WorkCover QUEENSLAND

Medical Items Table of Costs

Effective 1 January 2027

Contents

Introduction **4**

Medicare Benefits Schedule (MBS) **4**

Work capacity certificates **4**

Recovery and return to work **5**

Work as part of recovery 5

Focus on capacity 5

How to invoice us **6**

Submitting an invoice 6

Invoice requirements 6

Goods and Services Tax (GST) 6

Two-month time frame 6

Category 1 – Professional attendances **7**

Telehealth services 7

Aftercare 7

After-hours attendances 7

Multiple attendances on the same day 8

Treatment and management plans 8

Physician management plans 8

Psychiatrist management plans 8

Professional attendance fees 10

Category 2 – Diagnostic procedures and investigations **15**

Diagnostic procedures and investigations fees 15

Category 3 – Therapeutic procedures **16**

Request funding for treatment 16

Operation notes 16

WorkCover Queensland Multiple Operation Rule 16

Assistance at Operations 17

Therapeutic procedures fees 18

Category 4 – Oral and maxillofacial services **41**

Oral and maxillofacial services fees 41

Category 5 – Diagnostic imaging services **43**

Eligibility for funding 43

Episode of care 43

Reports 43

Specialist MRI services 43

Diagnostic imaging services fees 44

Category 6 – Pathology services **48**

Pathology services fees 48

Category 7 – Cleft and craniofacial services **53**
Cleft and craniofacial services fees 53
Category 8 – Miscellaneous services **54**
Miscellaneous services fees 54
Contact us **56**
General enquiries 56
Questions about a claim 56
Provider questions and support 56

Introduction

The **Medical Items Table of Costs** sets out the maximum amounts payable for medical services provided to workers entitled to treatment under the ***Workers' Compensation and Rehabilitation Act 2003* (the Act)**.

Under the Act, the insurer may pay for reasonable medical treatment and services provided to a worker for the management of an accepted work-related injury or illness.

For the purposes of this table of costs, **insurer** refers to WorkCover Queensland (WorkCover) or a licensed self-insurer. A list of current self-insurers can be found on the **WorkSafe Queensland website**.

The fees in this table of costs apply from **1 January 2027**.

Medicare Benefits Schedule (MBS)

This table of costs adopts the current **Medicare Benefits Schedule (MBS)** items, explanations, definitions, item descriptors, rules and conditions for services provided by medical practitioners.

Unless otherwise stated in this table of costs, the MBS requirements apply to all services, including provider eligibility, billing requirements, item descriptors and claiming rules.

Medical practitioners are expected to comply with the MBS when providing and invoicing services under the Queensland workers' compensation scheme. Where a requirement in this table of costs differs from the MBS, this table of costs applies.

Work capacity certificates

A **work capacity certificate** helps the insurer decide and manage workers' compensation claims and can be submitted by a medical practitioner on behalf of an injured worker.

Under the Act, a work capacity certificate must be issued **free of charge**. No fee is payable for completing or submitting a work capacity certificate.

Please note

You must be an AHPRA registered medical doctor, nurse practitioner (minor injury) or dentist (oral injury) to issue a valid work capacity certificate.

For more information on completing and submitting a work capacity certificate, please visit our **website**.

Recovery and return to work

Supporting recovery and a safe return to work is a shared responsibility. Workers, providers, employers and insurers each play an important role in supporting a worker's recovery and return to work.

Work as part of recovery

Good work plays an important role in recovery and is beneficial for physical, mental and emotional health and wellbeing.

Research shows that workers who stay connected to work, or return to work when it is safe to do so, generally experience better recovery outcomes than those who remain away from work for longer periods.

Chance of returning to work



Source: The Royal Australasian College of Physicians (RACP)

Focus on capacity

Medical practitioners can support recovery by identifying what the worker can do, rather than what they can't. Returning to work does not need to wait until symptoms have completely resolved.

A return to work may involve:

- reduced hours
- modified duties
- additional supports
- a change in environment
- a gradual increase in work activities as recovery progresses.

Staying connected to the workplace, even when duties or hours are adjusted, can help workers maintain routine, social connection, confidence, independence and a sense of control during their recovery.

How to invoice us

Submitting an invoice

Submission requirements may vary between insurers. Providers should contact the relevant insurer to confirm invoice submission requirements and preferred submission methods.

WorkCover encourages providers to submit invoices electronically through **Provider Connect**.

You can use Provider Connect to:

- submit invoices online
- view invoices and remittances
- check the status of payments and billing
- access other self-service features.

Invoice requirements

Before submitting your invoice check that:

- a current work capacity certificate is on file for the worker to cover the date of your services
- the correct item code and fee are used
- the services are approved
- your invoice is valid, as outlined on our **website**.

Goods and Services Tax (GST)

Fees published in this table of costs do not include GST.

For more detailed information on GST, including general requirements and which services GST applies to, please refer to the **ATO website.**

Two-month time frame

Invoices must be submitted within two months after the treatment is completed (date of service).

For more information on invoicing, please visit our **website** or contact the relevant self-insurer.

Category 1 – Professional attendances

Telehealth services

Telehealth services (video and phone) may be used where it is safe and clinically appropriate and does not limit the medical practitioner's ability to provide a comparable standard of care to a face-to-face consultation.

Telehealth services are generally only payable where:

- the worker has an established clinical relationship with the treating practitioner, and
- the consultation relates to ongoing assessment, treatment planning, review of progress, certification of capacity, or management of the work-related injury.

Video consultations

Video consultation may be appropriate for an initial consultation where:

- the worker cannot reasonably access a face-to-face appointment in a timely manner
- the consultation occurs within 48 hours of the work-related injury with the purpose to facilitate early assessment, certification of capacity, treatment planning, referral, or initiation of appropriate care, and
- the medical practitioner determines that an in-person assessment is not immediately required.

Phone consultations

Video consultations are the preferred substitute for face-to-face consultations. However, phone consultations may be used where clinically appropriate and where they relate to the ongoing management of an accepted work-related injury and have a relevant billable item.

The insurer will not fund phone consultations for:

- initial consultations
- assessment of functional status or work capacity
- routine consultations for ongoing management of a work-related injury.

Aftercare

This table of costs adopts the MBS requirements for aftercare provided to a worker after an operation or procedure.

Aftercare includes all attendances required for post-operative care and treatment during the applicable aftercare period, unless otherwise excluded under the relevant MBS item.

Where an additional service is clinically required during the aftercare period and is considered not normal aftercare, the invoice must be clearly marked "not normal aftercare" and include a brief explanation of the clinical reason for the service. Providers must maintain adequate contemporaneous clinical records to support the explanation and substantiate the service provided.

After-hours attendances

After-hours attendance items are payable in line with MBS descriptors, rules and conditions.

Multiple attendances on the same day

More than one attendance by the same medical practitioner for the same worker on the same day may be payable where:

- each subsequent attendance is not a continuation of an earlier attendance
- a reasonable lapse of time occurs between attendances, and
- the time of each attendance is recorded on the invoice.

Professional attendance items are not payable when billed by the same medical practitioner for the same worker on the same day as a Group T8 (surgical) item.

Treatment and management plans

MBS items primarily intended to develop treatment plans, coordinate care, or refer workers to Medicare-subsidised treatment services are not payable for the management of accepted work-related injuries.

This includes, but is not limited to:

- **Chronic Condition Management items** (e.g. 729 – 758, 820 – 880, 926 – 967).
- **Mental Health Treatment Plan items** (e.g. 2700, 2701, 2715 and 2717).
- **Eating Disorder items** (e.g. 82350 – 82383, 90250 – 90278).

Providers should use the relevant professional attendance and **Supplementary Services Table of Costs** items when assessing, planning, coordinating, or managing treatment for an accepted work-related injury or illness.

Physician management plans

Consultant physician treatment and management plan items (e.g. 132 and 133) are intended for workers with multiple, clinically complex conditions that require a comprehensive treatment and management plan.

The presence of two injuries or diagnoses alone does not justify use of these items.

Psychiatrist management plans

Consultant psychiatrist assessment and management plan items (e.g. 291, 293, 92435 and 92436) are intended to provide specialist psychiatric assessment and recommendations to support ongoing management by the referring practitioner.

To be payable by the insurer

- The assessment must result in a comprehensive written management plan.
- Ongoing management of the worker should generally be undertaken by the referring practitioner.
- A copy of the management plan must be provided to the referrer and insurer within 2 weeks of the assessment.
- The management plan should include:
    - diagnosis and clinical formulation
    - relevant history and mental state examination findings
    - identified risks to the worker or others
    - recommendations for treatment, rehabilitation and ongoing management
    - recommendations for review, escalation of care and longer-term goals.

Billing requirements

- Item 291 or 92435 is generally payable once per claim.
- Item 293 or 92436 may be payable where a review of the management plan is requested by the referrer.
- Where a management plan cannot be completed following the initial consultation, the appropriate professional attendance item should be billed until the assessment is complete.
- These items are not intended for ongoing psychiatric management. Where ongoing specialist management is required, the appropriate professional attendance item should be used.

Reporting

- Preparation and provision of the management plan is a mandatory component of items 291, 293, 92435 and 92436 and is included in the attendance fee.

