

South Australia

Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995

under the *Workers Rehabilitation and Compensation Act 1986*

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Legislative history

1—Short title

This regulation may be cited as the *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995*.

3—Interpretation

- (1) In these regulations—

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

chiropractor means a person registered as a chiropractor under the law of this State;

claims agent means a private sector body that is a party to an authorised contract or arrangement under section 14 of the *WorkCover Corporation Act 1994* involving the conferral of powers to manage and determine claims;

day surgery facility means a facility (other than a private hospital or facility of a private hospital) designed for the provision of medical, surgical or related treatment or care on a same day basis that is declared by WorkCover by notice in the Gazette to be a day surgery facility for the purposes of these regulations;

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;

occupational therapist means a person registered as an occupational therapist under the law of this State;

physiotherapist means a person registered as a physiotherapist under the law of this State;

private hospital means a private hospital within the meaning of the *South Australian Health Commission Act 1976*;

psychologist means a person registered as a psychologist under the law of this State;

same day, in relation to a service, means a service that is provided on a single calendar day;

self-insured employer means exempt employer;

WorkCover is the Corporation.

- (2) A reference in these regulations to specified schedule guidelines is a reference to the guidelines of the specified name issued by WorkCover, as in force from time to time.
- (3) If a charge prescribed in a scale of charges is expressed as an amount per hour—
 - (a) a charge is payable for services provided for less than or more than an hour; and

- (b) the amount payable is to be determined by multiplying the amount per hour by the proportion that the number of minutes for which the services are provided rounded to the nearest 5 minutes bears to 60 minutes.

Note—

These regulations apply for the purposes of section 127A of the *Motor Vehicles Act 1959* subject to modifications specified by that section and modifications specified by notice in the Gazette under that section.

3A—Scales of charges—public hospitals

Pursuant to section 32(11) of the Act, the scales of charges determined for the purposes of this regulation by the Corporation by notice in the Gazette are, subject to modification under regulation 9, prescribed as scales of charges for the purposes of section 32 of the Act for the provision of services in hospitals and other facilities established or provided under the *South Australian Health Commission Act 1976*.

4—Scales of charges—private hospitals and day surgery facilities

Pursuant to section 32(11) of the Act, the scales of charges set out in Schedule 1 are, subject to modification under regulation 9, prescribed as scales of charges for the purposes of section 32 for the provision of services in private hospitals and day surgery facilities.

5—Scales of charges—physiotherapy services

Pursuant to section 32(11) of the Act, the scales of charges set out in Schedule 2 are, subject to modification under regulation 9, prescribed as scales of charges for the purposes of section 32 for the provision of physiotherapy services.

6—Scales of charges—psychology services

Pursuant to section 32(11) of the Act, the scales of charges set out in Schedule 3 are, subject to modification under regulation 9, prescribed as scales of charges for the purposes of section 32 for the provision of services by a psychologist.

7—Scales of charges—speech pathologists

Pursuant to section 32(11) of the Act, the scales of charges set out in Schedule 4 are, subject to modification under regulation 9, prescribed as scales of charges for the purposes of section 32 for the provision of services by speech pathologists.

8—Scales of charges—occupational therapists

Pursuant to section 32(11) of the Act, the scales of charges set out in Schedule 5 are, subject to modification under regulation 9, prescribed as scales of charges for the purposes of section 32 for the provision of services by occupational therapists.

8A—Scales of charges—chiropractors

Pursuant to section 32(11) of the Act, the scales of charges set out in Schedule 6 are, subject to modification under regulation 9, prescribed as scales of charges for the purposes of section 32 for the provision of services by a chiropractor.

9—Increase in charges for GST

If a service for which a charge is prescribed in a scale of charges is subject to GST, the amount prescribed as the charge is increased by the amount of the GST.

10—WorkCover may issue guidelines

WorkCover may issue guidelines from time to time for the purposes of these regulations.

Schedule 1—Scales of charges—private hospitals and day surgery facilities

Part 1—Preliminary

1—Interpretation

- (1) In this Schedule, unless the contrary intention appears—

admission means the formal administrative process of a private hospital or day surgery facility by which the hospital or facility commences the provision of treatment, care, accommodation and other services to a patient;

admitted, in relation to a patient in a private hospital or day surgery facility, means that the patient has undergone the formal admission process of the hospital or facility and has not been discharged;

AR-DRG means Australian Refined Diagnosis Related Group;

criteria for admission—see subclause (5);

day means a calendar day;

Day Only Procedures Manual means the *Day Only Procedures Manual* published in 1999 by the Commonwealth Department of Health and Aged Care, as in force on 1 January 2008;

discharge means the formal administrative process of a private hospital or day surgery facility by which the hospital or facility ceases the provision of treatment, care, accommodation and other services to a patient;

discharged, in relation to a person who has been a patient in a private hospital or day surgery facility, means that the person has undergone the formal discharge process of the hospital or facility;

inlier patient means an admitted patient whose length of stay in a private hospital for a service identified in columns 1 and 2 of Table 2—

- (a) is equal to or greater than the Lower Trim Point specified in column 5 of the table corresponding to that service (or, where the Lower Trim Point is zero, is greater than the Lower Trim Point); and
- (b) is equal to or less than the Upper Trim Point specified in column 4 of the table corresponding to that service;

inpatient, in relation to a private hospital, means an admitted patient who, following a clinical decision, requires or is expected to require overnight treatment for a minimum of 1 night;

length of stay, in relation to an admitted patient in a private hospital, means the number of days between the day of admission of the patient to the hospital and the day of discharge of the patient from the hospital—

- (a) counting the day of admission as 1 day; and
- (b) excluding the day of discharge (unless it is also the day of admission);

long stay outlier patient means an admitted patient whose length of stay in a private hospital for a service identified in columns 1 and 2 of Table 2 is greater than the Upper Trim Point specified in column 4 of the table corresponding to that service;

Manual means the *Australian Refined Diagnosis Related Groups, Version 4.2, Addendum to Definitions Manual, Volume 4*, produced in 2000 by the Commonwealth Department of Health and Aged Care (read with the *Australian Refined Diagnosis Related Groups, Version 4.1, Definitions Manual, Volumes 1—3*, produced in 1998 by the Commonwealth Department of Health and Aged Care);

short stay outlier patient means an admitted patient whose length of stay in a private hospital for a service identified in columns 1 and 2 of Table 2 for which the Lower Trim Point specified in column 5 of the table corresponding to that service is 2 or more, is less than that Lower Trim Point but greater than zero.

- (2) A reference in this Schedule to a Table of a specified number is a reference to the Table of that number in Part 4.
- (3) For the purposes of this Schedule—
 - (a) AR-DRG reference numbers or descriptions are as set out in the Manual; and
 - (b) terms and abbreviations used in AR-DRG descriptions have the meanings given by the Manual.
- (4) For the purposes of this Schedule—
 - (a) a charge determined in accordance with Part 2 or 3 for a service includes (where applicable) the cost of the following:
 - (i) accommodation;
 - (ii) intensive care unit;
 - (iii) theatre;
 - (iv) common use theatre items;
 - (v) pharmaceutical items directly related to the condition being treated;
 - (vi) television;
 - (vii) newspapers;
 - (viii) local telephone calls;
 - (ix) all hotel services (eg meals etc);
 - (x) consumable items;
 - (b) a charge determined in accordance with Part 2 or 3 for a service does not include the following costs:
 - (i) the cost of prostheses;

- (ii) a 5% handling charge for prostheses (to a maximum of \$200);
 - (iii) the cost of substituted high cost single use items not commonly used in Australian clinical practice for delivery of the service where the substitution for the usual item can be demonstrated to have been necessary for the treatment of the patient;
 - (iv) the cost of allied health treatment (such as physiotherapy, dietetics, podiatry, psychology, social work, speech pathology etc);
 - (v) the cost of pharmaceutical items provided on discharge of a patient;
 - (vi) the cost of pharmaceutical items required for a patient for maintenance of an unrelated condition;
 - (vii) the cost of splints and braces required for the discharge of a patient;
 - (viii) transfer costs;
 - (ix) boarder fees.
- (5) For the purposes of this Schedule, a patient qualifies for admission to a private hospital or day surgery facility if he or she satisfies 1 of the following criteria:
- (a) the patient is to receive day only Band 1, 2, 3, or 4 services (excluding uncertified Type C professional attention procedures) as specified in the Day Only Procedures Manual;
 - (b) the patient is to receive a Type C professional attention procedure as specified in the Day Only Procedures Manual and there is an accompanying certification by a medical practitioner that an admission is necessary on the grounds of the medical condition of the patient or other special circumstances relating to the patient;
 - (c) the patient, following a clinical decision, is expected to require overnight treatment for a minimum of 1 night;
 - (d) the patient is to receive a Type B professional attention procedure as specified in the Day Only Procedures Manual and there is an accompanying certification by a medical practitioner that an overnight admission is necessary on the grounds of the medical condition of the patient or other special circumstances relating to the patient.

Part 2—Private hospital services

2—Rehabilitation, psychiatric and pain assessment or management services by a private hospital

The charges for the provision to a patient by a private hospital of the rehabilitation, psychiatric and pain assessment or management services specified in Table 1 are as specified in that table.

3—Other private hospital services

- (1) Subject to clause 2, the charges for the provision to an admitted patient by a private hospital of the services specified in columns 1 and 2 of Table 2 are as determined in accordance with this clause.

- (2) Subject to subclause (5), the maximum charge for a service identified in columns 1 and 2 of Table 2 for an inlier patient is the Schedule Charge specified in column 3 of the table corresponding to that service.
- (3) Subject to subclause (5), the maximum charge for a service identified in columns 1 and 2 of Table 2 for a short stay outlier patient is the charge calculated as follows:

$$\text{Maximum Charge} = \text{Rate per Day} \times \text{LOS}$$

where—

- (a) the *Rate per Day* is the rate per day specified in column 6 of the table corresponding to the service; and
- (b) *LOS* is the length of stay of the patient in the hospital.
- (4) Subject to subclause (5), the maximum charge for a service identified in columns 1 and 2 of Table 2 for a long stay outlier patient is the charge calculated as follows:

$$\text{Maximum Charge} = \text{Schedule Charge} + (\text{Rate per Day} \times (\text{LOS} - \text{Upper Trim Point}))$$

where—

- (a) the *Schedule Charge* is the charge specified in column 3 of the table corresponding to the service; and
- (b) the *Rate per Day* is the rate per day specified in column 6 of the table corresponding to the service; and
- (c) *LOS* is the length of stay of the patient in the hospital; and
- (d) the *Upper Trim Point* is the Upper Trim Point specified in column 4 of the table corresponding to the service.
- (5) Where the patient is transferred from the private hospital to another hospital, the maximum charge for the service provided by the transferring hospital is 80% of the charge determined in accordance with subclause (2), (3) or (4).

Part 3—Day surgery facility services

4—Day surgery facility services

The charges for the provision to an admitted patient by a day surgery facility of same day services included in Table 3 are the accommodation and theatre charges determined in accordance with the table.

Part 4—Tables

Table 1

Item No	Service description	Maximum charge (excl GST)
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A charge applicable to an admitted patient is not payable unless the patient is admitted in accordance with the criteria for admission (see clause 1(5)).

Private rooms are allocated on the basis of clinical need and the cost of such rooms is, unless otherwise stated, included in the per day charges specified. Where a patient requests a private room, WorkCover will not be responsible for or accept any surcharge.

In this table—

length of stay, in relation to an inpatient in a private hospital, means the number of days between the day of admission of the patient to the hospital and the day of discharge of the patient from the hospital—

- (a) counting the day of admission as 1 day (unless it is also the day of discharge); and
- (b) excluding the day of discharge.

HOSPITAL REHABILITATION SERVICES

Rehabilitation orthopaedic program for inpatients

An orthopaedic program involves referral and assessment by the rehabilitation coordinator of the program. It is a defined program with intense service provision. Rapid improvement is expected and there are specific outcome goals. The program includes physiotherapy, aquatic therapy, occupational therapy, case conferences and discharge planning.

PR600	Length of stay 1 or more days but not more than 21 days	\$485.30 per day
PR605	22 or more days	\$406.80 per day

Rehabilitation trauma program for inpatients

A trauma program involves referral and assessment by the rehabilitation coordinator of the program. It is a defined program with intense service provision. Rapid improvement is expected and there are specific outcome goals. The program includes physiotherapy, aquatic therapy, occupational therapy, speech therapy, case conferences and discharge planning.

PR610	Length of stay 1 or more days but not more than 50 days	\$578.70 per day
PR615	51 or more days	\$522.30 per day

PSYCHIATRIC SERVICES

Inpatient services

PR800	Length of stay 1 or more days but not more than 14 days	\$495.30 per day
PR803	15 or more days	\$381.10 per day
PR822	Electro-convulsive therapy (ECT)	\$212.00 per day
PR850	Private room allocated on basis of clinical need	\$12.45 per day (additional charge)

revoked—1.7.2008 to 30.6.2009—Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995

Scales of charges—private hospitals and day surgery facilities—Schedule 1

Table 1

Item No	Service description	Maximum charge (excl GST)
Drug and alcohol program for inpatients		
<p>This program provides specialised treatment and care for patients with alcohol or drug dependencies (including analgesics/narcotics/opiates and Benzodiazepine). The program is managed by a multi-disciplinary team including a Medical Director and consultant psychiatrists. Where required, the program involves a medically controlled, safe withdrawal of drugs or alcohol.</p>		
PR990	Length of stay 1 or more days but not more than 14 days	\$527.80 per day
PR991	15 or more days	\$386.20 per day
Same day psychiatric services		
<p>A day program is usually available to provide ongoing support and care to patients after discharge from treatment as inpatients. It is managed by a multi-disciplinary team of health care professionals, and is tailored to the individual needs of the patient. It can include specialised therapy modules including cognitive behavioural therapy, relaxation, assertiveness skills and anxiety management.</p>		
<p>Outreach is treatment or care provided by the hospital to a non-admitted patient at a location outside the hospital premises (being treatment or care provided as a direct substitute for treatment or care that would normally be provided on the hospital premises).</p>		
<p>For billing purposes, the 'O' in item numbers for same day services is an alphabetical letter not the number zero.</p>		
PRO81	Group session	\$63.50
PRO82	Electro-convulsive therapy day program	\$331.00
PRO83	Half-day program	\$169.40
PRO84	Day program	\$268.20
PRO95	Outreach	\$153.00
OTHER SERVICES		
Inpatient pain assessment/management		
PR700	Length of stay 1 or more days but not more than 7 days	\$425.80 per day
PR705	8 or more days but not more than 14 days	\$400.00 per day
PR710	15 or more days	\$260.00 per day

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**

Schedule 1—Scales of charges—private hospitals and day surgery facilities

Table 2

A charge applicable to an admitted patient is not payable unless the patient is admitted in accordance with the criteria for admission (see clause 1(5)).

Private rooms are allocated on the basis of clinical need and the cost of such rooms is included in the charges specified. Where a patient requests a private room WorkCover will not be responsible for or accept any surcharge.

