

**WORKERS COMPENSATION
(SURGEON FEES) ORDER 2010
under the Workers Compensation Act 1987**

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, make the following Order pursuant to section 61 (2) of the *Workers Compensation Act 1987*.

Dated this 16th day of December 2009

ROBERT GRAY
Acting Chief Executive Officer
WorkCover Authority

Explanatory Note

Treatment by a surgeon is a medical or related treatment covered under the *Workers Compensation Act 1987*. This Order sets the maximum fees for which an employer is liable under the Act for treatment by a surgeon of an injured worker's work-related injury.

(Note: Treatment by orthopaedic surgeons is covered by the *Workers Compensation (Orthopaedic Surgeon Fees) Order 2010*, gazetted to take effect from 1 January 2010. However, maximum fees under this Order may apply to procedures carried out by orthopaedic surgeons which are covered by the *Workers Compensation (Orthopaedic Surgeon Fees) Order 2010*).

The effect of the Order is to prevent a surgeon from recovering from the injured worker or employer any extra charge for treatments covered by the Order.

The Order adopts the items listed as Surgical Procedures in the *List of Medical Services and Fees* published by the Australian Medical Association (AMA).

Schedule A to this Order provides for maximum fees for which an employer is liable under the Act for treatment by a surgeon of an injured worker's work-related injury.

Schedule B outlines rules that must be followed when billing for items used in hand surgery. Table 1 in Schedule B details items that are not applicable to hand surgery procedures. Table 2 in Schedule B details items with restricted application for hand surgery and where clinical justification is required that they are reasonably necessary given the circumstances of the case.

Workers Compensation (Surgeon Fees) Order 2010

1. Name of Order

This Order is the Workers Compensation (Surgeon Fees) Order 2010.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this Order:

Aftercare Visits has the same meaning as in the AMA List and are covered by the surgical procedure fee during the first six weeks following the date of surgery or until wound healing has occurred. However unrelated visits or incidental reasons for visits that are not regarded as routine aftercare should be explained with accounts rendered. The consulting surgeon will issue a "certificate" detailing the worker's fitness for work and anticipated aftercare, on discharge from hospital or after the first post injury consultation.

After Hours Consultations means call-outs to a public or private hospital or a private home for urgent cases before 8.00am or after 6:00pm. This fee is not to be utilised where a consultation is conducted for non-urgent cases outside of these hours.

Assistant at Operation means a medically qualified surgical assistant, but only where an assistant's fee is allowed for in the Commonwealth Medical Benefits Schedule, or where indicated in the WorkCover schedule or approved in advance by the insurer. An assistant fee is only applicable for surgical procedures EA010 to MY115.

AMA List means the document entitled *List of Medical Services and Fees* published by the Australian Medical Association and dated 1 November 2009.

the Act means the *Workers Compensation Act 1987*.

Extended Initial Consultation means a consultation involving significant multiple trauma or complex "red flag" spinal conditions (systemic pathology, carcinoma, infection, fracture or nerve impingement) involving a lengthy consultation and extensive physical examination.

GST has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

Initial consultation and report covers the first consultation and the report to the referring General Practitioner and insurer.

The report will contain:

- the patient's diagnosis and present condition;
- the patient's likely fitness for pre-injury work or for alternate duties;
- the need for treatment or additional rehabilitation; and
- collateral conditions that are likely to impact on the management of the worker's condition (in accordance with privacy considerations).

Receipt of this information and "certificates" post treatment will provide sufficient information for insurers, employers and rehabilitation providers to develop management plans.

Instrument Fee covers procedures where the surgeon supplies all the equipment or a substantial number of specialised instruments in exceptional circumstances and must be justified. This fee does not apply for all operations or if only incidental instruments (non critical) are supplied by the surgeon. Routine items such as loupes are not included.

Multiple Operations or Injuries refers to situations that require two or more operations or for the treatment of two or more injuries carried out at the same time. The fee for the main operation or injury is to be paid in full as per Schedule A and 75% of the charge specified in Schedule A for each additional operation or injury is payable, unless specifically listed in the Schedule as a multiple procedure item.

New Tax System Price Exploitation Law means:

- (a) the *New Tax System Price Exploitation Code* as applied as a law of New South Wales by the *Price Exploitation Code (New South Wales) Act 1999*; and
- (b) Part VB of the *Trade Practices Act 1974* of the Commonwealth.

Opinion on File Request includes retrieval of file from whatever source, reading time, and reporting where a request for such an opinion has been made in writing to the surgeon by the insurer/lawyer. Fees for this service will not be pre-paid in whole or part.

Revision Surgery refers to a procedure carried out to revise earlier surgery. This attracts a fee of 50% of the amount for the principal procedure in the initial surgery and the fee payable for the new procedure, except where the new procedure is specified as a revision procedure in the AMA list.

Surgical procedures are those listed in the AMA list but does not include the cost of bandages, dressings, plaster of Paris bandages, splints, metallic fixation agents, and prosthetic implants which may be charged in addition to the fee set out in the Schedule A, if purchased by the surgeon. The fee for surgical procedures includes aftercare visits.

Subsequent Consultation is a consultation not included in the normal aftercare that applies following surgery. The cost of the latter is included in the fee for the surgical procedure.

Surgeon means a medical practitioner who is currently a Fellow of the Australasian College of Surgeon or who is recognised by Medicare Australia as a specialist. It includes a surgeon who is a staff member at a public hospital providing services at the hospital.

4. Application of Order

This Order applies to treatment provided on or after the commencement of this Order, whether it relates to an injury received before, on or after that date.

5. Maximum fees for treatment by surgeon

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a surgeon, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 3 of that Schedule.
- (2) A fee charged by a surgeon for a patient's treatment (including the management of fractures and other conditions) will be in addition to the fee in Schedule A for the original examination and report.

5. Goods and Services Tax

- (1) An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order.
- (2) This clause does not permit a medical practitioner to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
 - (a) 10% of the maximum amount payable under this Order to the medical practitioner in respect of the medical or related treatment apart from this clause, or
 - (b) the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

Schedule A
Maximum fees for surgeons

Note: To bill an AMA item number a surgeon must be confident they have fulfilled the service requirements as specified in the item descriptor. Where a comprehensive item number is used, separate items should not be claimed for any of the individual items included in the comprehensive service.

Where only one service is rendered, only one item should be billed. Where more than one service is rendered on one occasion of service, the appropriate item for each discrete service may be billed, provided that each item fully meets the item descriptor. Where an operation comprises a combination of procedures which are commonly performed together and for which there is an AMA item that specifically describes the combination of procedures then only that item should be billed. The invoice should cover the total episode of treatment.

Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received.

Item	Column 1 Type of service	Column 2 AMA Item(s)	Column 3 Maximum amount
<u>Consultations</u>			
1.	Initial consultation and report	AC500 (MBS 104) AC600 (MBS6007)	\$261.50
2.	Extended initial consultation and report	AC500 (MBS104) AC600 (MBS6007)	\$360.30
3.	Subsequent consultation	AC510 (MBS 105) AC610 (MBS6009)	\$180.20
4.	After hours consultation		\$151.10 in addition to consultation fee
<u>Procedures</u>			
5.	Surgical procedures	EA010 (MBS 30001) to MY115 (MBS 50130)	150% of AMA Schedule fee
6.	Instrument fee	WCO003	\$180.20
7.	Assistant at operation	MZ900	\$302.20 or 20% of the total fee for surgical procedures, whichever is greater
8.	Multiple operations or injuries		Primary operation is to be paid in full, and additional operations at 75% of scheduled fee
9.	Aftercare visits		As per AMA Schedule fee

Insurer/lawyer requests

10.	Opinion on file request	\$180.20
11.	Telephone requests	\$34.90 per 3-5 minute phone call
12.	Lost reports and reprints	\$122.10 per report
13.	Treating specialist reports (where additional information that is not related to the routine injury management of the patient, is requested by either party to a potential or current dispute).	Please refer to the <i>Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order 2010</i>
14.	Fees for providing copies of clinical notes and records	Please refer to the <i>Workers Compensation (Medical Practitioners Fees) Order 2010 – Section 4(5)</i>

Schedule B
Billing items used in hand surgery

Table 1: Item numbers and descriptors no longer applicable to hand surgery procedures

CMBS item code	AMA item code	Descriptor	Reason for decline
Nil	CV082	MINOR NERVE BLOCK (specify type) to provide post operative pain relief (this does not include subcutaneous infiltration)	The MBS does not allow a claim for nerve blocks performed either as the primary anaesthetic technique, or as a method of postoperative analgesia. The item number for anaesthesia itself is considered to cover such blocks.
45051	MG540	CONTOUR RECONSTRUCTION for pathological deformity, insertion of foreign implant (non biological but excluding injection of liquid or semisolid material) by open operation	This relates to the insertion of foreign implant for pathological deformity by an open operation ie facial reconstruction and was not intended for usage in hand surgery.
45445	MH480	FREE GRAFTING (split skin) as inlay graft to 1 defect including elective dissection using a mould (including insertion of and removal of mould)	The appropriate item number is 45448, MH490.
47954	MR170	TENDON, repair of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.

47966	MR210	TENDON OR LIGAMENT TRANSFER, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
47969	MR220	TENOSYNOVECTOMY, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
47972	MR230	TENDON SHEATH, open operation for teno-vaginitis, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
48403	MS015	PHALANX OR METATARSAL, osteotomy or osteectomy of, with internal fixation	This item is from the orthopaedic group of item numbers and relates to foot surgery only. There already exist appropriate item numbers in the hand surgery section.
50103	MY015	JOINT, arthrotomy of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
50104	MY025	JOINT, synovectomy of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
50109	MY045	JOINT, arthrodesis of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
50127	MY105	JOINT OR JOINTS, arthroplasty of, by any technique not being a service to which another item applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
	900001	Workcover certificate	This is for general practitioners and not treating specialists.

Table 2: Item numbers with restricted application for hand surgery – clinical justification required

CMBS item code	AMA item code	Descriptor	Clinical indication
105	AC510	Each attendance SUBSEQUENT to the first in a single course of treatment	Follow up consultations will not be paid within the 6 week period following a procedure as this is included in normal aftercare.
30023	EA075	WOUND OF SOFT TISSUE, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Assist.)	This item applies to heavily contaminated wounds and removal of devitalized tissue in deep wounds. The majority of clean lacerations in acute hand injuries will attract item number EA095/30029. Debridements are also not applicable when removing percutaneous wire fixation. There will be a limit of one debridement per digit.
39330	LN810	NEUROLYSIS by open operation without transposition, not being a service associated with a service to which Item TLN740 applies	This item is not for the identification of nerves during surgical exposure. It is not to be used in combination with LN700. This item is not to be used in conjunction with MU400: Wrist carpal tunnel release (division of transverse carpal ligament) by open procedure. However, LN810 and MU400 can be used together for combined open carpal tunnel release and cubital tunnel release surgery. This item is not to be used in conjunction with ML235 Tendon sheath of hand/wrist open operation for stenosing tenovaginitis.
39312	LN 740	NEUROLYSIS, internal (interfascicular) neurolysis of using microsurgical techniques	This item is never indicated in acute trauma. It is rarely indicated in elective surgery and is reserved for use in revision nerve decompression surgery. This item is not to be used in conjunction with MU400: Wrist carpal tunnel release (division of transverse carpal ligament), by open procedure.
45203	MH115	SINGLE STAGE LOCAL FLAP, where indicated to repair 1 defect, complicated or large, and excluding flap for male pattern baldness and excluding H-flap or double advancement flap	This item is rarely indicated in the hand and wrist as a large defect will not be readily amenable to a local flap reconstruction. It is not to be used for suturing of traumatic skin flaps.

45206	MH125	SINGLE STAGE LOCAL FLAP where indicated to repair 1 defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excluding H-flap or double advancement flap	This item is not to be used for suturing lacerations and for “exposure” flaps, such as Bruner incisions for access to a flexor tendon injury.
45500	MJ025	MICROVASCULAR REPAIR using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit	This item relates to microvascular repair of an artery or vein. This item will not be paid for repair of dorsal veins with volar skin intact, branches of digital arteries, branches of radial/ulnar vessels and venae comitantes of major arteries. Microvascular repairs distal to the metacarpophalangeal joint will also require clinical documentation of appropriate surgical technique utilising an operating microscope.
45501/45502	MJ030/MJ035	MICROVASCULAR ANASTOMOSIS of artery using microsurgical techniques, for re-implantation of limb or digit/ MICROVASCULAR ANASTOMOSIS of vein using microsurgical techniques, for re-implantation of limb or digit	These items specifically relate to replantation of limb and digit i.e. The amputated portion must be completely detached.
45563	MJ245	NEUROVASCULAR ISLAND FLAP, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness	This item is for a true island flap, elevated on a neurovascular pedicle for an existing traumatic defect. This item is not to be claimed for VY advancement flaps where 45206/MH125 is applicable.
46396	ML345	PHALANX or METACARPAL of the hand, osteotomy or osteectomy of	This item is applicable for removing excess bone formation in an <i>intact</i> bone. This is no longer to be applied to removal of loose pieces of bone in trauma or bone shortening for terminalisation or replantation. This is part of the debridement and is included in EA075/30023 if applicable.