Professional attendance fees

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
3	$58	123	$422	185	$71	240	N/A	312	N/A
4	*Derived	124	*Derived	187	*Derived	243	N/A	313	$252
23	$116	125	$373	189	$139	244	N/A	314	N/A
24	*Derived	126	$187	191	*Derived	245	N/A	315	*Derived
36	$214	127	$373	193	$105	249	N/A	316	N/A
37	*Derived	128	$285	195	*Derived	272	N/A	318	N/A
44	$325	129	$187	197	$194	276	N/A	319	$559
47	*Derived	131	$197	199	$295	281	N/A	320	$123
52	$58	132	$776	203	$203	282	N/A	322	$245
53	$116	133	$388	206	*Derived	283	$177	324	$371
54	$214	135	N/A	214	$421	285	*Derived	326	$559
57	$325	137	N/A	215	$702	286	$252	328	$628
58	*Derived	139	N/A	218	$982	287	*Derived	330	$203
59	*Derived	141	$991	219	$1,263	289	$702	332	$330
60	*Derived	143	$663	220	$1,404	291	$1,015	334	$451
65	*Derived	145	$1,203	221	$223	293	$679	336	$645
104	$234	147	$807	222	$236	294	N/A	338	$690
105	$126	151	$206	223	$286	296	$553	341	$104
106	$234	160	$462	224	N/A	297	$553	342	$153
107	$320	161	$747	225	N/A	299	$657	343	$209
108	$208	162	$1,015	226	N/A	300	$123	344	$198
109	$365	163	$1,260	227	N/A	301	$330	345	$321
110	$445	164	$1,495	228	$404	302	$245	346	$297
111	$126	165	*Derived	231	N/A	303	*Derived	347	$442
115	$126	170	$390	232	N/A	304	$371	349	$513
116	$206	171	$401	235	N/A	306	$559	373	$112
117	$186	172	$502	236	N/A	308	$622	374	$162
119	$107	177	N/A	237	N/A	309	$177	375	N/A
120	$107	179	$32	238	N/A	310	N/A	376	$179
122	$536	181	*Derived	239	N/A	311	*Derived	377	$204

Professional attendance fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
378	N/A	703	N/A	828	N/A	965	N/A	2727	*Derived
379	$244	705	N/A	830	N/A	967	N/A	2739	$221
380	$294	707	N/A	832	N/A	969	N/A	2741	*Derived
381	N/A	715	$504	834	N/A	971	N/A	2743	$315
382	$371	729	N/A	835	N/A	972	N/A	2745	*Derived
385	$445	731	N/A	837	N/A	973	N/A	2801	$445
386	$206	733	$55	838	N/A	975	N/A	2806	$206
387	$536	735	N/A	855	N/A	986	N/A	2814	$103
388	$285	737	$93	857	N/A	2197	$380	2824	$536
390	$421	739	N/A	858	N/A	2198	N/A	2832	$285
391	N/A	741	$159	861	N/A	2200	N/A	2840	$197
392	N/A	743	N/A	864	N/A	2484	$130	2946	N/A
393	N/A	745	$224	866	N/A	2485	$151	2949	N/A
410	N/A	747	N/A	871	N/A	2486	N/A	2954	N/A
411	N/A	750	N/A	872	N/A	2487	$214	2958	N/A
412	N/A	758	N/A	880	N/A	2488	$234	2972	N/A
413	N/A	761	*Derived	900	$507	2489	N/A	2974	N/A
414	N/A	763	*Derived	903	N/A	2490	$295	2978	N/A
415	N/A	766	*Derived	930	N/A	2491	$311	2984	N/A
416	N/A	769	*Derived	933	N/A	2492	N/A	2988	N/A
417	N/A	772	N/A	935	N/A	2493	$453	2992	N/A
585	$316	776	N/A	937	N/A	2494	$474	2996	N/A
588	$316	788	N/A	943	N/A	2495	N/A	3000	N/A
591	$220	789	N/A	945	N/A	2700	N/A	3005	$435
594	$101	792	N/A	946	N/A	2701	N/A	3010	$200
599	$639	820	N/A	948	N/A	2715	N/A	3014	$103
600	$639	822	N/A	959	N/A	2717	N/A	3018	$523
695	N/A	823	N/A	961	N/A	2721	$221	3023	$279
699	$173	825	N/A	962	N/A	2723	*Derived	3028	$193
701	N/A	826	N/A	964	N/A	2725	$315	3032	N/A

Professional attendance fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
3040	N/A	5030	$440	5262	N/A	6067	N/A	10924	$497
3044	N/A	5031	N/A	5263	N/A	6068	N/A	10926	$394
3051	N/A	5032	$551	5265	N/A	6071	N/A	10927	$497
3055	N/A	5033	$741	5267	N/A	6072	N/A	10928	$394
3062	N/A	5035	N/A	6007	$360	6074	N/A	10929	$497
3069	N/A	5036	$853	6009	$128	6075	N/A	10930	$201
3074	N/A	5039	$401	6011	$251	6080	N/A	10931	$47
3078	N/A	5040	$297	6013	$348	6081	N/A	10938	$151
3083	N/A	5041	$758	6015	$445	6082	N/A	10939	$91
3088	N/A	5042	$401	6018	$374	6084	N/A	10940	$152
3093	N/A	5043	*Derived	6019	$186	10801	$368	10941	$91
4001	$182	5044	$758	6023	$651	10802	$368	10942	$80
5000	$81	5049	N/A	6024	$326	10803	$368	10943	N/A
5001	$167	5060	$456	6028	$118	10804	$368	10944	$171
5003	*Derived	5063	*Derived	6029	N/A	10805	$368	10945	$80
5004	N/A	5067	N/A	6031	N/A	10806	$368	10946	$158
5010	N/A	5071	$488	6032	N/A	10807	$368	19000	N/A
5011	$279	5076	*Derived	6034	N/A	10808	$368	90001	$130
5012	$440	5077	N/A	6035	N/A	10809	$368	90002	$95
5013	N/A	5200	$81	6037	N/A	10816	$368	90020	N/A
5014	$551	5203	$163	6038	N/A	10905	$158	90035	$89
5016	$741	5207	$297	6042	N/A	10907	$80	90043	N/A
5017	N/A	5208	$456	6051	$374	10910	$158	90051	N/A
5019	$853	5209	$255	6052	$186	10911	$158	90054	N/A
5020	$163	5220	*Derived	6057	$651	10913	$158	90092	N/A
5021	$167	5223	*Derived	6058	$326	10914	$158	90093	N/A
5022	N/A	5227	*Derived	6062	$441	10915	$158	90095	N/A
5023	*Derived	5228	*Derived	6063	$267	10916	$80	90096	N/A
5027	$279	5260	N/A	6064	N/A	10918	$80	90098	N/A
5028	*Derived	5261	*Derived	6065	N/A	10921	$394	90183	N/A

Professional attendance fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
90188	N/A	91800	$116	91844	$180	91893	$116	92122	N/A
90202	N/A	91801	$214	91845	$258	91900	$177	92123	N/A
90212	N/A	91802	$325	91859	$226	91903	$80	92136	N/A
90215	N/A	91803	$116	91861	$323	91906	$141	92137	N/A
90250	N/A	91804	$214	91862	$180	91910	$262	92138	N/A
90251	N/A	91805	$325	91863	$258	91913	$127	92139	N/A
90252	N/A	91806	$73	91864	$226	91916	$209	92140	N/A
90253	N/A	91807	$141	91865	$323	91920	$422	92141	N/A
90254	N/A	91808	$203	91866	$180	91923	$206	92142	N/A
90255	N/A	91818	$221	91867	$258	91926	$338	92146	N/A
90256	N/A	91819	$323	91868	$52	92004	$504	92147	N/A
90257	N/A	91820	$180	91869	$104	92011	$404	92148	N/A
90260	N/A	91821	$258	91870	$160	92026	N/A	92149	N/A
90261	N/A	91822	$234	91871	$222	92027	N/A	92150	N/A
90264	N/A	91823	$126	91872	$257	92029	N/A	92151	N/A
90265	N/A	91824	$445	91873	$442	92030	N/A	92152	N/A
90266	N/A	91825	$206	91874	$104	92033	N/A	92153	N/A
90267	N/A	91826	$107	91875	$209	92034	N/A	92162	N/A
90271	N/A	91827	$123	91876	$321	92057	N/A	92163	N/A
90272	N/A	91828	$245	91877	$442	92058	N/A	92170	N/A
90273	N/A	91829	$371	91878	$513	92060	N/A	92171	N/A
90274	N/A	91830	$559	91879	$52	92061	N/A	92172	N/A
90275	N/A	91831	$622	91880	$104	92063	N/A	92173	N/A
90276	N/A	91833	$126	91881	$160	92064	N/A	92176	N/A
90277	N/A	91836	$107	91882	$104	92112	N/A	92177	N/A
90278	N/A	91837	$123	91883	$209	92113	N/A	92182	N/A
90300	$2,044	91838	$245	91884	$321	92116	N/A	92184	N/A
91790	$58	91839	$371	91890	$58	92117	N/A	92186	N/A
91792	$58	91842	$226	91891	$116	92118	N/A	92188	N/A
91794	$33	91843	$323	91892	$58	92119	N/A	92194	N/A

Professional attendance fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
92196	N/A	92447	$364	92611	$128	92725	N/A	92752	$182
92198	N/A	92448	N/A	92612	$251	92726	N/A	92753	$104
92200	N/A	92455	$144	92613	$328	92731	N/A	92754	$104
92210	N/A	92456	$187	92614	$420	92732	N/A	92755	$364
92211	N/A	92457	$280	92618	$128	92733	N/A	92756	$182
92422	N/A	92478	$104	92623	N/A	92734	N/A	92757	$104
92423	N/A	92479	$209	92624	N/A	92735	N/A	92758	$104
92434	N/A	92480	$321	92701	$456	92736	N/A	92759	$364
92435	$1,015	92481	$442	92715	N/A	92737	N/A	92760	$182
92436	$679	92482	$513	92716	N/A	92738	N/A	92761	$104
92437	$553	92483	$628	92717	N/A	92739	N/A	92762	$636
92440	$182	92513	N/A	92718	N/A	92740	N/A	92763	$318
92441	N/A	92514	N/A	92719	N/A	92741	N/A	92764	N/A
92442	N/A	92515	N/A	92720	N/A	92742	N/A	92765	N/A
92443	$318	92516	N/A	92721	N/A	92748	$206	92766	N/A
92444	$682	92521	N/A	92722	N/A	92749	$104	92767	N/A
92445	$206	92522	N/A	92723	N/A	92750	$104	92768	N/A
92446	$286	92610	$360	92724	N/A	92751	$364		

