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*;

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;

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;

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

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.

3A—Scales of charges—public hospitals

Pursuant to section 32(11) of the Act, the scales of charges set out in the *South Australian Health Commission (Compensable and Non-Medicare Patients Fees) Regulations 2004* as in force at 16 January 2006 are, subject to modification under regulation 9, prescribed as scales of charges for the purposes of section 32 for the provision of services in recognised hospitals and incorporated health centres (within the meaning of the *South Australian Health Commission Act 1976*).

4—Scales of charges—private hospitals

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.

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.

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

Item No	Service description	Maximum charge (excl GST)
SERVICES OTHER THAN PSYCHIATRIC SERVICES OR REHABILITATION SERVICES		
Accommodation		
Advanced surgical—shared room		
PR100	1 or more days but not more than 7 days	$523.20 per day
PR105	8 or more days but not more than 14 days	$449.75 per day
PR110	15 or more days	$308.50 per day
Surgical—shared room		
PR120	1 or more days but not more than 7 days	$446.35 per day
PR125	8 or more days but not more than 14 days	$384.20 per day
PR130	15 or more days	$259.90 per day
Medical—shared room		
PR180	1 or more days but not more than 7 days	$437.30 per day
PR185	8 or more days but not more than 14 days	$385.35 per day
PR190	15 or more days	$261.05 per day
Other		
PR300	High dependency unit	$715.30 per day
PR310	Advanced dependency	$898.35 per day
PR330	Intensive care—no ventilator	$1 593.30 per day
PR340	Intensive care—ventilator	$2 262.25 per day
PR400	Private room allocated on the basis of medical need	Extra $12.45 per day
	The private room charge only applies where the private room has been allocated on the basis of a medical need, as determined by the treating/admitting medical practitioner. In all other cases, the shared room rate applies.	
Inpatient pain assessment/management		
PR700	1 or more days but not more than 7 days	$409.05 per day
PR705	8 or more days but not more than 14 days	$384.20 per day
PR710	15 or more days	$249.75 per day

Item No	Service description	Maximum charge (excl GST)
Same day services		
PR410	Band 1: including gastrointestinal endoscopy, some minor surgical and non surgical procedures not normally requiring anaesthetic.	$218.10
PR420	Band 2: including procedures other than Band 1 performed under local anaesthetic with no sedation. Theatre time less than 1 hour.	$322.05
PR430	Band 3: including procedures other than Band 1 performed under a general or regional anaesthesia or intravenous sedation. Theatre time less than 1 hour.	$376.30
PR440	Band 4: including procedures other than Band 1 performed under general or regional anaesthesia or intravenous sedation. Theatre time 1 hour or more.	$398.90
Theatre		
Only 1 theatre fee is payable per session. The band into which services fall will be determined in accordance with the *Procedure Banding List* published by the Australian Private Hospitals Association Limited, 1 November 2005.		
PRT1A	Band 1A	$96.05
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
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

Item No	Service description	Maximum charge (excl GST)
HOSPITAL REHABILITATION SERVICES		
Rehabilitation orthopaedic program		
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, hydrotherapy, occupational therapy, case conferences and discharge planning.		
PR600	1 or more days but not more than 21 days	$447.50 per day
PR605	22 or more days	$375.15 per day
Rehabilitation trauma program		
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, hydrotherapy, occupational therapy, speech therapy, case conferences and discharge planning.		
PR610	1 or more days but not more than 50 days	$555.95 per day
PR615	51 or more days	$501.70 per day
PSYCHIATRIC SERVICES		
Inpatient services		
PR800	1 or more days but not more than 14 days	$475.75 per day
PR803	15 or more days but not more than 28 days	$366.10 per day
PR813	29 or more days but not more than 42 days	$280.25 per day
PR815	43 or more days	$213.55 per day
PR822	Electro-convulsive therapy (ECT)	$152.55 per day
PR850	Private room allocated on the basis of medical need	Extra $12.45 per day
	The private room charge only applies where the private room has been allocated on the basis of a medical need, as determined by the treating/admitting medical practitioner. In all other cases, the shared room rate applies.	
Drug and alcohol programs—inpatient		
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.		
PR990	1 or more days but not more than 14 days	$507.00 per day
PR991	15 or more days but not more than 35 days	$371.00 per day
PR992	36 or more days	$206.00 per day
Assessment treatment services		
PR993	Multidisciplinary assessment treatment services	$600.00 per day

Item No	Service description	Maximum charge (excl GST)
	Same day services	
	A day program is usually available to provide ongoing support and care to patients after discharge for 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.	
	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).	
	For billing purposes, the 'O' in item numbers for same day services is an alphabetical letter not the number zero.	
PRO81	Group session	$61.00
PRO82	Electro-convulsive therapy day program	$318.00
PRO83	Half-day program	$162.70
PRO84	Day program	$257.65
PRO95	Outreach	$147.00