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
A06Z	Tracheostomy Any Age Any Cond	\$43,085.60	63	11	\$1,226.70
B01Z	Ventricular Shunt Revision	\$4,780.60	13	2	\$572.00
B02A	Craniotomy + Ccc	\$18,764.30	38	6	\$774.50
B02B	Craniotomy + Smcc	\$11,219.70	21	4	\$705.80
B02C	Craniotomy - Cc	\$8,990.70	15	3	\$733.70
B03A	Spinal Procedures + Csc	\$9,906.60	26	4	\$596.30
B03B	Spinal Procedures - Csc	\$4,432.70	9	2	\$559.80
B04A	Extracranial Vascular Pr +Csc	\$7,793.00	15	2	\$788.00
B04B	Extracranial Vascular Pr -Csc	\$4,601.00	8	0	\$776.50
B05Z	Carpal Tunnel Release	\$1,012.20	4	0	\$386.00
B06A	Cbl Psy,Mus Dysy,Npthy Pr+Csc	\$8,733.00	30	5	\$483.00
B06B	Cbl Psy,Mus Dysy,Npthy Pr-Csc	\$1,385.60	4	0	\$654.00
B07A	Prphl & Cranl Nerv & Oth Pr+Cc	\$9,054.00	29	5	\$527.90
B07B	Prphl & Cranl Nerv & Oth Pr-Cc	\$1,658.00	4	0	\$645.00
B40Z	Plasmapheresis + Neurogl Dis	\$3,414.90	14	2	\$486.50
B41Z	Pringd Mntrng For Cmplx Eplpsy	\$2,402.60	8	0	\$573.50
B60A	N-Acute Para/Quad+/-Or Pr+Ccc	\$12,935.90	46	8	\$529.60
B60B	N-Acute Para/Quad+/-Or Pr-Ccc	\$3,819.40	13	2	\$536.20
B61A	Spinal Cord Cond+/-Or Pr +Csc	\$10,123.70	32	5	\$556.70
B61B	Spinal Cord Cond+/-Or Pr -Csc	\$4,452.30	11	2	\$581.80
B62Z	Admit For Apheresis	\$289.00	4	0	\$287.00
B63Z	Dmntia&Chrn Disturb Crbel Fn	\$4,243.80	20	3	\$427.10
B64Z	Delirium	\$4,877.20	20	3	\$484.30
B65Z	Cerebral Palsy	\$1,850.90	11	2	\$342.90
B66A	Nervous System Neoplasm A>64	\$5,819.00	26	4	\$440.20
B66B	Nervous System Neoplasm A<65	\$4,046.00	17	3	\$463.30
B67A	Degrntv Nervous Sys Dsrld +Csc	\$7,653.40	34	6	\$453.90
B67B	Degrntv Nervous Sys Dsrld -Csc	\$3,302.70	14	2	\$478.10
B68A	Mlt Sclrosis&Cerebel Ataxia+Cc	\$5,393.80	22	4	\$496.10
B68B	Mlt Sclrosis&Cerebel Ataxia-Cc	\$1,204.50	4	0	\$573.90
B69A	Tia & Precerebral Occlus+Ccc	\$6,493.90	27	4	\$476.60
B69B	Tia & Precerebral Occlus+Sec	\$3,539.90	15	2	\$471.10
B69C	Tia & Precerebral Occlus-Csc	\$2,006.40	7	0	\$532.60
B70A	Stroke +Severe/Compl Dx/Proc	\$8,761.40	35	6	\$493.80
B70B	Stroke + Other Cc	\$5,321.00	20	3	\$522.50
B70C	Stroke - Other Cc	\$3,372.00	13	2	\$523.40
B70D	Stroke Died/Transferred<5 Days	\$1,360.20	4	0	\$703.60

revoked—1.7.2008 to 30.6.2009—Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995

Scales of charges—private hospitals and day surgery facilities—Schedule 1

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
B71A	Cranial & Peripl Nerv Dsr+Cc	\$4,412.10	18	3	\$488.20
B71B	Cranial & Peripl Nerv Dsr-Cc	\$1,224.50	4	0	\$557.10
B72Z	Nrvs Sys Inf Ex Vrl Meningitis	\$4,704.40	18	3	\$505.60
B73Z	Viral Meningitis	\$2,072.10	7	0	\$565.30
B74Z	Nontraumatic Stupor & Coma	\$2,435.70	10	2	\$503.90
B75Z	Febrile Convulsions	\$660.20	4	0	\$554.60
B76A	Seizure A<3 + Csc	\$4,326.40	18	3	\$480.20
B76B	Seizure A>2 - Csc	\$2,060.00	8	0	\$514.90
B77Z	Headache	\$1,677.50	6	0	\$534.70
B78Z	Intracranial Injury	\$4,504.40	16	3	\$551.50
B79Z	Skull Fractures	\$2,381.40	9	0	\$528.10
B80Z	Other Head Injury	\$1,372.00	6	0	\$477.10
B81A	Other Dsr Of Nervous Sys+Csc	\$6,695.50	28	5	\$475.00
B81B	Other Dsr Of Nervous Sys-Csc	\$2,546.40	11	2	\$459.70
C01Z	Proc For Penetratng Eye Injury	\$2,081.80	4	0	\$509.10
C02Z	Enucleations & Orbital Procs	\$2,199.30	4	0	\$598.10
C03Z	Retinal Procedures	\$2,111.70	4	0	\$518.00
C04Z	Major Corn, Scleral&Conjnt Pr	\$1,570.90	4	0	\$588.00
C05Z	Dacryocystorhinostomy	\$1,576.80	4	0	\$494.00
C06Z	Complex Glaucoma Procedures	\$1,191.00	4	0	\$506.00
C07Z	Other Glaucoma Procedures	\$1,441.00	4	0	\$455.00
C08Z	Major Lens Procedures	\$1,214.40	4	0	\$346.00
C09Z	Other Lens Procedures	\$1,329.40	4	0	\$340.00
C10Z	Strabismus Procedures	\$992.90	4	0	\$372.00
C11Z	Eyelid Procedures	\$1,253.60	4	0	\$416.00
C12Z	Other Corn, Scleral&Conjnt Pr	\$901.10	4	0	\$334.00
C13Z	Lacrimal Procedures	\$702.70	4	0	\$313.00
C14Z	Other Eye Procedures	\$891.30	4	0	\$327.00
C60A	Acute & Mjr Eye Infectns A>54	\$4,194.40	17	3	\$484.50
C60B	Acute & Mjr Eye Infectns A<55	\$1,856.70	7	0	\$520.20
C61Z	Neurological & Vasclr Eye Dsr	\$1,303.90	4	0	\$550.50
C62Z	Hyphema &Med Managd Eye Trauma	\$1,592.10	6	0	\$496.40
C63A	Other Disorders Of The Eye +Cc	\$2,395.10	9	2	\$511.00
C63B	Other Disorders Of The Eye -Cc	\$812.10	4	0	\$597.00
D01Z	Cochlear Implant	\$3,371.20	4	0	\$624.10
D02A	Head & Neck Procedures + Cc	\$7,345.20	14	2	\$765.20
D02B	Head & Neck Procedures - Cc	\$2,300.40	4	0	\$737.70
D03Z	Surgcl Rpr Cleft Lip/Palate Dx	\$2,781.50	4	0	\$657.00
D04A	Maxillo Surgery + Cc	\$3,594.10	6	0	\$704.30
D04B	Maxillo Surgery - Cc	\$2,487.20	4	0	\$700.70
D05Z	Sialoadenectomy	\$2,713.20	4	0	\$700.50
D06Z	Sinus, Mastd&Cmplx Mddl Ear Pr	\$1,949.60	4	0	\$629.60

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 1—Scales of charges—private hospitals and day surgery facilities

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
D07Z	Salivary Gland Pr-Sialoadenctmy	\$1,273.10	4	0	\$506.00
D08Z	Mouth Procedures	\$1,011.80	4	0	\$426.00
D09Z	Misc Ear,Nose,Mouth&Throat Pr	\$1,451.50	4	0	\$545.00
D10Z	Rhinoplasty (+/-Turbinectomy)	\$1,828.10	4	0	\$607.10
D11Z	Tonsillectomy, Adenoidectomy	\$1,144.80	4	0	\$545.00
D12Z	Oth Ear,Nose,Mouth & Throat Pr	\$1,637.60	4	0	\$668.10
D13Z	Myringotomy +Tube Insertion	\$765.40	4	0	\$321.00
D40Z	Dental Extract & Restorations	\$757.00	4	0	\$325.00
D60A	Ear Nose Mouth&Throat Mal+Csc	\$5,892.10	28	5	\$413.60
D60B	Ear Nose Mouth&Throat Mal-Csc	\$2,349.10	9	2	\$446.80
D61Z	Dysequilibrium	\$2,070.30	8	0	\$508.70
D62Z	Epistaxis	\$1,115.70	4	0	\$591.20
D63A	Otitis Media & Uri + Cc	\$2,537.90	10	2	\$485.20
D63B	Otitis Media & Uri - Cc	\$1,246.80	4	0	\$551.30
D64Z	Laryngotracheitis&Epiglottitis	\$765.50	4	0	\$580.00
D65Z	Nasal Trauma & Deformity	\$839.50	4	0	\$431.00
D66A	Oth Ear,Nose,Mouth&Thrt Dx +Cc	\$2,052.00	7	0	\$518.60
D66B	Oth Ear,Nose,Mouth&Thrt Dx -Cc	\$802.40	4	0	\$473.00
D67Z	Dntal&Oral Dis-Extrect&Restrtns	\$904.80	4	0	\$583.00
E01A	Major Chest Procedure + Ccc	\$12,395.40	29	5	\$726.70
E01B	Major Chest Procedure - Ccc	\$6,926.30	15	3	\$696.40
E02A	Other Respiratry Sys Or Pr+Ccc	\$8,910.60	29	5	\$565.40
E02B	Other Respiratry Sys Or Pr+Sec	\$3,491.80	10	2	\$552.40
E02C	Other Respiratry Sys Or Pr-Csc	\$1,638.40	4	0	\$723.40
E40Z	Resp Sys Dx + Ventilator Suppt	\$12,545.30	21	4	\$1,142.90
E60A	Cystic Fibrosis +Csc	\$6,846.70	30	5	\$455.70
E60B	Cystic Fibrosis -Csc	\$4,180.60	18	3	\$458.90
E61A	Pulmonary Embolism + Csc	\$5,562.40	21	4	\$517.50
E61B	Pulmonary Embolism - Csc	\$3,385.90	13	2	\$523.50
E62A	Respiratry Infectn/Inflam+Ccc	\$6,747.40	26	4	\$516.70
E62B	Respiratry Infectn/Inflam+Smcc	\$4,410.10	17	3	\$521.40
E62C	Respiratory Infectn/Inflam-Cc	\$2,779.80	11	2	\$525.60
E63Z	Sleep Apnoea	\$507.80	4	0	\$502.00
E64Z	Pulmonry Oedema & Resp Failure	\$5,077.80	18	3	\$570.10
E65A	Chrmc Obstret Airway Dis+Csc	\$5,711.50	22	4	\$509.10
E65B	Chrmc Obstret Airway Dis-Csc	\$3,880.90	15	3	\$507.80
E66A	Major Chest Trauma A >69 + Cc	\$6,269.50	25	4	\$500.80
E66B	Mjr Chest Trma A<70+Cc/A>69-Cc	\$4,070.00	16	3	\$509.70
E66C	Major Chest Trauma A<70 - Cc	\$2,026.10	7	0	\$559.50
E67A	Respiratry Signs & Symptom+Csc	\$3,328.10	13	2	\$482.80
E67B	Respiratry Signs & Sym A<3-Csc	\$563.80	4	0	\$504.00
E67C	Respiratry Signs & Sym A>2-Csc	\$1,789.00	4	0	\$559.60
E68Z	Pneumothorax	\$2,468.70	9	2	\$515.40
E69A	Bronchitis & Asthma A>49 + Cc	\$4,160.30	17	3	\$493.50

revoked—1.7.2008 to 30.6.2009—Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995

Scales of charges—private hospitals and day surgery facilities—Schedule 1

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
E69B	Brnchts&Asthma A<50+Cc/A>49-Cc	\$2,753.40	11	2	\$515.80
E69C	Bronchitis & Asthma A<50 - Cc	\$1,219.60	4	0	\$565.30
E70A	Whooping Cgh &Acte Brnchio+Csc	\$2,855.50	12	2	\$489.30
E70B	Whooping Cgh &Acte Brnchio-Csc	\$1,626.70	6	0	\$544.30
E71A	Respiratory Neoplasms + Cc	\$3,713.20	16	3	\$461.20
E71B	Respiratory Neoplasms - Cc	\$2,314.90	9	2	\$476.70
E72Z	Resp Probs From Neonatl Period	\$4,473.10	31	5	\$292.10
E73A	Pleural Effusion + Ccc	\$5,308.50	21	4	\$493.70
E73B	Pleural Effusn + Sec	\$3,231.90	13	2	\$476.50
E73C	Pleural Effusion - Csc	\$2,177.70	8	0	\$553.60
E74A	Interstitial Lung Dis A>64 +Csc	\$5,698.60	22	4	\$500.50
E74B	Intrsl Lng A<65+Csc/A>64-Csc	\$4,248.30	16	3	\$504.10
E74C	Interstitial Lung Dis A<65 -Csc	\$2,275.50	8	0	\$525.10
E75A	Other Resp Sys Dx A>64+Cc	\$4,772.30	19	3	\$500.70
E75B	Ot Resp Sys Dx A<65+Cc/A>65-Cc	\$3,204.60	13	2	\$489.60
E75C	Other Resp Sys Dx A<65 - Cc	\$1,503.50	5	0	\$567.60
F01Z	Implnts/Replcmnt Aicd, Ttl Sys	\$5,862.40	9	0	\$682.40
F02Z	Aicd Cmpnt Implnts/Replcmnt	\$5,644.90	10	2	\$631.30
F03Z	Crdc Valv Pr+Pump+Inva Inve Pr	\$22,272.20	33	6	\$858.10
F04A	Crcl Vlv Pr+Pmp-In Inve Pr+Csc	\$17,276.30	24	4	\$918.60
F04B	Crcl Vlv Pr+Pmp-In Inve Pr-Csc	\$13,790.60	18	3	\$880.80
F05A	Corony Bypass+Inva Inve Pr+Ccc	\$22,867.60	31	5	\$977.40
F05B	Corony Bypass+Inva Inve Pr-Ccc	\$18,671.20	24	4	\$961.20
F06A	Corony Bypas-Inva Inve Pr+Csc	\$16,969.40	22	4	\$1,054.90
F06B	Corony Bypas-Inva Inve Pr-Csc	\$14,265.10	17	3	\$1,073.40
F07Z	Other Cardiothorac/Vasc Pr+Pump	\$17,145.20	22	4	\$927.20
F08A	Mjr Reconstrc Vasc Pr-Pump+Ccc	\$15,464.30	36	6	\$692.70
F08B	Mjr Reconstrc Vasc Pr-Pump-Ccc	\$7,577.40	16	3	\$676.80
F09Z	Other Cardiothoracic Pr-Pump	\$9,425.90	14	2	\$838.70
F10Z	Percutan Corny Angioplasty+Ami	\$9,949.20	10	2	\$799.80
F11A	Amputn Circ Sys-Up Lmb&Toe+Ccc	\$20,584.50	68	11	\$540.70
F11B	Amputn Circ Sys-Up Lmb&Toe-Ccc	\$11,399.40	36	6	\$569.80
F12Z	Cardiac Pacemaker Implantation	\$4,207.80	8	0	\$623.20
F13Z	Up Limb&Toe Amptn Crs Sys Dsr	\$6,916.40	22	4	\$529.60
F14A	Vasc Pr-Mjr Reconstrc-Pump+Ccc	\$10,647.20	27	4	\$584.80
F14B	Vasc Pr-Mjr Reconstrc-Pump+Sec	\$4,858.40	9	0	\$592.30
F14C	Vasc Pr-Mjr Reconstr-Pump-Csc	\$3,119.60	4	0	\$629.70
F15Z	Perc Crny Angioplasty-Ami+Stent	\$7,728.50	5	0	\$808.10
F16Z	Perc Crny Angioplasty-Ami-Stent	\$7,967.10	5	0	\$924.20
F17Z	Cardiac Pacemaker Replacement	\$2,319.60	4	0	\$582.10
F18Z	Crdc Pcmkr Revsn -Dvc Rplcmnt	\$3,896.80	7	0	\$653.00
F19Z	Oth Trns-Vsclr Perc Crdc Intrv	\$6,892.90	4	0	\$634.40