Category 2 – Diagnostic procedures and investigations

Diagnostic procedures and investigations fees

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
11000	$473	11300	$572	11612	$248	11810	$534	12215	$1,991
11003	$951	11302	$572	11614	$132	11820	$3,300	12217	$1,793
11004	$2,107	11303	$567	11615	$196	11823	N/A	12218	N/A
11005	$2,107	11304	$924	11627	$704	11830	$671	12219	N/A
11009	N/A	11306	$64	11704	$143	11833	$754	12250	N/A
11012	$364	11309	$74	11705	$71	11900	$88	12254	$2,618
11015	$501	11312	$108	11707	$71	11912	$627	12258	N/A
11018	$726	11315	$143	11713	$286	11917	$1,348	12261	$2,739
11021	$501	11318	$179	11714	$113	11919	$1,348	12265	N/A
11024	$331	11324	$99	11716	$539	12000	$134	12268	$2,943
11027	$484	11332	$347	11717	$286	12001	$134	12272	N/A
11200	$117	11340	$643	11719	$275	12002	$134	12306	$336
11204	$270	11341	$1,287	11720	$275	12003	N/A	12312	$336
11205	$270	11342	$413	11721	$286	12004	$205	12315	$336
11210	$270	11343	$1,930	11723	$150	12005	$213	12320	$336
11211	$270	11345	$413	11724	$599	12012	$56	12321	$336
11215	N/A	11503	$478	11725	$781	12017	$253	12322	$336
11218	N/A	11505	$121	11726	$390	12021	$412	12325	N/A
11219	$171	11506	$61	11727	$390	12022	$494	12326	N/A
11220	$171	11507	$319	11728	$98	12024	$567	12500	$632
11221	$331	11508	$918	11729	$495	12200	$100	12524	$506
11224	$183	11512	$181	11730	$495	12201	$4,170	12527	$336
11235	$468	11600	$179	11731	$98	12203	N/A	12533	$297
11237	$264	11602	$132	11732	$408	12204	$1,661		
11240	$264	11604	$132	11735	N/A	12205	$1,661		
11241	$396	11605	$132	11736	$94	12207	N/A		
11242	$264	11607	$253	11737	$94	12208	N/A		
11243	$264	11610	$132	11800	$638	12210	N/A		
11244	$264	11611	$132	11801	$1,083	12213	$1,793		

Category 3 – Therapeutic procedures

Request funding for treatment

To request funding for medical treatment, providers must submit the relevant request form:

- For non-surgical treatment, submit a **Non-surgical treatment** form.
- For surgery, submit a **Request for surgery** form.
- For an inpatient specialised program at a private hospital, submit a **Request for specialised program** form.

All medical treatment requests should be considered in conjunction with WorkCover's **treatment and surgery guidelines** and clearly outline:

- the treatment being requested, including item numbers and cost
- how the requested treatment reasonably relates to the accepted work-related injury, and
- the expected outcomes and how the treatment will support improvement in the worker's function and ability to return to work.

Where the procedure performed differs from an approved treatment and items change, the provider should contact the insurer before submitting an invoice. Information may be required to support the requested items, including how the services relate to the accepted work-related injury.

Operation notes

The insurer requires a copy of the operation notes prior to a surgical invoice being paid.

WorkCover Queensland Multiple Operation Rule

When two or more procedures are performed on the same occasion, WorkCover's Multiple Operation Rule (MOR) applies and is used to calculate the total fee.

The item with the highest fee is paid in full, with reduced fees applied to additional items. The payment calculation depends on the procedure category as shown in the table below:

CATEGORY	MBS SUB-GROUP	HIGHEST FEE ITEM	SECOND HIGHEST FEE ITEM	ALL REMAINING ITEMS
Amputations	12	100%	100%	100% each
Hand Surgery Orthopaedic	14 15	100%	75%	75% each
Other Surgical Procedures	1 - 11, 13, 16 – 21	100%	50%	25% each

Where there are multiple procedures across different categories performed during the same operation, the MOR is applied separately to each category. For example:

PROCEDURE	CATEGORY	PAYABLE FEE
Item A	Orthopaedic	100%
Item B	Orthopaedic	75%
Item C	Other Surgical Procedures	100%
Item D	Other Surgical Procedures	50%

Assistance at Operations

Assistance at Operations items may be billed when assistance is provided by an eligible medical practitioner or nurse practitioner during a surgical procedure that includes "Assist." in the item description.

The assistant must not be:

- the surgeon
- the anaesthetist, or
- the assistant anaesthetist.

Only one assistance fee is payable per operation. Where more than one medical practitioner or nurse practitioner assists during the same operation, no additional assistance fees are payable.

When assistance is provided for two or more procedures performed on the same occasion, WorkCover's Multiple Operation Rule (MOR) is applied to determine the applicable assistance fee.

Where two surgeons perform procedures independently on the same occasion (that is, neither surgeon assists the other or administers the anaesthetic), the procedures are treated as separate operations. In these circumstances, assistance fees may be payable for either or both surgeons, provided eligibility requirements are met.

ITEM	DESCRIPTION	FEE
51300	Assistance at any operation mentioned in an item in Group T8 that includes "(Assist.)" for which the fee does not exceed $1185.80 or at a series or combination of operations mentioned in an item in Group T8 that include "(Assist.)" for which the aggregate fee does not exceed $1185.80	$308
51303	Assistance at any operation mentioned in an item in Group T8 that includes "(Assist.)" for which the fee exceeds $1185.80 or at a series or combination of operations mentioned in an item in Group T8 that include "(Assist.)" for which the aggregate fee exceeds $1185.80	**Derived fee:** 20% of the established fee for the operation or combination of operations
93718	Assistance by a participating nurse practitioner at any operation mentioned in an item in Group T8 that includes "(Assist.)" for which the fee does not exceed $1185.80 or at a series or combination of operations mentioned in an item in Group T8 that include "(Assist.)" for which the aggregate fee does not exceed $1185.80	$308
93719	Assistance by a participating nurse practitioner at any operation mentioned in an item in Group T8 that includes "(Assist.)" for which the fee exceeds $1185.80 or at a series or combination of operations mentioned in an item in Group T8 that include "(Assist.)" for which the aggregate exceeds $1185.80	**Derived fee:** 20% of the established fee for the operation or combination of operations

Therapeutic procedures fees

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
13015	$821	13318	$738	13876	$239	14249	$5,963	15922	$9,469
13020	$834	13319	$659	13881	$451	14255	$425	15924	$19,988
13025	$372	13400	$286	13882	$356	14256	$754	15926	$19,988
13030	$526	13506	$520	13885	$510	14257	$1,450	15928	$9,994
13100	$510	13700	$940	13888	$266	14258	$425	15930	$259
13103	$266	13703	$345	13899	$722	14259	$754	15932	$322
13104	$505	13706	$234	13950	$308	14260	$1,450	15934	$726
13105	N/A	13750	$388	14050	$170	14263	$185	15936	$790
13106	$334	13755	$388	14100	$828	14264	$371	15938	$790
13109	$813	13757	$208	14106	$828	14265	$185	15940	$869
13110	$813	13760	$2,172	14115	$1,396	14266	$371	15942	$2,239
13200	N/A	13761	N/A	14118	$1,773	14270	$483	15944	$2,239
13201	N/A	13762	N/A	14124	$828	14272	$483	15946	$2,575
13202	$1,009	13815	$324	14201	$763	14277	$781	15948	$2,575
13203	$1,683	13818	$679	14202	$386	14278	$781	15950	$578
13207	N/A	13830	$212	14203	$151	14280	$781	15952	$156
13209	$286	13832	$2,751	14206	$95	14283	$781	15954	$63
13212	N/A	13834	$1,529	14212	$605	14285	$781	15956	$191
13215	N/A	13835	$356	14216	$462	14288	$781	15958	$302
13218	N/A	13837	$1,529	14217	$398	15900	$833	15960	$416
13221	N/A	13838	$356	14218	$298	15902	$2,058	15962	$905
13241	N/A	13839	$91	14219	$462	15904	$3,015	15964	$1,207
13251	N/A	13840	$1,843	14220	$398	15906	$4,649	15966	$1,509
13260	N/A	13842	$261	14221	$161	15908	$7,515	15968	$2,365
13290	$690	13848	$525	14224	$397	15910	$11,751	15970	$392
13300	$179	13851	$1,529	14227	$298	15912	$5,876	15972	$196
13303	$266	13854	$356	14234	$1,104	15914	$16,889	15974	$2,632
13306	$1,291	13857	$435	14237	$2,018	15916	$8,445	15976	$1,316
13309	$998	13870	$1,115	14245	$351	15918	$18,938	15978	$3,058
13312	$113	13873	$828	14247	$5,963	15920	$18,938	15980	$1,529

Therapeutic procedures fees cont.

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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
15982	$1,147	16520	$4,037	17645	$451	18264	$870	18370	N/A
15984	$422	16522	$5,698	17650	$676	18266	$544	18372	N/A
15990	N/A	16527	$4,032	17655	$901	18268	$761	18374	N/A
16003	$2,030	16528	$4,037	17680	$451	18270	$761	18375	$743
16006	$1,557	16530	N/A	17690	$225	18272	$544	18377	$403
16009	$1,062	16531	N/A	18213	$435	18276	$1,088	18379	$743
16012	$924	16533	N/A	18216	$870	18278	$761	20100	$564
16015	$9,279	16534	N/A	18219	*Derived	18280	$1,088	20102	$677
16018	$5,567	16564	N/A	18222	$326	18282	$870	20104	$451
16050	N/A	16567	N/A	18225	$435	18284	$870	20120	$564
16055	N/A	16570	N/A	18226	$1,631	18286	$870	20124	$451
16060	N/A	16571	N/A	18227	*Derived	18288	$1,088	20140	$564
16400	N/A	16573	N/A	18228	$544	18290	$2,175	20142	$564
16401	$286	16590	N/A	18230	$2,175	18292	$1,088	20143	$677
16404	N/A	16591	N/A	18232	$870	18294	$2,175	20144	$790
16406	N/A	16600	N/A	18233	$870	18296	$1,631	20145	$790
16407	N/A	16603	N/A	18234	$1,088	18297	$326	20146	$564
16408	$220	16606	N/A	18236	$544	18298	$2,175	20147	$677
16500	$157	16609	N/A	18238	$326	18350	$403	20148	$451
16501	$572	16612	N/A	18240	$544	18351	$403	20160	$677
16502	$157	16615	N/A	18242	$326	18353	$807	20162	$790
16505	$157	16618	N/A	18244	$870	18354	$403	20164	$451
16508	$157	16621	N/A	18248	$761	18355	N/A	20170	$677
16509	$157	16624	N/A	18250	$544	18360	$403	20172	$790
16511	$935	16627	N/A	18252	$870	18361	N/A	20174	$1,016
16512	$270	17610	$225	18254	$870	18362	N/A	20176	$1,129
16514	$143	17615	$451	18256	$544	18365	$403	20190	$564
16515	$4,032	17620	$676	18258	$544	18366	$506	20192	$1,129
16518	$2,019	17625	$901	18260	$761	18368	$863	20210	$1,693
16519	$4,037	17640	$225	18262	$544	18369	N/A	20212	$564