46420	ML425	Extensor tendon or hand or wrist, primary repair	This item should not be claimed for repair of an extensor tendon split as part of access to phalangeal fractures/osteotomies.
46450/46453	ML535/ML545	EXTENSOR TENDON, TENOLYSIS OF, following tendon injury, repair or graft FLEXOR TENDON, TENOLYSIS OF, following tendon injury, repair or graft	These items are applicable for freeing tendons from scar following previous surgery or trauma. They are not indicated in an acute hand injury. ML545 cannot be claimed in conjunction with release of trigger finger.
46504	ML765	NEUROVASCULAR ISLAND FLAP, for pulp innervation	These items are only to be used for a heterodigital neurovascular island flap used to resurface pulp loss (e.g. Littler flap, first dorsal metacarpal artery or Kite flap).
46513/46516	ML795/ML805	Digital nail of finger or thumb removal of	This item should not be used in association with nailbed repair (46486/ML665 or 46489/ML675)
46522	ML825	FLEXOR TENDON SHEATH OF FINGER OR THUMB - open operation and drainage for infection	This item is applicable only for drainage of suppurative flexor tenosynovitis It does not apply to washout of flexor sheath in acute injury
47920	MR088	BONE GROWTH STIMULATOR, insertion of	This is only indicated where a mechanical bone growth stimulator has been inserted. It is not for the insertion of OP1 or other bone morphogenic proteins in the setting of hand surgery
47921	MR090	ORTHOPAEDIC PIN OR WIRE, insertion of, as an independent procedure	This item cannot be claimed when the k-wire has been used as part of fracture fixation.
48400	MS005	PHALANX, METATARSAL, ACCESSORY BONE OR SESAMOID BONE, osteotomy or osteectomy of, excluding services to which Item MX660 or MX670 applies	This item is only applicable to sesamoidectomy.
47927	MR110	BURIED WIRE, PIN OR SCREW, 1 or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital or approved day hospital facility - per bone	This item applies for removal of <i>buried</i> k-wire. Where a k-wire or wires cross more than 2 bones, only 1 item number is claimable.
50106	MY035	JOINT, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Group applies	This item is applicable for stabilization of CMC joints only.

WORKERS COMPENSATION (CHIROPRACTIC FEES) ORDER 2010

under the

Workers Compensation Act 1987

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the *Workers Compensation Act 1987*, make the following Order.

Dated this 16th day of December 2009

ROBERT GRAY
Acting Chief Executive Officer
WorkCover Authority

Explanatory Note

Treatment by a registered chiropractor is one of the categories of medical and related treatment covered under the Workers Compensation Act 1987. This Order sets the maximum fees for which an employer is liable under the Act for treatment by a chiropractor of an injured worker's work related injury.

Schedule A to this Order provides for maximum fees for chiropractors generally. Schedule B to this Order provides higher maximum fee levels for WorkCover approved chiropractors. WorkCover approved chiropractors have participated in training courses approved or run by WorkCover.

This Order makes provision for chiropractic management plans and the approval by workers compensation insurers of certain chiropractic services.

1. Name of Order

This Order is the Workers Compensation (Chiropractic Fees) Order 2010.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this Order:

Case Conference means a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker to discuss a worker's return to work plan and / or strategies to improve a worker's ability to return to work. File notes of case conferences are to be documented in the chiropractor's records indicating discussion and outcomes. This information may be required for invoicing purposes. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Chiropractor means a chiropractor registered under the Chiropractors Act 2001 or a person who is licensed or registered as a chiropractor under the law in force in another State or Territory.

Chiropractic Management Plan means a document used by the chiropractor to indicate treatment timeframes and anticipated outcomes for an injured worker to the relevant workers compensation insurer.

A chiropractic management plan provides the mechanism to request approval from the relevant workers compensation insurer for treatment beyond:

- (a) the initial eight (8) consultations (when an injured worker has not attended for any previous treatment of a physical nature for this injury) or
- (b) the initial consultation/treatment (when an injured worker has attended for previous treatment of a physical nature for this injury).

A chiropractic management plan can request approval for up to an additional eight (8) chiropractic consultations unless otherwise approved by the insurer.

A copy of the form developed by WorkCover for the chiropractic management plan is at Appendix 1 of the Chiropractors' Guide to WorkCover NSW.

Complex treatment: means treatment related to complex pathology and clinical presentation including, but not limited to, extensive burns, complicated hand injuries involving multiple joints and tissues and some complex neurological conditions, spinal cord injuries, head injuries and major trauma. Provision of complex treatment requires preapproval from the insurer. It is expected that only a small number of claimants will require treatment falling within this category.

Group/class intervention occurs where a chiropractor delivers a common service to more than one person at the same time. Examples are exercise and education groups. Maximum class size is six (6) participants. A chiropractic management plan is required for each worker participant.

GST has the same meaning as in the New Tax System (Goods and Services Tax) Act 1999 (Cth).

Home visit applies in cases where, due to the effects of the injuries sustained, the worker is unable to travel. The home visit must be the best and most cost-effective option allowing the chiropractor to travel to the worker's home to deliver treatment. Provision of home treatment requires pre-approval from the insurer.

Initial consultation and treatment means the first session provided by the chiropractor in respect of an injury which includes:

- history taking,
- physical assessment,
- diagnostic formulation,
- goal setting and planning treatment,
- treatment/service,
- clinical recording,
- communication with referrer, and
- preparation of a Chiropractic Management Plan when indicated.

New Tax System Price Exploitation Law means

- a. the New Tax System price Exploitation Code as applied as a law of New South Wales by the Price Exploitation Code (New South Wales) Act 1999, and
- b. Part VB of the Trade Practices Act 1974 (Cth).

Normal practice means premises in or from which a chiropractor regularly operates a chiropractic practice and treats patients. It also includes facilities where service may be delivered on a regular or contract basis.

Report Writing occurs when a chiropractor is requested to compile a written report providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Standard consultation and treatment means treatment sessions provided subsequent to the initial session and includes:

- re-assessment,
- treatment/service,

- clinical recording, and
- preparation of a Chiropractic Management Plan.

The Act means the Workers Compensation Act 1987.

Travel occurs when the most appropriate clinical management of the patient requires the chiropractor to travel away from their normal practice. Travel costs do not apply where the chiropractor provides contracted service to facilities such as a private hospital, hydrotherapy pool, workplace or gymnasium. The insurer must provide pre-approval for such a service.

Two distinct areas means where two separate compensable injuries or conditions are assessed and treated and where treatment applied to one condition does not affect the symptoms of the other injury e.g. neck condition plus post fracture wrist. It does not include a condition with referred symptoms to another area.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved chiropractor means a chiropractor who has participated in the WorkCover Training Courses and any other course approved by WorkCover (if any) for the purpose of this Order.

Work Related Activity assessment, consultation and treatment means a one hour session provided on a one to one basis for Work Related Activity delivered to a patient that is new to the practice and includes:

- review of the previous treatment,
- assessment of current condition including functional status,
- goal setting,
- treatment / work related activity planning,
- clinical recording,
- communication with key parties, and
- preparation of a management plan when indicated.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2010 whether it relates to an injury received before, on or after that date.

5. Repeal

The Workers Compensation (Chiropractic Fees) Order 2009 is repealed.

6. Maximum fees for chiropractic treatment generally

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a chiropractor, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for a chiropractor to provide treatment of a type specified in any of items CHX005, CHX006, CHX071, CHX072 or CHX073 in Schedule A at the worker's home, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item CHX009 in Column 2 of Schedule A.
- (3) This clause does not apply to treatment by a WorkCover approved chiropractor.

7. Higher maximum fees for treatment by WorkCover approved chiropractors

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a chiropractor, who is a WorkCover approved chiropractor, being treatment of a type specified in Column 1 of Schedule B to this Order, is the corresponding amount specified in Column 2 of that Schedule.

- (2) If it is reasonably necessary for a chiropractor to provide treatment of a type specified in any of items CHA005, CHA006, CHA071, CHA072 or CHA073 in Schedule B at the worker's home, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item CHA009 in Column 2 of Schedule B.

8. Goods and Services Tax

- (1) An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order.
- (2) This clause does not permit a physiotherapist to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
- (a) 10% of the maximum amount payable under this Order to the physiotherapist in respect of the medical or related treatment apart from this clause, or
 - (b) the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

SCHEDULE A Maximum fees for Chiropractors generally

Note: Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received.

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$)</i>
Normal Practice		
CHX001	Initial consultation and treatment	50
CHX002	Standard consultation and treatment	40
CHX031	Initial consultation and treatment of two (2) distinct areas	75
CHX032	Standard consultation and treatment of two (2) distinct areas	60
CHX033	Complex treatment	80
CHX010	Group/class intervention	30/participant
CHX004	Spine X-rays performed by a chiropractor	99.20
Home Visit		
CHX005	Initial consultation and treatment	62
CHX006	Standard consultation and treatment	50
CHX071	Initial consultation and treatment of two (2) distinct areas	94
CHX072	Standard consultation and treatment of two (2) distinct areas	75
CHX073	Complex treatment	100
Other		
CHX081	Case conference	100/hour
CHX082	Report writing	100 (maximum)
CHX009	Travel	1.00 per kilometre

SCHEDULE B Maximum fees for WorkCover approved Chiropractors

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$)</i>
Normal Practice		
CHA001	Initial consultation and treatment	75.60
CHA002	Standard consultation and treatment	64.00
CHA031	Initial consultation and treatment of two (2) distinct areas	113.90
CHA032	Standard consultation and treatment of two (2) distinct areas	96.50
CHA033	Complex treatment	127.90
CHA010	Group/class intervention	45.40 /participant
CHA004	Spine X-rays performed by a chiropractor	115.30
Home Visit		
CHA005	Initial consultation and treatment	93.00
CHA006	Standard consultation and treatment	74.40
CHA071	Initial consultation and treatment of two (2) distinct areas	137.20
CHA072	Standard consultation and treatment of two (2) distinct areas	117.40
CHA073	Complex treatment	151.10
Other		
CHA081	Case conference, Report writing	151.10/hour 151.10 (maximum)
CHA082	Work Related Activity assessment, consultation and treatment	151.10 (maximum)
CHA009	Travel	1.40/kilometre

Notes on Schedules A and B

- (i) Chiropractic treatment of an injured worker is covered under the Act if the treatment is reasonably necessary as a result of his or her work injury.
- (ii) The treatments to which this Order applies do not include hospital treatment (as defined in section 59 of the Act) or occupational rehabilitation services provided by an accredited provider of such services (as defined in the same section).
- (iii) Where it is reasonably necessary for a chiropractor to make a Home Visit covered by items CHX005, CHX006, CHX071, CHX072 or CHX073 in Schedule A or items CHA005, CHA006, CHA071, CHA072 or CHA073 in Schedule B, the hourly rate for those items does not apply to the time spent traveling to or from that place. See item CHX009 in Schedule A and item CHA009 in Schedule B for amounts allowed for travel reasonably involved in making Home Visits.

WORKERS COMPENSATION (COUNSELLING FEES) ORDER 2010
under the
Workers Compensation Act 1987

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the *Workers Compensation Act 1987*, make the following Order.

Dated this 16th day of December 2009.

ROBERT GRAY
Acting Chief Executive Officer
WorkCover Authority

Explanatory Note

Treatment by a counsellor is one of the categories of medical and related treatment covered under the *Workers Compensation Act 1987*. This Order sets the maximum fees for which an employer is liable under the Act for treatment by counsellor of an injured worker's work related injury.

This Order makes provision for Psychology/Counselling Management Plans and the approval by workers compensation insurers of certain counselling services. No fees are payable to non-WorkCover approved counsellors.

Workers Compensation (Counselling Fees) Order 2010

1. Name of Order

This order is the *Workers Compensation (Counselling Fees) Order 2010*.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this Order:

Case Conference means a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker to discuss a worker's return to work plan and / or strategies to improve a worker's ability to return to work. File notes of case conferences are to be documented in the counsellor's records indicating discussion and outcomes. This information may be required for invoicing purposes. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Counselling services refers to all counselling services delivered by a WorkCover approved counsellor and each service is to be billed according to Schedule A.

Counsellor means a WorkCover approved counsellor.

Group intervention occurs where a counsellor delivers a common service to more than one person at the same time, for example; Group Therapy. Maximum class size is six (6) participants. A Psychology/Counselling Management Plan is required for each worker.

GST has the same meaning as in the New Tax System (Goods and Services Tax) Act 1999 of the Commonwealth.

Initial consultation means the first session provided by the WorkCover approved counsellor in respect of an injury and may include: -

- history taking
- assessment
- goal setting and treatment planning
- treatment
- clinical recording
- communication with referrer and insurer.

The service is 1:1 for the entire session.

New Tax System Price Exploitation Law means

- (a) the New Tax System price Exploitation Code as applied as a law of New South Wales by the *Price Exploitation Code (New South Wales) Act 1999*, and
- (b) Part VB of the *Trade Practices Act 1974* of the Commonwealth

Psychology/Counselling Management Plan means the document used by the counsellor to indicate treatment timeframe and anticipated outcomes for an injured worker to the relevant workers compensation insurer. A psychology/counselling management plan provides the mechanism to request approval from the relevant workers compensation insurer for up to six (6) consultations after the first six sessions have been provided.

Report Writing occurs when a counsellor is requested to compile a written report, other than the Management Plan, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Standard consultation means a session provided subsequent to the initial consultation by the WorkCover approved counsellor in respect of an injured worker and may include:

- reassessment
- treatment
- clinical recording and preparation of a management plan (if required)

The service is 1:1 for the entire session.

The Act means the *Workers Compensation Act 1987*.

Travel occurs when the most appropriate management of the injured worker requires the counsellor to travel away from their normal practice. Travel costs do not apply where the counsellor provides contracted service to facilities such as a private hospital or workplace. The insurer must provide pre-approval for such a service.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved means a counsellor who has, either before or after the commencement of this Order, by a date notified by WorkCover, been approved by WorkCover to provide counselling services for the purpose of this Order.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2010, whether it relates to an injury received before, on or after that date.

5. Maximum fees for counselling services

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a counsellor, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.

- (2) If it is reasonably necessary for a counsellor to provide treatment of a type specified in any of items 1, 2 or 4 in Schedule A at a place other than the usual practice, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometer (for the number of kilometers of travel reasonably involved) specified for item 14 in Column 2 of Schedule A.