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**

Schedule 1—Scales of charges—private hospitals and day surgery facilities

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
F20Z	Vein Ligation & Stripping	\$2,063.20	4	0	\$628.10
F21A	Ot Circ Sys Or Pr+Ccc/A>64-Ccc	\$8,351.90	27	4	\$540.00
F21B	Oth Circul Sys Or Pr A<65-Ccc	\$2,409.90	5	0	\$540.00
F40Z	Circ Sys Dx+Ventilator Support	\$12,450.60	19	3	\$1,172.90
F41A	Crc Dsrđ+Ami+Inva Inve Pr+Csc	\$7,634.30	14	2	\$807.60
F41B	Crc Dsrđ+Ami+Inva Inve Pr-Csc	\$4,444.30	6	0	\$866.20
F42A	Crc Dsrđ-Ami+Ic In Pr+Cmpdx/Pr	\$4,463.40	7	0	\$733.90
F42B	Crc Dsrđ-Ami+Ic In Pr-Cmpdx/Pr	\$2,894.20	4	0	\$734.80
F60A	Crc Dsrđ+Ami-Inva Inve Pr+Csc	\$6,141.10	19	3	\$636.00
F60B	Crc Dsrđ+Ami-Inva Inve Pr-Csc	\$2,978.80	9	0	\$690.40
F60C	Crc Dsrđ+Ami-Inva Inve Pr Died	\$3,601.80	12	2	\$607.50
F61Z	Infective Endocarditis	\$9,208.70	37	6	\$475.40
F62A	Heart Failure & Shock + Ccc	\$7,962.20	30	5	\$535.10
F62B	Heart Failure & Shock - Ccc	\$4,309.90	16	3	\$532.20
F63A	Venous Thrombosis + Csc	\$4,801.80	19	3	\$496.40
F63B	Venous Thrombosis - Csc	\$2,972.00	11	2	\$519.50
F64Z	Skin Ulcers Circulatory Disord	\$6,302.40	25	4	\$505.30
F65A	Peripheral Vascular Dsrđ +Csc	\$5,443.80	22	4	\$478.40
F65B	Peripheral Vascular Dsrđ -Csc	\$1,225.80	4	0	\$549.70
F66A	Coronary Atherosclerosis + Cc	\$3,228.50	12	2	\$541.90
F66B	Coronary Atherosclerosis - Cc	\$1,570.60	5	0	\$615.40
F67A	Hypertension + Cc	\$3,253.90	13	2	\$497.50
F67B	Hypertension - Cc	\$2,012.80	8	0	\$521.50
F68Z	Congenital Heart Disease	\$764.80	4	0	\$531.00
F69A	Valvular Disorders + Csc	\$4,516.60	16	3	\$527.10
F69B	Valvular Disorders - Csc	\$1,209.20	4	0	\$630.60
F70A	Mjr Arrhythmia&Crđc Arrst+Csc	\$5,777.40	16	3	\$670.60
F70B	Mjr Arrhythmia&Crđc Arrst-Csc	\$2,752.50	5	0	\$737.30
F71A	N-Mjr Arythm&Conductn Dsrđ+Csc	\$4,389.90	14	2	\$592.90
F71B	N-Mjr Arythm&Conductn Dsrđ-Csc	\$1,876.00	4	0	\$672.70
F72A	Unstable Angina + Csc	\$4,427.60	15	2	\$602.10
F72B	Unstable Angina - Csc	\$2,326.30	6	0	\$749.70
F73A	Syncope & Collapse + Csc	\$4,247.90	16	3	\$517.30
F73B	Syncope & Collapse - Csc	\$2,002.60	7	0	\$556.90
F74Z	Chest Pain	\$1,265.70	4	0	\$709.20
F75A	Other Circulatory System Dx+Ccc	\$7,050.50	25	4	\$541.20
F75B	Other Circulatory System Dx+Scc	\$3,505.20	13	2	\$527.80
F75C	Other Circulatory System Dx-Csc	\$1,910.30	6	0	\$582.00
G01A	Rectal Resection + Ccc	\$13,292.40	34	6	\$654.80
G01B	Rectal Resection - Ccc	\$8,150.90	20	3	\$627.60
G02A	Mjr Small & Large Bowel Pr+Ccc	\$12,763.00	33	6	\$654.40
G02B	Mjr Small & Large Bowel Pr-Ccc	\$6,405.90	16	3	\$613.50
G03A	Stomch,Oeshpgl & Duodnl Pr+Mal	\$13,076.00	29	5	\$726.70
G03B	Stmch,Oeshpgl&Ddnl Pr-Mal+Csc	\$8,457.90	19	3	\$713.30

revoked—1.7.2008 to 30.6.2009—Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995

Scales of charges—private hospitals and day surgery facilities—Schedule 1

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
G03C	Strnch,Oeshpgl&Ddnl Pr-Mal-Csc	\$3,615.10	6	0	\$666.80
G04A	Peritoneal Adhesolysis A>49+Cc	\$8,616.20	22	4	\$655.90
G04B	Prtnl Adhly(A<50+Cc)/(A>49-Cc)	\$4,388.90	10	2	\$619.30
G04C	Peritoneal Adhesolysis A<50-Cc	\$3,055.30	6	0	\$593.00
G05A	Mnr Small & Large Bowel Pr+Cc	\$4,630.80	13	2	\$586.10
G05B	Mnr Small & Large Bowel Pr-Cc	\$1,856.40	4	0	\$691.70
G06Z	Pyloromyotomy Procedure	\$2,201.70	5	0	\$583.50
G07A	Appendectomy + Csc	\$5,247.30	14	2	\$561.40
G07B	Appendectomy - Csc	\$2,598.90	5	0	\$548.60
G08Z	Abdom, Umb & Oth Hernia Pr A>0	\$2,210.10	4	0	\$605.00
G09Z	Inguinal&Femoral Hernia Pr A>0	\$1,738.80	4	0	\$532.40
G10Z	Hernia Procedures A<1	\$1,393.10	4	0	\$513.00
G11A	Anal & Stomal Procedures +Csc	\$2,957.70	8	0	\$561.80
G11B	Anal & Stomal Procedures -Csc	\$1,083.60	4	0	\$592.00
G12A	Oth Digest Sys Or Pr+Csc/+Mal	\$5,441.20	15	2	\$595.40
G12B	Oth Digest Sys Or Pr-Csc-Mal	\$2,365.40	6	0	\$575.80
G40A	Cx Thpc Gstry+Mjr Dig Dis+Csc	\$5,062.50	16	3	\$558.50
G40B	Cx Thpc Gstry+Mjr Dig Dis-Csc	\$1,784.30	5	0	\$563.50
G41A	Cx Thptc Gstrsy+N-Mjr Dig Dis	\$3,118.00	11	2	\$500.70
G41B	Cx Thptc Gstrsy N-M Dig Dis,SD	\$534.40	4	0	\$200.00
G42A	Oth Gastroscopy+Mjr Digest Dis	\$3,301.00	11	2	\$524.90
G42B	Oth Gastroscopy+Mjr Dig Dis,Sd	\$528.30	4	0	\$210.00
G43Z	Complx Therapeutic Colonoscopy	\$1,007.00	4	0	\$615.00
G44A	Other Colonoscopy+Csc/Cx Pr	\$3,016.70	11	2	\$503.20
G44B	Other Colonoscopy-Csc/Cx Pr	\$1,742.80	5	0	\$532.00
G44C	Other Colonoscopy, Sameday	\$582.30	4	0	\$233.00
G45A	Other Gastrpy+N-Mjr Digest Dis	\$2,533.30	9	2	\$501.80
G45B	Other Gastrpy+N-Mjr Dig Dis,SD	\$434.60	4	0	\$212.00
G60A	Digestive Malignancy + Csc	\$3,461.80	14	2	\$474.90
G60B	Digestive Malignancy - Csc	\$1,838.80	7	0	\$505.20
G61A	Gi Haemorrhage A<65+Csc/A>64	\$2,414.00	9	2	\$514.50
G61B	Gi Haemorrhage A<65 - Csc	\$1,112.50	4	0	\$518.70
G62Z	Complicated Peptic Ulcer	\$3,306.50	12	2	\$543.70
G63Z	Uncomplicated Peptic Ulcer	\$2,068.70	9	0	\$456.90
G64Z	Inflammatory Bowel Disease	\$1,487.30	6	0	\$494.90
G65A	Gi Obstruction + Cc	\$3,883.80	16	3	\$493.30
G65B	Gi Obstruction - Cc	\$1,883.30	7	0	\$507.90
G66A	Abdmnl Pain/Mesentre Adents+Cc	\$2,471.60	10	2	\$497.70
G66B	Abdmnl Pain/Mesentre Adents-Cc	\$1,187.80	4	0	\$527.40
G67A	Oesphs, Gastr&Mis Dig A>9+Csc	\$3,765.20	15	3	\$496.80
G67B	Oesphs, Gastr&Mis Dig A>9-Csc	\$1,670.20	6	0	\$512.70
G68A	Gastroenteritis A<10 + Cc	\$1,086.60	4	0	\$498.60
G68B	Gastroenteritis A<10 - Cc	\$920.50	4	0	\$561.00
G69Z	Oesphs & Misc Dig Sys Dis A<10	\$1,262.10	5	0	\$522.20

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**

Schedule 1—Scales of charges—private hospitals and day surgery facilities

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
G70A	Other Digestive System Diag+Cc	\$3,179.50	13	2	\$483.50
G70B	Other Digestive System Diag-Cc	\$1,118.00	4	0	\$542.00
H01A	Pancreas, Liver & Shunt Pr+Ccc	\$15,224.10	35	6	\$704.10
H01B	Pancreas, Liver & Shunt Pr+Smcc	\$9,101.50	19	3	\$716.60
H01C	Pancreas, Liver & Shunt Pr -Cc	\$6,209.30	13	2	\$641.60
H02A	Major Biliary Tract Proc+Malig	\$12,015.80	29	5	\$681.50
H02B	Mjr Biliary Tract Pr-Mal+Csc	\$9,189.70	23	4	\$593.40
H02C	Mjr Biliary Tract Pr-Mal-Csc	\$4,532.50	10	2	\$565.00
H03A	Cholecystectomy+Closed Cde+Csc	\$9,527.50	22	4	\$616.00
H03B	Cholecystectomy+Closed Cde-Csc	\$4,543.90	8	0	\$556.40
H04A	Cholecystectomy-Closed Cde+Csc	\$5,693.70	13	2	\$593.10
H04B	Cholecystectomy-Closed Cde-Csc	\$2,983.00	4	0	\$563.70
H05A	Hepatobiliary Diagntic Pr+Csc	\$5,747.50	16	3	\$570.20
H05B	Hepatobiliary Diagntic Pr-Csc	\$2,886.20	6	0	\$579.30
H06Z	Oth Heptobilry & Pancrs Or Pr	\$5,289.20	13	2	\$596.00
H40Z	Endospic Pr Bleed Oes Varices	\$2,913.00	8	0	\$658.50
H41A	Ercp Cx Therapeutic Pr + Csc	\$8,342.20	20	3	\$662.40
H41B	Ercp Cx Therapeutic Pr - Csc	\$3,050.30	7	0	\$509.90
H42A	Ercp Oth Therapeutic Pr + Csc	\$6,771.20	22	4	\$527.40
H42B	Ercp Oth Therapeutic Pr - Csc	\$2,201.10	4	0	\$547.50
H60A	Cirrhosis & Alc Hepatitis +Ccc	\$6,869.60	30	5	\$449.60
H60B	Cirrhosis & Alc Hepatitis+Csc	\$3,360.30	16	3	\$410.80
H60C	Cirrhosis & Alc Hepatitis-Csc	\$1,730.40	7	0	\$470.40
H61A	Mal Heptbilr S,Pncrs A>69+Csc	\$5,020.10	22	4	\$459.60
H61B	Mal Heptbilr A<70+Csc/A>69-Csc	\$2,943.40	12	2	\$459.10
H61C	Mal Heptbilr S,Pncrs A<70-Csc	\$1,661.50	6	0	\$541.50
H62A	Disorders Pancreas-Malig+Csc	\$5,001.00	20	3	\$498.50
H62B	Disorders Pancreas-Malig-Csc	\$2,192.70	9	0	\$491.10
H63A	Dsrd Lvr-Mal,Cirr,Alc Hep+Csc	\$4,462.00	17	3	\$527.80
H63B	Dsrd Lvr-Mal,Cirr,Alc Hep-Csc	\$1,314.10	4	0	\$543.20
H64A	Disorders Of Biliary Tract +Cc	\$3,233.90	13	2	\$484.00
H64B	Disorders Of Biliary Tract -Cc	\$1,368.40	5	0	\$526.40
I01Z	Bil/Mlti Mjr Jt Pr Lwr Extrmty	\$9,778.60	25	4	\$548.30
I02A	Mcrvas Tt/Skin Graft+Csc-Hand	\$13,929.80	42	7	\$533.60
I02B	Skin Graft -Csc -Hand	\$3,849.30	8	0	\$616.90
I03A	Hip Revision + Csc	\$12,330.10	35	6	\$541.70
I03B	Hip Replac+Csc/Hip Revsn-Csc	\$8,225.60	23	4	\$535.20
I03C	Hip Replacement - Csc	\$5,759.70	16	3	\$493.70
I04A	Knee Replacemt & Reattach+Ccc	\$9,488.00	26	4	\$561.10
I04B	Knee Replacemt & Reattach-Ccc	\$5,838.60	16	3	\$514.00
I05Z	Oth Mjr Jnt Replace&Limb Reatt	\$4,392.20	11	2	\$566.70
I06Z	Spinal Fusion + Deformity	\$11,388.30	21	4	\$724.10
I07Z	Amputation	\$10,674.60	34	6	\$540.40
I08A	Other Hip & Femur Proc + Csc	\$11,096.00	35	6	\$553.30

revoked—1.7.2008 to 30.6.2009—Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995