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
20214	$1,016	20500	$1,693	20752	$677	20855	$1,693	20938	$451
20216	$2,257	20520	$677	20754	$790	20860	$677	20940	$451
20220	$1,129	20522	$451	20756	$1,016	20862	$790	20942	$564
20222	$677	20524	$451	20770	$1,693	20863	$1,129	20943	$451
20225	$1,354	20526	$1,129	20790	$903	20864	$1,129	20944	$677
20230	$1,354	20528	$903	20791	$1,129	20866	$1,129	20946	$903
20300	$564	20540	$1,467	20792	$1,467	20867	$1,129	20948	$451
20305	$1,693	20542	$1,693	20793	$1,693	20868	$1,129	20950	$564
20320	$677	20546	$1,693	20794	$1,354	20880	$1,693	20952	$451
20321	$1,129	20548	$1,693	20798	$1,129	20882	$1,129	20954	$1,129
20330	$903	20560	$2,257	20799	$677	20884	$564	20956	$451
20350	$1,129	20600	$1,129	20800	$339	20886	$677	20958	$564
20352	$564	20604	$1,467	20802	$564	20900	$339	20960	$790
20355	$1,354	20620	$1,129	20803	$451	20902	$451	21100	$339
20400	$339	20622	$1,467	20804	$1,129	20904	$790	21110	$564
20401	$451	20630	$903	20806	$790	20905	$1,129	21112	$451
20402	$564	20632	$790	20810	$451	20906	$451	21114	$564
20403	$564	20634	$1,129	20815	$677	20910	$451	21116	$677
20404	$677	20670	$1,467	20820	$564	20911	$564	21120	$677
20405	$903	20680	$339	20830	$451	20912	$564	21130	$339
20406	$1,467	20690	$564	20832	$677	20914	$790	21140	$1,693
20410	$451	20700	$339	20840	$677	20916	$790	21150	$1,129
20420	$564	20702	$451	20841	$903	20920	$451	21155	$1,129
20440	$451	20703	$451	20842	$451	20924	$451	21160	$451
20450	$564	20704	$1,129	20844	$1,129	20926	$451	21170	$903
20452	$677	20706	$790	20845	$1,129	20928	$677	21195	$339
20470	$677	20730	$564	20846	$1,129	20930	$451	21199	$451
20472	$1,129	20740	$564	20847	$1,129	20932	$451	21200	$451
20474	$1,467	20745	$790	20848	$1,129	20934	$677	21202	$451
20475	$1,129	20750	$564	20850	$1,354	20936	$903	21210	$677

Therapeutic procedures fees cont.

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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
21212	$1,129	21445	$1,129	21654	$903	21860	$339	21941	$790
21214	$1,129	21460	$339	21656	$1,129	21865	$1,129	21942	$1,129
21215	$1,693	21461	$451	21670	$451	21870	$1,693	21943	$564
21216	$1,580	21462	$339	21680	$339	21872	$903	21945	$564
21220	$451	21464	$451	21682	$451	21878	$339	21949	$564
21230	$677	21472	$564	21685	$1,129	21879	$564	21952	$451
21232	$564	21474	$564	21700	$339	21880	$790	21955	$564
21234	$903	21480	$451	21710	$451	21881	$1,016	21959	$564
21260	$451	21482	$564	21712	$564	21882	$1,241	21962	$564
21270	$903	21484	$564	21714	$564	21883	$1,467	21965	$564
21272	$451	21486	$790	21716	$564	21884	$1,693	21969	$903
21274	$677	21490	$339	21730	$339	21885	$1,919	21970	$1,693
21275	$1,129	21500	$903	21732	$451	21886	$2,144	21973	$564
21280	$1,693	21502	$677	21740	$564	21887	$2,370	21976	$564
21300	$339	21520	$451	21756	$677	21900	$339	21980	$564
21321	$451	21522	$564	21760	$790	21906	$564	21990	$339
21340	$451	21530	$1,693	21770	$903	21908	$677	21992	N/A
21360	$564	21532	$903	21772	$677	21910	$1,016	21997	$451
21380	$339	21535	$1,129	21780	$451	21912	$564	22002	$451
21382	$451	21600	$339	21785	$1,129	21914	$677	22007	$451
21390	$339	21610	$564	21790	$1,693	21915	$564	22008	$451
21392	$451	21620	$451	21800	$339	21916	$564	22012	$339
21400	$451	21622	$564	21810	$451	21918	$564	22014	$339
21402	$790	21630	$564	21820	$339	21922	$677	22015	$677
21403	$1,129	21632	$677	21830	$451	21925	$451	22020	$451
21404	$564	21634	$1,016	21832	$790	21926	$451	22025	$451
21420	$339	21636	$1,693	21834	$451	21930	$677	22031	$564
21430	$451	21638	$1,129	21840	$903	21935	$564	22032	$452
21432	$564	21650	$903	21842	$677	21936	$564	22036	$339
21440	$903	21652	$1,129	21850	$451	21939	$339	22041	$226

Therapeutic procedures fees cont.

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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
22042	$113	23121	$2,257	23460	$5,643	23760	$9,028	24106	$12,414
22051	$1,016	23170	$2,370	23470	$5,756	23770	$9,141	24107	$12,527
22052	$677	23180	$2,483	23480	$5,869	23780	$9,254	24108	$12,640
22053	$677	23190	$2,596	23490	$5,981	23790	$9,367	24109	$12,753
22054	$2,031	23200	$2,709	23500	$6,094	23800	$9,480	24110	$12,866
22055	$1,354	23210	$2,821	23510	$6,207	23810	$9,593	24111	$12,978
22060	N/A	23220	$2,934	23520	$6,320	23820	$9,706	24112	$13,091
22065	$564	23230	$3,047	23530	$6,433	23830	$9,818	24113	$13,204
22075	$1,693	23240	$3,160	23540	$6,546	23840	$9,931	24114	$13,317
22900	$677	23250	$3,273	23550	$6,659	23850	$10,044	24115	$13,430
22905	$677	23260	$3,386	23560	$6,771	23860	$10,157	24116	$13,543
23010	$113	23270	$3,499	23570	$6,884	23870	$10,270	24117	$13,656
23025	$226	23280	$3,611	23580	$6,997	23880	$10,383	24118	$13,768
23035	$339	23290	$3,724	23590	$7,110	23890	$10,496	24119	$13,881
23045	$451	23300	$3,837	23600	$7,223	23900	$10,608	24120	$13,994
23055	$564	23310	$3,950	23610	$7,336	23910	$10,721	24121	$14,107
23065	$677	23320	$4,063	23620	$7,449	23920	$10,834	24122	$14,220
23075	$790	23330	$4,176	23630	$7,561	23930	$10,947	24123	$14,333
23085	$903	23340	$4,289	23640	$7,674	23940	$11,060	24124	$14,446
23091	$1,016	23350	$4,401	23650	$7,787	23950	$11,173	24125	$14,558
23101	$1,129	23360	$4,514	23660	$7,900	23960	$11,286	24126	$14,671
23111	$1,241	23370	$4,627	23670	$8,013	23970	$11,398	24127	$14,784
23112	$1,354	23380	$4,740	23680	$8,126	23980	$11,511	24128	$14,897
23113	$1,467	23390	$4,853	23690	$8,238	23990	$11,624	24129	$15,010
23114	$1,580	23400	$4,966	23700	$8,351	24100	$11,737	24130	$15,123
23115	$1,693	23410	$5,079	23710	$8,464	24101	$11,850	24131	$15,236
23116	$1,806	23420	$5,191	23720	$8,577	24102	$11,963	24132	$15,348
23117	$1,919	23430	$5,304	23730	$8,690	24103	$12,076	24133	$15,461
23118	$2,031	23440	$5,417	23740	$8,803	24104	$12,188	24134	$15,574
23119	$2,144	23450	$5,530	23750	$8,916	24105	$12,301	24135	$15,687

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
24136	$15,800	30052	$866	30183	$841	30259	$677	30330	$2,452
25000	$113	30055	$254	30187	$877	30262	$201	30332	$1,183
25005	$226	30058	$492	30189	$502	30266	$511	30336	$3,548
25010	$339	30061	$80	30190	$1,357	30269	$511	30382	$4,458
25013	N/A	30062	$308	30191	N/A	30272	$1,009	30384	$4,656
25014	$113	30064	$375	30192	$135	30275	$6,013	30385	$1,922
25020	$226	30068	$944	30196	$431	30278	$158	30387	$2,166
25025	*Derived	30071	$228	30202	$165	30281	$407	30388	$3,633
25030	*Derived	30072	$228	30207	$152	30283	$698	30390	$750
25050	*Derived	30075	$585	30210	$556	30286	$1,357	30392	$2,301
25200	*Derived	30078	$165	30216	$93	30287	N/A	30396	$3,468
25205	*Derived	30081	$375	30219	$93	30289	$1,713	30397	$792
30001	*Derived	30084	$201	30223	$556	30293	$1,519	30399	$1,090
30003	$124	30087	$100	30224	$810	30294	$6,013	30400	$2,157
30006	$158	30090	$438	30225	$913	30296	$3,492	30406	$184
30007	$530	30093	$585	30226	$511	30297	$3,492	30408	$1,338
30010	$254	30094	$646	30229	$931	30299	$2,423	30409	$652
30014	$530	30097	$331	30232	$763	30305	N/A	30411	$303
30015	$795	30099	$307	30235	$1,009	30306	$2,724	30412	$179
30016	$1,193	30103	$627	30238	$511	30310	$2,724	30414	$2,353
30023	$1,112	30104	$433	30241	$1,216	30311	$2,123	30415	$4,705
30024	$1,112	30105	N/A	30244	$1,216	30314	$1,915	30416	$2,555
30026	$184	30107	$750	30246	$2,360	30315	$4,135	30417	$3,832
30029	$307	30166	$2,558	30247	$2,525	30317	$4,656	30418	$5,450
30032	$281	30169	$2,047	30250	$4,268	30318	$4,135	30419	$2,787
30035	$401	30175	N/A	30251	$6,556	30320	$4,656	30421	$6,811
30038	$307	30176	$3,362	30253	$2,845	30323	$4,656	30422	$2,304
30042	$633	30177	N/A	30255	$3,789	30324	$4,656	30425	$4,458
30045	$401	30179	N/A	30256	$1,519	30326	N/A	30427	$5,325
30049	$633	30180	$466	30257	$1,705	30329	$842	30428	$5,697