Schedule 2—Scale of charges—physiotherapy services

Item No	Service description	Charge
	CORE PHYSIOTHERAPY SCHEDULE SERVICES	
	Refer to the Physiotherapy Service and Fee Schedule Guidelines for requirements regarding the delivery of core schedule services.	
	CONSULTATIONS	
	INITIAL CONSULTATION	
	It is recommended that the treating physiotherapist, on the commencement of physiotherapy treatment, notifies the self-insured employer or claims agent in respect of any new claim.	
	An initial consultation involves some or all of the following elements, the components of which are at the discretion of the treating physiotherapist:	
	(i) **Subjective Reporting**	
	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.	
	(ii) **Objective Assessment**	
	Movement – active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.	

Item No	Service description	Charge
	(iii) **Assessment Results** Provisional diagnosis; goals of treatment; treatment plan.	
	(iv) **Treatment** Discussion with the patient regarding working hypothesis and treatment goals and expected outcomes; initial treatment and response; advice regarding home care including any exercise programs to be followed.	
	(v) **Documentation** Recording all of the above in the clinical record of the patient, as well as: X-ray and results of other relevant tests; skin tests, warnings (if applicable).	
	(vi) **Communication** Communication of information relevant to the rehabilitation and return to work of the patient/injured worker to the employer, self-insured employer, claims agent, or coordinating general practitioner.	
PT105	**Initial consultation, assessment, treatment** Initial assessment and treatment of condition	**$47.70**
	SUBSEQUENT CONSULTATIONS Reassessment and treatment of condition. This consultation must involve some or all of the following elements, the components of which are at the discretion of the treating physiotherapist.	
	(i) **History Taking/Assessment** The history and assessment related to the condition previously treated and its behaviour following the previous treatment.	
	(ii) **Examination** Examination by the physiotherapist of the condition previously treated.	
	(iii) **Treatment** An appropriate treatment is performed.	
	(iv) **Reassessment** Reassessment by both the patient and the physiotherapist.	
	(v) **Discussion of the Management Program with Patient/Carer** The goals of treatment and management program are discussed with the patient and counselling given regarding care and/or action to be taken before the next consultation or if no further treatment is required, regarding care and preventative measures.	

Item No	Service description	Charge
	(vi) **Communication** The appropriate management of a case involves communicating standard information to key parties. Information relevant to the management of the claim should be communicated to the treating general practitioner, Claims Agent case manager, Claims Agent medical, rehabilitation or physiotherapy advisor or non-medical experts involved in the claim.	
	(vii) **Physiotherapy Treatment Form** This form is to be completed once only as part of a subsequent consultation and forwarded to the Claims Agent with their invoice. This form will be initiated by the physiotherapist and forwarded to the Claims Agent where treatment is expected to extend for longer than 6 weeks. No additional fee is billable for the completion of this form.	
	(viii) **Clinical Records** Comprehensive clinical notes must be kept recording all of the above.	
PT205	**Subsequent consultation – Level A** *Assessment, treatment*. This consultation must involve some, but not usually all, of the elements of a Subsequent Consultation and requires minimal practitioner contact time.	**$22.00**
PT210	**Subsequent consultation – Level B** *Assessment, treatment*. This consultation must involve some or all of the elements of a Subsequent Consultation.	**$37.85**
PT215	**Subsequent consultation – Level C** *Assessment, treatment*. This consultation must include all of the elements of a Subsequent Consultation, but because of the complexity of the injury, will require extra time for history taking, examination, treatment, documentation and liaison (eg injuries following major trauma, major surgery requiring intensive post-operative treatment).	**$47.85**
PT220	**Subsequent consultation – Level D** *Assessment, treatment*. This consultation must include all of the elements of a Subsequent Consultation but requires greater time and should only be required in a limited number of cases where the case and treatment are extremely complex (eg 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).	**$63.70**
	CORRECTIVE/SERIAL SPLINTING Refer to the Physiotherapy Service and Fee Schedule Guidelines for further details regarding the types of splints available to the physiotherapist and the conditions associated with the provision of these splints.	