6. Goods and Services Tax

- 1) The maximum fee amount for which an employer is liable under the Act in respect of the treatment types specified in Schedule A to this Order may be increased by the amount of any GST payable in respect of the service, and the cost as so increased is taken to be the amount fixed by this Order.
- 2) This clause does not permit a counsellor to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
- (a) 10% of the maximum amount that would otherwise be payable under this Order to the counsellor in respect of the medical or related treatment, or
- (b) the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

Schedule A Maximum fees for counsellors

Note: Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received. No fees are payable to non-WorkCover approved counsellors.

Item	Column 1 Type of Treatment	Column 2 Maximum Amount (\$)
PSY001	Initial consultation	180
PSY002	Standard consultation	150
PSY003	Report Writing	150/hour (max 1 hour)
PSY004	Case Conferencing	150/hour pro rata
PSY005	Travel	1.40 per kilometre
PSY006	Group	45/participant

WORKERS COMPENSATION (EXERCISE PHYSIOLOGY FEES) ORDER 2010
under the
Workers Compensation Act 1987

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the *Workers Compensation Act 1987*, make the following Order.

Dated this 16th day of December 2009

ROBERT GRAY
Acting Chief Executive Officer
WorkCover Authority

Explanatory Note

Treatment by a remedial gymnast is one of the categories of medical and related treatment covered under the *Workers Compensation Act 1987*. For the purposes of this Order, the term remedial gymnast is interchangeable with exercise physiologist. This Order sets the maximum fees for which an employer is liable under the Act for treatment by an exercise physiologist of an injured worker's work related injury.

This Order makes provision for exercise physiology management plans and the approval by workers compensation insurers of certain exercise physiology services.

Workers Compensation (Exercise Physiology Fees) Order 2010

1. Name of Order

This order is the *Workers Compensation (Exercise Physiology Fees) Order 2010*.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this Order:

Case Conference means a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker to discuss a worker's return to work plan and / or strategies to improve a worker's ability to return to work. File notes of case conferences are to be documented in the exercise physiologist's records indicating discussion and outcomes. This information may be required for invoicing purposes. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Group/class intervention occurs where an exercise physiologist delivers the same service that is, the same exercise and instruction, to more than one person at the same time. Maximum class size is six (6) participants. An Exercise Physiology Management Plan is required for each worker.

GST has the same meaning as in the New Tax System (Goods and Services Tax) Act 1999 of the Commonwealth.

Initial consultation and treatment means the first session provided by the exercise physiologist in respect of an injury which is of one hour duration, provided on a 1:1 basis and includes: -

- history taking
- physical assessment

- goal setting and planning treatment
- treatment/service
- clinical recording
- communication with referrer
- preparation of a management plan when indicated.

New Tax System Price Exploitation Law means

- (a) the New Tax System price Exploitation Code as applied as a law of New South Wales by the *Price Exploitation Code (New South Wales) Act 1999*, and
- (b) Part VB of the *Trade Practices Act 1974* of the Commonwealth

Normal practice means premises in or from which an exercise physiologist regularly operates an exercise physiology practice and treats patients. It also includes facilities where service may be delivered on a regular or contract basis such as a hydrotherapy pool, gymnasium, private hospital or workplace.

Exercise physiologist means a WorkCover approved exercise physiologist.

Exercise physiology management plan means the document used by the exercise physiologist to indicate treatment timeframe and anticipated outcomes for an injured worker to the relevant workers compensation insurer. An exercise physiology management plan provides the mechanism to request approval from the relevant workers compensation insurer for up to 8 consultations. If treatment is ongoing a further exercise physiology management plan must be submitted and approved before treatment can be delivered and in each such case approval can only be given for up to 8 consultations.

Exercise physiology services refers to all services delivered by a WorkCover approved exercise physiologist and each service is to be billed according to Schedule A. Exercise physiology services are limited to exercise prescription, instruction and supervision.

Reduced supervision treatment occurs where an exercise physiologist delivers a service, which may or may not be the exact same exercise and instruction, to more than one person at the same time. Maximum number of persons per session is 3, with the exercise physiologist-to-patient ratio being one-to-one for at least 30% of the session time.

Report writing occurs when an exercise physiologist is requested to compile a written report providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Standard consultation and treatment means one-to-one treatment sessions for one hour provided subsequent to the initial session and includes:-

- re-assessment
- treatment
- recording of notes and
- preparation of a exercise physiology management plan when indicated.

The Act means the *Workers Compensation Act 1987*.

Travel occurs when the most appropriate management of the patient requires the exercise physiologist to travel away from their normal practice. Travel costs do not apply where the exercise physiologist provides contracted service to facilities such as a private hospital, hydrotherapy pool, workplace or gymnasium. The insurer must provide pre-approval for such a service.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved means an exercise physiologist who has, either before or after the commencement of this Order, by a date notified by WorkCover, been approved by WorkCover to provide exercise physiology services for the purpose of this Order.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2010, whether it relates to an injury received before, on or after that date.

5. Maximum fees for exercise physiology treatment

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by an exercise physiologist, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for an exercise physiologist to provide treatment of a type specified in any of items 7 to 11 in Schedule A at a place other than the usual practice, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item 14 in Column 2 of Schedule A.

6. Goods and Services Tax

- 1) The maximum fee amount for which an employer is liable under the Act in respect of the treatment types specified in Schedule A to this Order may be increased by the amount of any GST payable in respect of the service, and the cost as so increased is taken to be the amount fixed by this Order.
- 2) This clause does not permit an exercise physiologist to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
 - (a) 10% of the maximum amount that would otherwise be payable under this Order to the exercise physiologist in respect of the medical or related treatment, or
 - (b) the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

Schedule A Maximum fees for exercise physiologists

Note: Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received.

Item	Column 1 Type of Treatment	Column 2 Maximum Amount (\$)
EPA001	Initial consultation and treatment	120.70
EPA002	Standard consultation and treatment	120.70
EPA003	Reduced supervision treatment	52.70
EPA004	Group/class intervention	38.40/participant
EPA005	Additional expenses	As agreed with insurer
EPA006	Case conference	120.70/hour
EPA007	Report writing	120.70 (maximum)
EPA008	Travel	1.40/kilometre

WORKERS COMPENSATION (HEARING AIDS FEES) ORDER 2010

under the

Workers Compensation Act 1987

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the *Workers Compensation Act 1987*, make the following Order.

Dated this 16th day of December 2009

ROBERT GRAY
Acting Chief Executive Officer
WorkCover Authority

EXPLANATORY NOTE

Workers in NSW with noise-induced hearing loss can request hearing aids. Treatment by a hearing service provider is one of the categories of medical and related treatment covered under the *Workers Compensation Act 1987*. This Order sets the maximum fees for which an employer is liable under the Act for provision of treatment and hearing aids by a hearing service provider to an injured worker who has suffered hearing loss due to a work related injury.

Schedule A to this Order provides for maximum fees for the provision of treatment and hearing aids by a hearing service provider, as defined in the Order. Schedule B outlines the procedure that must be followed when obtaining hearing aids and/or treatment by a hearing service provider.

Workers Compensation (Hearing Aids Fees) Order 2010**1. Name of Order**

This Order is the Workers Compensation (Hearing Aids Fees) Order 2010

2. Commencement

This Order commences on 1 May 2010.

3. Definitions

In this order:

Audiologists are university graduates with tertiary qualifications in audiology who specialise in the assessment, prevention and non-medical management of hearing impairment and associated disorders of communication. Audiologists are required to be a member or be eligible for full membership or either the Audiological Society of Australia (ASA) or ordinary membership of the Australian College of Audiology (ACAud).

Audiometrists hold a qualification from a registered training organisation such as TAFE NSW followed by on-the-job training. Audiometrists also specialise in the non-medical assessment and management of communication difficulties caused by hearing loss. Audiometrists are required to be a member or be eligible for membership of the Australian College of Audiology (ACAud).

GST has the same meaning as in the New Tax System (Goods and Services Tax) Act 1999 of the Commonwealth.

Hearing needs assessment includes obtaining a clinical history, hearing assessment as per Australian Standard 1269.4/05, determination of communication goals, recommendation of hearing aid and clinical rationale for hearing aid.

Hearing aids are non-implantable electronic instruments designed and manufactured to provide amplification for people with a hearing loss.

Hearing service provider refers to providers approved by WorkCover NSW to provide hearing aids to injured workers. A list of WorkCover approved hearing service providers are found at www.workcover.nsw.gov.au or by phoning 13 10 50.

Hearing rehabilitation includes education of the injured worker in appropriate use of hearing aid to meet their needs.

New Tax System Price Exploitation Law means

- a. the New Tax System Price Exploitation Code as applied as a law of New South Wales by the *Price Exploitation Code (New South Wales) Act 1999*, and
- b. Part VB of the *Trade Practices Act 1974* of the Commonwealth.

The Act means the *Workers Compensation Act 1987*.

WorkCover means the WorkCover Authority of New South Wales.

3. Application of Order

This Order applies to provision of hearing aids and treatment by a hearing service provider provided on or after the date of commencement, whether it relates to an injury received before, on or after that date.

4. Fees

The fee amounts for which an employer is liable under the Act for provision of treatment and hearing aids by a hearing service provider to an injured worker as specified in Schedule A are those listed in Schedule A.

5. Goods and Services Tax

- (1) An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order.
- (2) This clause does not permit a hearing service provider to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
 - (a) 10% of the maximum amount payable under this Order to the hearing service provider in respect of the medical or related treatment apart from this clause, or
 - (b) the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

Schedule A Maximum fees for hearing aids and services

Note: Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received. No fees are payable to a non-WorkCover approved hearing service provider.

Item	Service description	Maximum amount (excl GST)
AID 001	Hearing needs assessment – Audiologist	\$170.00
	Hearing needs assessment – Audiometrist	\$140.00
	Supply of hearing aid	\$2000.00 per aid.
	Handling fee (monaural or binaural Hearing aid/s) payable upon supply of Hearing aid	\$250.00
	Fitting of hearing aid/s, including: <ul style="list-style-type: none"> • Fitting • trial of hearing aid for 30 days • all necessary hearing rehabilitation for the injured worker within the first 12 months following supply and fitting • maintenance as per the manufacturer’s warranty. <i>Paid only once per worker in any five year period unless prior approval obtained from insurer.</i>	\$600.00 (monaural) \$1000.00 (binaural)
	Hearing review Only applicable 12 months after supply.	\$120.00
	Hearing aid repairs <i>Payable only if a copy of manufacturer’s invoice for repairs is provided.</i>	Up to \$330.00
	12 months hearing aid battery supply.	\$100.00 per Hearing aid
Fitting and supply of hearing aid/s greater than the gazetted fee In exceptional circumstances, e.g. specific work demands, application may be made to the Insurer for WorkCover approval of a hearing aid/s that exceeds the gazetted fee		

Schedule B WorkCover NSW procedures for the provision of aids

Workers in NSW with noise-induced hearing loss can request hearing aids and the procedures for obtaining them are outlined below.

OVERVIEW

Medical support for the provision of hearing aids

The initial provision of a hearing aid is supported when the worker has been paid for permanent impairment (hearing loss) and the WorkCover-trained permanent impairment assessor recommends a hearing aid.

The replacement of a hearing aid is supported when the worker’s general practitioner confirms the worker’s need for a replacement hearing aid.

Selection of hearing aid

The worker selects a hearing service provider from the WorkCover-approved list of providers.

The provider completes a Hearing needs assessment and a quote for the fitting and supply of a hearing aid - wholesale price plus service costs in line with WorkCover gazetted fees. The assessment and quote are submitted to the insurer.

Insurer approval

The insurer checks entitlement and quotes against the WorkCover gazetted fees and advises regarding approval of the fitting and supply of the hearing aid.

Fitting and supply of hearing aid

Once approved, the worker is fitted and supplied with the recommended hearing aid for a 30-day trial. If the trial is successful, the hearing service provider advises the insurer and invoices for the fitting and supply of the hearing aid. If the trial is unsuccessful, the provider advises the insurer and invoices for the hearing needs assessment only.

Review of hearing aid

After 12 months use, the worker visits the hearing service provider for a review of their hearing aid. If the worker requires ongoing use of their hearing aid, the hearing service provider will supply batteries to cover a further 12 months. Following this, additional batteries and minor maintenance, not covered by the manufacturer's warranty, can be obtained from any WorkCover approved hearing service provider as required.

PROCEDURES

1 WORKER

- 1.1 When a hearing aid is **initially** recommended following a permanent impairment assessment, the worker chooses a WorkCover approved hearing service provider and arranges a hearing needs assessment and quote for the fitting and supply of the hearing aid.
- 1.2 If a hearing aid needs **replacement** the worker must visit their general practitioner (GP) to confirm the use of the hearing aid and complete a WorkCover declaration form (available from www.workcover.nsw.gov.au or 13 10 50). The worker must then visit a WorkCover approved hearing service provider to get a quote for the replacement. The hearing service provider will then forward the quote and declaration form to the insurer.
- 1.3 Once approved by the insurer, the worker attends the WorkCover approved hearing service provider for the fitting and supply of the hearing aid.
- 1.4 After 12 months use, the worker visits a WorkCover approved hearing service provider for a review of their hearing aid. If the worker requires ongoing use of their hearing aid, the hearing service provider will supply batteries to cover a further 12 months. Following this, additional batteries and minor maintenance, not covered by the manufacturer's warranty, can be obtained from any WorkCover approved hearing service provider as required (to a maximum of \$100/year per hearing aid). The worker is required to sign and date the invoice for the supply of batteries or maintenance.