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
30430	$7,925	30483	$604	30593	$6,439	30645	N/A	30722	$1,832
30431	$1,837	30484	$1,245	30594	$7,430	30646	N/A	30723	$1,832
30433	$2,477	30485	$1,922	30596	$3,061	30648	$1,585	30724	$2,303
30439	$633	30488	$307	30599	$4,458	30649	N/A	30725	$3,166
30440	$1,796	30490	$1,796	30600	$2,651	30651	$1,837	30730	$3,302
30441	$465	30491	$1,895	30601	$3,266	30652	$1,837	30731	$2,477
30442	$633	30492	$2,686	30606	$3,789	30654	N/A	30732	$13,560
30443	$2,191	30494	$1,434	30608	N/A	30655	$3,121	30750	$7,035
30445	$3,012	30495	$2,686	30611	N/A	30657	$4,444	30751	$7,035
30448	$3,319	30515	$2,403	30615	$1,837	30658	N/A	30752	$5,276
30449	$3,690	30517	$3,146	30618	N/A	30661	$1,309	30753	$5,870
30450	$1,789	30518	$3,369	30619	N/A	30662	$2,616	30754	$5,870
30451	$913	30520	$2,908	30621	$1,390	30663	$492	30755	$4,403
30452	$1,288	30521	$4,929	30622	N/A	30664	N/A	30756	N/A
30454	$4,497	30526	$7,355	30623	N/A	30665	N/A	30760	$2,681
30455	$4,497	30529	$4,458	30626	N/A	30666	$162	30761	N/A
30457	$4,705	30530	$2,675	30627	N/A	30672	$1,519	30762	$5,672
30458	$3,459	30532	$3,071	30628	$121	30676	$1,293	30763	$2,304
30460	$2,942	30533	$3,653	30629	$1,837	30679	$328	30770	N/A
30461	$5,043	30559	$2,898	30630	$1,651	30680	$3,991	30771	$5,754
30463	$6,192	30560	$3,219	30631	$807	30682	$3,991	30780	N/A
30464	$7,430	30562	$2,029	30635	$995	30684	$4,911	30790	$2,392
30469	$5,870	30563	$2,029	30636	N/A	30686	$4,911	30791	$1,486
30472	$4,547	30565	$2,972	30637	N/A	30687	$1,624	30792	$4,074
30473	$735	30574	$210	30639	N/A	30688	$1,245	30800	$2,457
30475	$1,190	30577	$3,715	30640	$3,121	30690	$1,922	30810	$3,913
30478	$1,076	30583	$5,302	30641	$1,390	30692	$1,245	30820	N/A
30479	$1,624	30584	$10,233	30642	$2,660	30694	$1,922	31000	$1,982
30481	$1,218	30589	$4,268	30643	N/A	30720	N/A	31001	$2,477
30482	$866	30590	$4,705	30644	$1,837	30721	$1,648	31002	$2,972

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
31003	$1,982	31368	$435	31454	$1,922	31551	$739	32030	$3,518
31004	$2,477	31369	$849	31456	$838	31554	$1,479	32033	$5,142
31005	$2,972	31370	$497	31458	$1,005	31557	$1,183	32036	$6,522
31206	$331	31371	$1,232	31460	$1,218	31560	$1,183	32039	$5,236
31211	$420	31372	$1,061	31462	$1,778	31563	$886	32042	$4,411
31216	$497	31373	$1,232	31466	$4,458	31566	$443	32045	$1,651
31220	$732	31374	$968	31468	$4,898	31569	$2,908	32046	$2,551
31221	$732	31375	$1,045	31472	$4,589	31572	$4,021	32047	$2,972
31225	$1,301	31376	$1,211	31500	$887	31575	$2,908	32051	$7,902
31227	$466	31377	$378	31503	$1,183	31578	$2,908	32054	$7,253
31245	$1,268	31378	$580	31506	$1,331	31581	$4,021	32057	$1,922
31250	$1,268	31379	$466	31509	$1,183	31584	$5,250	32060	$7,902
31340	*Derived	31380	$580	31512	$2,218	31585	$3,012	32063	$7,253
31344	N/A	31381	$326	31513	N/A	31587	$334	32066	$1,922
31345	$720	31382	$435	31514	N/A	31590	$859	32069	$5,845
31346	$720	31383	$497	31515	$1,488	32000	$3,518	32072	$180
31350	$1,478	31386	N/A	31516	$2,957	32003	$3,680	32075	$321
31355	$2,437	31387	N/A	31519	$2,511	32004	$3,924	32084	$393
31356	$761	31388	N/A	31520	N/A	32005	$4,433	32087	N/A
31357	$378	31400	$916	31522	N/A	32006	$3,924	32094	$1,882
31358	$932	31403	$1,061	31523	N/A	32009	$4,655	32095	$436
31359	$1,139	31406	$1,765	31525	$1,774	32012	$5,142	32096	$877
31360	$580	31409	$5,341	31526	N/A	32015	$6,319	32105	$1,651
31361	$642	31412	$6,556	31528	N/A	32018	$5,359	32106	$4,655
31362	$466	31423	$1,371	31529	N/A	32021	$1,922	32108	$3,410
31363	$844	31426	$2,741	31530	$2,032	32023	$1,895	32117	$4,285
31364	$580	31429	$4,271	31533	$470	32024	$4,655	32118	$5,025
31365	$549	31432	$4,568	31536	$646	32025	$6,226	32123	$1,137
31366	$326	31435	$3,358	31537	N/A	32026	$6,972	32129	$2,165
31367	$735	31438	$5,322	31548	$682	32028	$7,406	32131	$1,820

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
32135	$230	32231	$1,137	32730	$5,832	33130	$4,968	33539	$3,483
32139	$1,278	32232	$3,082	32733	$6,777	33133	$3,726	33542	$4,968
32147	$154	32233	$2,189	32736	$1,485	33136	$9,396	33545	$983
32150	$900	32234	$466	32739	$4,644	33139	$5,698	33548	$1,999
32156	$533	32235	$418	32742	$5,320	33142	$5,320	33551	$983
32159	$1,309	32236	$594	32745	$6,075	33145	$9,153	33554	$978
32162	$1,651	32237	$978	32748	$6,588	33148	$11,367	33800	$4,239
32165	$2,165	32500	$394	32751	$4,266	33151	$10,801	33803	$4,051
32166	$704	32504	$961	32754	$5,320	33154	$7,992	33806	$2,916
32171	$303	32507	$1,916	32757	$1,485	33157	$8,910	33810	$2,127
32174	$303	32508	$1,916	32760	$1,458	33160	$9,056	33811	$6,333
32175	$555	32511	$2,849	32763	$4,266	33163	$7,561	33812	$3,348
32183	$1,916	32514	$3,328	32766	$4,663	33166	$7,561	33815	$3,078
32186	$1,916	32517	$4,285	32769	$983	33169	$5,886	33818	$3,591
32212	$465	32520	$1,916	33050	$5,226	33172	$4,590	33821	$4,104
32213	$2,254	32522	$2,849	33055	$4,191	33175	$4,230	33824	$3,915
32215	$428	32523	$1,916	33070	$3,023	33178	$5,379	33827	$4,590
32216	$2,025	32526	$2,849	33075	$3,846	33181	$6,577	33830	$5,265
32218	$533	32528	N/A	33080	$4,695	33500	$4,077	33833	$4,780
32219	N/A	32529	N/A	33100	$5,157	33506	$4,563	33836	$5,698
32221	$3,083	32700	$5,157	33103	$7,236	33509	$5,104	33839	$6,669
32222	$1,164	32703	$4,266	33109	$8,749	33512	$5,671	33842	$3,294
32223	$1,164	32708	$5,104	33112	$7,587	33515	$6,238	33845	$2,296
32224	$1,164	32710	$5,671	33115	$5,104	33518	$4,563	33848	$2,296
32225	$1,164	32711	$6,238	33116	$5,024	33521	$4,941	34100	$2,538
32226	$1,164	32712	$4,509	33118	$5,671	33524	$5,832	34103	$1,485
32227	$1,640	32715	$4,509	33119	$5,582	33527	$6,777	34106	$1,047
32228	$1,164	32718	$4,266	33121	$6,238	33530	$5,832	34109	$1,215
32229	$920	32721	$6,777	33124	$4,348	33533	$6,777	34112	$3,078
32230	$2,279	32724	$7,695	33127	$5,698	33536	$4,833	34115	$3,483