Item No	Service description	Charge
PT300	**Fabrication/Fitting/Adjustment of Splint**	**$103.40 per hour**
PT390	**Materials used to construct or modify a splint**	**DF**
	(Note: 'DF' means derived fee. Each account will be considered on its merits.)	
	AQUATIC PHYSIOTHERAPY AND EXERCISE SERVICES	
	Refer to Physiotherapy Service and Fee Schedule Guidelines for further details regarding delivery of Aquatic Physiotherapy services.	
	AQUATIC PHYSIOTHERAPY (HYDROTHERAPY)	
PT415	**Initial/individual aquatic physiotherapy (hydrotherapy) consultation**	**$37.85**
	The first aquatic physiotherapy session requires significant planning, supervision and monitoring of individual clients and this item should be used.	
	This item may then be used for the 2 subsequent aquatic physiotherapy consultations after the initial service. It may also be used for one review at week 4-6 of the program.	
	Only in exceptional circumstances should the item PT415 be utilised after the first three appointments (eg severe trauma, fear of water) where much closer supervision is required. Prior case manager approval is required in these circumstances.	
PT420	**Subsequent/group aquatic physiotherapy (hydrotherapy) consultation**	**$15.80 per person**
	Aquatic physiotherapy sessions after the first three visits are to be billed at this rate. Clients may be treated in a group but all the programs must be unique and individualised to the particular client.	
	EXERCISE	
PT455	**Individual exercise consultation**	**$37.85**
	Individual reassessment and exercise treatment of condition planned and supervised by a physiotherapist. This consultation must involve some or all of the elements of a Subsequent Consultation and the client to physiotherapist ratio must be 1:1 for the duration of the consultation.	
PT460	**Group exercise consultation**	**$11.20 per person**
	Group exercise session planned and supervised by a physiotherapist. This consultation must involve some or all the elements of a Subsequent Consultation, with exercise treatment undertaken in a group. Each group must be comprised of a maximum of 8 patients per session.	

Item No	Service description	Charge
PT429	**Entry fee, aquatic physiotherapy (hydrotherapy) or exercise** Entry to a public or privately operated facility. This item may be utilised when the physiotherapist supervises an individual or group exercise or aquatic physiotherapy session with a patient to reimburse them for entry paid for the patient. This item is not to be used if the physiotherapist is an employee of the exercise or hydrotherapy facility. For group sessions, this fee is applicable for each participant supervised by the physiotherapist. (Note: 'DF' means derived fee. Each account will be considered on its merits.)	**DF**
	TRAVEL The treating physiotherapist must receive prior approval from the self-insured employer or claims agent before providing this service. All travel items refer to return trips to and from rooms to a workplace, hospital, patient's home or case conference. Refer to the Physiotherapy Service and Fee Schedule Guidelines for further details regarding travel.	
PT905	**Travel** Travel up to 100km from Adelaide GPO	**$90.00 per hour**
PT900	**Travel after 100km from Adelaide GPO** Travel with a destination more than 100km distance from GPO where the physiotherapist is based in the metropolitan area attracts a 20% loading to be charged under this item.	**$100.00 per hour**
	TELEPHONE CALLS Refer to the Physiotherapy Service and Fee Schedule Guidelines for further details regarding telephone calls.	
PT552	**Telephone call** Calls of case specific nature made to or received from the worker's referring/treating medical expert, rehabilitation provider, claims agent, employer, WorkCover Corporation Provider Consultant or worker advocate. Excludes calls made during consultation and calls to or from the worker.	**$15.00**
	TREATMENT REVIEW	
PT785	**Functional Notification Form** Completion of the Functional Notification Form will be initiated primarily by the treating physiotherapist when information is identified which directly impacts upon the patient's capacity to return to work and any other issues influencing the return to work process. This form must be forwarded directly to the treating general practitioner. The Functional Notification Form may only be completed when it complies with the criteria specified within the Physiotherapy Service and Fee Schedule Guidelines.	**$15.00**

Item No	Service description	Charge
PT780	**Independent clinical assessment** Includes a review of medical history, activity and a clinical examination to provide a differential diagnosis and/or make recommendations regarding ongoing treatment goals and return to work. This service includes the provision of a report detailing relevant findings and recommendations. The self-insured employer or claims agent must be notified **prior** to the provision of this service to seek approval for payment. This service will NOT be performed by the treating physiotherapist. Refer to the Physiotherapy Service and Fee Schedule Guidelines for service standards and indicators for use regarding Independent Clinical Assessment.	**$107.80 per hour**
	SUPPLEMENTARY SCHEDULE SERVICES Refer to the Physiotherapy Service and Fee Schedule Guidelines for requirements regarding the delivery of supplementary schedule services.	
	REHABILITATION AND RETURN TO WORK SERVICES Refer to the Physiotherapy Service and Fee Schedule Guidelines for service requirements and indicators for use of each rehabilitation and return to work service listed within this Schedule.	
PT700	**Functional Capacity Assessment (FCA) or Functional Capacity Evaluation (FCE) (Standardised)** This service is undertaken to determine a worker's inferred work capacity based on assessment of a worker's physical capabilities through a series of standardised tests that focus on selected work tolerances. Maximum time – 7 hours including report preparation.	**$107.80 per hour**
PT730	**Worksite assessment** Involves attending the worksite in order to ascertain the availability of duties, including an overview of the following: — physical environment; — mental work demands; — human behaviour; — working conditions; — educational requirements; — other conditions.	**$107.80 per hour**