2 HEARING SERVICE PROVIDER

- 2.1 This procedure applies to the provision of both an initial and a replacement hearing aid. For a replacement hearing aid, the worker's GP is required to complete a WorkCover declaration form to confirm the need for them. This must be forwarded to the insurer with the quote for a replacement hearing aid.
- 2.2 All hearing service providers must be WorkCover approved. The application to become a WorkCover-approved hearing service provider outlines the criteria that must be met.
- 2.3 A quote must be forwarded to the insurer and approval from the insurer sought before the fitting and supply of a hearing aid. The quote must include:
 - i. the worker's contact details,
 - ii. a full description of the hearing aid selected from the WorkCover approved hearing aid wholesale price list to a maximum of \$2000.00 per hearing aid,
 - iii. an outline of how the hearing aid meets the test of 'reasonably necessary' for the injured worker in overcoming the effect of the hearing impairment,
 - iv. the audiogram the recommendations are based upon,
 - v. details of the person who provided the assessment and quote,

- vi. hearing service provider details including ABN,
 - vii. service fees in accordance with the Workers Compensation (Hearing Aids Fees) Order, including handling and fitting fee, and
 - viii. 12 months supply of batteries in accordance with the Workers Compensation (Hearing Aids Fees) Order 2010.
- 2.4 Once approved by the insurer, a hearing aid can be fitted and supplied by the hearing service provider.
- 2.5 A hearing aid is provided for an initial trial period of up to 30 days.
- 2.6 After a successful trial, the hearing service provider will obtain confirmation of this from the worker, advise the insurer, GP and ear, nose and throat (ENT) specialist of the outcome, and invoice for the supply and fitting of the hearing aids in accordance with the Workers Compensation (Hearing Aids Fees) Order 2010.
- 2.7 If the worker has not persisted with the use of a hearing aid at 30 days, the hearing service provider can submit an invoice for the hearing needs assessment in accordance with the Workers Compensation (Hearing Aids Fees) Order 2010.
- 2.8 In accordance with Section 60A of the *Workers Compensation Act 1987*, the worker is not liable to pay, and a hearing service provider is not entitled to recover from the worker or employer, any amount that exceeds the Workers Compensation (Hearing Aids Fees) Order 2010.
- 2.9 The hearing service provider must provide outcome measures (e.g. Client Oriented Scale of Improvement – COSI) to the insurer with the invoice to confirm the benefit of any hearing aid provided.
- 2.10 The worker may visit a hearing service provider after 12 months use of their hearing aid for a review. If the worker requires ongoing use of their hearing aid, the hearing service provider will supply batteries to cover a further 12 months. Following this, additional batteries and minor maintenance, not covered by the manufacturer's warranty, can be obtained from any WorkCover approved hearing service provider as required (to a maximum of \$100/year per hearing aid). The worker is required to sign and date the invoice to confirm the supply of batteries or maintenance. The hearing service provider can then submit the invoice to the insurer for payment.

3 INSURER

- 3.1 When a hearing aid is recommended for, or requested by, a worker, the insurer will provide the worker with written information regarding the provision of hearing aids that is in accordance with the process outlined in these guidelines.
- 3.2 When considering a request for hearing aids, the insurer will check:
- i. medical support for the hearing aid i.e. recommendation from the permanent impairment assessment for initial hearing aid or confirmation from the GP that a replacement hearing aid is needed, as indicated on a completed declaration form,
 - ii. that the quoted hearing aid is on the WorkCover approved wholesale hearing aid price list and does not exceed the maximum \$2000.00 per hearing aid in accordance with the Workers Compensation (Hearing Aids Fees) Order 2010, and
 - iii. that the hearing service provider is WorkCover approved.
- 3.3 If necessary, the insurer will contact the worker to confirm the worker wants the hearing aid.
- 3.4 When the request for a hearing aid is deemed reasonably necessary, the insurer will approve a trial (30 days) of the quoted hearing aid.

- 3.5 The insurer will pay the hearing service provider for the supply and fitting of the hearing aid, and 12 months supply of batteries when a trial of a hearing aid is confirmed as successful (by the provision of outcome measures from the provider) and the worker confirms receipt of the invoiced hearing aid. The claim can then be closed.
- 3.6 After 12 months use, the worker may visit a hearing service provider for a review of their hearing aid. If the worker requires ongoing use of their hearing aid, the hearing service provider will supply batteries to cover a further 12 months. The worker is required to sign and date the invoice to confirm supply of batteries. The claim is reopened to manage the costs associated with the hearing aid review and supply of batteries and is then closed.
- 3.7 Following the process outlined above, the worker can obtain additional batteries and minor maintenance, not covered by the manufacturer's warranty, from any WorkCover approved hearing service provider as required (to a maximum of \$100/year per hearing aid). The worker is required to sign and date the invoice to confirm supply of batteries. The hearing service provider will then submit the invoice to the insurer for payment. These costs will be managed in a 'dummy' claim so that individual claims do not require reopening.
- 3.8 Any question regarding the quoted hearing aid should be clarified with the hearing service provider. If further hearing loss is suspected, the insurer may refer to an ENT specialist (WorkCover trained) for a review of the worker's hearing needs.
- 3.9 If an insurer receives a request for a hearing aid that exceeds the gazetted fee because of the exceptional circumstances of the worker, e.g. specific work demands, the insurer must forward their recommendation to WorkCover's Provider and Injury Management Services for consideration.

4 GENERAL PRACTITIONER (GP)

- 4.1 The worker will visit their GP if a replacement hearing aid is required. The GP will review the worker's use of the hearing aid and, if replacement is necessary to the worker's functioning in the community, complete the WorkCover declaration form so the worker can obtain a quote for a replacement hearing aid from a WorkCover approved hearing service provider.
- 4.2 If the GP believes there is possible further work-related hearing loss, they will refer to an ENT specialist (WorkCover trained) for review and advise the insurer of the referral.

5 ENT SPECIALIST (WORKCOVER TRAINED ASSESSOR OF PERMANENT IMPAIRMENT)

- 5.1 The ENT specialist (WorkCover trained) will provide a report in accordance with the *WorkCover Guides for the evaluation of permanent impairment* and a recommendation if provision of a hearing aid will assist in overcoming the worker's hearing deficit. The worker submits this report in support of their initial claim, or in support of another claim for further hearing loss.

6 REQUEST FOR REPLACEMENT HEARING AID RECEIVED FROM A SOLICITOR

- 6.1 Under section 60 of the 1987 Act, employers of injured workers are liable for the cost of medical and related treatment that is reasonably necessary. Treatment ordered by a legal practitioner does not generally satisfy this requirement. Usually, treatment is only capable of being reasonably necessary when it is ordered, or supported by, a medical practitioner, unless the insurer has other authoritative evidence of the need for such treatment. Accordingly, an insurer is not generally liable for the cost of treatment ordered by a legal practitioner.
- 6.2 If a request for a replacement hearing aid is received from a solicitor representing an injured worker, the insurer must advise the solicitor in writing that they will now contact the worker directly to determine their needs. The insurer will then notify the worker of the information received from the solicitor and follow procedures described in these guidelines.

- 6.3 Solicitors cannot recover legal costs in relation to maintenance of a hearing aid, the supply of batteries or the replacement of a hearing aid. The only costs that are recoverable in relation to a claim for compensation are those set out in Schedule 6 of the *Workers Compensation Regulation 2003*.

7 CLAIM CLOSURE

As outlined in the *WorkCover Guides for claiming compensation benefits*, a claim may be closed when a decision is made that the worker has no ongoing entitlement to benefits and this decision is not being disputed. Factors to be considered include:

- i. worker has achieved optimal return to work and health outcomes,
- ii. all payments have been made, and
- iii. no recovery action is current.

Prior to closing a claim, the worker is to be notified in writing giving the reason for the decision and that the claim may be reopened if necessary.

For further information, contact WorkCover's Provider & Injury Management Services on **1 800 801 905** or visit provider.services@workcover.nsw.gov.au.

ADDITIONAL DEFINITIONS

Insurer an insurer within the meaning of the *Workers Compensation Act 1987* and the *Workplace Injury Management and Workers Compensation Act 1998* and includes Scheme agents and self and specialised insurers.

Reasonably Necessary includes:

1. **appropriateness** i.e. have the capacity to lessen the effects of the injury, cure, alleviate or retard progressive deterioration
2. **availability of alternatives** i.e. consideration of all other options and if other options would substantially alleviate the problem
3. **cost** i.e. there must be a positive cost benefit e.g. if a hearing aid or treatment is provided at high cost but with minimal effectiveness it may not be considered reasonably necessary where an effective alternative exists at a much lower cost
4. **effectiveness** (actual or potential) i.e. the degree to which the consequences of the injury can be alleviated
5. **acceptance** i.e. whether or not a particular hearing aid or treatment has been used in similar cases or is generally accepted by clinical peers.

**WORKPLACE INJURY MANAGEMENT AND WORKER'S COMPENSATION
(INDEPENDENT CONSULTANTS) FEES ORDER 2010**

under the

Workplace Injury Management and Workers Compensation Act 1998

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales make the following Order pursuant to section 339 of the *Workplace Injury Management and Workers Compensation Act 1998*.

Dated this 16th day of December 2009

ROBERT GRAY
Acting Chief Executive Officer
WorkCover Authority

1. Name of Order

This order is the Workplace Injury Management and Workers Compensation (Independent Consultants) Fees Order 2010.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this Order:

The Act means the Workplace Injury Management and Workers Compensation Act 1998; and

GST means the goods and services tax payable under the GST Law; and

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)*.

Independent Consultant means an allied health practitioner appointed by WorkCover for the purposes of providing independent consultations; and

Independent Consultation means a review of the treatment provided by an allied health practitioner in consultation with the treating allied health practitioner for the purposes of determining whether treatment is reasonably necessary and may include review of relevant documentation, discussion with the allied health practitioner, interview and examination of the injured worker and provision of a report.

4. Application of Order

This order only applies to independent physiotherapy, psychology, chiropractic and osteopathy consultants services provided on or after 1 January 2010, whether it relates to an injury received before, on or after that date.

5. Fees for Independent Consultants

(a) This clause applies to maximum fees which may be charged and recovered by independent consultants.

(b) For the purposes of section 339 of the Act, the maximum fee for provision of services in respect of the provision of any report for use in connection with a claim for compensation or an appearance as a witness in proceedings before the Workers Compensation Commission or a court in connection with a claim for compensation is as set out in Schedule 1.

6. Goods and Services Tax

- (1) An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order.
- (2) This clause does not permit a medical practitioner to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
 - i. 10% of the maximum amount payable under this Order to the medical practitioner in respect of the medical or related treatment apart from this clause,
 - ii. the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

Schedule 1

Note: Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received.

Service description Fee	Maximum fee (\$)
Independent Consultation (may include assessment, interview, examination, discussion and report)	\$177.90 per hour
Cancellation with notice of 2 business days or more	\$89.00
Non-attendance or cancellation with less than 2 business days notice	\$177.90

**WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION (INJURY
MANAGEMENT CONSULTANTS)
ORDER 2010**

under the Workplace Injury Management and Workers Compensation Act 1998

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, make the following Order pursuant to section 339 of the *Workplace Injury Management and Workers Compensation Act 1998*.

Dated this 16th day of December 2009

ROBERT GRAY
Acting Chief Executive Officer
WorkCover Authority

Workplace Injury Management and Workers Compensation (Injury Management Consultants) Order 2010

Part 1 Preliminary

1. Name of Order

This order is the Workplace Injury Management and Workers Compensation (Injury Management Consultants) Order 2010.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this order:

the Act means the *Workplace Injury Management and Workers Compensation Act 1998*; and

GST means the goods and services tax payable under the GST Law; and

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)*.

4. Application of order

This order only applies to medical practitioners registered under the *Medical Practice Act 1992*, who are appointed by the WorkCover Authority of New South Wales as injury management consultants under section 45A of the Act.

Part 2 Fees for injury management consultants

5. Fees for Injury Management Consultants

- a) For the purposes of section 339 of the Act, the maximum hourly fee for the provision of services by an injury management consultant in respect of the provision of any report for use in connection with a claim for compensation or work injury damages and an appearance as a witness in proceedings before the Workers Compensation Commission or a court in connection with a claim for compensation or work injury damages is as set out in Schedule 1; and

- b) An injury management consultant may not charge for more than 3 hours of work in the absence of express written agreement from the relevant insurer or the Workers Compensation Commission.
- c) An injury management consultant may charge a cancellation fee specified in item IIN 106 where a worker provides 2 days' notice of cancellation.
- d) An injury management consultant may charge a cancellation fee specified in item IIN107 where a worker provides less than 2 days' notice of cancellation or fails to attend their scheduled appointment without notice.
- e) An injury management consultant's report is to be provided to the referrer within 10 working days of the examination, or in the case where no examination has been conducted, within 10 working days of the request having been received, or within a different timeframe if agreed between the parties.

6. Goods and Services Tax

- (1) An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order.
- (2) This clause does not permit an injury management consultant to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
 - i. 10% of the maximum amount payable under this Order to the medical practitioner in respect of the medical or related treatment apart from this clause,
 - ii. the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

Schedule 1

Rates for Injury Management Consultants

Payment Classification Code	Service description	Fee
IIN 105	Assessments, examinations, discussions and report	\$267.30 per hour to a maximum of 3 hours unless authorised by the insurer or Workers Compensation Commission.
IIN 106	Cancellation with 2 days notice	\$133.70
IIN 107	Cancellation with less than 2 days notice or non attendance at scheduled appointment	\$267.30

WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION (MEDICAL EXAMINATIONS AND REPORTS) ORDER 2010

under the

Workplace Injury Management and Workers Compensation Act 1998

I, Robert Gray Acting Chief Executive Officer of the WorkCover Authority of New South Wales, make the following Order pursuant to section 339 of the *Workplace Injury Management and Workers Compensation Act 1998*.

Dated this 16th day of December 2009

ROBERT GRAY
Acting Chief Executive Officer
WorkCover Authority

Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order 2010

Part 1 Preliminary

1. Name of Order

This order is the *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order 2010*.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this Order:

the Act means the *Workplace Injury Management and Workers Compensation Act 1998*;

Approved Medical Specialist means an approved medical specialist appointed by the President of the Workers Compensation Commission conducting an examination as part of dispute resolution proceedings at the Workers Compensation Commission. Schedules 3 and 4 of this Order apply.