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
34118	$4,968	34528	$978	35303	$2,373	35508	$923	35582	$2,983
34121	$3,969	34529	N/A	35306	$2,277	35509	$321	35585	$5,290
34124	$4,348	34530	$733	35307	$4,031	35513	$796	35591	N/A
34127	$5,698	34533	$4,455	35309	$2,737	35517	$525	35592	N/A
34130	$1,782	34534	N/A	35312	$3,102	35518	$885	35595	$2,243
34133	$1,999	34538	$978	35315	$3,102	35527	$525	35596	$3,320
34136	$3,213	34539	$733	35317	$1,278	35533	N/A	35597	$5,290
34139	$3,213	34540	N/A	35319	$2,290	35534	N/A	35599	$2,721
34142	$3,969	34800	$2,916	35320	$3,076	35536	$1,251	35608	$230
34145	$2,889	34803	$6,427	35321	$2,920	35539	$980	35609	N/A
34148	$5,157	34806	$3,483	35324	$1,095	35545	$659	35610	N/A
34151	$7,047	34809	$3,483	35327	$1,468	35548	$4,492	35611	$230
34154	$8,398	34812	$4,212	35330	$2,650	35551	$3,320	35612	$1,817
34157	$4,266	34815	$3,483	35331	$2,127	35552	$4,995	35614	$254
34160	$7,992	34818	$3,834	35360	$2,974	35554	$156	35615	$253
34163	$10,260	34821	$5,211	35361	$2,550	35557	$770	35616	$1,614
34166	$10,260	34824	$1,782	35362	$2,127	35560	$2,546	35620	$195
34169	$5,698	34827	$2,160	35363	$1,704	35561	$5,512	35622	$2,163
34172	$4,644	34830	$2,538	35401	$2,458	35562	$4,643	35623	$2,942
34175	$4,266	34833	$3,294	35404	$1,245	35564	$2,322	35626	$805
34500	$1,108	35000	$2,538	35406	$2,920	35565	$2,456	35630	$657
34503	$1,485	35003	$3,294	35408	$2,191	35566	$1,426	35631	N/A
34506	$756	35006	$4,131	35410	$2,920	35568	$2,243	35632	N/A
34509	$3,510	35009	$3,213	35412	$10,260	35569	$578	35633	$787
34512	$3,862	35012	$2,538	35414	$14,449	35570	$1,989	35635	$1,387
34515	$2,754	35100	$1,323	35500	$292	35571	$1,989	35636	$1,578
34518	$4,617	35103	$842	35501	N/A	35573	$2,983	35637	$1,460
34521	$2,837	35200	$631	35503	N/A	35577	$2,422	35640	$657
34524	$1,485	35202	$2,991	35506	N/A	35578	$2,422	35641	$5,175
34527	$1,981	35300	$1,851	35507	$626	35581	$1,989	35643	$783

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
35644	$731	35751	$2,817	36564	$2,988	36649	$865	36840	$1,044
35645	$1,144	35753	$4,580	36567	$3,284	36650	$518	36842	$1,051
35647	$731	35754	$6,686	36570	$4,172	36652	$2,100	36845	$2,234
35648	$1,144	35756	$5,138	36573	$2,988	36654	$2,692	36848	$743
35649	$1,925	35759	$2,023	36576	$3,742	36656	$3,446	36851	$743
35653	$2,423	36502	$2,210	36579	$2,396	36663	$2,136	36854	$1,507
35657	$2,423	36503	$4,496	36585	$2,396	36664	$1,918	36860	$539
35658	$1,494	36504	$953	36588	$2,988	36665	$405	36863	$1,507
35661	$6,686	36505	$749	36591	$3,581	36666	$1,079	37000	$2,396
35667	$6,350	36506	$2,988	36594	$2,988	36667	$505	37004	$2,100
35668	$6,647	36507	$1,254	36597	$2,988	36668	$505	37008	$1,346
35669	N/A	36508	$2,445	36600	$3,581	36671	N/A	37011	$302
35671	$5,215	36509	$2,530	36603	$4,172	36672	N/A	37014	$3,446
35673	N/A	36516	$2,988	36604	$865	36673	N/A	37015	$4,135
35674	N/A	36519	$4,172	36606	$7,484	36800	$89	37016	$6,448
35680	$2,090	36522	$3,581	36607	$2,381	36803	$1,507	37018	$9,672
35691	$585	36525	$5,088	36608	$921	36806	$2,100	37019	$6,441
35694	$2,290	36528	$4,172	36609	$2,396	36809	$2,692	37020	$2,396
35697	$3,398	36529	$5,150	36610	$5,736	36811	$1,045	37021	$9,660
35700	$2,622	36530	$2,617	36611	$9,048	36812	$539	37023	$1,346
35703	$242	36531	$3,742	36612	$2,100	36815	$769	37026	$1,346
35717	$3,063	36532	$5,370	36615	$2,396	36818	$894	37029	$2,988
35720	$5,727	36533	$6,348	36618	$2,100	36821	$1,044	37038	$2,235
35721	$11,454	36537	$2,234	36621	$1,501	36822	$1,492	37039	$2,180
35723	$4,980	36543	$4,172	36624	$1,804	36823	$1,715	37040	$2,945
35724	$7,493	36546	$2,234	36627	$2,234	36824	$689	37041	$151
35726	$1,735	36549	$2,692	36633	$2,396	36827	$743	37042	$2,945
35729	$782	36552	$2,396	36636	$1,292	36830	$657	37044	$2,505
35730	$782	36558	$2,100	36639	$2,692	36833	$894	37045	$4,617
35750	$2,817	36561	$557	36645	$3,446	36836	$743	37046	$2,360

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
37047	$5,384	37306	$2,100	37402	$1,507	37810	N/A	38241	$1,518
37048	$2,988	37309	$2,988	37405	$2,988	37812	$1,797	38244	$3,359
37050	$2,396	37318	$894	37408	$1,507	37813	N/A	38247	$5,159
37053	$2,768	37321	$302	37411	$2,988	37815	$300	38248	$3,359
37200	$3,284	37324	$743	37415	$151	37816	N/A	38249	$5,159
37201	$2,679	37327	$1,044	37417	$1,804	37818	$1,588	38251	$3,359
37203	$3,503	37330	$2,100	37418	$2,396	37819	N/A	38252	$5,159
37204	N/A	37333	$1,804	37423	$2,988	37821	$2,692	38254	$1,440
37205	N/A	37336	$2,396	37426	$3,149	37822	N/A	38256	$864
37207	$3,503	37338	$2,945	37429	$1,044	37824	$3,743	38270	$2,948
37208	$1,804	37339	$775	37432	$2,988	37825	N/A	38272	$2,948
37209	$4,172	37340	$2,945	37435	$302	37827	$1,724	38273	$2,948
37210	$5,150	37341	$2,945	37438	$894	37828	N/A	38274	$2,415
37211	$6,254	37342	$2,692	37601	$894	37830	$2,234	38275	$964
37213	$7,724	37343	$4,496	37604	$894	37831	N/A	38276	$2,948
37214	$9,382	37344	$2,945	37605	$1,314	37833	$1,066	38285	$499
37215	$1,346	37345	$2,234	37606	$1,951	37834	N/A	38286	$449
37216	$678	37348	$2,234	37607	$4,482	37836	$2,246	38287	$6,782
37217	$447	37351	$894	37610	$6,744	37839	$2,545	38288	$624
37218	$447	37354	$1,044	37613	$894	37842	$4,941	38290	$8,635
37219	$1,089	37369	$603	37616	$2,234	37845	$2,246	38293	$9,268
37220	$3,374	37372	$2,988	37619	$894	37848	$4,043	38307	$6,407
37221	$1,507	37375	$3,742	37623	$743	37851	$2,995	38308	$7,338
37223	$667	37381	$2,396	37800	$1,685	37854	$1,184	38309	$4,326
37224	$1,044	37384	$3,742	37801	N/A	38200	$1,440	38310	$8,270
37226	$908	37387	$1,044	37803	$1,685	38203	$1,718	38311	$6,407
37227	$3,214	37388	$317	37804	N/A	38206	$2,077	38313	$7,338
37245	$4,079	37390	$2,988	37806	N/A	38209	$2,667	38314	$8,270
37300	$151	37393	$743	37807	N/A	38212	$4,435	38316	$5,413
37303	$239	37396	$2,396	37809	N/A	38213	$2,049	38317	$6,878

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
38319	$7,814	38461	$4,628	38553	$9,140	38709	$6,943	38824	$7,646
38320	$5,413	38463	$4,628	38554	$13,158	38715	$5,514	38828	$450
38322	$6,878	38467	$3,379	38555	$10,159	38718	$6,975	38829	$532
38323	$7,814	38471	$3,402	38556	$10,033	38721	$4,834	38830	$1,309
38325	$1,494	38472	$930	38557	$13,976	38724	$7,033	38831	$4,646
38326	$1,494	38474	$7,010	38558	$15,789	38727	$4,834	38832	$4,951
38350	$2,064	38477	$6,836	38568	$6,020	38730	$6,898	38833	$3,097
38353	$826	38484	$6,960	38571	$6,863	38733	$4,834	38834	$11,470
38356	$2,706	38485	$2,789	38572	$6,422	38736	$6,898	38837	$1,173
38358	$9,783	38487	$5,868	38600	$4,951	38739	$6,325	38838	$3,825
38359	$456	38490	$1,894	38603	$3,097	38742	$6,218	38839	$1,854
38362	$1,313	38493	$6,326	38609	$1,548	38745	$6,898	38840	$2,779
38365	$875	38495	N/A	38612	$1,736	38748	$6,898	38841	$4,951
38368	$5,123	38499	$6,960	38615	$4,951	38751	$6,898	38842	$6,926
38372	$2,573	38502	$7,614	38616	$3,055	38754	$8,635	38845	$890
38373	$2,573	38508	$6,200	38618	$6,171	38757	$6,898	38846	$4,622
38374	$2,573	38509	$7,719	38619	$1,832	38760	$6,898	38847	$2,463
38375	$9,122	38510	$2,016	38620	N/A	38764	$6,898	38848	$3,698
38376	$2,037	38511	$1,939	38621	$2,463	38766	$6,898	38849	$1,849
38416	$1,904	38512	$6,782	38624	$2,768	38800	$132	38850	$1,055
38417	$1,904	38513	$3,232	38627	$2,164	38803	$249	38851	$1,147
38419	$575	38514	$4,628	38637	$1,792	38812	$688	38852	$3,096
38420	$760	38515	$8,635	38653	$6,493	38815	$807	38853	$4,854
38422	$1,188	38516	$8,539	38670	$6,170	38816	$3,097	38857	$5,866
38423	$831	38517	$10,510	38673	$6,945	38817	$4,869	38858	$7,646
38425	$1,953	38518	$9,268	38677	$6,496	38818	$3,097	38859	$3,097
38426	$1,465	38519	$3,628	38680	$7,706	38820	$3,707	38864	$4,951
38428	$797	38522	$4,885	38700	$3,449	38821	$5,561	39000	$284
38429	$5,561	38523	$875	38703	$6,239	38822	$4,951	39007	$601
38431	$7,522	38550	$7,260	38706	$5,889	38823	$6,117	39013	$411