Item No	Service description	Charge
PT740	**Job analysis** Aims to identify specific tasks or employment options that are within a worker's capacity and ability to perform, through modifications to elements of the job, the provision of aids and equipment or training that will safely extend the worker's capacity range. The analysis consists of four main categories: — workstation design; — work demands (intellectual/physical/sensory/perceptual); — equipment; — work environment.	**$107.80 per hour**
PT750	**Work hardening on site** Aims to increase a worker's capacity, tolerance and endurance for the physical and intellectual demands of specified duties and employment, resulting in improved work performance and leading to a safe return to suitable employment.	**$107.80 per hour**
PT760	**Activities of daily living assessment** Conducted in a worker's home with the aim of meeting the following objectives: — providing essential services for severely injured workers; and/or — maintaining or improving a worker's level of physical functioning at home; — preventing further injury or aggravation; — assisting in preventing the development of chronicity in a worker's condition.	**$107.80 per hour**
	OTHER SERVICES	
PT810	**Comprehensive report** A self-insured employer or claims agent may request a comprehensive report in response to a series of specific questions. A report will be taken to be comprehensive when requested by a self-insured employer or claims agent and re-examination of the worker is a prerequisite for the preparation of the report. All reports referred to under this item are chargeable on an hourly basis with a maximum time chargeable of 1.5 hours.	**$103.40 per hour**

Item No	Service description	Charge
PT820	**Standard report** A self-insured employer or claims agent may request a standard report in response to a series of specific questions. 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 records. All reports referred to under this item are chargeable on an hourly basis with a maximum time chargeable of 1 hour. Refer to the Physiotherapy Service and Fee Schedule Guidelines for standards required for report writing.	**$103.40 per hour**
PT870	**Case conference** Case conferences are used for the purpose of determining: — 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: — a treating medical expert; — an employer; — a worker or worker advocate; — a self-insured employer, claims agent or appointed Rehabilitation Coordinator. The holding of a case conference must be authorised by the self-insured employer or claims agent before the case conference is convened. Refer to the Physiotherapy Service and Fee Schedule Guidelines for further detail regarding case conferences.	**$103.40 per hour**
CURAP	**Therapeutic appliance** Includes an appliance or aid for reducing the extent of a compensable disability or enabling a patient to overcome in whole or in part the effects of a compensable disability (eg TENS machine). (Note: 'DF' means derived fee. Each account will be considered on its merits.) Refer to the Physiotherapy Service and Fee Schedule Guidelines for further detail regarding therapeutic appliances.	**DF**

Item No	Service description	Charge
PT999	**Non scheduled services** The use of this item number requires the approval of the self-insured employer or claims agent **prior** to the delivery of the service. This item number is used when the provision of services not listed on the Core or Supplementary Fee Schedule is necessary, appropriate and reasonably required. Refer to the Physiotherapy Service and Fee Schedule Guidelines for further detail regarding non-scheduled services.	**$103.40 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
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

Item No	Service description	Maximum charge (excl GST)
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)
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)

Item No	Service description	Maximum charge (excl GST)

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—

- 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—

- 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
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

Item No	Service description	Maximum charge (excl GST)
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

Standard report

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

Item No	Service description	Maximum charge (excl GST)

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

Case conference

Case conference, attended by a psychologist and authorised by a claims agent or self-insured employer, for the purpose of determining—

- 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—

- 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.

Item No	Service description	Maximum charge (excl GST)
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

Schedule 4—Scales of charges—speech pathologists

Item No	Service description	Charge
	INITIAL CONSULTATION	
E0149	INITIAL CONSULTATION	$115.35

Note 1: ***Consultation*** means exclusive contact time by a Speech Pathologist with a patient.

Note 2: An initial consultation would commonly contain the following elements:

- the taking of a detailed case history;
- counselling according to the patient's emotional needs;
- determination of options for ongoing management, possibly following an assessment to formulate a diagnosis/prognosis;
- consideration and possible implementation of appropriate treatment.

	ASSESSMENTS	
E0199	ASSESSMENT	$100.15

Note 1: The assessment must be administered by the Speech Pathologist to the exclusion of all other tasks not associated with the patient.

Note 2: To fully evaluate the extent of a communication disorder an assessment will include:

- administration of a standardised clinical assessment and/or
- an empirical clinical assessment.

A communication assessment at the worksite may also be required.

Note 3: Assessment results together with information from the initial consultation form the basis of the diagnosis and assist in prognostic indications and treatment planning.