Scales of charges—private hospitals and day surgery facilities—Schedule 1

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
I08B	Other Hip & Femur Pr A>54-Csc	\$7,033.90	20	3	\$592.80
I08C	Other Hip & Femur Pr A<55-Csc	\$3,089.20	6	0	\$687.50
I09A	Spinal Fusion + Csc	\$10,730.90	27	4	\$586.20
I09B	Spinal Fusion - Csc	\$6,428.90	14	2	\$567.00
I10A	Other Back & Neck Procs + Csc	\$9,165.20	22	4	\$615.50
I10B	Other Back & Neck Procs - Csc	\$5,036.50	10	2	\$594.40
I11Z	Limb Lengthening Procedures	\$3,731.70	9	0	\$508.70
I12A	Inf/Infm Bone/Jnt+Misc Pr+Ccc	\$12,231.60	43	7	\$497.70
I12B	Inf/Infm Bone/Jnt+Misc Pr+Sec	\$6,270.40	22	4	\$485.40
I12C	Inf/Infm Bne/Jnt+Misc Pr-Csc	\$2,675.00	6	0	\$566.00
I13A	Humer,Tibia,Fibul,Ankl Pr+Csc	\$6,371.00	21	3	\$505.70
I13B	Humer,Tib,Fib,Ank Pr A>59-Csc	\$3,332.80	9	0	\$541.40
I13C	Humer,Tib,Fib,Ank Pr A<60-Csc	\$2,136.30	4	0	\$558.80
I14Z	Stump Revision	\$2,210.30	6	0	\$499.70
I15Z	Cranio-Facial Surgery	\$6,856.60	12	2	\$817.10
I16Z	Other Shoulder Procedures	\$2,322.30	4	0	\$654.50
I17Z	Maxillo-Facial Surgery	\$2,408.60	4	0	\$610.70
I18Z	Knee Procedures	\$1,569.90	4	0	\$603.00
I19Z	Other Elbow, Forearm Procs	\$1,922.80	4	0	\$672.40
I20Z	Foot Procedures	\$1,885.30	4	0	\$582.80
I21Z	Loc Ex, Rem Int Fix Dev Hp&Fmr	\$1,597.90	4	0	\$557.90
I22Z	Major Wrist, Hand, Thumb Procs	\$1,570.80	4	0	\$635.80
I23Z	Loc Ex, Rem Int Fix Dev-Hp&Fmr	\$1,153.70	4	0	\$532.00
I24Z	Arthroscopy	\$1,243.20	4	0	\$470.00
I25Z	Bone,Joint Dxtic Pr Inc Biopsy	\$3,561.90	13	2	\$500.60
I26Z	Other Wrist, Hand Procedures	\$1,131.20	4	0	\$462.00
I27Z	Soft Tissue Procedures	\$1,657.40	4	0	\$627.40
I28A	Other Connect Tissue Procs +Cc	\$8,048.30	18	3	\$722.10
I28B	Other Connect Tissue Procs -Cc	\$1,634.30	4	0	\$576.80
I60Z	Femoral Shaft Fractures	\$4,765.50	23	4	\$402.20
I61Z	Other Femoral Fractures	\$6,751.20	33	5	\$409.10
I62A	Fract Pelvis&Femoral Neck +Ccc	\$8,788.80	37	6	\$469.00
I62B	Fract Pelvis&Femoral Neck +Sec	\$6,792.60	30	5	\$458.30
I62C	Fract Pelvis&Femoral Neck-Csc	\$5,270.10	22	4	\$474.20
I63Z	Spr,Str&Dsloc Hip,Pelvis&Thigh	\$2,229.90	8	0	\$495.40
I64A	Osteomyelitis A<65+Csc/A>64	\$5,213.60	22	4	\$466.10
I64B	Osteomyelitis A<65 -Csc	\$2,865.30	10	2	\$549.60
I65A	Con Tis Mal,Inc Path Frac A>64	\$4,612.50	19	3	\$472.30
I65B	Con Tis Mal,Inc Path Frac A<65	\$2,950.40	12	2	\$493.20
I66A	Inflm Muscl Dsr A>64/A<65+Csc	\$2,867.90	11	2	\$490.20
I66B	Inflm Musculsktl Dsr A<65-Csc	\$897.40	4	0	\$625.20
I67A	Septic Arthritis + Csc	\$6,259.10	27	4	\$453.40
I67B	Septic Arthritis - Csc	\$2,978.30	11	2	\$508.70
I68A	N-S Nck,Bck-Pn Pr A<75+Cc/A>74	\$4,034.90	16	3	\$482.10

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**

Schedule 1—Scales of charges—private hospitals and day surgery facilities

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
I68B	N-Surg Neck,Back-Pn Pr A<75-Cc	\$1,768.90	6	0	\$513.00
I68C	N-Surg Neck& Back+Pain Pr/Myel	\$887.70	4	0	\$622.00
I69A	Bne Dis&Specfc Arthro A>74+Csec	\$7,293.60	32	5	\$455.30
I69B	Bne Dis&Specfc Arthro A>74-Csec	\$2,940.70	12	2	\$493.50
I69C	Bone Dis & Specfc Arthrop A<75	\$2,530.90	8	0	\$518.10
I70Z	Non-Specific Arthropathies	\$2,313.30	9	2	\$494.70
I71A	Musculotendinous Dsr A>69 +Cc	\$4,742.60	20	3	\$473.30
I71B	Musctendns Dsr A<70+Cc/A>69-Cc	\$2,121.10	8	0	\$533.10
I71C	Musculotendinous Dsr A<70 -Cc	\$1,035.40	4	0	\$561.50
I72A	Tendn,Myot&Burs A<80+Csec/A>79	\$3,870.90	16	3	\$476.10
I72B	Tendntis,Myots& Burs A<80-Csec	\$1,153.70	4	0	\$547.90
I73A	Aftcare Con Tis Drsd A>59+Csec	\$7,242.30	33	6	\$432.40
I73B	Aftcare Ct A<60+Csec/A>59-Csec	\$2,291.70	9	0	\$483.50
I73C	Aftcare Con Tis Drsd A<60-Csec	\$1,331.10	4	0	\$552.10
I74A	Inj Frarm,Wr,Hand,Foot A>74+Cc	\$5,847.30	25	4	\$454.80
I74B	Inj Hand, Foot A>74-Cc/A<75+Cc	\$2,401.60	9	2	\$481.20
I74C	Inj Frarm,Wr,Hand,Foot A<75-Cc	\$836.80	4	0	\$557.00
I75A	Inj Sh, Arm,Elb,Kn,Leg A>64+Cc	\$6,562.90	29	5	\$447.20
I75B	Inj Arm, Leg A>64-Cc/A<65+Cc	\$3,617.20	15	3	\$469.60
I75C	Inj Sh, Arm,Elb,Kn,Leg A<65-Cc	\$1,096.30	4	0	\$569.10
I76A	Oth Musculoskeletl Dsr A>69+Cc	\$5,203.80	21	4	\$477.00
I76B	Oth Musctl Dsr A<70+Cc/A>69-Cc	\$2,045.10	7	0	\$518.50
I76C	Oth Musculoskeletl Dsr A<70-Cc	\$935.50	4	0	\$612.00
J01Z	Microvasc Tiss Transf Skn/Brst	\$9,563.10	17	3	\$691.00
J02A	L Lmb+Skin Graft+Ulcr/Cels+Ccc	\$16,904.90	61	10	\$510.90
J02B	L Lmb+Skin Graft+Ulcr/Cels-Ccc	\$8,276.50	28	5	\$529.10
J03A	L Lmb+Skn Graft-Ulcr/Cels+Csec	\$7,275.00	25	4	\$506.20
J03B	L Lmb+Skn Graft-Ulcr/Cels-Csec	\$2,880.00	8	0	\$519.60
J04A	L Lmb-Skn Graft+Ulcr/Cels+Csec	\$9,334.40	31	5	\$544.90
J04B	L Lmb-Skn Graft+Ulcr/Cels-Csec	\$3,543.10	10	2	\$544.60
J05Z	L Lmb-Skin Graft-Ulcer/Cells	\$2,060.10	4	0	\$592.80
J06A	Major Pr Malig Breast Condtns	\$3,824.50	8	0	\$614.90
J06B	Major Pr Non-Malig Breast Cnds	\$2,409.30	4	0	\$588.60
J07A	Minor Pr Malig Breast Condtns	\$3,267.80	7	0	\$562.10
J07B	Minor Pr Non-Malig Breast Cnds	\$1,402.10	4	0	\$514.00
J08A	Oth Skn Grf&/Dbrdmnt Pr+Csec	\$5,076.50	15	3	\$513.30
J08B	Oth Skn Grf&/Dbrdmnt Pr-Csec	\$1,507.80	4	0	\$648.00
J09Z	Perianal & Pilonidal Pr	\$1,379.60	4	0	\$588.70
J10Z	Skn,Subc Tis & Brst Plastic Pr	\$1,684.80	4	0	\$602.00
J11Z	Other Skin, Subc Tis & Brst Pr	\$903.40	4	0	\$390.00
J60A	Skin Ulcers A>64	\$3,197.70	13	2	\$484.80
J60B	Skin Ulcers A<65	\$1,432.30	5	0	\$532.80
J61Z	Severe Skin Disorders	\$4,002.20	15	3	\$512.90
J62A	Malig Breast Disorder A>69 +Cc	\$3,612.70	14	2	\$478.80

revoked—1.7.2008 to 30.6.2009—Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995

Scales of charges—private hospitals and day surgery facilities—Schedule 1

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
J62B	Mal Brst Disrd A>69-Cc/A<70+Cc	\$1,971.60	6	0	\$517.00
J62C	Malig Breast Disorder A<70 -Cc	\$1,554.90	4	0	\$626.80
J63Z	Non-Malignant Breast Disorders	\$1,264.00	4	0	\$478.00
J64A	Cellulitis A>59 + Csc	\$6,046.10	25	4	\$484.80
J64B	Cellulitis A>59 -Csc / A<60	\$2,627.70	10	2	\$501.20
J65A	Trauma To Skn,Sub Tis&Bst A>69	\$4,090.80	18	3	\$458.60
J65B	Trauma To Skn,Sub Tis&Bst A<70	\$1,159.70	4	0	\$552.50
J66A	Moderate Skin Disorders + Csc	\$4,941.20	22	4	\$450.20
J66B	Moderate Skin Disorders - Csc	\$2,510.10	10	2	\$481.00
J67A	Minor Skin Disorders + Cc	\$3,191.90	12	2	\$481.60
J67B	Minor Skin Disorders - Cc	\$937.20	4	0	\$514.00
K01Z	Diabetic Foot	\$12,985.10	42	7	\$550.80
K02Z	Pituitary Procedures	\$9,059.80	16	3	\$807.30
K03Z	Adrenal Procedures	\$5,902.60	11	2	\$722.30
K04Z	Major Procedures For Obesity	\$3,586.70	6	0	\$546.60
K05Z	Parathyroid Procedures	\$3,112.80	5	0	\$717.80
K06Z	Thyroid Procedures	\$3,013.40	5	0	\$657.60
K07Z	Obesity Procedures	\$3,638.40	6	0	\$599.40
K08Z	Thyroglossal Procedures	\$1,791.40	4	0	\$633.30
K09Z	Other Endern, Nutr& Meta Or Pr	\$5,479.70	14	2	\$570.60
K40Z	Endosc/Invest Pr Metab Dsdr-Cc	\$929.10	4	0	\$569.00
K60A	Diabetes + Csc	\$5,276.70	21	3	\$496.70
K60B	Diabetes - Csc	\$2,145.90	8	0	\$492.40
K61Z	Severe Nutritional Disturbance	\$7,427.60	29	5	\$508.70
K62A	Misc Metabolic Disorders + Ccc	\$6,001.60	23	4	\$505.80
K62B	Misc Metblc Dsrds+Sc/A>74-Sc	\$3,096.60	12	2	\$508.80
K62C	Misc Metabolic Dsrds-Csc A<75	\$2,291.60	4	0	\$488.80
K63Z	Inborn Errors Of Metabolism	\$1,540.20	5	0	\$555.40
K64A	Endocrine Disorders + Csc	\$4,734.50	32	5	\$292.80
K64B	Endocrine Disorders - Csc	\$1,787.50	7	0	\$523.40
L01A	Kidney Transplant + Csc	\$9,340.80	20	3	\$750.70
L01B	Kidney Transplant - Csc	\$0.00	4	0	\$0.00
L02Z	Oper Insert Peri Cath Dialysis	\$3,083.40	8	0	\$584.40
L03A	Kdny,Urt&Mjr Bldr Pr Npsm+Csc	\$11,294.80	25	4	\$712.90
L03B	Kdny,Urt&Mjr Bldr Pr Npsm-Csc	\$6,199.50	13	2	\$679.70
L04A	Kdy,Urt&Mjr Bldr Pr N-Npm+Csc	\$9,041.00	18	3	\$747.50
L04B	Kdy,Urt&Mjr Bldr Pr N-Npm-Csc	\$2,870.60	5	0	\$640.80
L05A	Tranureth Prostatectomy +Csc	\$7,938.20	24	4	\$570.30
L05B	Tranureth Prostatectomy -Csc	\$3,698.40	8	0	\$624.90
L06A	Minor Bladder Procedures+Csc	\$5,388.90	17	3	\$541.20
L06B	Minor Bladder Procedures -Csc	\$1,769.30	4	0	\$567.70
L07A	Transurethral Procs + Csc	\$3,426.00	10	2	\$541.70
L07B	Transurethral Procs - Csc	\$1,204.00	4	0	\$656.00
L08A	Urethral Procedures + Cc	\$2,057.60	6	0	\$513.30

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**

Schedule 1—Scales of charges—private hospitals and day surgery facilities

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
L08B	Urethral Procedures - Cc	\$1,268.70	4	0	\$622.20
L09A	Oth Kidny & Urnry Tract Pr+Ccc	\$12,665.00	40	7	\$551.70
L09B	Oth Kidny & Urnry Tract Pr+Sec	\$4,815.40	11	2	\$618.20
L09C	Oth Kidny & Urnry Trct Pr-Csec	\$2,151.90	4	0	\$617.40
L40Z	Ureteroscopy	\$1,467.50	4	0	\$649.60
L41Z	Cystourethroscopy -Cc	\$895.70	4	0	\$433.00
L42Z	Esw Lithotripsy+Urinary Stones	\$2,328.90	4	0	\$657.00
L60A	Renal Failure + Ccc	\$8,261.80	31	5	\$516.50
L60B	Renal Failure + Sec/A>69-Sec	\$4,338.10	16	3	\$525.80
L60C	Renal Failure A<70 - Csec	\$2,183.90	8	0	\$526.20
L61Z	Admit For Renal Dialysis	\$290.20	4	0	\$288.00
L62A	Kdny&Urnry Trct Neoplasms +Csec	\$4,267.40	19	3	\$444.80
L62B	Kdny&Urnry Trct Neoplasms -Csec	\$1,442.40	5	0	\$493.00
L63A	Kdny & Urny Trct Infs A>69+Ccc	\$6,408.60	26	4	\$485.10
L63B	Kdny & Urny Trct Infs A>69-Ccc	\$3,274.70	12	2	\$516.20
L63C	Kidny & Urnry Tract Infes A<70	\$1,695.60	6	0	\$524.10
L64Z	Urinary Stones & Obstruction	\$1,180.90	4	0	\$545.50
L65A	Kdny & Urny Tr Sgns&Symps+Csec	\$3,583.10	14	2	\$503.00
L65B	Kdny & Urny Tr Sgns&Symps-Csec	\$1,231.60	4	0	\$541.70
L66Z	Urethral Stricture	\$905.40	4	0	\$624.00
L67A	Oth Kidny & Urnry Tract Dx+Ccc	\$6,422.60	25	4	\$494.80
L67B	Oth Kidny & Urnry Tract Dx+Sec	\$2,664.60	10	2	\$503.40
L67C	Oth Kidny & Urnry Trct Dx-Csec	\$858.00	4	0	\$586.40
M01Z	Major Male Pelvic Procedures	\$6,884.40	13	2	\$720.50
M02A	Transurethral Prostatectomy+Csec	\$5,628.90	15	3	\$592.00
M02B	Transurethral Prostatectomy-Csec	\$3,259.90	7	0	\$637.70
M03A	Penis Procedures + Cc	\$2,837.50	7	0	\$537.20
M03B	Penis Procedures - Cc	\$1,261.90	4	0	\$620.00
M04A	Testes Procedures + Cc	\$2,439.80	6	0	\$526.60
M04B	Testes Procedures - Cc	\$1,319.80	4	0	\$533.00
M05Z	Circumcision	\$820.60	4	0	\$370.00
M06A	Oth Male Reprod Sys Or Pr +Mal	\$1,669.00	4	0	\$649.40
M06B	Oth Male Reprod Sys Or Pr -Mal	\$1,207.90	4	0	\$710.00
M40Z	Cystourethroscopy - Cc	\$670.60	4	0	\$340.00
M60A	Malignancy, Male Repr Sys+Csec	\$3,895.50	18	3	\$428.10
M60B	Malignancy, Male Repr Sys-Csec	\$892.00	4	0	\$620.00
M61A	Benign Prostatic Hypertry+Csec	\$3,336.60	11	2	\$568.10
M61B	Benign Prostatic Hypertry-Csec	\$737.60	4	0	\$428.00
M62A	Inflammation Male Reprd Sys+Cc	\$2,339.10	8	0	\$550.10
M62B	Inflammation Male Reprd Sys-Cc	\$1,103.60	4	0	\$576.30
M63Z	Sterilisation, Male	\$758.30	4	0	\$318.00
M64Z	Other Male Reproductive Sys Dx	\$808.80	4	0	\$474.00
N01Z	Pelvic Evsertn & Radcl Vlctmy	\$7,008.60	16	3	\$614.00
N02A	Utrn,Adnx Pr+Ovrn/Adnxl Mal+Cc	\$9,098.50	21	3	\$675.30

revoked—1.7.2008 to 30.6.2009—Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995

