

## Medical Procedures

WorkCover WA fees as at 1 November 2019

Type of procedure	Service Code	Fee*
<b>General</b>		
Localised burns	EA015	\$65.75
Localised burns, including dressing of, under general anaesthetic	EA035	\$186.95
Extensive burns	EA025	\$113.50
Extensive burns, including dressing of, under general anaesthetic	EA045	\$395.80
Dressing of wounds, under general anaesthetic	EA175	\$186.95
Acupuncture, including consultation	AL910	\$87.25
<b>Dislocations</b>		
<p>“<b>closed reduction</b>” means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.</p> <p>“<b>open reduction</b>” means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation.</p> <p>“<b>other</b>” means treatment by any other method and includes the use of external splintage.</p>		
<b>[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]</b>		
Elbow, by closed reduction	MN070	\$352.65
Elbow, by open reduction	MN080	\$467.75
Interphalangeal joint, by closed reduction	MN130	\$151.20

Type of procedure	Service Code	Fee*
Interphalangeal joint, by open reduction	MN140	\$201.50
Mandible, by closed reduction	MN010	\$126.05
Clavicle, by closed reduction	MN020	\$149.50
Clavicle, by open reduction	MN030	\$302.25
Shoulder, not requiring general anaesthetic	MN060	\$168.15
Shoulder, by open reduction, with general anaesthetic	MN050	\$602.90
Shoulder, other, with general anaesthetic	MN040	\$298.50
Metacarpophalangeal joint, by closed reduction	MN150	\$201.50
Metacarpophalangeal joint, by open reduction	MN160	\$269.95
Patella, by closed reduction	MN200	\$226.55
Patella, by open reduction	MN210	\$302.25
Radioulnar joint, by closed reduction	MN090	\$352.65
Radioulnar joint, by open reduction	MN100	\$467.75
Toe, by closed reduction	MN240	\$126.05
Toe, by open reduction	MN250	\$167.35
<b>Removal of foreign bodies –</b>		
as independent procedure	EA195	\$54.85
superficial	EA205	\$244.65
deep tissue or muscle	EA215	\$683.80
ear, other than by syringing	MA005	\$176.30
nose, other than by simple probing	MA565	\$176.30
cornea or sclera, embedded	MC290	\$180.00
<b>Fractures</b>		
<p><b>“closed reduction”</b> means non-operative reduction of the fracture, and included percutaneous fixation and/or external splintage by cast or splint.</p> <p><b>“open reduction”</b> means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation.</p> <p><b>“other”</b> means treatment by any other method and includes the use of external splintage.</p>		

Type of procedure	Service Code	Fee*
<b>[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]</b>		
<b>Metacarpal</b>		
Carpal Scaphoid, by open reduction	MP195	\$1,007.50
Carpal Scaphoid, other	MP185	\$449.70
Carpus (excluding Scaphoid), by open reduction	MP175	\$629.65
Carpus (excluding Scaphoid), other	MP165	\$251.95
<b>Radius</b>		
by closed management	MP375	\$503.60
by open management	MP385	\$1,007.50
<b>Radius or Ulnar, distal end, (Colies', Smith's or Barton's)</b>		
by closed reduction	MP245	\$755.65
Ribs (1 or more), each attendance	MP615	\$115.20
<b>Tibia, plateau of, medial or lateral</b>		
by closed reduction	MP865	\$908.60
by open reduction	MP875	\$1,205.40
<b>Tibia, plateau of, medial and lateral</b>		
by closed reduction	MP895	\$1,511.25
by open reduction	MP905	\$2,024.05
<b>Sutures</b>		
face or neck, less than 7 cm, superficial	EA105	\$180.00
face or neck, less than 7 cm, deep	EA115	\$273.55
face or neck, more than 7 cm, superficial	EA145	\$273.55
face or neck, more than 7 cm, deep	EA155	\$467.75
except face or neck, less than 7 cm, superficial	EA085	\$136.75
except face or neck, less than 7 cm, deep	EA095	\$205.15
except face or neck, more than 7 cm, superficial	EA125	\$205.15
except face or neck, more than 7 cm, deep	EA135	\$449.70

Type of procedure	Service Code	Fee*
<b>Amputations</b>		
Hand, midcarpal or transmetacarpal	MG005	\$683.80
Hand, forearm or through arm	MG015	\$791.65
At shoulder	MG025	\$1,340.20
Interscapulothoracic	MG035	\$2,662.60
One digit of foot	MG045	\$359.75
Two digits of one foot	MG055	\$539.85
Three digits of one foot	MG065	\$728.65
Four digits of one foot	MG075	\$908.60
Five digits of one foot	MG085	\$1,088.50
Toe including metatarsal or part of metatarsal – each toe	MG095	\$424.80
Foot, at ankle	MG105	\$791.65
Foot, midtarsal or transmetatarsal	MG115	\$683.80
Through thigh, at knee or below knee	MG125	\$1,169.55
At hip	MG135	\$1,646.05
<b>Assistance at operations</b>		
The fee for assistance at any operation (or series or combination of operations) is to be related to the fee listed for the operation (or series or combination of operations) itself.	MZ900	The fee is 20% of the total fee or the minimum sum of \$226.55 whichever is greater.
<b>Use of private theatre</b>		
A theatre fee will be paid to practitioners for the use of their private theatre, but this fee may only be charged if the patient would otherwise have been sent to hospital.	MZ625	\$134.75

\* Exclusive of GST