	TREATMENT	
E0249	TREATMENT	$78.25

Item No	Service description	Charge

Note 1: The focus is treatment and intervention designed to restore function to optimal levels for the patient and may include:

- tasks specifically related to skill development;
- counselling to facilitate adjustment and transfer of restored skill to everyday communicative situations.

REPORTS

E0810 The **comprehensive medical report** is chargeable by the page as follows:

- first page	$73.60
- second and subsequent pages	$36.80

COMPREHENSIVE MEDICAL REPORT is defined as follows:

1. **Own patient**, being where a comprehensive report is specifically requested by the claims administrator for the WorkCover Claims Agent or self-insured employer, or where re-assessment of the patient is a prerequisite in the judgement of the Speech Pathologist

   (Refer to **Standard Report** item E0820 where re-assessment of the patient is not required).

OR

2. **Independent/Second Opinion**, being where an assessment and report are requested by the claims administrator for the WorkCover Claims Agent or self-insured employer.

A consultation which is a prerequisite for the preparation of a report under this item should be charged in accordance with one of the items E0149 or E0199.

E0820 The **standard medical report** is chargeable by the page as follows:

- first page	$55.20
- second and subsequent pages	$27.60

STANDARD MEDICAL REPORT

A standard report—

(a) is a report that is specifically requested by the claims administrator for the WorkCover Claims Agent, or self-insured employer; or

(b) is a report where a reassessment of the patient is not required; or

(c) is a report involving the transcription of existing case notes.

GENERAL NOTES FOR REPORTS

Note 1: Pages will be paid in accordance with the following rules:

- 25% of page - 25% of fee
- 50% of page - 50% of fee
- 75% of page - 75% of fee

Item No	Service description	Charge

Note 2: Page set up standards must comply with the following conventions:

1. A4 paper
2. Top margin no more than 2.5cms
3. Bottom margin no more than 2.5cms
4. Side margins, left and right no more than 2.5cms
5. Line spacing no more than 1.5cms
6. Preferred font style - Times New Roman (or equivalent)
7. Font size - no more than 12.

Note 3: No other set up standards are acceptable. Reports which do not meet this standard will be returned for reformatting.

Note 4: Reports **will not** be paid for in advance.

TELEPHONE CALLS

E0850 Telephone call, of five minutes or more, to or from a treating Speech Pathologist in relation to $1.55 per min the management of a worker's injury (telephone calls of a duration of less than 5 minutes are not chargeable).

Note 1: Item E0850 Telephone Calls refer to calls of a case specific nature, made to or received from the:

- Claims administrator for the WorkCover Claims Agent; or self-insured employer;
- The employer

in connection with:

- a medical report;
- patient status (in relation to capacity to work);
- initiating a service;
- authorising a service.

Telephone calls to or from other treating/referring medical experts which form part of the management of a case are **not** chargeable.
Telephone calls of an administrative nature other than those outlined above are not chargeable.

Note 2: Parties referred to in Note 1 who are making calls, should telephone the rooms in advance to ascertain the most convenient time to speak to the Speech Pathologist and to allow the patient's notes to be available.

Note 3: Invoices for telephone calls in accordance with this item must record the duration of the conversation in minutes and the name of the other party.

CASE CONFERENCE

E0870 CASE CONFERENCE, for the purpose of determining: $92.00 per hour

- details of limitations/recommendations facilitating a return to work;
- options for management of a worker's recovery;
- other related information.

Item No	Service description	Charge

Note 1: A case conference may be requested by:

- a contracted rehabilitation and return to work provider;
- a treating medical expert;
- an employer;
- a worker advocate;
- a claims administrator for a WorkCover Claims Agent, or self-insured employer.

Note 2: A case conference must be authorised by either:

- the claims administrator for the WorkCover Claims Agent, or self-insured employer; or
- a self-insured employer rehabilitation coordinator.

Note 3: The composition of the conference will be determined by either:

- the claims administrator for the WorkCover Claims Agent, or self-insured employer; or
- a self-insured employer rehabilitation coordinator.

Note 4: Charges applicable to the provision of this service will be calculated at an hourly rate which will exclude travelling time from rooms or other appropriate departure point to the venue and return. Travel time must be charged separately in accordance with the appropriate item and itemised on the invoice for the service.

TRAVEL

E0910	TRAVEL TIME of not more than 15 minutes duration	$23.00
E0920	TRAVEL TIME of more than 15 minutes duration but not more than 30 minutes duration	$34.50
E0930	TRAVEL TIME of more than 30 minutes duration but not more than 45 minutes duration	$57.50
E0935	TRAVEL TIME of more than 45 minutes duration but not more than 60 minutes duration	$80.50
E0940	TRAVEL TIME of more than 60 minutes duration	$92.00 per hour

Note 1: All travel items refer to a return trip, eg. from rooms to worksite and return.

