

Medical Procedures

WorkCover WA fees as at 1 November 2021

| Type of procedure | Service Code | Fee* |
|--|--------------|----------|
| General | | |
| Localised burns | EA015 | \$68.00 |
| Localised burns, including dressing of, under general anaesthetic | EA035 | \$193.30 |
| Extensive burns | EA025 | \$117.40 |
| Extensive burns, including dressing of, under general anaesthetic | EA045 | \$409.25 |
| Dressing of wounds, under general anaesthetic | EA175 | \$193.30 |
| Acupuncture, including consultation | AL910 | \$90.20 |
| Dislocations | | |
| <p>“closed reduction” means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.</p> <p>“open reduction” 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>“other” means treatment by any other method and includes the use of external splintage.</p> | | |
| [Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.] | | |
| Elbow, by closed reduction | MN070 | \$364.65 |
| Elbow, by open reduction | MN080 | \$483.65 |
| Mandible, by closed reduction | MN010 | \$130.35 |

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|--|--------------|----------|
| Clavicle, by closed reduction | MN020 | \$154.60 |
| Shoulder, not requiring general anaesthetic | MN060 | \$173.90 |
| Shoulder, by open reduction, with general anaesthetic | MN050 | \$623.40 |
| Shoulder, other, with general anaesthetic | MN040 | \$308.65 |
| Metacarpophalangeal joint, by closed reduction | MN150 | \$208.35 |
| Patella, by closed reduction | MN200 | \$234.25 |
| Patella, by open reduction | MN210 | \$312.55 |
| Radioulnar joint, by closed reduction | MN090 | \$364.65 |
| Toe, by closed reduction. One toe. | MN240 | \$130.35 |
| Removal of foreign bodies – | | |
| as independent procedure | EA195 | \$56.70 |
| superficial | EA205 | \$253.00 |
| deep tissue or muscle | EA215 | \$707.00 |
| ear, other than by syringing | MA005 | \$182.30 |
| nose, other than by simple probing | MA565 | \$182.30 |
| cornea or sclera, embedded | MC290 | \$186.10 |
| Fractures | | |
| <p>“closed reduction” means non-operative reduction of the fracture, and included percutaneous fixation and/or external splintage by cast or splint.</p> <p>“open reduction” 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>“other” means treatment by any other method and includes the use of external splintage.</p> | | |
| <p>[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]</p> | | |

| Type of procedure | Service Code | Fee* |
|--|--------------|------------|
| Metacarpal | | |
| Carpal Scaphoid, by open reduction | MP195 | \$1,041.75 |
| Carpal Scaphoid, other | MP185 | \$465.00 |
| Carpus (excluding Scaphoid), by open reduction | MP175 | \$651.00 |
| Carpus (excluding Scaphoid), other | MP165 | \$260.50 |
| Radius | | |
| by closed management | MP375 | \$520.70 |
| by open management | MP385 | \$1,041.75 |
| Radius or Ulnar, distal end, (Colies', Smith's or Barton's) | | |
| Ribs (1 or more), each attendance | MP615 | \$119.10 |
| Tibia, plateau of, medial or lateral | | |
| by closed reduction | MP865 | \$939.50 |
| Tibia, plateau of, medial and lateral | | |
| by closed reduction | MP895 | \$1,562.60 |
| by open reduction | MP905 | \$2,092.85 |
| Sutures | | |
| face or neck, less than 7 cm, superficial | EA105 | \$186.10 |
| face or neck, less than 7 cm, deep | EA115 | \$282.85 |
| face or neck, more than 7 cm, superficial | EA145 | \$282.85 |
| face or neck, more than 7 cm, deep | EA155 | \$483.65 |
| except face or neck, less than 7 cm, superficial | EA085 | \$141.40 |
| except face or neck, less than 7 cm, deep | EA095 | \$212.10 |
| except face or neck, more than 7 cm, superficial | EA125 | \$212.10 |
| except face or neck, more than 7 cm, deep | EA135 | \$465.00 |
| Amputations | | |
| Hand, midcarpal or transmetacarpal | MG005 | \$707.00 |
| Hand, forearm or through arm | MG015 | \$818.55 |

| Type of procedure | Service Code | Fee* |
|--|--------------|--|
| At shoulder | MG025 | \$1,385.75 |
| Interscapulothoracic | MG035 | \$2,753.10 |
| One digit of foot | MG045 | \$372.00 |
| Two digits of one foot | MG055 | \$558.20 |
| Three digits of one foot | MG065 | \$753.45 |
| Four digits of one foot | MG075 | \$939.50 |
| Five digits of one foot | MG085 | \$1,125.45 |
| Foot, midtarsal or transmetatarsal | MG115 | \$707.00 |
| Through thigh, at knee or below knee 44367 | MG125 | \$1,209.30 |
| At hip 44370 | MG135 | \$1,701.95 |
| Assistance at operations | | |
| 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 \$234.25 whichever is greater. |
| Use of private theatre | | |
| 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 | \$141.40 |

* Exclusive of GST