GST means the goods and services tax payable under the GST Law;

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)*;

Guidelines mean the *WorkCover Guidelines on Independent Medical Examinations and Reports* in effect from 1 May 2009; and

Late attendance means that the worker or interpreter arrives unreasonably late, to the degree that a full examination is prevented from being conducted in the time allocated.

Medical Examination Report means an examination and report completed by an independent medical examiner or a treating medical practitioner where additional information is required by either party to a current or potential dispute. This does not include reports on the routine management of the worker's injury. Fees for this type of communication are included in the relevant treatment fees order.

Medical Examination Reports may be requested to assist decision making on any part of the claim when the management reports available do not adequately address the issue. Schedules 1 and 2 of this Order apply. Medical Examination Reports are categorised as follows:

- a. **Standard Reports** are reports relating solely to a single event or injury in relation to—
 - Causation; or
 - Fitness for work; or
 - Treatment; or
 - Simple permanent impairment assessment of one body system.
- b. **Moderately Complex Reports** are—
 - reports relating to issues involving a combination of two of the following:
 - Causation
 - Fitness for Work
 - Treatment
 - Simple permanent impairment assessment of one body system
 - or
 - reports of simple permanent impairment assessment of two body systems or more than one injury to a single body system
- c. **Complex Reports** are –
 - reports relating to issues involving a combination of 3 or more of the following:
 - Causation
 - Fitness for Work
 - Treatment
 - Permanent impairment assessment of one body system
 - or
 - A complex method of permanent impairment assessment on single body system or multiple injuries involving more than one body system.

4. Application of order

This Order only applies to services provided by medical practitioners registered under the *Medical Practice Act 1992*.

Part 2 Fees for medical assessments

5. Fees for medical assessments

For the purposes of section 339 of the Act, the maximum fees for the provision by health service providers of any report for use in connection with a claim for compensation or work injury damages and an appearance as a witness in proceedings before the Workers Compensation Commission or a court in connection with a claim for compensation or work injury damages is as follows:

- a) In the case of a medical examination by a general practitioner, the rate set out in Schedule 1,
- b) In the case of a medical examination by a medical specialist, the rate set out in Schedule 2,
- c) In the case of a medical examination carried out by an approved medical specialist on referral by the Workers Compensation Commission, the rate set out in Schedule 3,

- d) In the case of a medical examination carried out by an approved medical specialist, the rate set out in Schedule 4.

6. Goods and Services Tax

- (1) An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order.
- (2) This clause does not permit a medical practitioner to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
- i. 10% of the maximum amount payable under this Order to the medical practitioner in respect of the medical or related treatment apart from this clause,
 - ii. the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

7. Payments under schedules 1 and 2

- (1) The party requesting a report as listed in these schedules is to either:
- a. Agree the category of report being requested with the doctor and confirm the request in writing indicating that payment will be made within 10 days of receipt of a properly completed report and invoice; or
 - b. Pay in accordance with a contractual arrangement between the medical practice and the referring body on receipt of a properly completed tax invoice.

The contractual arrangement cannot agree to a fee above the maximum fee prescribed in this Order.

Schedules 1 and 2 apply to reports obtained for the purpose of proving or disproving an entitlement or the extent of an entitlement to workers compensation or work injury damages. Schedules 1 and 2 do not apply to medical or related treatment reports. Fees for those reports are fixed under section 61 of the *Workers Compensation Act 1987*.

- (2) Fees fixed in these schedules are recoverable only where the conditions for payment as set out in Part C of Schedule 6 of the *Workers Compensation Regulation 2003* have been complied with.

Part C item 4 (which applies to treating medical practitioners reports) provides:

“If a claim or dispute is resolved whether before or after proceedings commenced:

Claimant

(a) nil fee payable, unless paragraph (b) applies, or

(b) fee allowed in accordance with any applicable fee order where:

(i) request for report made to insurer; and

(ii) either:

- insurer does not provide report within 14 days, or
- report supplied by insurer does not address the report requirements of the claimant, and

(iii) report is served on insurer

Insurer:

(a) fee allowed in accordance with any applicable fee order”

Part C item 6 (which applies to clinical notes and records), provides conditions for payment in similar terms as above for item 4, but the period of time for an insurer to provide clinical records is fixed at 7 days.

In accordance with section 339 of the *Workplace Injury Management and Workers Compensation Act 1998*, a medical practitioner is not entitled to be paid or recover any fee for providing a service that exceeds the fee fixed under this Order.

Schedule 1

Rates for Medical Examination by General Practitioners

Payment Classification Code	Service description	Fee
IMG001 or WIG001	Examination and report in accordance with the Guidelines - standard case (see definition of medical examination)	\$463.50
IMG002 or WIG002	Examination conducted with the assistance of an interpreter and report in accordance with Guidelines – standard case (see definition of medical examination)	\$517.70
IMG005 or WIG005	Non-attendance or cancellation with less than 7 days notice	\$113.40
IMG006 or WIG006	File review	\$343.10
IMG007 or WIG007	Supplementary report where additional information is provided and requested	\$228.80
IMG008 or WIG008	Update examination and report of worker previously reviewed, where there is no intervening incident	\$289.00
IMG009 or WIG009	Travel	Reimbursed in accordance with the travelling allowances set out in Table 1 (Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Award 2002</i>

Schedule 2

Rates for Medical Examination by Medical Specialists

Payment Classification Code	Service description	Fee
IMS001 or WIS001	Examination and report in accordance with the Guidelines - standard case (see definition of medical examination)	\$626.40
IMS002 or WIS002	Examination conducted with the assistance of an interpreter and report in accordance with Guidelines – standard case (see definition of medical examination)	\$782.10
IMS003 or WIS003	ENT report (includes audiological testing)	\$626.40
IMS031 or WIS 031	ENT report when examination has been conducted with the assistance of an interpreter and report in accordance with Guidelines (includes audiological testing)	\$782.10
IMS004 or WIS004	Examination and report in accordance with the Guidelines - moderate complexity (see definition of medical examination)	\$938.90
IMS005 or WIS005	Examination conducted with the assistance of an interpreter and report in accordance with Guidelines – moderate complexity (see definition of medical examination)	\$1,095.80
IMS006 or WIS006	Examination and report in accordance with Guidelines – complex case (see definition of medical examination)	\$1,245.70
IMS007 or WIS007	Examination and report in accordance with Guidelines – complex case (see definition of medical examination) with the assistance of an Interpreter.	\$1,559.50
IMS008 or WIS008	Examination and report in accordance with the Guidelines – psychiatric	\$1,095.80
IMS091 or WIS091	Cancellation with 2 days notice	\$156.90

IMS092 or WIS092	Cancellation with less than 2 working days notice, non attendance at scheduled appointment or unreasonably late attendance by worker or interpreter that prevents full examination being conducted	\$313.80
IMS010 or WIS010	File review	\$469.50
IMS011 or WIS011	Supplementary report where additional information is provided and requested	\$312.60
IMS012 or WIS012	Update examination and report of worker previously reviewed, where there is no intervening incident	\$463.70
IMS013 or WIS013	Travel	Reimbursed in accordance with the travelling allowances set out in Table 1 (Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Award 2002</i>

Schedule 3

Rates for Approved Medical Specialists

These rates are payable to an Approved Medical Specialist on referral from the Workers Compensation Commission for the purpose of resolving a dispute

Service description	Fee
Examination and report in accordance with Workers Compensation Commission standards – standard case	\$1,119.10
Examination and report in accordance with Workers Compensation Commission standards - multiple medical assessments e.g. for permanent impairment and general medical disputes	\$1,499.00
Ear, nose and throat, includes audiological testing	1,311.90
Examination and report in accordance with the Workers Compensation Commission standards -Psychiatric	\$1,872.00
Cancellation with less than 7 calendar days notice	\$373.00
Non-attendance or cancellation with less than 2 working days notice	\$746.10
Consolidation of medical assessment certificates by lead assessor	\$373.00
Re-examination + medical assessment certificate or reconsideration at request of Commission	\$560.10
When interpreter present at examination	Plus \$191.80
Miscellaneous Fee at the discretion of the Registrar or delegate	\$373.00 per hour
Travel	Reimbursed in accordance with the travelling allowances set out in Table 1 (Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Award 2002</i> .

Schedule 4

Rates for Approved Medical Specialists on Appeal Panels

These rates are payable to an Approved Medical Specialist when participating as a member of an Appeal Panel at the Workers Compensation Commission.

Service description	Fee
Assessment, initial telephone conference and decision on papers	\$746.10
Examination of worker and report by AMS	Fee as per Schedule 3 applies
Cancellation with less than 7 calendar days notice	\$373.00
Non-attendance or cancellation with less than 2 working days notice	\$746.10
Assessment, telephone conference, appeal hearing and decision	\$1,684.90
Additional Hearing or teleconference when convened by arbitrator	\$373.00 per hour
Travel	Reimbursed in accordance with the travelling allowances set out in Table 1 (Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Award 2002</i>

**WORKERS COMPENSATION (MEDICAL PRACTITIONER FEES)
ORDER 2010**

under the Workers Compensation Act 1987

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, make the following Order pursuant to subsection 61 (2) of the *Workers Compensation Act 1987*.

Dated this 16th day of December 2009

ROBERT GRAY
Acting Chief Executive Officer
WorkCover Authority

Explanatory Note

Treatment by a registered medical practitioner is one of the categories of medical or related treatment covered under the *Workers Compensation Act 1987*. This Order sets the maximum fees for which an employer is liable under the Act for treatment by medical practitioners of an injured worker's work-related injury.

The effect of the Order is to prevent medical practitioners from recovering from the injured worker any extra charge for treatments covered by the Order.

The Order does not apply to services provided by specialist surgeons.

The Order adopts the *List of Medical Services and Fees* published by the Australian Medical Association.

Workers Compensation (Medical Practitioner Fees) Order 2010

1. Name of Order

This Order is the Workers Compensation (Medical Practitioner Fees) Order 2010.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this Order:

After hours services applies in an emergency where the clinic is not normally open at that time, and urgent treatment is provided. This fee is not to be utilised in the situation where a consultation is conducted within the advertised hours of a clinic.

AMA List means the document entitled *List of Medical Services and Fees* published by the Australian Medical Association and dated 1 November 2009.

Assistant at Operation means a medically qualified surgical assistant, but only where an assistant's fee is allowed for in the Commonwealth Medical Benefits Schedule, or where indicated in the WorkCover schedule or approved in advance by the insurer. An assistant fee is only applicable for surgical procedures EA010 to MY115.

The Act means the *Workers Compensation Act 1987*.

GST has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

New Tax System Price Exploitation Law means:

- a the *New Tax System Price Exploitation Code* as applied as a law of New South Wales by the *Price Exploitation Code (New South Wales) Act 1999*; and
- b Part VB of the *Trade Practices Act 1974* of the Commonwealth.

Specialist Surgeon means a medical practitioner who holds a fellowship of the Royal Australian College of Surgeons.

4. Application of Order

This Order applies to treatment provided on or after the commencement of this Order, whether it relates to an injury received before, on or after that date.

5. Maximum fees for medical practitioners

- (1) This clause applies to medical and related treatment provided by a medical practitioner in respect of which a fee is specified in the AMA List, except:
 - (a) Medical services identified in the AMA List by AMA numbers AC500, AC510, AC520, AC530, AC600 and AC610 (Professional Attendances by a Specialist), if these medical services are provided by a specialist surgeon;
 - (b) Medical services identified in the AMA List by AMA Numbers EA010 to MZ705 (Surgical Operations) if these medical services are provided by a specialist surgeon;
 - (c) Medical services identified in the AMA List by AMA Number MZ900 (assistant surgeon's fee);
 - (d) Medical services identified in the AMA List by AMA numbers OP200, OP210 and OP220 (magnetic resonance imaging – MRI).
- (2) The maximum amount payable for magnetic resonance imaging (MRI) is \$700 for a single region or 2 contiguous regions, and \$1050 for more than 2 contiguous regions.
- (3) The maximum amount payable for a medical certificate is \$20.00.
- (4) The maximum hourly rate payable to a General Practitioner is \$226.80. The maximum hourly rate payable to a specialist is \$313.80. The hourly rate may cover, for example, case conferences, and visits to worksites.
- (5) The maximum fee for providing copies of medical records (including specialists notes and reports) is \$30 (for 33 pages or less) and an additional \$1.00 per page if more than 33 pages.
- (6) Subject to subclauses (1), (2), (3), (4), (5), and clause 6 (Nil fee for certain medical services), the maximum amount for which an employer is liable under the Act for any claim for medical or related treatment to which this clause applies is the fee listed, in respect of the medical or related treatment concerned, in the AMA List.

Note: To bill an AMA item number a surgeon must be confident they have fulfilled the service requirements as specified in the item descriptor. Where a comprehensive item number is used, separate items should not be claimed for any of the individual items included in the comprehensive service.

Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received.

6. Specialist Consultations

The initial specialist consultation fee includes the first consultation and report to the referring General Practitioner copied to the insurer.

The report will contain:

- The patient's diagnosis and present condition
- The patient's likely fitness for pre-injury work or alternate duties
- The need for treatment or additional rehabilitation; and
- Collateral conditions that are likely to impact on the management of the worker's condition (in accordance with privacy considerations)

Additional reports that do not relate to the routine management of a worker's injury attract an additional fee as per The Workplace Injury Management and Workers Compensation (Medical Examination and Reports) Order 2010.

7. Nil fee for certain medical services

The AMA List includes items that are not relevant to medical services provided to injured workers. As such, the fee set for the following items is nil:

- (a) All time based General Practitioner fees items (Medical services identified in the AMA List by AMA numbers AA190 – AA320)
- (b) Enhanced primary care items (Medical services identified in the AMA List by AMA numbers AA500 – AA850)
- (c) Telehealth items (Medical services identified in the AMA List by AMA numbers AP050 – AP105)

8. Goods and Services Tax

- (1) An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order.
- (2) This clause does not permit a medical practitioner to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
 - i. 10% of the maximum amount payable under this Order to the medical practitioner in respect of the medical or related treatment apart from this clause,
 - ii. the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

WORKERS COMPENSATION (OSTEOPATHY FEES) ORDER 2010

under the

Workers Compensation Act 1987

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the *Workers Compensation Act 1987*, make the following Order.

