	14.4.2003
Unnumbered note	Note 2 inserted by 212/2001 r 6	17.9.2001
	Note 2 redesignated as an unnumbered note after Sch A heading by 147/2003 Sch 1	12.6.2003
Sch B	inserted by 212/2001 r 6	17.9.2001
	substituted by 26/2003 r 5	14.4.2003