Scales of charges—private hospitals and day surgery facilities—Schedule 1

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
N02B	Utrn,Adnx Pr+Ovrm/Adnxl Mal-Cc	\$4,580.50	10	2	\$602.50
N03A	Utrn,Adnx Pr-Ovrm/Adnxl Mal+Cc	\$6,960.80	16	3	\$665.20
N03B	Utrn,Adnx Pr-Ovrm/Adnxl Mal-Cc	\$4,166.80	9	2	\$625.40
N04Z	Hysterectomy For Non-Malignanc	\$4,081.80	9	0	\$580.10
N05A	Ooph&Com Fal Tube Pr Nmal+Csec	\$5,125.00	12	2	\$610.50
N05B	Ooph&Com Fal Tube Pr Nmal-Csec	\$2,875.00	5	0	\$620.00
N06Z	Fem Repr Sys Reconstructive Pr	\$2,841.30	6	0	\$558.80
N07Z	Oth Uter & Adnexa Pr For Nmal	\$1,311.40	4	0	\$472.00
N08Z	Endoscopic Procs, Fem Repr Sys	\$1,075.40	4	0	\$390.00
N09Z	Comistn,Vagina,Cervix&Vulva Pr	\$959.90	4	0	\$412.00
N10Z	Dxc Curettge, Dxc Hysteroscopy	\$858.50	4	0	\$338.00
N11A	Oth Fem Rep S Pr A>64/+Mal/+Cc	\$4,314.90	11	2	\$569.50
N11B	Oth Fem Rep Sys Pr A<65-Mal-Cc	\$633.10	4	0	\$306.00
N60A	Malignancy Fem Reprod Sys+Csec	\$3,319.30	15	3	\$433.50
N60B	Malignancy Fem Reprod Sys-Csec	\$1,610.10	7	0	\$473.60
N61Z	Infections, Female Reprod Syst	\$1,774.30	6	0	\$540.50
N62A	Mnstri&Oth Fem Repr Sys Dis+Cc	\$1,599.50	5	0	\$512.00
N62B	Mnstri&Oth Fem Repr Sys Dis-Cc	\$647.70	4	0	\$440.00
Q01Z	Splenectomy	\$6,347.90	14	2	\$644.20
Q02A	Oth Or Pr Bld&Bld Frm Org+Csec	\$7,931.40	24	4	\$547.20
Q02B	Oth Or Pr Bld&Bld Frm Org-Csec	\$1,569.30	4	0	\$665.20
Q60A	Reticlendothil&Imnty Dsrđ+Csec	\$4,167.80	15	2	\$559.90
Q60B	Reticlendothil&Imnty Dsrđ-Csec	\$612.90	4	0	\$570.00
Q61A	Red Blood Cell Disders + Ccc	\$5,245.10	21	4	\$476.20
Q61B	Red Blood Cell Disders + Sec	\$2,734.00	10	2	\$512.70
Q61C	Red Blood Cell Disders - Csec	\$866.80	4	0	\$665.70
Q62A	Coagulation Disorders A>69	\$2,279.40	8	0	\$573.50
Q62B	Coagulation Disorders A<70	\$1,186.70	4	0	\$598.40
R01A	Lymphma&Leukma+Mjr Or Pr +Csec	\$11,458.80	33	6	\$582.30
R01B	Lymphma&Leukma+Mjr Or Pr -Csec	\$4,204.00	10	2	\$624.50
R02A	Oth Nplstc Dsrđ+Mjr Or Pr+Csec	\$9,061.80	24	4	\$616.00
R02B	Oth Nplstc Dsrđ+Mjr Or Pr-Csec	\$4,350.90	9	2	\$664.50
R03A	Lymphma Leukma+Oth Or Pr +Csec	\$12,157.00	41	7	\$533.70
R03B	Lymphma Leukma+Oth Or Pr -Csec	\$1,930.20	4	0	\$606.40
R04A	Oth Nplstc Dsrđ+Oth Or Pr+Csec	\$4,700.80	15	2	\$512.50
R04B	Oth Nplstc Dsrđ+Oth Or Pr-Csec	\$2,024.70	4	0	\$570.80
R60A	Acute Leukaemia + Ccc	\$12,105.50	45	8	\$513.80
R60B	Acute Leukaemia + Sec	\$2,244.30	8	0	\$542.20
R60C	Acute Leukaemia - Csec	\$1,201.80	4	0	\$564.90
R61A	Lymphma &N-Acute Leukaemia+Ccc	\$8,190.70	33	5	\$488.90

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**

Schedule 1—Scales of charges—private hospitals and day surgery facilities

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
R61B	Lymphma &N-Acute Leukaemia-Ccc	\$2,357.00	9	0	\$525.50
R61C	Lymphoma/N-A Leukaemia,Sameday	\$322.60	4	0	\$269.00
R62A	Other Neoplastic Disorders +Cc	\$3,558.70	15	3	\$457.90
R62B	Other Neoplastic Disorders -Cc	\$1,680.60	6	0	\$483.30
R63Z	Chemotherapy	\$309.10	4	0	\$267.00
R64Z	Radiotherapy	\$0.00	4	0	\$0.00
S60Z	HIV, Sameday	\$297.20	4	0	\$254.00
S61Z	Hiv-Related Cns Disease	\$0.00	4	0	\$0.00
S62Z	Hiv-Related Malignancy	\$0.00	4	0	\$0.00
S63A	Hiv-Related Infection + Ccc	\$0.00	4	0	\$0.00
S63B	Hiv-Related Infection - Ccc	\$1,766.60	29	5	\$119.30
S64A	Other Hiv + Ccc	\$0.00	4	0	\$0.00
S64B	Other Hiv - Ccc	\$0.00	4	0	\$0.00
T01A	Or Proc Infect& Paras Dis+Ccc	\$14,304.10	43	7	\$589.60
T01B	Or Proc Infect& Paras Dis+Smcc	\$6,052.90	19	3	\$523.20
T01C	Or Proc Infect & Paras Dis-Cc	\$3,360.50	9	2	\$536.70
T60A	Septicaemia + Csc	\$6,447.90	22	4	\$574.00
T60B	Septicaemia - Csc	\$3,533.40	13	2	\$541.20
T61A	Pstop&Pstr Inf+Csc/A>54-Csc	\$3,469.30	14	2	\$501.60
T61B	Postop&Postr Infect A<55-Csc	\$1,729.70	6	0	\$522.60
T62A	Fever Of Unknown Origin + Cc	\$3,267.90	12	2	\$526.60
T62B	Fever Of Unknown Origin - Cc	\$1,753.70	6	0	\$536.10
T63A	Viral Illness A>59	\$2,935.90	12	2	\$506.10
T63B	Viral Illness A<60	\$1,378.80	5	0	\$538.00
T64A	Oth Infectous&Parstic Dis+Csc	\$5,919.30	23	4	\$506.40
T64B	Oth Infectous&Parstic Dis-Csc	\$1,844.90	7	0	\$512.30
U40Z	Mental Health Treat,Samedy+ECT	\$199.80	4	0	\$199.00
U60Z	Mental Health Treat,Samedy-ECT	\$199.80	4	0	\$199.00
U61A	Schizophrenia Disorders+Mhls	\$5,614.10	29	5	\$388.20
U61B	Schizophrenia Disorders-Mhls	\$7,207.60	37	6	\$386.70
U62A	Par&Acute Psych Dsr+Csc/Mhls	\$7,069.80	42	7	\$327.90
U62B	Par&Acute Psych Dsr-Csc-Mhls	\$7,150.70	34	6	\$414.10
U63A	Mjr Affect Dsr+Csc/A>69-Csc	\$8,337.60	42	7	\$392.30
U63B	Major Affective Dsr A<70-Csc	\$7,747.60	36	6	\$427.70
U64Z	Oth Affect & Somatoform Dsr	\$6,991.70	32	5	\$435.00
U65Z	Anxiety Disorders	\$3,590.10	16	3	\$448.00
U67Z	Personlty Dsr&Acute Reactions	\$6,085.40	29	5	\$415.90
V60Z	Alcohol Intoxicatn & Withdrwl	\$1,764.20	7	0	\$477.50
V61A	Drug Intoxicetn & Withdrawal+Cc	\$6,756.70	37	6	\$364.50
V61B	Drug Intoxicetn & Withdrawal-Cc	\$2,705.30	11	2	\$472.70
V62A	Alcohol Use Dsr & Dependence	\$6,581.10	29	5	\$457.90
V62B	Alcohol Use Dsr & Dependnc+Cd	\$233.20	4	0	\$233.00
V63Z	Opioid Use Dsr & Dependence	\$2,646.10	11	2	\$499.20

revoked—1.7.2008 to 30.6.2009—Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995

Scales of charges—private hospitals and day surgery facilities—Schedule 1

Table 2

AR-DRG	AR-DRG Description	Maximum Charge (excl GST)	Upper Trim point (days)	Lower Trim point (days)	Maximum Charge per day (excl GST)
V64Z	Other Drug Use Disord & Depend	\$2,759.60	12	2	\$443.40
W01Z	Ventils/Cranio Mult Sig Trauma	\$0.00	4	0	\$0.00
W02Z	Hip,Femr&Limb Pr Mult Sig Trma	\$16,234.40	38	6	\$747.40
W03Z	Abdominal Pr Mult Sig Trauma	\$6,957.00	15	3	\$745.90
W04Z	Othr Or Pr For Mult Sig Trauma	\$9,726.10	27	5	\$630.70
W60Z	Multiple Trauma, Died/Transf<5	\$3,001.20	4	0	\$1,289.40
W61Z	Multiple Trauma - Signif Procs	\$6,322.00	25	4	\$511.80
X01Z	Mic Tt/Skin Grafts Inj Lwr Lmb	\$7,268.60	22	4	\$539.00
X02Z	Mic Tt/Skin Grafts Inj To Hand	\$1,893.70	4	0	\$655.00
X03Z	Mic Tt/Skin Grafts Other Inj	\$4,317.20	12	2	\$508.70
X04A	Other Pr Inj Lwr Lmb A>59/+Cc	\$5,334.40	15	2	\$549.50
X04B	Other Pr Inj Lowr Limb A<60-Cc	\$1,796.60	4	0	\$596.40
X05Z	Other Pr For Injuries To Hand	\$1,462.40	4	0	\$588.00
X06A	Other Pr Other Injuries + Csc	\$6,115.80	18	3	\$567.80
X06B	Other Pr Other Injuries - Csc	\$2,000.00	4	0	\$574.70
X60A	Injuries A>64 + Cc	\$5,301.70	22	4	\$483.50
X60B	Injuries A>64 - Cc	\$3,045.30	12	2	\$496.70
X60C	Injuries A<65	\$1,259.30	4	0	\$539.70
X61Z	Allergic Reactions	\$1,117.80	4	0	\$628.10
X62A	Poisng/Toxc Eff Drugs A>59/+Cc	\$2,870.00	10	2	\$545.90
X62B	Poisng/Toxc Eff Drugs A<60 -Cc	\$868.10	4	0	\$630.70
X63A	Sequelae Of Treatmnt+Csc	\$4,038.10	15	2	\$524.60
X63B	Sequelae Of Treatmnt-Csc	\$1,465.20	5	0	\$538.50
X64A	Ot Inj,Pois&Tox Ef Dx A>59/+Cc	\$3,137.10	12	2	\$535.20
X64B	Ot Inj,Pois&Tox Eff Dx A<60-Cc	\$637.10	4	0	\$637.00
Y01Z	Severe Full Thick Burns	\$0.00	4	0	\$0.00
Y02A	Oth Burn+Skn G A>64/+Csc/Comp	\$7,547.60	25	4	\$523.10
Y02B	Oth Burn+Skn Gr A<65-Csc-Comp	\$2,845.10	7	0	\$538.40
Y03Z	Other Or Procs For Other Burns	\$2,650.30	8	0	\$448.80
Y60Z	Burns,Trans Oth Acut Care <5 D	\$1,057.70	4	0	\$524.00
Y61Z	Severe Burns	\$2,475.70	10	2	\$502.20
Y62A	Other Burns A>64/+Csc/Comp	\$4,432.80	20	3	\$440.90
Y62B	Other Burns A<65 -Csc -Comp	\$1,382.40	5	0	\$544.80
Z01A	Or Pr+Dx Oth Cnt Hlth Srv+Csc	\$4,418.30	16	3	\$483.40
Z01B	Or Pr+Dx Oth Cnt Hlth Srv-Csc	\$1,363.20	4	0	\$604.10
Z40Z	Follow Up Afr Treat+Endoscopy	\$581.50	4	0	\$266.00
Z61Z	Signs & Symptoms	\$1,554.70	5	0	\$540.30
Z62Z	Follow up Aft Treat-Endoscopy	\$494.50	4	0	\$321.00

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 1—Scales of charges—private hospitals and day surgery facilities

Table 3

Item No	Service description	Maximum charge (excl GST)
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A charge applicable to an admitted patient is not payable unless the patient is admitted in accordance with the criteria for admission (see clause 1(5)).

SAME DAY SERVICES FOR DAY SURGERY FACILITIES

Accommodation

The band into which services fall will be determined in accordance with the Day Only Procedures Manual.

PR410	Band 1: including gastrointestinal endoscopy, some minor surgical and non-surgical procedures not normally requiring anaesthetic.	\$270.50
PR420	Band 2: procedures other than Band 1 performed under local anaesthetic with no sedation. Theatre time less than 1 hour.	\$322.05
PR430	Band 3: procedures other than Band 1 performed under general or regional anaesthesia or intravenous sedation. Theatre time less than 1 hour.	\$376.30
PR440	Band 4: procedures other than Band 1 performed under general or regional anaesthesia or intravenous sedation. Theatre time 1 hour or more.	\$398.90

Theatre

The band into which services fall will be determined in accordance with the *Group Accommodation and Theatre Banding Schedule* produced by the Commonwealth Department of Veterans' Affairs, November 2007.

Where more than 1 service is provided in a single theatre session, the theatre charge is—

- (a) the theatre charge for the service with the highest theatre charge; plus
- (b) 50% of the theatre charge for the service with the next highest theatre charge; plus
- (c) 30% of the theatre charge for each of the other services so provided.

PRT1A	Band 1A	\$155.40
PRT01	Band 1	\$310.75
PRT02	Band 2	\$396.65
PRT03	Band 3	\$551.45
PRT04	Band 4	\$797.80
PRT05	Band 5	\$1 023.80
PRT06	Band 6	\$1 348.10
PRT07	Band 7	\$1 844.15
PRT08	Band 8	\$1 968.45
PRT9A	Band 9A	\$2 289.40

Table 3

Item No	Service description	Maximum charge (excl GST)
PRT09	Band 9	\$2 626.10
PRT10	Band 10	\$3 437.45
PRT11	Band 11	\$4 878.20
PRT12	Band 12	\$5 237.55
PRT13	Band 13	\$4 952.80
PRT50	Dental minor	\$293.80
PRT55	Dental major	\$529.95

Schedule 2—Scales of charges—physiotherapy services

This Schedule must be read in conjunction with the *Physiotherapy Fee Schedule Guidelines*.