Dated this 16th day of December 2009

ROBERT GRAY
Acting Chief Executive Officer
WorkCover Authority

Explanatory Note

Treatment by a registered osteopath is one of the categories of medical and related treatment covered under the Workers Compensation Act 1987. This Order sets the maximum fees for which an employer is liable under the Act for treatment by an osteopath of an injured worker's work related injury.

Schedule A to this Order provides for maximum fees for osteopaths generally. Schedule B to this Order provides higher maximum fee levels for WorkCover approved osteopaths. WorkCover approved osteopaths have participated in training courses approved or run by WorkCover.

This Order makes provision for osteopathy management plans and the approval by workers compensation insurers of certain osteopathy services.

Workers Compensation (Osteopathy Fees) Order 2010**1. Name of Order**

This Order is the Workers Compensation (Osteopathy Fees) Order 2010.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this Order:

Case Conference means a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker to discuss a worker's return to work plan and / or strategies to improve a worker's ability to return to work. File notes of case conferences are to be documented in the osteopath's records indicating discussion and outcomes. This information may be required for invoicing purposes. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Complex treatment means treatment related to complex pathology and clinical presentation including, but not limited to, extensive burns, complicated hand injuries involving multiple joints and tissues and some complex neurological conditions, spinal cord injuries, head injuries and major trauma. Provision of complex treatment requires preapproval from the insurer. It is expected that only a small number of claimants will require treatment falling within this category.

Group/class intervention occurs where a osteopath delivers a common service to more than one person at the same time. Examples are exercise and education groups. Maximum class size is 6 participants. An osteopathy management plan is required for each worker participant.

GST has the same meaning as in the New Tax System (Goods and Services Tax) Act 1999 (Cth).

Home visit applies in cases where, due to the effects of the injuries sustained, the worker is unable to travel. The home visit must be the best and most cost-effective option allowing the osteopath to travel to the worker's home to deliver treatment. Provision of home treatment requires pre-approval from the insurer.

Initial consultation and treatment means the first session provided by the osteopath in respect of an injury which includes:

- history taking,
- physical assessment,
- diagnostic formulation,
- goal setting and planning treatment,
- treatment/service,
- clinical recording,
- communication with referrer, and
- preparation of a management plan when indicated.

New Tax System Price Exploitation Law means:

- (a) the New Tax System price Exploitation Code as applied as a law of New South Wales by the Price Exploitation Code (New South Wales) Act 1999, and
- (b) Part VB of the Trade Practices Act 1974 (Cth).

Normal practice means premises in or from which an osteopath regularly operates a osteopathy practice and treats patients. It also includes facilities where service may be delivered on a regular or contract basis such as a gymnasium, private hospital or workplace.

Osteopath means a registered osteopath.

Osteopathy management plan means the document used by the osteopath to indicate treatment timeframe and anticipated outcomes for an injured worker to the relevant workers compensation insurer. An osteopathy management plan provides the mechanism to request approval from the relevant workers compensation insurer for treatment beyond:

- (a) the initial 8 consultations (when an injured worker has not attended for any previous treatment of a physical nature for this injury) or
- (b) the initial consultation/treatment (when an injured worker has attended for previous treatment of a physical nature for this injury).

An osteopathy management plan can request approval for up to an additional 8 osteopathy consultations unless otherwise approved by the insurer.

Osteopathy services refers to all services delivered by a registered osteopath and each service is to be billed according to Schedule A.

Report Writing occurs when an osteopath is requested to compile a written report providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Standard consultation and treatment means treatment sessions provided subsequent to the initial session and includes:

- re-assessment,
- intervention/treatment,

- clinical recording, and
- preparation of a Osteopathy Management Plan when indicated.

The Act means the Workers Compensation Act 1987.

Travel occurs when the most appropriate clinical management of the patient requires the osteopath to travel away from their normal practice. Travel costs do not apply where the osteopath provides contracted service to facilities such as a private hospital, workplace or gymnasium. The insurer must provide pre-approval for such a service.

2 distinct areas means where 2 separate compensable injuries or conditions are assessed and treated and where treatment applied to one condition does not affect the symptoms of the other injury e.g. neck condition plus post fracture wrist. It does not include a condition with referred symptoms to another area.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved means an osteopath who has, either before or after the commencement of this Order, by a date notified by WorkCover, participated in the WorkCover Training Courses and any other course approved by WorkCover (if any) for the purpose of this Order.

Work Related Activity assessment, consultation and treatment means a one hour session provided on a one to one basis for work related activity delivered to a patient that is new to the practice and includes:

- review of the previous treatment,
- assessment of current condition including functional status,
- goal setting,
- treatment and work related activity planning
- clinical recording,
- communication with key parties, and
- preparation of a management plan when indicated.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2010 whether it relates to an injury received before, on or after that date.

5. Maximum fees for osteopathy treatment generally

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a osteopath, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for a osteopath to provide treatment of a type specified in any of items OSX007 to OSX011 in Schedule A at the worker's home, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item OSX014 in Column 2 of Schedule A.
- (3) This clause does not apply to treatment by a WorkCover approved osteopath.

6. Higher maximum fees for WorkCover approved osteopaths

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a osteopath, who is a WorkCover approved osteopath, being treatment of a type specified in Column 1 of Schedule B to this Order, is the corresponding amount specified in Column 2 of that Schedule.

- (2) If it is reasonably necessary for an osteopath to provide treatment of a type specified in any of items OSA007 to OSA011 in Schedule B at the worker's home, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item OSA014 in Column 2 of Schedule B.

7. Goods and Services Tax

- (1) An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order.
- (2) This clause does not permit a physiotherapist to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
 - (a) 10% of the maximum amount payable under this Order to the physiotherapist in respect of the medical or related treatment apart from this clause, or
 - (b) the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

SCHEDULE A Maximum fees for Osteopaths generally

Note: Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received.

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$)</i>
Normal Practice		
OSX001	Initial consultation and treatment	50
OSX002	Standard consultation and treatment	40
OSX003	Initial consultation and treatment of two (2) distinct areas	75
OSX004	Standard consultation and treatment of two (2) distinct areas	60
OSX005	Complex treatment	80
OSX006	Group/class intervention	30/participant
Home Visit		
OSX007	Initial consultation and treatment	62
OSX008	Standard consultation and treatment	50
OSX009	Initial consultation and treatment of two (2) distinct areas	94
OSX010	Standard consultation and treatment of two (2) distinct areas	75
OSX011	Complex treatment	100
Other		
OSX012	Case conference	100/hour
OSX013	Report writing	100 (maximum)
OSX014	Travel	1.00 per kilometre

SCHEDULE B Maximum fees for WorkCover approved Osteopaths

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$)</i>
Normal Practice		
OSA001	Initial consultation and treatment	75.60
OSA002	Standard consultation and treatment	64.00
OSA003	Initial consultation and treatment of two (2) distinct areas	113.90
OSA004	Standard consultation and treatment of two (2) distinct areas	96.50
OSA005	Complex treatment	127.90
OSA006	Group/class intervention	45.40 /participant
Home Visit		
OSA007	Initial consultation and treatment	93.00
OSA008	Standard consultation and treatment	74.40
OSA009	Initial consultation and treatment of two (2) distinct areas	137.20
OSA010	Standard consultation and treatment of two (2) distinct areas	118.40
OSA011	Complex treatment	151.10
Other		
OSA012	Case conference, Report writing	151.10/hour 151.10 (maximum)
OSA013	Work Related Activity assessment, consultation and treatment	151.10 (maximum)
OSA014	Travel	1.40/kilometre

WORKERS COMPENSATION (PHYSIOTHERAPY FEES) ORDER 2010

under the

Workers Compensation Act 1987

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the *Workers Compensation Act 1987*, make the following Order.

Dated this 16th day of December 2009

ROBERT GRAY
Chief Executive Officer
WorkCover Authority

Explanatory Note

Treatment by a registered physiotherapist is one of the categories of medical and related treatment covered under the Workers Compensation Act 1987. This Order sets the maximum fees for which an employer is liable under the Act for treatment by a physiotherapist of an injured worker's work related injury.

Schedule A to this Order provides for maximum fees for physiotherapists generally. Schedule B to this Order provides higher maximum fee levels for WorkCover approved physiotherapists. WorkCover approved physiotherapists have participated in training courses approved or run by WorkCover.

This Order makes provision for physiotherapy management plans and the approval by workers compensation insurers of certain physiotherapy services.

Workers Compensation (Physiotherapy Fees) Order 2010**1. Name of Order**

This Order is the Workers Compensation (Physiotherapy Fees) Order 2010.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this Order:

The Act means the Workers Compensation Act 1987.

Case Conference means a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker to discuss a worker's return to work plan and / or strategies to improve a worker's ability to return to work. File notes of case conferences are to be documented in the physiotherapist's records indicating discussion and outcomes. This information may be required for invoicing purposes. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Complex treatment means treatment related to complex pathology and clinical presentation including, but not limited to, extensive burns, complicated hand injuries involving multiple joints and tissues and some complex neurological conditions, spinal cord injuries, head injuries and major trauma. Provision of complex treatment requires preapproval from the insurer. It is expected that only a small number of claimants will require treatment falling within this category.

Group/class intervention occurs where a physiotherapist delivers a common service to more than one person at the same time. Examples are aquatic physiotherapy classes and exercise groups. Maximum class size is six (6) participants. A physiotherapy management plan is required for each worker participant.

GST has the same meaning as in the New Tax System (Goods and Services Tax) Act 1999 (Cth).

Home visit applies in cases where, due to the effects of the injuries sustained, the worker is unable to travel. The home visit must be the best and most cost-effective option allowing the physiotherapist to travel to the worker's home to deliver treatment. Provision of home treatment requires pre-approval from the insurer.

Initial consultation and treatment means the first session provided by the physiotherapist in respect of an injury which includes:

- history taking,
- physical assessment,
- diagnostic formulation,
- goal setting and planning treatment,
- treatment/service,
- clinical recording,
- communication with referrer, and
- preparation of a management plan when indicated.

New Tax System Price Exploitation Law means:

- a. the New Tax System price Exploitation Code as applied as a law of New South Wales by the Price Exploitation Code (New South Wales) Act 1999, and
- b. Part VB of the Trade Practices Act 1974 (Cth).

Normal practice means premises in or from which a physiotherapist regularly operates a physiotherapy practice and treats patients. It also includes facilities where service may be delivered on a regular or contract basis such as a hydrotherapy pool, gymnasium, private hospital or workplace.

Physiotherapist means a registered physiotherapist.

Physiotherapy management plan means the document used by the physiotherapist to indicate treatment timeframe and anticipated outcomes for an injured worker to the relevant workers compensation insurer. A Physiotherapy Management Plan provides the mechanism to request approval from the relevant workers compensation insurer for treatment beyond:

- (a) the initial eight (8) consultations (when an injured worker has not attended for any previous treatment of a physical nature for this injury) or
- (b) the initial consultation/treatment (when an injured worker has attended for previous treatment of a physical nature for this injury).

A physiotherapy management plan can request approval for up to an additional eight (8) physiotherapy consultations unless otherwise approved by the insurer.

Physiotherapy services refers to all services delivered by a registered physiotherapist and each service is to be billed according to the Fee Schedule. Physiotherapy services may include, but are not limited to, acupuncture, aquatic physiotherapy, Pilates exercise, massage and exercise instruction.

Report Writing occurs when a physiotherapist is requested to compile a written report providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Standard consultation and treatment means treatment sessions provided subsequent to the initial session and includes:

- re-assessment,
- intervention/treatment,
- clinical recording, and
- preparation of a Physiotherapy Management Plan when indicated.

Travel occurs when the most appropriate clinical management of the patient requires the physiotherapist to travel away from their normal practice. Travel costs do not apply where the Physiotherapist provides contracted service to facilities such as a private hospital, hydrotherapy pool, workplace or gymnasium. The insurer must provide pre-approval for such a service.

Two (2) distinct areas means where two (2) entirely separate compensable injuries or conditions are assessed and treated and where treatment applied to one condition does not affect the symptoms of the other injury e.g. neck condition plus post fracture wrist. It does not include a condition with referred symptoms to another area.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved means a physiotherapist who has, either before or after the commencement of this Order, by a date notified by WorkCover, participated in the WorkCover Training Courses and any other course approved by WorkCover (if any) for the purpose of this Order.

Work related activity assessment, consultation and treatment means a one hour session provided on a one to one basis for a work related activity delivered to a patient that is new to the practice and includes:

- review of the previous treatment,
- assessment of current condition including functional status,
- goal setting,
- treatment planning / work related activity planning,
- clinical recording,
- communication with key parties, and
- preparation of a management plan when indicated.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2010 whether it relates to an injury received before, on or after that date.

5. Maximum fees for physiotherapy treatment generally

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a physiotherapist, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for a physiotherapist to provide treatment of a type specified in any of items PTX007 to PTX011 in Schedule A at the worker's home, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PTX014 in Column 2 of Schedule A.
- (3) This clause does not apply to treatment by a WorkCover approved physiotherapist.

6. Higher maximum fees for WorkCover approved physiotherapists

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a physiotherapist, who is a WorkCover approved physiotherapist, being treatment of a type specified in Column 1 of Schedule B to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for a physiotherapist to provide treatment of a type specified in any of items PTA007 to PTA011 in Schedule B at the worker's home, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PTA014 in Column 2 of Schedule B.

7. Goods and Services Tax

- (1) An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order.
- (2) This clause does not permit a physiotherapist to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
 - (a) 10% of the maximum amount payable under this Order to the physiotherapist in respect of the medical or related treatment apart from this clause, or
 - (b) the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

SCHEDULE A Maximum fees for Physiotherapists generally

Note: Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received.