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
39014	$471	39300	$1,332	39651	$20,886	40703	$9,137	41518	$3,001
39015	$1,418	39303	$1,757	39654	$16,050	40704	$2,950	41521	$3,196
39018	$3,117	39306	$2,552	39656	$12,826	40705	$2,650	41524	$923
39100	$900	39307	$3,110	39700	$6,867	40706	$13,056	41527	$1,899
39109	$5,377	39309	$2,696	39703	$5,487	40707	$828	41530	$3,094
39110	$1,011	39312	$1,503	39710	$9,137	40708	$1,490	41533	$3,698
39111	$1,011	39315	$3,886	39712	$13,956	40709	$5,487	41536	$4,142
39113	$8,966	39318	$2,410	39715	$10,186	40712	$13,056	41539	$3,522
39116	$1,123	39319	$1,757	39718	$6,153	40801	$6,582	41542	$3,859
39117	$1,123	39321	$1,796	39720	$13,056	40803	$4,508	41545	$1,685
39118	$1,314	39323	$1,043	39801	$20,886	40804	$3,547	41548	$2,235
39119	$1,235	39324	$1,056	39803	$20,886	40805	$7,329	41551	$5,148
39121	$2,696	39327	$1,796	39815	$6,889	40806	$11,289	41554	$6,066
39124	$6,096	39328	$1,796	39818	$9,144	40850	$8,538	41557	$3,522
39125	$1,124	39329	$1,346	39821	$13,027	40851	$14,942	41560	$3,859
39126	$1,364	39330	$1,056	39900	$5,487	40852	$1,284	41563	$4,778
39127	$2,246	39331	$1,584	39903	$8,237	40854	$1,985	41564	$6,178
39128	$2,488	39332	$1,584	39906	$3,005	40856	$963	41566	$3,522
39129	$2,287	39336	$1,056	40004	$6,238	40858	$1,985	41569	$3,859
39130	$2,542	39339	$1,584	40012	$6,450	40860	$7,626	41572	$3,339
39131	$482	39342	$2,065	40018	$601	40862	$715	41575	$7,871
39133	$601	39345	$1,056	40104	$3,828	40863	$715	41576	$11,807
39134	$1,284	39503	$3,601	40106	$9,087	40905	$2,269	41578	$7,871
39135	$601	39604	$6,762	40109	$7,053	41500	$266	41579	$5,903
39136	$601	39610	$3,886	40112	$9,009	41501	$600	41581	$9,054
39137	$2,282	39612	$4,476	40119	$3,601	41503	$772	41584	$6,213
39138	$2,542	39615	$7,209	40600	$3,601	41506	$471	41587	$8,462
39139	$4,062	39638	$16,050	40700	$8,832	41509	$527	41590	$3,859
39140	$1,118	39639	$12,826	40701	$1,490	41512	$1,893	41593	$5,030
39141	$482	39641	$16,929	40702	$699	41515	$1,243	41596	$5,621

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
41599	$5,621	41693	$2,479	41789	N/A	41888	$7,178	42574	$1,648
41603	$2,199	41698	$105	41793	$1,201	41890	$4,131	42575	$282
41608	$3,522	41701	$300	41797	$471	41907	$397	42576	N/A
41611	$2,266	41702	$2,083	41801	$527	41910	$1,261	42581	$400
41614	$3,522	41703	$3,079	41804	$291	42503	$350	42584	$944
41615	$3,522	41704	$117	41807	$226	42504	$1,920	42587	$177
41617	$6,125	41705	$5,222	41810	$115	42505	$1,920	42588	$177
41618	$6,066	41707	$1,449	41813	$1,152	42506	$1,642	42590	$1,154
41620	$2,665	41710	$1,143	41822	$621	42509	$2,078	42596	$1,719
41623	$3,859	41713	$1,960	41825	$1,152	42510	$2,395	42599	$2,155
41626	$466	41719	$380	41828	$169	42512	$1,642	42602	$2,155
41629	$1,685	41722	$1,899	41831	$1,154	42515	$2,078	42605	$1,590
41632	$772	41725	$1,449	41832	$738	42518	$1,205	42608	$1,026
41635	$3,698	41728	$2,900	41834	$5,113	42521	$4,104	42610	$328
41638	$4,616	41734	$3,277	41837	$3,995	42527	$1,385	42611	$492
41641	$153	41737	$1,562	41840	$4,911	42530	$2,155	42614	$165
41644	$462	41740	$190	41843	$4,319	42533	$1,385	42615	$247
41647	$355	41743	$1,113	41855	$947	42536	$2,847	42617	$467
41650	$355	41746	$2,556	41861	$1,953	42539	$4,053	42620	$254
41656	$398	41749	$1,960	41867	$1,982	42542	$1,719	42622	$282
41659	$251	41752	$956	41870	$1,470	42543	$3,015	42623	$2,888
41662	$266	41755	$150	41873	$1,899	42545	$4,361	42626	$3,848
41668	$714	41764	$397	41876	$1,899	42548	$3,333	42629	$3,048
41671	$1,695	41768	$584	41879	$3,077	42551	$2,155	42632	$400
41674	$393	41769	$876	41880	$821	42554	$2,514	42635	$1,925
41677	$300	41770	$2,266	41881	$1,299	42557	$3,514	42638	$1,283
41683	$379	41776	$1,896	41884	$294	42563	$1,801	42641	$1,667
41686	$238	41779	$2,266	41885	$930	42569	$3,514	42644	$246
41689	$662	41785	$3,686	41886	$575	42572	$400	42647	$698
41692	$863	41786	$2,382	41887	$10,169	42573	$776	42650	$246

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
42651	$549	42731	$5,181	42815	$2,155	43533	$1,793	43873	$3,960
42652	$4,093	42734	$1,035	42818	$2,001	43801	$2,922	43876	$3,394
42653	$4,461	42743	$2,155	42821	$308	43804	$3,111	43879	$3,960
42656	$5,695	42744	$1,025	42824	$238	43805	N/A	43882	$5,091
42662	$3,078	42746	$3,258	42833	$2,001	43807	$3,394	43900	$3,394
42665	$2,052	42749	$4,079	42836	$2,488	43810	$3,960	43903	$5,657
42667	$484	42750	$182	42839	$2,386	43813	$3,960	43906	$4,949
42668	$257	42752	$4,566	42842	$2,976	43816	$3,677	43909	$4,949
42672	$3,078	42755	$564	42845	$646	43819	$2,970	43912	$4,676
42673	$1,539	42758	$2,386	42848	$2,386	43822	$2,970	43915	$3,535
42676	$395	42761	$1,770	42851	$2,976	43825	$3,394	43930	$1,470
42677	$208	42764	$1,770	42854	$1,385	43828	$3,750	43933	$1,591
42680	$1,026	42767	$3,719	42857	$1,385	43831	$2,922	43936	$2,970
42683	$411	42770	$1,005	42860	$3,078	43832	N/A	43939	$2,262
42686	$934	42773	$3,078	42863	$2,642	43834	$3,394	43942	$707
42689	$400	42776	$4,566	42866	$2,565	43835	N/A	43945	$2,970
42692	$944	42779	$5,695	42869	$1,873	43837	$4,242	43948	$424
42695	$1,539	42782	$1,539	42872	$821	43838	N/A	43951	$2,659
42698	$3,809	42785	$1,205	43021	$2,091	43840	$3,677	43954	$3,253
42701	$2,106	42788	$1,205	43022	$2,293	43841	N/A	43957	$3,535
42702	$4,859	42791	$1,205	43030	$1,026	43843	$5,657	43960	$1,244
42703	$1,951	42794	$231	43032	$1,026	43846	$6,081	43963	$4,949
42704	$1,590	42801	$3,581	43034	$1,026	43849	$1,556	43966	$5,657
42705	$3,108	42802	$1,790	43036	$1,026	43852	$4,949	43969	$7,778
42707	$2,719	42805	$2,001	43038	$1,026	43855	$5,232	43972	$5,657
42710	$3,078	42808	$1,214	43040	$1,026	43858	$1,838	43975	$6,647
42713	$1,283	42809	$1,539	43050	$2,300	43861	$5,091	43978	$5,657
42716	$4,079	42810	$1,936	43521	$1,418	43864	$3,818	43981	$1,556
42719	$1,770	42811	$1,539	43527	$1,088	43867	$2,121	43984	$3,960
42725	$4,566	42812	$564	43530	$1,088	43870	$2,970	43987	$4,384

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
43990	$5,374	44376	*Derived	45203	$1,458	45524	$2,663	45566	$3,846
43993	$5,798	45000	$1,944	45206	$1,377	45527	$3,846	45567	$10,546
43996	$6,505	45003	$2,160	45207	$1,377	45528	$3,994	45568	$1,594
43999	$813	45006	$3,726	45209	$1,847	45529	N/A	45571	$3,716
44101	N/A	45009	$1,361	45212	$916	45530	$3,948	45572	$1,051
44102	$784	45012	$2,794	45221	$1,004	45531	N/A	45575	$2,586
44104	N/A	45015	$1,082	45224	$450	45532	N/A	45578	$2,995
44105	$138	45018	$1,847	45227	$1,765	45534	N/A	45581	$999
44108	N/A	45019	$1,425	45230	$968	45535	N/A	45584	$2,268
44111	N/A	45021	$637	45233	$1,935	45537	N/A	45585	N/A
44114	N/A	45025	$637	45239	$939	45538	N/A	45587	$3,199
44130	$1,414	45026	$1,431	45440	$1,021	45539	$5,178	45588	$4,799
44133	$1,122	45027	$432	45443	$2,106	45540	N/A	45589	N/A
44136	$517	45030	$487	45451	$1,701	45541	N/A	45590	$1,735
44325	$1,009	45033	$983	45496	$1,494	45542	$2,202	45592	$3,056
44328	$1,216	45035	$2,521	45497	$1,138	45545	$2,261	45594	$1,432
44331	$2,004	45036	$4,051	45500	$3,915	45546	$714	45596	$3,233
44334	$4,074	45045	$1,108	45501	$6,372	45547	N/A	45597	$4,328
44338	$491	45048	$2,781	45502	$9,559	45548	$999	45599	$3,363
44342	$750	45051	$1,701	45503	$7,290	45551	$1,594	45602	$2,511
44346	$963	45054	$1,171	45504	$6,372	45553	$2,111	45605	$2,110
44350	$1,201	45060	N/A	45505	$9,650	45554	$2,511	45608	$2,971
44354	$1,444	45061	N/A	45507	$5,873	45556	$2,751	45609	$2,971
44358	$750	45062	N/A	45510	$789	45558	$4,126	45611	$1,847
44359	$983	45070	N/A	45512	$1,062	45560	$1,701	45614	$2,995
44361	$1,489	45071	N/A	45515	$673	45561	$6,372	45617	$844
44364	$1,009	45072	N/A	45518	$810	45562	$3,948	45620	$1,171
44367	$1,780	45200	$1,021	45520	$3,233	45563	$3,948	45623	$2,681
44370	$2,457	45201	$1,486	45522	$2,268	45564	$9,143	45624	$3,366
44373	$5,043	45202	$1,486	45523	N/A	45565	$6,858	45625	$906