Note 2: Travel time is only charged when a patient is unable to attend at the professional rooms or where attendance by a Speech Pathologist other than at professional rooms is appropriate.

Note 3: Travel time from one clinic or rooms to another clinic or rooms is not chargeable.

Note 4: Travel time is not included in any of the items in this Schedule and should be itemised separately on accounts for associated services.

Item No	Service description	Charge
	Note 5: Should delivery of any of the services in this Schedule require travel time in excess of a 3 hour return trip: - the Speech Pathologist should seek prior approval from the claims administrator for the WorkCover Claims Agent, or self-insured employer; and - the claims administrator should communicate the decision by fax or phone. The claims administrator may choose to contain costs by ordering the service from an appropriate Speech Pathologist based in the worker's locality.	
	NON SCHEDULED SERVICES	
E0999	NON SCHEDULED SERVICES	
	Used when services not listed on the fee schedule are required to be provided.	$92.00 per hour
	Note 1: Services which are considered inappropriate or unnecessary will be challenged.	
	Note 2: Charges for non scheduled services must be reasonable.	
	Note 3: Non scheduled services must be invoiced using the item number E0999, and include a detailed service description and the time taken (in minutes) for the service.	

Schedule 5—Scales of charges—occupational therapists

Item No	Service description	Charge
	OCCUPATIONAL THERAPY CORE SCHEDULE SERVICES	
	Refer to the Occupational Therapy Fee Schedule Guidelines for requirements regarding the delivery of core schedule services.	
	INITIAL AND SUBSEQUENT CONSULTATIONS (INDIVIDUAL CLIENT)	
	The following services may be delivered as a component of an initial and subsequent consultation: • clinical assessment • clinical treatment • graded activity/exercise • pain management • stress management • relaxation training • biomechanical education • independent living skills training. Refer to section 1 of the Occupational Therapy Fee Schedule Guidelines for further details regarding the provision of the initial and subsequent consultations.	

Item No	Service description	Charge
	Initial consultation (individual client)	
OT 105	Initial consultation, history, examination and treatment	$105.60 per hour
	Subsequent consultations (individual client)	
OT 205	Subsequent consultations and treatment	$105.60 per hour
	CORRECTIVE/SERIAL SPLINTING	
	Refer to section 2 of the Occupational Therapy Fee Schedule Guidelines for the types of splints available to the occupational therapist and the conditions associated with the provision of these splints.	
OT 300	Fabrication/fitting/adjustment of splint	$105.60 per hour
OT 390	Materials used to construct or modify a splint	derived fee
	TREATMENT REVIEW	
OT 780	Independent clinical assessment (ICA)	$107.80 per hour
	Includes a review of medical history, functional capacity and a clinical examination to provide a differential diagnosis and/or make recommendations regarding ongoing treatment goals, return to work and/or any other criteria as appropriate. The report must be requested in writing and may be requested by: • a claims agent or self-insured employer; or • a worker or worker's representative. This service is NOT to be performed by the treating occupational therapist. Refer to section 3 of the Occupational Therapy Fee Schedule Guidelines for service standards and indicators for use regarding independent clinical assessment.	
OT 785	Occupational therapy functional estimation form (FEF)	$15.00 per form
	The Functional Estimation Form (FEF) will be initiated by the treating occupational therapist when information is identified from a clinical consultation which impacts upon the worker's capacity to return to work. This form must be forwarded directly to the certifying medical practitioner. This form must only be completed when it complies with the criteria specified within the Occupational Therapy Fee Schedule Guidelines, Section 4.	
	PAIN MANAGEMENT (GROUP PROGRAM)	
	Pain management, group program, minimum of 2 clients, maximum of 5 clients.	
OT 602	Pain management, group program, per client	$30.00 per hour
	Refer to section 5 of the Occupational Therapy Fee Schedule Guidelines for further details regarding the delivery of pain management services.	