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$)</i>
Normal Practice		
PTX001	Initial consultation and treatment	50
PTX002	Standard consultation and treatment	40
PTX003	Initial consultation and treatment of two (2) distinct areas	75
PTX004	Standard consultation and treatment of two (2) distinct areas	60
PTX005	Complex treatment	80
PTX006	Group/class intervention	30/participant
Home Visit		
PTX007	Initial consultation and treatment	62
PTX008	Standard consultation and treatment	50
PTX009	Initial consultation and treatment of two (2) distinct areas	94
PTX010	Standard consultation and treatment of two (2) distinct areas	75
PTX011	Complex treatment	100
Other		
PTX012	Case conference	100/hour
PTX013	Report writing	100 (maximum)
PTX014	Travel	1.00 per kilometre

SCHEDULE B Maximum fees for WorkCover approved Physiotherapists

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$)</i>
Normal Practice		
PTA001	Initial consultation and treatment	75.60
PTA002	Standard consultation and treatment	64.00
PTA003	Initial consultation and treatment of two (2) distinct areas	113.90
PTA004	Standard consultation and treatment of two (2) distinct areas	96.50
PTA005	Complex treatment	127.90
PTA006	Group/class intervention	45.40 /participant
Home Visit		
PTA007	Initial consultation and treatment	93.00
PTA008	Standard consultation and treatment	74.40
PTA009	Initial consultation and treatment of two (2) distinct areas	137.20
PTA010	Standard consultation and treatment of two (2) distinct areas	117.40
PTA011	Complex treatment	151.10
Other		
PTA012	Case conference, Report writing	151.10 /hour 151.10 (maximum)
PTA013	Work Related Activity assessment, consultation and treatment	151.10 (maximum)
PTA014	Travel	1.40/kilometre

- intervention/treatment,
- clinical recording, and
- preparation of a Physiotherapy Management Plan when indicated.

WORKERS COMPENSATION (PHYSIOTHERAPY FEES) ORDER 2010

under the

Workers Compensation Act 1987

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the *Workers Compensation Act 1987*, make the following Order.

Dated this 16th day of December 2009

ROBERT GRAY
Chief Executive Officer
WorkCover Authority

Explanatory Note

Treatment by a registered physiotherapist is one of the categories of medical and related treatment covered under the Workers Compensation Act 1987. This Order sets the maximum fees for which an employer is liable under the Act for treatment by a physiotherapist of an injured worker's work related injury.

Schedule A to this Order provides for maximum fees for physiotherapists generally. Schedule B to this Order provides higher maximum fee levels for WorkCover approved physiotherapists. WorkCover approved physiotherapists have participated in training courses approved or run by WorkCover.

This Order makes provision for physiotherapy management plans and the approval by workers compensation insurers of certain physiotherapy services.

Workers Compensation (Physiotherapy Fees) Order 2010**1. Name of Order**

This Order is the Workers Compensation (Physiotherapy Fees) Order 2010.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this Order:

The Act means the Workers Compensation Act 1987.

Case Conference means a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker to discuss a worker's return to work plan and / or strategies to improve a worker's ability to return to work. File notes of case conferences are to be documented in the physiotherapist's records indicating discussion and outcomes. This information may be required for invoicing purposes. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Complex treatment means treatment related to complex pathology and clinical presentation including, but not limited to, extensive burns, complicated hand injuries involving multiple joints and tissues and some complex neurological conditions, spinal cord injuries, head injuries and major trauma. Provision of complex treatment requires preapproval from the insurer. It is expected that only a small number of claimants will require treatment falling within this category.

Group/class intervention occurs where a physiotherapist delivers a common service to more than one person at the same time. Examples are aquatic physiotherapy classes and exercise groups. Maximum class size is six (6) participants. A physiotherapy management plan is required for each worker participant.

GST has the same meaning as in the New Tax System (Goods and Services Tax) Act 1999 (Cth).

Home visit applies in cases where, due to the effects of the injuries sustained, the worker is unable to travel. The home visit must be the best and most cost-effective option allowing the physiotherapist to travel to the worker's home to deliver treatment. Provision of home treatment requires pre-approval from the insurer.

Initial consultation and treatment means the first session provided by the physiotherapist in respect of an injury which includes:

- history taking,
- physical assessment,
- diagnostic formulation,
- goal setting and planning treatment,
- treatment/service,
- clinical recording,
- communication with referrer, and
- preparation of a management plan when indicated.

New Tax System Price Exploitation Law means:

- a. the New Tax System price Exploitation Code as applied as a law of New South Wales by the Price Exploitation Code (New South Wales) Act 1999, and
- b. Part VB of the Trade Practices Act 1974 (Cth).

Normal practice means premises in or from which a physiotherapist regularly operates a physiotherapy practice and treats patients. It also includes facilities where service may be delivered on a regular or contract basis such as a hydrotherapy pool, gymnasium, private hospital or workplace.

Physiotherapist means a registered physiotherapist.

Physiotherapy management plan means the document used by the physiotherapist to indicate treatment timeframe and anticipated outcomes for an injured worker to the relevant workers compensation insurer. A Physiotherapy Management Plan provides the mechanism to request approval from the relevant workers compensation insurer for treatment beyond:

- (a) the initial eight (8) consultations (when an injured worker has not attended for any previous treatment of a physical nature for this injury) or
- (b) the initial consultation/treatment (when an injured worker has attended for previous treatment of a physical nature for this injury).

A physiotherapy management plan can request approval for up to an additional eight (8) physiotherapy consultations unless otherwise approved by the insurer.

Physiotherapy services refers to all services delivered by a registered physiotherapist and each service is to be billed according to the Fee Schedule. Physiotherapy services may include, but are not limited to, acupuncture, aquatic physiotherapy, Pilates exercise, massage and exercise instruction.

Report Writing occurs when a physiotherapist is requested to compile a written report providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Standard consultation and treatment means treatment sessions provided subsequent to the initial session and includes:

- re-assessment,
- intervention/treatment,
- clinical recording, and
- preparation of a Physiotherapy Management Plan when indicated.

Travel occurs when the most appropriate clinical management of the patient requires the physiotherapist to travel away from their normal practice. Travel costs do not apply where the Physiotherapist provides contracted service to facilities such as a private hospital, hydrotherapy pool, workplace or gymnasium. The insurer must provide pre-approval for such a service.

Two (2) distinct areas means where two (2) entirely separate compensable injuries or conditions are assessed and treated and where treatment applied to one condition does not affect the symptoms of the other injury e.g. neck condition plus post fracture wrist. It does not include a condition with referred symptoms to another area.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved means a physiotherapist who has, either before or after the commencement of this Order, by a date notified by WorkCover, participated in the WorkCover Training Courses and any other course approved by WorkCover (if any) for the purpose of this Order.

Work related activity assessment, consultation and treatment means a one hour session provided on a one to one basis for a work related activity delivered to a patient that is new to the practice and includes:

- review of the previous treatment,
- assessment of current condition including functional status,
- goal setting,
- treatment planning / work related activity planning,
- clinical recording,
- communication with key parties, and
- preparation of a management plan when indicated.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2010 whether it relates to an injury received before, on or after that date.

5. Maximum fees for physiotherapy treatment generally

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a physiotherapist, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for a physiotherapist to provide treatment of a type specified in any of items PTX007 to PTX011 in Schedule A at the worker's home, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PTX014 in Column 2 of Schedule A.
- (3) This clause does not apply to treatment by a WorkCover approved physiotherapist.

6. Higher maximum fees for WorkCover approved physiotherapists

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a physiotherapist, who is a WorkCover approved physiotherapist, being treatment of a type specified in Column 1 of Schedule B to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for a physiotherapist to provide treatment of a type specified in any of items PTA007 to PTA011 in Schedule B at the worker's home, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PTA014 in Column 2 of Schedule B.

7. Goods and Services Tax

- (1) An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order.
- (2) This clause does not permit a physiotherapist to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
 - (a) 10% of the maximum amount payable under this Order to the physiotherapist in respect of the medical or related treatment apart from this clause, or
 - (b) the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

SCHEDULE A Maximum fees for Physiotherapists generally

Note: Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received.

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$)</i>
Normal Practice		
PTX001	Initial consultation and treatment	50
PTX002	Standard consultation and treatment	40
PTX003	Initial consultation and treatment of two (2) distinct areas	75
PTX004	Standard consultation and treatment of two (2) distinct areas	60
PTX005	Complex treatment	80
PTX006	Group/class intervention	30/participant
Home Visit		
PTX007	Initial consultation and treatment	62
PTX008	Standard consultation and treatment	50
PTX009	Initial consultation and treatment of two (2) distinct areas	94
PTX010	Standard consultation and treatment of two (2) distinct areas	75
PTX011	Complex treatment	100
Other		
PTX012	Case conference	100/hour
PTX013	Report writing	100 (maximum)
PTX014	Travel	1.00 per kilometre

SCHEDULE B Maximum fees for WorkCover approved Physiotherapists

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$)</i>
Normal Practice		
PTA001	Initial consultation and treatment	75.60
PTA002	Standard consultation and treatment	64.00
PTA003	Initial consultation and treatment of two (2) distinct areas	113.90
PTA004	Standard consultation and treatment of two (2) distinct areas	96.50
PTA005	Complex treatment	127.90
PTA006	Group/class intervention	45.40 /participant
Home Visit		
PTA007	Initial consultation and treatment	93.00
PTA008	Standard consultation and treatment	74.40
PTA009	Initial consultation and treatment of two (2) distinct areas	137.20
PTA010	Standard consultation and treatment of two (2) distinct areas	117.40
PTA011	Complex treatment	151.10
Other		
PTA012	Case conference, Report writing	151.10 /hour 151.10 (maximum)
PTA013	Work Related Activity assessment, consultation and treatment	151.10 (maximum)
PTA014	Travel	1.40/kilometre

- intervention/treatment,
- clinical recording, and
- preparation of a Physiotherapy Management Plan when indicated.

Workers Compensation (Remedial Massage Therapy Services Fees) Order 2010)
under the
Workers Compensation Act 1987

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the *Workers Compensation Act 1987*, make the following Order.

Dated this 16th day of December 2009

ROBERT GRAY
Acting Chief Executive Officer
WorkCover Authority

Explanatory Note

Treatment by a “masseur” is one of the categories of medical and related treatment covered under the *Workers Compensation Act 1987*. For the purposes of this Order, the term masseur is interchangeable with remedial massage therapist. This Order sets the maximum fees for which an employer is liable under the Act for reasonably necessary treatment by a WorkCover approved remedial massage therapist of an injured worker’s work related injury.

Workers Compensation (Remedial Massage Therapy Services Fees) Order 2010

1. Name of Order

This Order is the *Workers Compensation (Remedial Massage Therapy Services Fees) Order 2010*.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this order:

GST has the same meaning as in the New Tax System (Goods and Services Tax) Act 1999 of the Commonwealth.

Remedial Massage Therapist means a remedial massage therapist or a masseur.

New Tax System Price Exploitation Law means

- a. the New Tax System Price Exploitation Code as applied as a law of New South Wales by the *Price Exploitation Code (New South Wales) Act 1999*, and
- b. Part VB of the *Trade Practices Act 1974* of the Commonwealth.

The Act means the *Workers Compensation Act 1987*.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved means a remedial massage therapist who, at the time when the services are provided, is approved by WorkCover to provide remedial massage therapy services.

4. Application of Order

This Order applies to treatment provided on or after the date of commencement, whether it relates to an injury received before, on or after that date.

5. Maximum fees for remedial massage therapy

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a remedial massage therapist, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) No fees are payable by or on behalf of an employer for treatment provided by a person who is not a WorkCover approved remedial massage therapist.

6. Goods and Services Tax

- (1) An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost as so increased is taken to be the amount fixed by this Order.
- (2) This clause does not permit a remedial massage therapist to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
 - (a) 10% of the maximum amount that would otherwise be payable under this Order to the remedial massage therapist in respect of the medical or related treatment, or
 - (b) the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

Schedule A

Note: Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received.

1. Maximum fees for WorkCover approved remedial massage therapists

Column 1		Column 2
Item	Type of Treatment	Maximum Amount (\$)
RMA 001	Consultation and treatment (60 minutes duration)	\$65.80 (excl GST)
RMA 002	Consultation and treatment (45 minutes duration)	\$49.40 (excl GST)
RMA 003	Consultation and treatment (30 minutes duration)	\$32.90 (excl GST)

**WORKERS COMPENSATION
(ORTHOPAEDIC SURGEON FEES) ORDER 2010**

under the Workers Compensation Act 1987

I, Robert Gray, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, make the following Order pursuant to section 61 (2) of the *Workers Compensation Act 1987*.

Dated this 16th day of December 2009

ROBERT GRAY
Chief Executive Officer
WorkCover Authority

Explanatory Note

Treatment by an orthopaedic surgeon is a medical or related treatment covered under the *Workers Compensation Act 1987*. This Order sets the maximum fees for which an employer is liable under the Act for treatment by an orthopaedic surgeon of an injured worker's work-related injury.

The effect of the Order is to prevent an orthopaedic surgeon from recovering from the injured worker or employer any extra charge for treatments covered by the Order.

The Order adopts the items listed as Orthopaedic Procedures in the *List of Medical Services and Fees* published by the Australian Medical Association (AMA).

Schedule A to this Order provides for maximum fees for which an employer is liable under the Act for treatment by an orthopaedic surgeon of an injured worker's work-related injury.

Schedule B outlines rules that must be followed when billing for items used in hand surgery. Table 1 in Schedule B details items that are not applicable to hand surgery procedures. Table 2 in Schedule B details items with restricted application for hand surgery and where clinical justification is required that they are reasonably necessary given the circumstances of the case.

Workers Compensation (Orthopaedic Surgeon Fees) Order 2010

1. Name of Order

This Order is the Workers Compensation (Orthopaedic Surgeon Fees) Order 2010.