Item No	Service description	Maximum charge (excl GST)
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Consultations

Initial consultation

An initial consultation by a treating physiotherapist involving some or all of the following elements (although the extent of the consultation is at the discretion of the physiotherapist):

- **Subjective reporting**
Consideration by the physiotherapist of major symptoms and lifestyle dysfunction; current history and treatment; past history and treatment; pain, 24 hour behaviour, aggravating and relieving factors; general health, medication, risk factors.
- **Objective assessment**
Assessment by the physiotherapist of movement (eg, active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc) and the carrying out of appropriate procedures and tests.
- **Assessment results**
Provisional diagnosis; the setting of the goals of treatment, and the development of a treatment plan, by the physiotherapist.
- **Treatment**
Discussion between the physiotherapist and the worker regarding working hypothesis, treatment goals and expected outcomes; initial treatment and response and the provision of advice by the physiotherapist regarding home care, including any exercise programs to be followed.
- **Clinical records**
Recording of information by the physiotherapist in the worker's clinical records, including the results of procedures and tests carried out.

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 2—Scales of charges—physiotherapy services

Item No	Service description	Maximum charge (excl GST)
	<ul style="list-style-type: none"> • Communication Communication by the physiotherapist of information relevant to the rehabilitation and return to work of the worker to the claims agent or self-insured employer, the worker's employer (if not self-insured) and the worker's referring/treating medical expert. 	
PT107	Short initial consultation of not more than 20 minutes duration.	\$36.90
PT108	Initial consultation of more than 20 minutes duration.	\$61.60
	<p>Subsequent consultation</p> <p>A subsequent consultation by a treating physiotherapist involving assessment and treatment of a worker's condition and some or all of the other elements listed below (although the extent of the consultation is at the discretion of the physiotherapist):</p> <ul style="list-style-type: none"> • History taking/assessment Consideration by the physiotherapist of the clinical records of the worker relating to the condition and the worker's progress since the previous consultation. • Examination Examination by the physiotherapist of the condition. • Treatment Appropriate treatment of the condition by the physiotherapist. • Reassessment and management Reassessment of the goals of treatment, the treatment plan and the management program by both the worker and the physiotherapist; counselling by the physiotherapist regarding further treatment (if any), care and preventative measures. • Communication Communication by the physiotherapist of information relevant to the rehabilitation and return to work of the worker to the claims agent or self-insured employer, worker's employer (if not self-insured) and the worker's referring/treating medical expert. • Physiotherapy treatment form If treatment is expected to extend for longer than 6 weeks, completion by the physiotherapist of a physiotherapy treatment form (in a form approved by the Corporation) and forwarding of the form to the claims agent or self-insured employer. No additional fee is payable for completion of this form. • Clinical records Recording of information by the physiotherapist in the worker's clinical records, including the results of any procedures and tests carried out. 	

revoked—1.7.2008 to 30.6.2009—Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995
Scales of charges—physiotherapy services—Schedule 2

Item No	Service description	Maximum charge (excl GST)
PT205	Brief subsequent consultation of not more than 15 minutes duration. The consultation will involve minimal physiotherapist contact time.	\$30.70
PT210	Standard subsequent consultation of more than 15 minutes duration but not more than 20 minutes duration.	\$43.00
PT215	Long subsequent consultation of more than 20 minutes duration but not more than 30 minutes duration. The consultation will involve all of the elements of a subsequent consultation, and, because of the complexity of the injury, will require extra time for history taking, examination, treatment, documentation and liaison. For example, this type of consultation may be expected in cases of injuries following major trauma or major surgery requiring intensive post-operative treatment.	\$61.60
PT220	Prolonged subsequent consultation of more than 30 minutes duration. The consultation will involve all of the elements of a subsequent consultation and, because of the extreme complexity of the injury or treatment, will require extra time for history taking, examination, treatment, documentation and liaison. This type of consultation is expected in only a limited number of cases, for example, in cases of injuries following extensive burns, multi-trauma, major surgery requiring intensive post-operative treatment such as complicated hand injuries or joint reconstruction and some neurological conditions.	\$86.20
Corrective/serial splinting		
PT300	Fabrication/fitting/adjustment of splint	\$147.70 per hour
Aquatic physiotherapy		
PT415	Individual aquatic physiotherapy session An aquatic physiotherapy session requiring significant planning, supervision and monitoring of individual workers by a physiotherapist. The prior approval of a claims manager or self-insured employer is required for a session other than— <ul style="list-style-type: none"> • the initial session; • 2 subsequent individual sessions following the initial session; • a review session at week 4 to 6 of the aquatic physiotherapy program. 	\$51.80

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 2—Scales of charges—physiotherapy services

Item No	Service description	Maximum charge (excl GST)
PT420	Subsequent individual or group aquatic physiotherapy session An aquatic physiotherapy session not referred to in PT415. If the session is a group session— <ul style="list-style-type: none"> • the group will be comprised of not more than 6 workers; and • the session will involve programs that are unique and individualised to particular workers. 	\$21.60 per worker
Exercise		
PT455	Individual exercise session Exercise session (other than an aquatic physiotherapy session) planned by a physiotherapist where an individual worker is constantly and directly supervised and assessed by the physiotherapist. The session will involve all or some of the elements of a subsequent consultation (but a subsequent consultation cannot be separately charged).	\$51.80
PT460	Group exercise session Group exercise session (other than an aquatic physiotherapy session) planned and supervised by a physiotherapist for a group of not more than 8 workers. The session will involve all or some of the elements of a subsequent consultation (but a subsequent consultation cannot be separately charged).	\$15.30 per worker
Telephone calls		
PT552	Telephone call greater than 3 minutes Calls of a case specific nature made by a physiotherapist to, or received by a physiotherapist from, the worker's referring/treating medical expert, rehabilitation provider contracted by WorkCover, claims agent or self-insured employer, employer (if not self-insured), WorkCover provider consultant or the worker's representative, excluding— <ul style="list-style-type: none"> (a) calls made during a consultation; and (b) calls of a duration of 3 minutes or less. There is no charge for a telephone call to or from a worker.	\$20.50
Functional capacity evaluation		
PT700	Functional capacity evaluation The maximum time chargeable is 7 hours.	\$147.70 per hour

Item No	Service description	Maximum charge (excl GST)
	Assessment by a physiotherapist of a worker's work capacity, including—	
	(a) a series of standardised tests of the worker's physical capabilities focussed on selected work tolerances (ie, the observed and measured physical capabilities that affect a worker's ability to perform the physical demands of specified work tasks); and	
	(b) an analysis of the results of the tests to infer the worker's capacity to sustain a given work effort (ie, the worker's capacity to undertake specified work at a prescribed frequency over a given period of time, taking into account the pace compatible with such work); and	
	(c) preparation of a report with an executive summary outlining the major components of the service and relevant findings.	
Worksite assessment		
PT730	Worksite assessment	\$147.70 per hour
	Attendance by a physiotherapist at a worker's workplace in order to obtain an overview of the workplace and determine the availability of suitable duties.	
Job analysis		
PT740	Job analysis	\$147.70 per hour
	Job analysis by a physiotherapist, including—	
	(a) an analysis of the critical physical demands of occupational tasks; and	
	(b) determining the worker's capacity to undertake the tasks or giving consideration to available medical guidelines and the physiotherapist's knowledge of the worker's diagnosis, pathology and prognosis; and	
	(c) making recommendations for—	
	(i) modifying the tasks or the way in which the tasks are undertaken; or	
	(ii) providing aids or equipment; or	
	(iii) introducing work practice guidelines to ensure that the worker utilises appropriate body mechanics; and	
	(d) preparation of a report with an executive summary outlining the major components of the service and relevant findings.	
Graduated return to work program		
PT750	Graduated return to work program	\$147.70 per hour
	A program of work duties and work practice guidelines for a worker designed by a physiotherapist to increase the worker's tolerance for the physical demands of work.	

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 2—Scales of charges—physiotherapy services

Item No	Service description	Maximum charge (excl GST)
	<p>The purpose of the program is to assist the worker to maintain his or her employment while undertaking rehabilitation.</p> <p>The program will involve actual and productive work duties identified by the physiotherapist as being within the worker's capacity and work practice guidelines relevant to the nature of the worker's injury and the performance of the particular duties.</p>	
Activities of daily living assessment		
PT760	<p>Activities of daily living assessment</p> <p>Assessment by a physiotherapist, usually conducted in a worker's home environment, of the worker's level of functioning in relation to personal care, household tasks and recreational and social activities.</p> <p>The purpose of the assessment is to facilitate the reduction of the adverse impact of the injury on the worker and the early return of the worker to normal activity, and to provide an indicator of functional tolerances for determining work capacity.</p>	\$147.70 per hour
Independent clinical assessment		
PT780	<p>Independent clinical assessment and report</p> <p>Service provided by a physiotherapist other than the treating physiotherapist comprising—</p> <ul style="list-style-type: none"> (a) a review of the worker's medical history; and (b) a clinical assessment; and (c) a review of the worker's activity and functional capacity; and (d) preparation of a report, <p>for the purpose of providing a different diagnosis or making recommendations in relation to ongoing treatment goals, the worker's return to work and any other relevant matters.</p> <p>The report will have been requested in writing by—</p> <ul style="list-style-type: none"> (a) a claims agent or self-insured employer; or (b) a worker or worker's representative. 	\$147.70 per hour
Functional notification form		
PT785	<p>Functional notification form</p> <p>Completion by a physiotherapist of a functional notification form (in a form approved by the Corporation) and provision of the form to a worker's referring/treating medical expert. The form is completed when information directly affecting the worker's capacity to return to work or the process of the worker returning to work is identified by the physiotherapist.</p>	\$20.50

Item No	Service description	Maximum charge (excl GST)
Reports		
PT810	<p>Comprehensive report</p> <p>A report by a treating physiotherapist, relating to the status of a claim and comprising a clinical opinion or statement or a response to specific questions, that has been requested in writing by—</p> <p>(a) a claims agent or self-insured employer; or</p> <p>(b) a worker or worker's representative.</p> <p>A report will be taken to be comprehensive when re-examination of the worker is a prerequisite for preparation of the report.</p> <p>The consultation should be charged in accordance with the appropriate item.</p>	\$221.50
PT820	<p>Standard report</p> <p>A report by a treating physiotherapist, relating to the status of a claim and comprising a clinical opinion or statement or a response to specific questions, that has been requested in writing by—</p> <p>(a) a claims agent or self-insured employer; or</p> <p>(b) a worker or worker's representative.</p> <p>A report will be taken to be standard when re-examination of the worker is not required and the report is based on a transcription of existing clinical records.</p>	\$147.70
Case conference		
PT870	<p>Case conference</p> <p>Case conference, attended by a physiotherapist and authorised by a claims agent or self-insured employer, for the purpose of determining—</p> <ul style="list-style-type: none"> • details of limitations/recommendations relating to a sustainable return to work; • options for management of a worker's recovery; • other related information. <p>A case conference may be requested by—</p> <ul style="list-style-type: none"> • a treating medical expert; • a worker or worker's representative; • a claims agent or self-insured employer; • an employer (if not self-insured); • a rehabilitation provider contracted by WorkCover. <p>The hourly rate excludes travelling time from rooms or other appropriate departure point to the venue and return. Travel may be charged separately.</p>	\$147.70 per hour

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 2—Scales of charges—physiotherapy services

Item No	Service description	Maximum charge (excl GST)
Travel		
PT905	Travel time Travel, authorised by a claims agent or self-insured employer, by a treating physiotherapist for the purposes of— (a) a case conference; or (b) a home, hospital or worksite visit; or (c) consultation where the worker is otherwise unable to attend the physiotherapist's clinic or rooms. There is no charge for travel from 1 clinic or rooms to another clinic or rooms.	\$125.50 per hour
Non-scheduled services		
PT999	Non-scheduled services A service of a kind not listed above, provided by a physiotherapist and authorised by a claims agent or self-insured employer prior to the delivery of the service as being necessary, appropriate and reasonably required.	\$147.70 per hour

Schedule 3—Scales of charges—psychology services

This Schedule supersedes the scale of charges for medical services delivered by a registered psychologist fixed by notice under section 32 of the Act and published in the Gazette on 10 March 1994 at page 709.

This Schedule must be read in conjunction with the *Psychology Fee Schedule Guidelines*.

Item No	Service description	Maximum charge (excl GST)
Psychological assessment		
Assessment by a psychologist involving the psychologist's attendance on the client.		
W0111	An attendance of not more than 15 minutes duration	\$39.00
W0112	An attendance of more than 15 minutes duration but not more than 30 minutes duration	\$58.50
W0113	An attendance of more than 30 minutes duration but not more than 45 minutes duration	\$97.50
W0114	An attendance of more than 45 minutes duration but not more than 75 minutes duration	\$156.00
W0115	An attendance of more than 75 minutes duration but not more than 105 minutes duration	\$234.00
W0116	An attendance of more than 105 minutes duration but not more than 135 minutes duration	\$312.00
W0117	An attendance of more than 135 minutes duration	\$353.60

Item No	Service description	Maximum charge (excl GST)
Consultations		
Treatment and intervention by a psychologist involving the psychologist's attendance on the client.		
Initial attendance		
W0101	An attendance of not more than 15 minutes duration	\$39.00
W0102	An attendance of more than 15 minutes duration but not more than 30 minutes duration	\$58.50
W0103	An attendance of more than 30 minutes duration but not more than 45 minutes duration	\$97.50
W0104	An attendance of more than 45 minutes duration but not more than 75 minutes duration	\$156.00
W0105	An attendance of more than 75 minutes duration	\$195.00
Subsequent attendance		
W0121	An attendance of not more than 15 minutes duration	\$39.00
W0122	An attendance of more than 15 minutes duration but not more than 30 minutes duration	\$58.50
W0123	An attendance of more than 30 minutes duration but not more than 45 minutes duration	\$97.50
W0124	An attendance of more than 45 minutes duration but not more than 75 minutes duration	\$156.00
W0125	An attendance of more than 75 minutes duration	\$195.00
Group therapy		
Group therapy under the continuous direct supervision of a psychologist.		
Group therapy (minimum of 2 clients, maximum of 9 clients)		
W1704	Group therapy of more than 45 minutes duration and not more than 75 minutes duration	\$30.75 (each client)
W1705	Group therapy of more than 75 minutes duration and not more than 105 minutes duration	\$47.25 (each client)
W1706	Group therapy of more than 105 minutes duration and not more than 135 minutes duration	\$62.65 (each client)
W1707	Group therapy of more than 135 minutes duration	\$69.75 (each client)
Family group therapy (2 clients)		
W1724	Family group therapy of more than 45 minutes duration and not more than 75 minutes duration	\$78.00 (each client)
W1725	Family group therapy of more than 75 minutes duration and not more than 105 minutes duration	\$117.00 (each client)
W1726	Family group therapy of more than 105 minutes duration and not more than 135 minutes duration	\$156.00 (each client)
W1727	Family group therapy of more than 135 minutes	\$176.10 (each client)

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 3—Scales of charges—psychology services

Item No	Service description	Maximum charge (excl GST)
Family group therapy (3 or more clients)		
W1714	Family group therapy of more than 45 minutes duration and not more than 75 minutes duration	\$52.00 (each client)
W1715	Family group therapy of more than 75 minutes duration and not more than 105 minutes duration	\$78.00 (each client)
W1716	Family group therapy of more than 105 minutes duration and not more than 135 minutes duration	\$104.00 (each client)
W1717	Family group therapy of more than 135 minutes duration	\$117.00 (each client)
Interview of a person other than a client		
Interview by a psychologist of a person other than a client (eg spouse, employer, supervisor) for the purposes of obtaining information crucial to the treatment and management of the injury. The psychologist must be able to provide clear justification for this service, if requested.		
W0131	Interview of a person other than a client, not more than 15 minutes duration	\$39.00
W0132	Interview of a person other than a client, more than 15 minutes duration but not more than 30 minutes duration	\$58.50
W0133	Interview of a person other than a client, more than 30 minutes duration but not more than 45 minutes duration	\$97.50
W0134	Interview of a person other than a client, more than 45 minutes duration but not more than 75 minutes duration	\$156.00
W0135	Interview of a person other than a client, more than 75 minutes duration	\$195.00
Independent clinical assessment		
Services provided by a psychologist other than the treating psychologist comprising—		
<ul style="list-style-type: none"> • a review of the worker's psychological/medical history; and • clinical assessment of the worker; and • preparation of a report, 		
for the purpose of clarifying the worker's current psychological/psychosocial status and barriers to return to work, and providing advice on appropriate treatment or management.		
The report may be requested in writing by—		
<ul style="list-style-type: none"> • a claims agent or self-insured employer; or • a worker or worker's representative. 		
W0780	Independent clinical assessment	\$156.00 per hour
Vocational assessment		
A vocational assessment of a worker by a psychologist to identify potential and alternative career and employment options carried out by means of integrated clinical and standardised assessment procedures and instruments.		
WV111	Vocational assessment, an attendance of not more than 15 minutes duration	\$39.00

Item No	Service description	Maximum charge (excl GST)
WV112	Vocational assessment, an attendance of more than 15 minutes duration but not more than 30 minutes duration	\$58.50
WV113	Vocational assessment, an attendance of more than 30 minutes duration but not more than 45 minutes duration	\$97.50
WV114	Vocational assessment, an attendance of more than 45 minutes duration but not more than 75 minutes duration	\$156.00
WV115	Vocational assessment, an attendance of more than 75 minutes duration but not more than 105 minutes duration	\$234.00
WV116	Vocational assessment, an attendance of more than 105 minutes duration but not more than 135 minutes duration	\$312.00
WV117	Vocational assessment, an attendance of more than 135 minutes duration	\$353.60

Reports

Vocational report

A vocational report by a psychologist providing advice on factors affecting occupational options following a vocational assessment. These factors may include—

- psychosocial factors such as beliefs, motivation, attitude and personality
- skills and abilities
- cultural, religious or ethnic factors
- socio-economic context
- medical status
- education
- advice on strategies to assist in the return to work process.