Item No	Service description	Charge
	ACTIVITIES OF DAILY LIVING ASSESSMENT	
OT 760	Activities of daily living assessment (ADL)	$107.80 per hour
	An activities of daily living assessment is an assessment of the worker's level of functioning in regard to personal care, household tasks, and recreational and social activities. Generally conducted in the worker's home environment, an activities of daily living assessment is utilised to reduce the impact of the injury, and facilitate early return to normal activity. Assessed levels of performance in daily activities can be used as an indicator of functional tolerances for determining work capacity.	
	Refer to section 6 of the Occupational Therapy Fee Schedule Guidelines for further details regarding the provision of an activities of daily living assessment.	
	REPORTS	
OT 810	Comprehensive report	$103.40 per hour
	A claims agent, self-insured employer or worker's representative may request a comprehensive report. A report will be taken to be comprehensive when re-examination of the patient is a pre-requisite for the preparation of the report.	
	All reports referred to under this item are chargeable on an hourly basis with a maximum time chargeable of 1.5 hours.	
	Refer to section 7 of the Occupational Therapy Fee Schedule Guidelines for further detail regarding comprehensive reports.	
OT 820	Standard report	$103.40 per hour
	A claims agent, self-insured employer or worker's representative may request a standard report. 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.	
	All reports referred to under this item are chargeable on an hourly basis with a maximum time chargeable of 1 hour.	
	Refer to section 8 of the Occupational Therapy Fee Schedule Guidelines for further detail regarding standards required for report writing.	
	TELEPHONE CALLS	
OT 552	Telephone call	$15.00 each
	Calls of a case specific nature made to or received from the worker's referring/treating medical expert, rehabilitation provider, claims agent or self-insured employer, WorkCover provider consultant or worker's representative.	
	Excludes calls made during consultation and calls to or from the worker.	
	Telephone calls of a duration of 3 minutes or less are not chargeable.	
	Refer to section 9 of the Occupational Therapy Fee Schedule Guidelines for further details regarding telephone calls.	

Item No	Service description	Charge
	TRAVEL	
	All travel items refer to an approved return trip from the treating occupational therapist's rooms for the purpose of a home, hospital or worksite visit or case conference.	
OT 905	Travel in area 100km or less from Adelaide GPO	$90.00 per hour
OT 900	Travel in area more than 100km from Adelaide GPO	$100.00 per hour
	Refer to section 10 of the Occupational Therapy Fee Schedule Guidelines for further details regarding travel.	
CURAP	Therapeutic aids and appliances	derived fee
	Includes an appliance or aid for reducing the extent of a compensable disability or enabling a patient to overcome in whole or in part the effects of a compensable disability.	
	Refer to section 11 of the Occupational Therapy Fee Schedule Guidelines for details regarding therapeutic appliances.	
	OCCUPATIONAL THERAPY SUPPLEMENTARY SCHEDULE SERVICES	
	REHABILITATION AND RETURN TO WORK SERVICES	
	Refer to section 12 of the Occupational Therapy Fee Schedule Guidelines for service requirements and indicators for use of each rehabilitation and return to work service listed within the supplementary schedule.	
	WORK SIMULATION - OFF SITE (GROUP PROGRAM)	
	A graduated program of supervised activities used to simulate work conditions and the physical demands of duties. It is highly structured, goal-orientated and individualised and is designed to maximise the worker's ability to return to work. The program is usually contracted with the worker so that attendance patterns and work behaviours are normalised.	
	Work simulation, at rooms, group program, minimum of 2 clients, maximum of 5 clients.	
OT 502	Work simulation, group program, per client	$30.00 per hour
OT 519	Work simulation, materials	derived fee
OT 700	**FUNCTIONAL CAPACITY EVALUATION (FCE)**	$107.80 per hour
	Maximum time – 7 hours including report preparation with an executive summary form outlining the major components of the service and relevant findings.	

Item No	Service description	Charge
	Functional capacity evaluation is an assessment of the worker's physical capabilities. The evaluation consists of a series of standardised tests focussed on selected work tolerances. Work tolerances are the observed and measured physical capabilities that affect the individual's ability to perform the physical demands of specified work tasks. They are assessed as the ability to sustain a given work effort, i.e. work capacity at a prescribed frequency over a given period of time, and ability to maintain a specified rate of production at a pace compatible with the specified job. Work capacity is inferred based upon the work tolerance data gathered.	
OT 730	**WORKSITE ASSESSMENT (WSA)**	$107.80 per hour
	A visit to the workplace to determine the availability of duties for an injured worker and/or comment on the suitability of the workplace for that worker.	
OT 740	**JOB ANALYSIS (JA)**	$107.80 per hour
	The service includes the preparation of a report with an executive summary form outlining the major components of the service and relevant findings. A job analysis involves analysis of the critical physical demands of a task, tasks or occupations to ascertain if they are within the worker's capacity. The job analysis is undertaken based on available medical guidelines or given the medical expert's knowledge of the worker's diagnosis, pathology and prognosis. The occupational therapist will also provide recommendations regarding modifications to elements of the job to enable the worker to safely and effectively perform the task, the provision of aids or equipment which will assist the worker to perform the task and work practice guidelines to ensure that appropriate body mechanics are utilised by the worker in the performance of the task.	
OT 750	**WORK HARDENING ON SITE**	$107.80 per hour
	Work hardening (on-site) is the process of increasing on a graduated basis the physical tolerances of a worker through the use of actual and productive work duties. This process is essential in assisting the worker to maintain his/her employment through the period of rehabilitation, by ensuring that identified duties are within the worker's capacity and guidelines relevant to the nature of the injury.	
OT 870	**CASE CONFERENCE**	$103.40 per hour
	This service must be authorised by the claims manager or self-insured employer. Case conferences are used for the purpose of determining: • details of limitations/recommendations relating to a sustainable return to work • options for management of a worker's recovery • other related information	