2. Commencement

This Order commences on 1 January 2010.

3. Definitions

In this Order:

Aftercare Visits has the same meaning as in the AMA List and is covered by the surgical procedure fee during the 1st 6 weeks following the date of surgery or until wound healing has occurred. However unrelated visits or incidental reasons for visits that are not regarded as routine aftercare should be explained with accounts rendered. The consulting surgeon will issue a "certificate" detailing the worker's fitness for work and anticipated aftercare, on discharge from hospital or after the first post injury consultation.

After Hours Consultations means call-outs to a public or private hospital or a private home for urgent cases before 8.00am or after 6:00pm. This fee is not to be utilised where a consultation is conducted for non-urgent cases outside of these hours.

Assistant at Operation means a medically qualified surgical assistant, but only where an assistant's fee is allowed for in the Commonwealth Medical Benefits Schedule, or where indicated in the WorkCover schedule or approved in advance by the insurer. An assistant fee is only applicable for surgical procedures EA010 to MY115.

AMA List means the document entitled *List of Medical Services and Fees* published by the Australian Medical Association and dated 1 November 2009.

the Act means the *Workers Compensation Act 1987*.

Extended Initial Consultation means a consultation involving significant multiple trauma or complex "red flag" spinal conditions (systemic pathology, carcinoma, infection, fracture or nerve impingement) involving a lengthy consultation and extensive physical examination.

GST has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

Initial consultation and report covers the first consultation and the report to the referring General Practitioner and insurer.

The report will contain:

- the patient's diagnosis and present condition;
- the patient's likely fitness for pre-injury work or for alternate duties;
- the need for treatment or additional rehabilitation; and
- collateral conditions that are likely to impact on the management or the worker's condition (in accordance with privacy considerations).

Receipt of this information and "certificates" post treatment will provide sufficient information for insurers, employers and rehabilitation providers to develop management plans.

Instrument Fee covers procedures where the surgeon supplies all the equipment or a substantial number of specialised instruments in exceptional circumstances and must be justified. This fee does not apply for all operations or if only incidental instruments (non critical) are supplied by the surgeon. Routine items such as loupes are not included.

Multiple Operations or Injuries refers to situations that require two or more operations or for the treatment of two or more injuries carried out at the same time. The fee for the main operation or injury is to be paid in full as per Schedule A and 75% of the charge specified in Schedule A for each additional operation or injury is payable, unless specifically listed in the Schedule as a multiple procedure item.

New Tax System Price Exploitation Law means:

- (a) the *New Tax System Price Exploitation Code* as applied as a law of New South Wales by the *Price Exploitation Code (New South Wales) Act 1999*; and
- (b) Part VB of the *Trade Practices Act 1974* of the Commonwealth.

Opinion on File Request includes retrieval of file from whatever source, reading time, and reporting where a request for such an opinion has been made in writing to the orthopaedic surgeon by the insurer/lawyer. Fees for this service will not be pre-paid in whole or part.

Orthopaedic procedures are those listed in the AMA list but does not include the cost of bandages, dressings, plaster of Paris bandages, splints, metallic fixation agents, and prosthetic implants which may be charged in addition to the fee set out in the Schedule A, if purchased by the surgeon. The fee for orthopaedic procedures includes aftercare visits.

Orthopaedic surgeon means a medical practitioner who is currently a Fellow of the Australian Orthopaedic Association or who is recognised by Medicare Australia as a specialist in orthopaedic surgery. It includes an orthopaedic surgeon who is a staff member at a public hospital providing services at the hospital.

Revision Surgery refers to a procedure carried out to correct earlier surgery. This attracts a fee of 50% of the amount for the principal procedure in the initial surgery and the fee payable for the new procedure, except where the new procedure is specified as a revision procedure in the AMA list.

Subsequent Consultation is a consultation not included in the normal aftercare that applies following surgery. The cost of the latter is included in the fee for the orthopaedic procedure.

4. Application of Order

This Order applies to treatment provided on or after the commencement of this Order, whether it relates to an injury received before, on or after that date.

5. Maximum fees for treatment by orthopaedic surgeon

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by an orthopaedic surgeon, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 3 of that Schedule.
- (2) A fee charged by an orthopaedic surgeon for a patient's treatment (including the management of fractures and other conditions) will be in addition to the fee in Schedule A for the original examination and report.

6. Goods and Services Tax

- (1) An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order.
- (2) This clause does not permit a medical practitioner to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
 - (a) 10% of the maximum amount payable under this Order to the medical practitioner in respect of the medical or related treatment apart from this clause, or
 - (b) the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

Schedule A
Maximum fees for orthopaedic surgeons

Note: To bill an AMA item number a surgeon must be confident they have fulfilled the service requirements as specified in the item descriptor. Where a comprehensive item number is used, separate items should not be claimed for any of the individual items included in the comprehensive service.

Where only one service is rendered, only one item should be billed. Where more than one service is rendered on one occasion of service, the appropriate item for each discrete service may be billed, provided that each item fully meets the item descriptor. Where an operation comprises a combination of procedures which are commonly performed together and for which there is an AMA item that specifically describes the combination of procedures then only that item should be billed. The invoice should cover the total episode of treatment.

Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received.

Item	Column 1 Type of service	Column 2 AMA Item(s)	Column 3 Maximum amount
<u>Consultations</u>			
1.	Initial consultation and report	AC500 (MBS 104)	\$261.50
2.	Extended initial consultation and report	AC500 (MBS104)	\$360.30
3.	Subsequent consultation	AC510 (MBS 105)	\$180.20
4.	After hours consultation		\$151.10 in addition to consultation fee
<u>Procedures</u>			
5.	Orthopaedic procedures	ML005 (MBS 46300) to MY115 (MBS 50130)	150% of AMA Schedule
6.	Instrument fee	WCO003	\$180.20
7.	Assistant at operation	MZ900	\$302.20 or 20% of the total fee for surgical procedures, whichever is greater
8.	Multiple operations or injuries		Primary operation is to be paid in full, and additional operations at 75% of scheduled fee
9.	Aftercare visits		As per AMA Schedule

Insurer/lawyer requests

- | | | |
|-----|---|---|
| 10. | Opinion on file request | \$180.20 |
| 11. | Telephone requests | \$34.90 per 3-5 minute phone call |
| 12. | Lost reports and reprints | \$122.10 per report |
| 13. | Treating Specialist Report (where additional information that is not related to the routine injury management of the patient, is requested by either party to a potential or current dispute) | Please refer to the <i>Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order 2010</i> |
| 14. | Fees for providing copies of clinical notes and records | Please refer to the <i>Workers Compensation (Medical Practitioners Fees) Order 2010 – clause 4(5)</i> |

Schedule B**Billing items used in hand surgery****Table 1: Item numbers and descriptors no longer applicable to hand surgery procedures**

CMBS item code	AMA item code	Descriptor	Reason for decline
Nil	CV082	MINOR NERVE BLOCK (specify type) to provide post operative pain relief (this does not include subcutaneous infiltration)	The MBS does not allow a claim for nerve blocks performed either as the primary anaesthetic technique, or as a method of postoperative analgesia. The item number for anaesthesia itself is considered to cover such blocks.
45051	MG540	CONTOUR RECONSTRUCTION for pathological deformity, insertion of foreign implant (non biological but excluding injection of liquid or semisolid material) by open operation	This relates to the insertion of foreign implant for pathological deformity by an open operation ie facial reconstruction and was not intended for usage in hand surgery.
45445	MH480	FREE GRAFTING (split skin) as inlay graft to 1 defect including elective dissection using a mould (including insertion of and removal of mould)	The appropriate item number is 45448, MH490.
47954	MR170	TENDON, repair of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.

47966	MR210	TENDON OR LIGAMENT TRANSFER, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
47969	MR220	TENOSYNOVECTOMY, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
47972	MR230	TENDON SHEATH, open operation for teno-vaginitis, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
48403	MS015	PHALANX OR METATARSAL, osteotomy or osteectomy of, with internal fixation	This item is from the orthopaedic group of item numbers and relates to foot surgery only. There already exist appropriate item numbers in the hand surgery section.
50103	MY015	JOINT, arthrotomy of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
50104	MY025	JOINT, synovectomy of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
50109	MY045	JOINT, arthrodesis of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
50127	MY105	JOINT OR JOINTS, arthroplasty of, by any technique not being a service to which another item applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
	900001	Workcover certificate	This is for general practitioners and not treating specialists.

Table 2: Item numbers with restricted application for hand surgery – clinical justification required

CMBS item code	AMA item code	Descriptor	Clinical indication
105	AC510	Each attendance SUBSEQUENT to the first in a single course of treatment	Follow up consultations will not be paid within the 6 week period following a procedure as this is included in normal aftercare.
30023	EA075	WOUND OF SOFT TISSUE, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Assist.)	This item applies to heavily contaminated wounds and removal of devitalized tissue in deep wounds. The majority of clean lacerations in acute hand injuries will attract item number EA095/30029. Debridements are also not applicable when removing percutaneous wire fixation. There will be a limit of one debridement per digit.
39330	LN810	NEUROLYSIS by open operation without transposition, not being a service associated with a service to which Item TLN740 applies	This item is not for the identification of nerves during surgical exposure. It is not to be used in combination with LN700. This item is not to be used in conjunction with MU400: Wrist carpal tunnel release (division of transverse carpal ligament) by open procedure. However, LN810 and MU400 can be used together for combined open carpal tunnel release and cubital tunnel release surgery. This item is not to be used in conjunction with ML235 Tendon sheath of hand/wrist open operation for stenosing tenovaginitis.
39312	LN 740	NEUROLYSIS, internal (interfascicular) neurolysis of using microsurgical techniques	This item is never indicated in acute trauma. It is rarely indicated in elective surgery and is reserved for use in revision nerve decompression surgery. This item is not to be used in conjunction with MU400: Wrist carpal tunnel release (division of transverse carpal ligament), by open procedure.
45203	MH115	SINGLE STAGE LOCAL FLAP, where indicated to repair 1 defect, complicated or large, and excluding flap for male pattern baldness and excluding H-flap or double advancement flap	This item is rarely indicated in the hand and wrist as a large defect will not be readily amenable to a local flap reconstruction. It is not to be used for suturing of traumatic skin flaps.

45206	MH125	SINGLE STAGE LOCAL FLAP where indicated to repair 1 defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excluding H-flap or double advancement flap	This item is not to be used for suturing lacerations and for “exposure” flaps, such as Bruner incisions for access to a flexor tendon injury.
45500	MJ025	MICROVASCULAR REPAIR using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit	This item relates to microvascular repair of an artery or vein. This item will not be paid for repair of dorsal veins with volar skin intact, branches of digital arteries, branches of radial/ulnar vessels and venae comitantes of major arteries. Microvascular repairs distal to the metacarpophalangeal joint will also require clinical documentation of appropriate surgical technique utilising an operating microscope.
45501/45502	MJ030/MJ035	MICROVASCULAR ANASTOMOSIS of artery using microsurgical techniques, for re-implantation of limb or digit/ MICROVASCULAR ANASTOMOSIS of vein using microsurgical techniques, for re-implantation of limb or digit	These items specifically relate to replantation of limb and digit i.e. The amputated portion must be completely detached.
45563	MJ245	NEUROVASCULAR ISLAND FLAP, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness	This item is for a true island flap, elevated on a neurovascular pedicle for an existing traumatic defect. This item is not to be claimed for VY advancement flaps where 45206/MH125 is applicable.
46396	ML345	PHALANX or METACARPAL of the hand, osteotomy or osteectomy of	This item is applicable for removing excess bone formation in an <i>intact</i> bone. This is no longer to be applied to removal of loose pieces of bone in trauma or bone shortening for terminalisation or replantation. This is part of the debridement and is included in EA075/30023 if applicable.
46420	ML425	Extensor tendon or hand or wrist, primary repair	This item should not be claimed for repair of an extensor tendon split as part of access to phalangeal fractures/osteotomies.
46450/46453	ML535/ML545	EXTENSOR TENDON, TENOLYSIS OF, following tendon injury, repair or graft FLEXOR TENDON, TENOLYSIS OF, following tendon injury, repair or graft	These items are applicable for freeing tendons from scar following previous surgery or trauma. They are not indicated in an acute hand injury. ML545 cannot be claimed in conjunction with release of trigger finger.

46504	ML765	NEUROVASCULAR ISLAND FLAP, for pulp innervation	These items are only to be used for a heterodigital neurovascular island flap used to resurface pulp loss (e.g. Littler flap, first dorsal metacarpal artery or Kite flap).
46513/46516	ML795/ML805	Digital nail of finger or thumb removal of	This item should not be used in association with nailbed repair (46486/ML665 or 46489/ML675)
46522	ML825	FLEXOR TENDON SHEATH OF FINGER OR THUMB - open operation and drainage for infection	This item is applicable only for drainage of suppurative flexor tenosynovitis It does not apply to washout of flexor sheath in acute injury
47920	MR088	BONE GROWTH STIMULATOR, insertion of	This is only indicated where a mechanical bone growth stimulator has been inserted. It is not for the insertion of OP1 or other bone morphogenic proteins in the setting of hand surgery
47921	MR090	ORTHOPAEDIC PIN OR WIRE, insertion of, as an independent procedure	This item cannot be claimed when the k-wire has been used as part of fracture fixation.
48400	MS005	PHALANX, METATARSAL, ACCESSORY BONE OR SESAMOID BONE, osteotomy or osteectomy of, excluding services to which Item MX660 or MX670 applies	This item is only applicable to sesamoidectomy.
47927	MR110	BURIED WIRE, PIN OR SCREW, 1 or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital or approved day hospital facility - per bone	This item applies for removal of <i>buried</i> k-wire. Where a k-wire or wires cross more than 2 bones, only 1 item number is claimable.
50106	MY035	JOINT, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Group applies	This item is applicable for stabilization of CMC joints only.