The report may include responses to specific questions asked by the claims agent or self-insured employer.

WRV20	Vocational report, to provide advice on factors affecting occupational options following vocational assessment— First page	\$125.00
	Second and subsequent pages	\$62.00

Other reports

Report by a psychologist, other than a report of an independent clinical assessment or a vocational report, requested by a claims agent, self-insured employer, worker or worker's representative.

Comprehensive report

A report will be taken to be comprehensive when re-examination of the patient is a prerequisite for the preparation of the report.

WR020	Comprehensive report—first page	\$125.00
	Second and subsequent pages	\$62.00

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 3—Scales of charges—psychology services

Item No	Service description	Maximum charge (excl GST)
<i>Standard report</i>		
A report will be taken to be standard when re-examination of the worker is not required and the report is based on a transcription of existing clinical records.		
WRT20	Standard report—first page	\$93.00
	Second and subsequent pages	\$47.00
For the purposes of the charges for vocational and other reports—		
(a) a page means a page of A4 paper that complies with the following:		
(i) a top margin of no more than 2 centimetres;		
(ii) a bottom margin of no more than 2 centimetres;		
(iii) side margins of no more than 2.5 centimetres;		
(iv) line spacing of no more than 1.5 centimetres;		
(v) more than 75% of the lines on the page contain text; and		
(b) if a page complies with (a) except (a)(v), the charge will be reduced as follows:		
(i) if 25% or less of the lines on the page contain text, the charge is 25% of the charge otherwise payable;		
(ii) if more than 25% but not more than 50% of the lines on the page contain text, the charge is 50% of the charge otherwise payable;		
(iii) if more than 50% but not more than 75% of the lines on the page contain text, the charge is 75% of the charge otherwise payable.		
Telephone calls		
Calls of a case specific nature made by a psychologist to, or received by a psychologist from, the worker's referring/treating medical expert, worker's employer, rehabilitation provider, claims agent or self-insured employer, WorkCover provider consultant or worker's representative, excluding—		
(a) calls made during a consultation; and		
(b) calls of a duration of 3 minutes or less.		
There is no charge for a telephone call to or from a worker.		
W0180	Telephone calls greater than 3 minutes	\$2.60 per minute
Travel		
A return trip approved by a claims agent or self-insured employer by a treating psychologist from the treating psychologist's rooms to another place for the purpose of a home, hospital or worksite visit or case conference.		
WT001	Travel time	\$156.00 per hour

Item No	Service description	Maximum charge (excl GST)
Case conference		
	Case conference, attended by a psychologist and authorised by a claims agent or self-insured employer, for the purpose of determining—	
	<ul style="list-style-type: none"> • details of limitations/recommendations relating to a sustainable return to work • options for management of a worker's recovery • other related information 	
	A case conference may be requested by—	
	<ul style="list-style-type: none"> • a treating medical expert • an employer • a worker or worker's representative • a claims agent or self-insured employer • a rehabilitation provider contracted by WorkCover. 	
W0130	Case Conference	\$156.00 per hour

The hourly rate excludes travelling time from rooms or other appropriate departure point to the venue and return. Travel may be charged separately.

Non-scheduled services

A service of a kind not listed above provided by a psychologist and authorised by a claims agent or self-insured employer prior to the delivery of the service as being necessary, appropriate and reasonably required.

W9999	Non scheduled services	\$156.00 per hour
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Schedule 4—Scales of charges—speech pathologists

This Schedule must be read in conjunction with the *Speech Pathology Fee Schedule Guidelines*.

Item No	Service description	Maximum charge (excl GST)
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Consultations

Initial consultation

An initial consultation by a speech pathologist involving some or all of the following elements:

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 4—Scales of charges—speech pathologists

Item No	Service description	Maximum charge (excl GST)
	<ul style="list-style-type: none"> • the taking of a detailed case history; • counselling (according to the worker's emotional needs); • determination of options for ongoing management following assessment; • consideration and implementation of appropriate treatment; • administration of a standardised clinical assessment or an empirical clinical assessment; • assessment of the ability of the worker to communicate at the worker's workplace; • evaluation and analysis of assessment results. <p>The initial consultation will be designed to form the basis of the diagnosis and assist in prognostic indications and treatment planning.</p>	
E0149	Standard initial consultation of up to 1.5 hours duration.	\$137.70 per hour
E0151	Extended initial consultation of more than 1.5 hours duration (up to a maximum time chargeable of 2.5 hours).	\$137.70 per hour
Subsequent consultation		
<p>A subsequent consultation by a speech pathologist involving treatment and intervention designed to restore the worker's function to optimal levels. The consultation may involve—</p> <ul style="list-style-type: none"> (a) tasks specifically related to skill development; (b) counselling to facilitate adjustment and transfer of restored skill to everyday communicative situations. 		
E0249	Subsequent consultation of up to 1 hours duration.	\$137.70 per hour
Reports		
E0810	<p>Comprehensive report</p> <p>A report by a treating speech pathologist, relating to the status of a claim and comprising a clinical opinion or statement or a response to specific questions, that has been requested in writing by—</p> <ul style="list-style-type: none"> (a) a claims agent or self-insured employer; or (b) a worker or worker's representative. <p>A report will be taken to be comprehensive when re-examination of the worker is a prerequisite for the preparation of the report.</p> <p>The consultation should be charged in accordance with the appropriate item.</p>	\$275.40

Item No	Service description	Maximum charge (excl GST)
E0820	<p>Standard report</p> <p>A report by a treating speech pathologist, relating to the status of a claim and comprising a clinical opinion or statement or a response to specific questions, that has been requested in writing by—</p> <ul style="list-style-type: none"> (a) a claims agent or self-insured employer; or (b) a worker or worker's representative. <p>A report will be taken to be standard when re-examination of the worker is not required and the report is based on a transcription of existing clinical records.</p>	\$206.60
Telephone calls		
E0850	<p>Telephone call greater than 3 minutes</p> <p>Calls of a case specific nature made by a speech pathologist to, or received by a speech pathologist from, the worker's referring/treating medical expert, rehabilitation provider contracted by WorkCover, claims agent or self-insured employer, employer (if not self-insured), WorkCover provider consultant or the worker's representative excluding—</p> <ul style="list-style-type: none"> (a) calls made during a consultation; and (b) calls of a duration of 3 minutes or less. <p>There is no charge for a telephone call to or from a worker.</p>	\$2.30 per minute
Case conference		
E0870	<p>Case conference</p> <p>Case conference, attended by a speech pathologist and authorised by a claims agent or self-insured employer, for the purpose of determining—</p> <ul style="list-style-type: none"> • details of limitations/recommendations relating to a sustainable return to work; • options for management of a worker's recovery; • other related information. <p>A case conference may be requested by—</p> <ul style="list-style-type: none"> • a treating medical expert; • a worker or worker's representative; • a claims agent or self-insured employer; • an employer (if not self-insured); • a rehabilitation provider contracted by WorkCover. <p>The hourly rate excludes travelling time from rooms or other appropriate departure point to the venue and return. Travel may be charged separately.</p>	\$137.70 per hour

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 4—Scales of charges—speech pathologists

Item No	Service description	Maximum charge (excl GST)
Travel		
E0910	Travel time Travel, authorised by a claims agent or self-insured employer, by a treating speech pathologist for the purposes of— <ul style="list-style-type: none"> • a case conference; or • a home, hospital or worksite visit; or • a consultation where the worker is otherwise unable to attend the speech pathologist's clinic or rooms. <p>There is no charge for travel from 1 clinic or rooms to another clinic or rooms.</p>	\$117.10 per hour
Non-scheduled services		
E0999	Non-scheduled services A service of a kind not listed above, provided by a speech pathologist and authorised by a claims agent or self-insured employer prior to the delivery of the service as being necessary, appropriate and reasonably required.	\$137.70 per hour

Schedule 5—Scales of charges—occupational therapists

This Schedule must be read in conjunction with the *Occupational Therapy Fee Schedule Guidelines*.

Item No	Service description	Maximum charge (excl GST)
Consultation (individual worker)		
OT105	Initial consultation (history, examination and treatment)	\$147.70 per hour
OT205	Subsequent consultation and treatment A consultation by an occupational therapist involving some or all of the following elements: <ul style="list-style-type: none"> • clinical assessment; • clinical treatment; • graded activity/exercise; • pain management; • stress management; • relaxation training; • biomechanical education; • independent living skills training. 	\$147.70 per hour
Corrective/serial splinting		
OT300	Fabrication/fitting/adjustment of splint	\$147.70 per hour

revoked—1.7.2008 to 30.6.2009—Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995
Scales of charges—occupational therapists—Schedule 5

Item No	Service description	Maximum charge (excl GST)
Work simulation (group program)		
OT502	Work simulation, group program	\$41.20 per hour, per worker
	A graduated program of activities planned and supervised by an occupational therapist used to simulate work conditions and the physical demands of duties.	
	The program will involve at least 2, and not more than 5, workers and will take place at the occupational therapist's rooms. The program will be highly structured, goal orientated and individualised for each worker.	
	The purpose of the program is to maximise the worker's ability to return to work.	
	The program will usually be agreed to by the worker to encourage attendance and appropriate behaviour at work.	
Telephone calls		
OT552	Telephone call greater than 3 minutes	\$20.50
	Calls of a case specific nature made by an occupational therapist to, or received by an occupational therapist from, the worker's referring/treating medical expert, rehabilitation provider contracted by WorkCover, claims agent or self-insured employer, employer (if not self-insured), WorkCover provider consultant or the worker's representative, excluding—	
	(a) calls made during a consultation; and	
	(b) calls of a duration of 3 minutes or less.	
	There is no charge for a telephone call to or from a worker.	
Pain management group program		
OT602	Pain management, group program	\$41.20 per hour, per worker
	Pain management by way of a group program planned and supervised by an occupational therapist involving at least 2, but not more than 5, workers.	

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 5—Scales of charges—occupational therapists

Item No	Service description	Maximum charge (excl GST)
Functional capacity evaluation		
OT700	<p>Functional capacity evaluation</p> <p>The maximum time chargeable is 7 hours.</p> <p>Assessment by an occupational therapist of a worker's work capacity, including—</p> <ul style="list-style-type: none"> (a) a series of standardised tests of the worker's physical capabilities focussed on selected work tolerances (ie, the observed and measured physical capabilities that affect a worker's ability to perform the physical demands of specified work tasks); and (b) an analysis of the results of the tests to infer the worker's capacity to sustain a given work effort (ie, the worker's capacity to undertake specified work at a prescribed frequency over a given period of time, taking into account the pace compatible with such work); and (c) preparation of a report with an executive summary outlining the major components of the service and relevant findings. 	\$147.70 per hour
Worksite assessment		
OT730	<p>Worksite assessment</p> <p>Attendance by an occupational therapist at a worker's workplace in order to obtain an overview of the workplace and determine the availability of suitable duties.</p>	\$147.70 per hour
Job analysis		
OT740	<p>Job analysis</p> <p>Job analysis by an occupational therapist, including—</p> <ul style="list-style-type: none"> (a) an analysis of the critical physical demands of occupational tasks; and (b) determining the worker's capacity to undertake the tasks or giving consideration to available medical guidelines and the occupational therapist's knowledge of the worker's diagnosis, pathology and prognosis; and (c) making recommendations for— <ul style="list-style-type: none"> (i) modifying the tasks or the way in which the tasks are undertaken; or (ii) providing aids or equipment; or (iii) introducing work practice guidelines to ensure that the worker utilises appropriate body mechanics; and (d) preparation of a report with an executive summary outlining the major components of the service and relevant findings. 	\$147.70 per hour

Item No	Service description	Maximum charge (excl GST)
Graduated return to work program		
OT750	<p>Graduated return to work program</p> <p>A program of work duties and work practice guidelines for a worker designed by an occupational therapist to increase the worker's tolerance for the physical demands of work.</p> <p>The purpose of the program is to assist the worker to maintain his or her employment while undertaking rehabilitation.</p> <p>The program will involve actual and productive work duties identified by the occupational therapist as being within the worker's capacity and work practice guidelines relevant to the nature of the worker's injury and the performance of the particular duties.</p>	\$147.70 per hour
Activities of daily living assessment		
OT760	<p>Activities of daily living assessment</p> <p>Assessment by an occupational therapist, usually conducted in a worker's home environment, of the worker's level of functioning in relation to personal care, household tasks and recreational and social activities.</p> <p>The purpose of the assessment is to facilitate the reduction of the adverse impact of the injury on the worker and the early return of the worker to normal activity, and to provide an indicator of functional tolerances for determining work capacity.</p>	\$147.70 per hour
Independent clinical assessment		
OT780	<p>Independent clinical assessment and report</p> <p>Service provided by an occupational therapist other than the treating occupational therapist comprising—</p> <ul style="list-style-type: none"> (a) a review of the worker's medical history; and (b) a clinical assessment; and (c) a review of the worker's activity and functional capacity; and (d) preparation of a report, <p>for the purpose of providing a different diagnosis or making recommendations in relation to ongoing treatment goals, the worker's return to work and any other relevant matters.</p> <p>The report will have been requested in writing by—</p> <ul style="list-style-type: none"> (a) a claims agent or self-insured employer; or (b) a worker or worker's representative. <p>This service is NOT to be performed by the treating occupational therapist.</p>	\$147.70 per hour

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 5—Scales of charges—occupational therapists