Item No	Service description	Charge
	A case conference may be requested by: • 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. Refer to section 13 of the Occupational Therapy Fee Schedule Guidelines for further details regarding case conferences.	
	NON SCHEDULED ITEMS	
OT 999	**NON SCHEDULED SERVICES**	$103.40 per hour
	The use of this item number requires the approval of the claims agent or self-insured employer prior to the delivery of the service. This item is used when the provision of services not listed on the Core or Supplementary Fee Schedule is necessary, appropriate and reasonably required. Refer to section 14 of the Occupational Therapy Fee Schedule Guidelines for further details regarding non scheduled services.	

INTERPRETATION

In this Schedule—

derived fee means that each claim under that item will be considered on its merits.

Legislative history

Notes

- Variations of this version that are uncommenced are not incorporated into the text.
- 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.

Principal regulations and variations

New entries appear in bold.

Year	No	Reference	Commencement
1995	206	*Gazette 16.11.1995 p1370*	16.11.1995: r 2
1995	226	*Gazette 14.12.1995 p1687*	14.12.1995: r 2
1996	247	*Gazette 28.11.1996 p1777*	28.11.1996: r 2
1997	48	*Gazette 24.4.1997 p1645*	24.4.1997: r 2
1997	133	*Gazette 15.5.1997 p2293*	15.5.1997: r 2
1997	230	*Gazette 27.11.1997 p1456*	29.11.1997: r 2
1999	9	*Gazette 4.2.1999 p855*	4.2.1999: r 2
1999	269	*Gazette 23.12.1999 p3835*	23.12.1999: r 2
2000	4	*Gazette 20.1.2000 p458*	7.2.2000: r 2
2000	25	*Gazette 30.3.2000 p1933*	31.3.2000: r 2
2000	141	*Gazette 22.6.2000 p3370*	22.6.2000: r 2
2002	184	*Gazette 26.9.2002 p3540*	1.10.2002: r 2
2004	32	*Gazette 20.5.2004 p1331*	20.6.2004: r 2
2004	237	*Gazette 11.11.2004 p4312*	11.11.2004: r 2
2005	**276**	***Gazette 15.12.2005 p4347***	**16.1.2006: r 2**
2006	2	*Gazette 12.1.2006 p57*	23.1.2006: r 2

Provisions varied

New entries appear in bold.

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

Provision	How varied	Commencement
r 2	*omitted under the Legislation Revision and Publication Act 2002*	*20.6.2004*
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—not incorporated

Claims Agent	***deleted by 276/2005 r 4(1)***	***16.1.2006***
claims agent	**inserted by 276/2005 r 4(1)**	**16.1.2006**
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**
psychologist	**inserted by 276/2005 r 4(2)**	**16.1.2006**
self-insured employer	**inserted by 276/2005 r 4(2)**	**16.1.2006**
Self-Managed Employer	***deleted by 276/2005 r 4(2)***	***16.1.2006***
r 3(2)	inserted by 237/2004 r 4	11.11.2004
r 3A	**inserted by 276/2005 r 5**	**16.1.2006**
r 4 before substitution by 276/2005		
r 4(1)	*r 4 amended and redesignated as r 4(1) by 247/1996 r 3*	*28.11.1996*
	varied by 141/2000 r 4(a)	*22.6.2000*
r 4(2)	*inserted by 247/1996 r 3(b)*	*28.11.1996*
	varied by 141/2000 r 4(b)	*22.6.2000*
r 4	**substituted by 276/2005 r 5**	**16.1.2006**
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**
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—not incorporated
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**

Sch 1A	*inserted by 247/1996 r 4*	*28.11.1996*
	varied by 48/1997 r 3	*24.4.1997*
	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*
	deleted by 276/2005 r 11	***16.1.2006***
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**
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**
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**
Sch 6	inserted by 2/2006 r 6	23.1.2006—not incorporated

Historical versions

Reprint No 1—14.12.1995
Reprint No 2—28.11.1996
Reprint No 3—24.4.1997
Reprint No 4—15.5.1997
Reprint No 5—29.11.1997
Reprint No 6—4.2.1999
Reprint No 7—23.12.1999
Reprint No 8—7.2.2000
Reprint No 9—30.3.2000
Reprint No 10—22.6.2000
Reprint No 11—1.10.2002
20.6.2004
11.11.2004