Item No	Service description	Maximum charge (excl GST)
Functional estimation form		
OT785	<p>Functional estimation form</p> <p>Completion by an occupational therapist of a functional estimation form (in a form approved by the Corporation) and provision of the form to a worker's referring/treating medical expert. The form is completed when information directly affecting the worker's capacity to return to work or the process of the worker returning to work is identified by the occupational therapist.</p>	\$20.50
Reports		
OT810	<p>Comprehensive report</p> <p>A report by a treating occupational therapist, relating to the status of a claim and comprising a clinical opinion or statement or a response to specific questions, that has been requested in writing by—</p> <p style="margin-left: 20px;">(a) a claims agent or self-insured employer; or</p> <p style="margin-left: 20px;">(b) a worker or worker's representative.</p> <p>A report will be taken to be comprehensive when re-examination of the worker is a prerequisite for the preparation of the report.</p> <p>The consultation should be charged in accordance with the appropriate item.</p>	\$221.50
OT820	<p>Standard report</p> <p>A report by a treating occupational therapist, relating to the status of a claim and comprising a clinical opinion or statement or a response to specific questions, that has been requested in writing by—</p> <p style="margin-left: 20px;">(a) a claims agent or self-insured employer; or</p> <p style="margin-left: 20px;">(b) a worker or worker's representative.</p> <p>A report will be taken to be standard when re-examination of the worker is not required and the report is based on a transcription of existing clinical records.</p>	\$147.70
Case conference		
OT870	<p>Case conference</p> <p>Case conference, attended by an occupational therapist and authorised by a claims agent or self-insured employer, for the purpose of determining—</p> <ul style="list-style-type: none"> • details of limitations/recommendations relating to a sustainable return to work; • options for management of a worker's recovery; • other related information. 	\$147.70 per hour

Item No	Service description	Maximum charge (excl GST)
	<p>A case conference may be requested by—</p> <ul style="list-style-type: none"> • a treating medical expert; • a worker or worker's representative; • a claims agent or self-insured employer; • an employer (if not self-insured); • a rehabilitation provider contracted by WorkCover. <p>The hourly rate excludes travelling time from rooms or other appropriate departure point to the venue and return. Travel may be charged separately.</p>	
Travel		
OT905	<p>Travel time</p> <p>Travel, authorised by a claims agent or self-insured employer, by a treating occupational therapist for the purposes of—</p> <ul style="list-style-type: none"> (a) a case conference; or (b) a home, hospital or worksite visit; or (c) consultation where the worker is otherwise unable to attend the occupational therapist's clinic or rooms. <p>There is no charge for travel from 1 clinic or rooms to another clinic or rooms.</p>	\$125.50 per hour
Non-scheduled services		
OT999	<p>Non-scheduled services</p> <p>A service of a kind not listed above provided by an occupational therapist and authorised by a claims agent or self-insured employer prior to the delivery of the service as being necessary, appropriate and reasonably required.</p>	\$147.70 per hour

Schedule 6—Scales of charges—chiropractors

This Schedule supersedes the scale of charges for medical services delivered by a registered chiropractor fixed by notice under section 32 of the Act and published in the Gazette on 29 September 1994 at pages 887 to 895.

This Schedule must be read in conjunction with the *Chiropractic Fee Schedule Guidelines*.

Item No	Service description	Maximum charge (excl GST)
Consultations		
	<p>Consultation by a chiropractor involving the chiropractor's attendance on the client.</p> <p>The initial consultation may involve 2 separate attendances on the same day. For example, a second attendance might be required for the interpretation of test data (such as x-rays).</p>	
Initial consultation		
C0001	<p>Initial consultation, involving review of medical history and examination but no treatment, of more than 15 minutes duration but not more than 30 minutes duration</p>	\$50.00

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 6—Scales of charges—chiropractors

Item No	Service description	Maximum charge (excl GST)
C0002	Initial consultation, involving review of medical history, examination and treatment, of more than 15 minutes duration but not more than 30 minutes duration	\$60.00
Subsequent consultation		
C0005	Subsequent consultation and treatment, of not more than 15 minutes duration	\$36.50
C0006	Subsequent consultation and treatment, of more than 15 minutes duration but not more than 30 minutes duration	\$50.00
C0007	Subsequent consultation and treatment involving re-examination with treatment, of more than 30 minutes duration but not more than 45 minutes duration	\$83.35
After hours consultation		
If a consultation takes place on a public holiday, a Sunday, a Saturday before 8am or after 1pm, or on any other day before 8am or after 8pm, the following charge applies instead of the charges listed above.		
C0008	After hours consultation of more than 15 minutes duration but not more than 30 minutes duration	\$66.65
Independent clinical assessment		
Services provided by a chiropractor other than the treating chiropractor comprising—		
(a) a review of the worker's medical history; and		
(b) a clinical assessment; and		
(c) an evaluation of the worker's functional capacity; and		
(d) preparation of a report,		
for the purpose of providing a different diagnosis or making recommendations in relation to treatment goals, the worker's return to work or any other relevant matters.		
The report may be requested in writing by—		
(a) a claims agent or self-insured employer; or		
(b) a worker or worker's representative.		
C0078	Independent clinical assessment	\$146.00 per hour
Travel		
Travel authorised by a claims agent or self-insured employer by a treating chiropractor for the purposes of—		
(a) a case conference; or		
(b) a home, hospital or worksite visit; or		
(c) a consultation where the client is otherwise unable to attend the chiropractor's clinic or rooms.		
There is no charge for travel from 1 clinic or rooms to another clinic or rooms.		
C0900	Travel time	\$146.00 per hour

Item No	Service description	Maximum charge (excl GST)
Telephone calls		
Calls of a case specific nature made by a chiropractor to, or received by a chiropractor from, the worker's referring/treating medical expert, worker's employer, rehabilitation provider, claims agent or self-insured employer, WorkCover provider consultant or worker's representative, excluding—		
(a) calls made during a consultation; and		
(b) calls of a duration of 3 minutes or less.		
There is no charge for a telephone call to or from a worker.		
C00R3	Telephone calls greater than 3 minutes	\$2.43 per minute
Reports		
Report by chiropractor, other than a report of an independent clinical assessment, requested by a claims agent, self-insured employer, worker or worker's representative.		
<i>Comprehensive reports</i>		
A report will be taken to be comprehensive when re-examination of the patient is a prerequisite for the preparation of the report.		
The consultation should be charged in accordance with the appropriate item.		
A comprehensive report is chargeable on an hourly basis with a maximum time chargeable of 1.5 hours.		
C00R4	Comprehensive reports	\$146.00 per hour
<i>Standard reports</i>		
A report will be taken to be standard when re-examination of the worker is not required and the report is based on a transcription of existing clinical records.		
A standard report is chargeable on an hourly basis with a maximum time chargeable of 1 hour.		
C00R5	Standard reports	\$146.00 per hour
Case conference		
Case conference, attended by a chiropractor and authorised by a claims agent or self-insured employer, for the purpose of determining—		
<ul style="list-style-type: none"> • details of limitations/recommendations relating to a sustainable return to work • options for management of a worker's recovery • other related information. 		
A case conference may be requested by—		
<ul style="list-style-type: none"> • a treating medical expert • an employer • a worker or worker's representative • a claims agent or self-insured employer • a rehabilitation provider contracted by WorkCover. 		
C00R6	Case conference	\$146.00 per hour
The hourly rate excludes travelling time from rooms or other appropriate departure point to the venue and return. Travel may be charged separately.		

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Schedule 6—Scales of charges—chiropractors

Item No	Service description	Maximum charge (excl GST)
Radiological services (including interpretation by chiropractor)		
C0011	Cervical spine 2 views	\$113.30
C0013	Thoracic spine 2 views	\$96.30
C0015	Lumbo-sacral spine 3-6 views	\$132.90
C0016	Sacro-coccygeal area 2 views	\$80.30
C0027	Hip joint	\$86.50
C0028	Pelvic girdle	\$109.20
Non-scheduled services		
A service (other than a radiological service) of a kind not listed above provided by a chiropractor and authorised by a claims agent or self-insured employer prior to the delivery of the service as being necessary, appropriate and reasonably required.		
C9999	Non-scheduled services	\$146.00 per hour

Legislative history

Notes

- Please note—References in the legislation to other legislation or instruments or to titles of bodies or offices are not automatically updated as part of the program for the revision and publication of legislation and therefore may be obsolete.
- Earlier versions of these regulations (historical versions) are listed at the end of the legislative history.
- For further information relating to the Act and subordinate legislation made under the Act see the Index of South Australian Statutes or www.legislation.sa.gov.au.

Revocation of regulations

The *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995* were revoked by r 3 of the *Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Revocation Regulations 2009* on 1.7.2009.

Principal regulations and variations

Year	No	Reference	Commencement
1995	206	<i>Gazette 16.11.1995 p1370</i>	16.11.1995: r 2
1995	226	<i>Gazette 14.12.1995 p1687</i>	14.12.1995: r 2
1996	247	<i>Gazette 28.11.1996 p1777</i>	28.11.1996: r 2
1997	48	<i>Gazette 24.4.1997 p1645</i>	24.4.1997: r 2
1997	133	<i>Gazette 15.5.1997 p2293</i>	15.5.1997: r 2
1997	230	<i>Gazette 27.11.1997 p1456</i>	29.11.1997: r 2
1999	9	<i>Gazette 4.2.1999 p855</i>	4.2.1999: r 2
1999	269	<i>Gazette 23.12.1999 p3835</i>	23.12.1999: r 2
2000	4	<i>Gazette 20.1.2000 p458</i>	7.2.2000: r 2
2000	25	<i>Gazette 30.3.2000 p1933</i>	31.3.2000: r 2
2000	141	<i>Gazette 22.6.2000 p3370</i>	22.6.2000: r 2
2002	184	<i>Gazette 26.9.2002 p3540</i>	1.10.2002: r 2
2004	32	<i>Gazette 20.5.2004 p1331</i>	20.6.2004: r 2
2004	237	<i>Gazette 11.11.2004 p4312</i>	11.11.2004: r 2
2005	276	<i>Gazette 15.12.2005 p4347</i>	16.1.2006: r 2
2006	2	<i>Gazette 12.1.2006 p57</i>	23.1.2006: r 2
2006	227	<i>Gazette 28.9.2006 p3374</i>	28.10.2006: r 2
2007	55	<i>Gazette 3.5.2007 p1462</i>	1.7.2007: r 2
2008	13	<i>Gazette 7.2.2008 p404</i>	7.2.2008: r 2
2008	43	<i>Gazette 1.5.2008 p1541</i>	1.5.2008: r 2
2008	185	<i>Gazette 26.6.2008 p2660</i>	1.7.2008: r 2

Provisions varied

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

Provision	How varied	Commencement
<i>r 2</i>	<i>omitted under the Legislation Revision and Publication Act 2002</i>	<i>20.6.2004</i>
r 3		
r 3(1)	r 3 redesignated as r 3(1) by 237/2004 r 4	11.11.2004
chiropractor	inserted by 2/2006 r 4	23.1.2006
<i>Claims Agent</i>	<i>deleted by 276/2005 r 4(1)</i>	<i>16.1.2006</i>
claims agent	inserted by 276/2005 r 4(1)	16.1.2006
day surgery facility	inserted by 13/2008 r 4(1)	7.2.2008
GST	inserted by 141/2000 r 3	22.6.2000
GST law	inserted by 141/2000 r 3	22.6.2000
occupational therapist	inserted by 276/2005 r 4(2)	16.1.2006
physiotherapist	inserted by 276/2005 r 4(2)	16.1.2006
private hospital	inserted by 13/2008 r 4(2)	7.2.2008
psychologist	inserted by 276/2005 r 4(2)	16.1.2006
same day	inserted by 13/2008 r 4(3)	7.2.2008
self-insured employer	inserted by 276/2005 r 4(2)	16.1.2006
<i>Self-Managed Employer</i>	<i>deleted by 276/2005 r 4(2)</i>	<i>16.1.2006</i>
r 3(2)	inserted by 237/2004 r 4	11.11.2004
r 3(3)	inserted by 227/2006 r 4	28.10.2006
r 3A	inserted by 276/2005 r 5	16.1.2006
	varied by 43/2008 r 4	1.5.2008
	substituted by 185/2008 r 4	1.7.2008
<i>r 4 before substitution by 276/2005</i>		
<i>r 4(1)</i>	<i>r 4 amended and redesignated as r 4(1) by 247/1996 r 3</i>	<i>28.11.1996</i>
	<i>varied by 141/2000 r 4(a)</i>	<i>22.6.2000</i>
<i>r 4(2)</i>	<i>inserted by 247/1996 r 3(b)</i>	<i>28.11.1996</i>
	<i>varied by 141/2000 r 4(b)</i>	<i>22.6.2000</i>
r 4	substituted by 276/2005 r 5	16.1.2006
	varied by 13/2008 r 5	7.2.2008
r 5	varied by 141/2000 r 5	22.6.2000
	varied by 276/2005 r 6(1)—(3)	16.1.2006
r 6	inserted by 226/1995 r 3	14.12.1995
	varied by 141/2000 r 6	22.6.2000
	substituted by 276/2005 r 7	16.1.2006

revoked—1.7.2008 to 30.6.2009—Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995
Legislative history

r 7	inserted by 133/1997 r 3	15.5.1997
	varied by 141/2000 r 7	22.6.2000
	varied by 276/2005 r 8(1)—(3)	16.1.2006
r 8	inserted by 25/2000 r 3	31.3.2000
	varied by 141/2000 r 8	22.6.2000
	varied by 276/2005 r 9(1)—(4)	16.1.2006
r 8A	inserted by 2/2006 r 5	23.1.2006
r 9	inserted by 141/2000 r 9	22.6.2000
	substitution by 276/2005 r 10	16.1.2006
r 10	inserted by 237/2004 r 5	11.11.2004
Sch 1	substituted by 247/1996 r 4	28.11.1996
	substituted by 230/1997 r 3	29.11.1997
	substituted by 9/1999 r 3	4.2.1999
	substituted by 269/1999 r 3	23.12.1999
	substituted by 184/2002 r 3	1.10.2002
	substituted by 276/2005 r 11	16.1.2006
	substituted by 13/2008 r 6	7.2.2008
<i>Sch 1A</i>	<i>inserted by 247/1996 r 4</i>	<i>28.11.1996</i>
	<i>varied by 48/1997 r 3</i>	<i>24.4.1997</i>
	<i>substituted by 230/1997 r 3</i>	<i>29.11.1997</i>
	<i>substituted by 9/1999 r 3</i>	<i>4.2.1999</i>
	<i>substituted by 269/1999 r 3</i>	<i>23.12.1999</i>
	<i>substituted by 184/2002 r 3</i>	<i>1.10.2002</i>
	<i>deleted by 276/2005 r 11</i>	<i>16.1.2006</i>
Sch 2	substituted by 4/2000 r 3	7.2.2000
	substituted by 32/2004 r 4 (Sch 1)	20.6.2004
	varied by 276/2005 r 12(1)—(3)	16.1.2006
	substituted by 227/2006 r 5	28.10.2006
	substituted by 55/2007 r 4	1.7.2007
	substituted by 185/2008 r 5	1.7.2008
Sch 3	inserted by 226/1995 r 4	14.12.1995
	substituted by 276/2005 r 13	16.1.2006
Sch 4	inserted by 133/1997 r 4	15.5.1997
	varied by 276/2005 r 14(1)—(4)	16.1.2006
	substituted by 227/2006 r 6	28.10.2006
	substituted by 55/2007 r 5	1.7.2007
	substituted by 185/2008 r 6	1.7.2008
Sch 5	inserted by 25/2000 r 4	31.3.2000
	substituted by 237/2004 r 6	11.11.2004
	heading varied by 276/2005 r 15	16.1.2006
	substituted by 227/2006 r 6	28.10.2006
	substituted by 55/2007 r 5	1.7.2007
	substituted by 185/2008 r 6	1.7.2008

**Workers Rehabilitation and Compensation (Scales of Medical and Other Charges) Regulations 1995—
1.7.2008 to 30.6.2009—revoked**
Legislative history

Sch 6	inserted by 2/2006 r 6	23.1.2006
	varied by 227/2006 r 7	28.10.2006

Historical versions

Reprint No 1—14.12.1995
Reprint No 2—28.11.1996
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