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
45626	$1,171	45695	$1,755	45827	$1,161	46082	N/A	46123	$11,192
45627	$1,171	45698	$1,647	45829	$886	46084	N/A	46124	$6,178
45629	$1,701	45701	$3,524	45831	$1,161	46086	N/A	46125	$1,212
45632	$1,838	45704	$1,080	45837	$2,106	46088	N/A	46126	$1,924
45635	$2,110	45707	$2,808	45841	$1,701	46090	N/A	46127	$2,665
45641	$3,828	45710	$1,755	45845	$1,809	46092	N/A	46128	$4,886
45644	$4,594	45713	$1,999	45847	$670	46094	N/A	46129	$8,941
45645	$803	45714	$2,808	45849	$2,086	46100	*Derived	46130	$1,212
45646	$3,233	45716	$2,808	45851	$514	46101	$1,212	46131	$1,924
45650	$531	45717	N/A	45855	$1,410	46102	$1,924	46132	$2,110
45652	$1,280	45718	$4,594	45857	$2,348	46103	$2,110	46133	$3,219
45653	$1,280	45761	$2,688	45865	$1,043	46104	$3,219	46134	$7,125
45656	$2,349	45767	$9,019	45871	$4,806	46105	$4,329	46135	$11,192
45658	N/A	45773	$6,296	45873	$5,400	46106	$5,442	46136	$6,178
45659	$1,872	45776	$6,296	45874	$4,732	46107	$6,552	46140	$924
45660	$10,337	45779	$4,629	45882	$155	46108	$7,660	46141	$1,387
45661	$4,594	45782	$3,539	45888	$1,485	46109	$8,771	46142	$1,664
45665	$1,171	45785	$5,990	45891	$2,163	46110	$9,993	46143	$2,157
45668	$1,171	45788	$5,922	45894	$735	46111	$11,192	46150	$4,775
45669	$1,171	45791	$3,199	45939	$1,605	46112	$6,178	46151	$5,206
45671	$3,333	45794	$1,809	46050	$2,888	46113	$1,212	46152	$3,905
45674	$1,004	45797	$673	46052	$891	46114	$1,924	46153	$6,507
45675	$1,735	45801	$486	46060	$9,559	46115	$2,110	46154	$5,450
45676	$2,066	45807	$885	46062	$9,143	46116	$3,219	46155	$5,450
45677	$2,100	45809	$1,334	46064	$6,858	46117	$4,329	46156	$6,221
45680	$2,673	45811	$1,803	46066	$13,715	46118	$5,442	46157	$4,666
45683	$2,970	45813	$2,110	46068	$10,287	46119	$6,552	46158	$7,776
45686	$3,505	45815	$1,280	46070	$13,715	46120	$7,660	46159	$6,880
45689	$940	45823	$391	46072	$10,287	46121	$8,771	46160	$5,160
45692	$1,080	45825	$1,215	46080	N/A	46122	$9,993	46161	$8,600

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
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ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
46170	$3,866	46336	$1,040	46408	$2,733	46500	$1,040	47052	$1,592
46171	$6,567	46339	$1,841	46411	$1,604	46501	$1,300	47053	$2,122
46172	$9,657	46340	$1,565	46414	$2,079	46502	$1,560	47054	$1,225
46173	$13,522	46341	$1,004	46417	$1,931	46503	$1,495	47057	$479
46174	$9,657	46342	$1,841	46420	$808	46504	$4,367	47060	$639
46175	$15,453	46345	$2,228	46423	$1,292	46507	$5,924	47063	$958
46176	$3,866	46348	$965	46426	$1,337	46510	$1,386	47066	$1,277
46177	$6,567	46351	$1,444	46432	$2,229	46513	$223	47069	$267
46178	$6,567	46354	$1,931	46434	$1,920	46519	$558	47301	$327
46179	$5,465	46357	$2,406	46438	$535	46522	$1,664	47304	$373
46180	$9,657	46360	$2,897	46441	$1,292	46525	$223	47307	$754
46181	$9,657	46363	$832	46442	$1,109	46528	$670	47310	$1,244
46182	$8,052	46364	$1,841	46444	$1,931	46531	$336	47313	$1,207
46183	$11,587	46365	$1,040	46450	$891	46534	$930	47316	$2,394
46184	$11,587	46367	$1,570	46453	$1,485	47000	$267	47319	$2,451
46185	$9,657	46370	$505	46456	$386	47003	$320	47348	$354
46300	$1,604	46372	$1,690	46464	$891	47007	$1,331	47351	$888
46303	$2,080	46375	$2,005	46465	$891	47009	$639	47354	$639
46308	$2,079	46378	$2,674	46468	$1,560	47012	$1,277	47357	$1,420
46309	$2,079	46379	$3,368	46471	$2,228	47015	$320	47361	$497
46312	$2,674	46380	$4,244	46474	$2,897	47018	$745	47362	$745
46315	$3,565	46381	$1,188	46477	$3,565	47021	$994	47364	$1,056
46318	$4,456	46384	$1,188	46480	$1,485	47024	$745	47367	$843
46321	$5,347	46387	$2,451	46483	$1,188	47027	$2,450	47370	$1,531
46322	$3,119	46390	$3,269	46486	$891	47030	$745	47373	$1,094
46324	$3,639	46393	$3,788	46489	$1,040	47033	$2,450	47381	$958
46325	$3,639	46394	$4,720	46492	$1,426	47042	$425	47384	$1,277
46330	$1,367	46395	$5,882	46493	$1,302	47045	$1,589	47385	$1,100
46333	$2,228	46399	$2,045	46495	$803	47047	$1,225	47386	$1,775
46335	$1,841	46401	$2,344	46498	$868	47049	$1,632	47387	$1,029

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
47390	$1,544	47471	$162	47568	$1,544	47738	$1,247	47968	$816
47393	$2,059	47474	$710	47570	$2,059	47741	$1,811	47970	$816
47396	$710	47477	$888	47573	$2,573	47753	$1,533	47973	$816
47399	$1,420	47480	$1,775	47577	$2,130	47762	$900	47975	$1,433
47402	$1,064	47483	$2,130	47579	$604	47765	$1,723	47978	$869
47405	$710	47486	$3,549	47582	$1,598	47766	$2,266	47981	$585
47408	$1,420	47489	$5,324	47585	$1,652	47786	$2,710	47982	$1,392
47411	$425	47491	$5,856	47588	$4,968	47789	$2,710	47983	$3,266
47414	$852	47495	$1,775	47591	$6,035	47790	$1,118	47984	$3,266
47417	$994	47498	$2,662	47592	$1,229	47791	$1,025	48245	$1,179
47420	$1,952	47501	$3,549	47593	$3,008	47792	$1,775	48248	$1,826
47423	$816	47511	$5,324	47595	$607	47795	$1,775	48251	$1,503
47426	$1,225	47514	$3,106	47597	$1,225	47900	$657	48254	$3,443
47429	$1,632	47516	$1,632	47600	$2,130	47903	$911	48257	$1,503
47432	$2,041	47519	$3,266	47603	$2,686	47904	$217	48400	$1,243
47435	$1,562	47528	$2,840	47612	$1,544	47906	$440	48403	$1,952
47438	$2,485	47531	$3,620	47615	$1,775	47915	$662	48406	$1,243
47441	$3,106	47534	$4,082	47618	$2,218	47916	$331	48409	$1,952
47444	$852	47537	$1,632	47621	$1,544	47918	$911	48412	$2,378
47447	$1,277	47540	$816	47624	$2,130	47921	$440	48415	$3,017
47450	$1,704	47543	$852	47630	$1,277	47924	$147	48419	$2,378
47451	$2,054	47546	$1,277	47637	$723	47927	$549	48420	$3,017
47453	$994	47549	$2,029	47639	$852	47929	$1,475	48421	$3,465
47456	$1,491	47552	$1,420	47648	$1,135	47953	$1,692	48422	$3,443
47459	$1,988	47555	$2,130	47657	$1,775	47954	$1,470	48423	$2,840
47462	$425	47558	$3,763	47663	$532	47955	$2,457	48424	$2,840
47465	$1,952	47559	$2,882	47666	$888	47956	$3,685	48426	$3,443
47466	$425	47561	$1,029	47672	$425	47960	$512	48427	$3,443
47467	$852	47565	$2,686	47678	$639	47964	$838	48430	$1,012
47468	$1,632	47566	$3,424	47735	$833	47967	$2,075	48433	$4,029

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
48435	$2,130	48944	$1,775	49203	$2,925	49376	$7,950	49542	$4,968
48436	$1,012	48945	$1,029	49206	$2,130	49378	$6,955	49544	$5,785
48438	$1,012	48948	$2,307	49209	$2,840	49380	$8,446	49548	$3,549
48440	$1,012	48951	$3,372	49210	$3,749	49382	$10,931	49551	$4,968
48442	$1,012	48952	$2,307	49212	$888	49384	$12,918	49554	$7,099
48444	$1,012	48953	$2,307	49213	$3,224	49386	$8,943	49564	$3,465
48446	$4,550	48954	$3,549	49215	$2,450	49388	$10,434	49565	$4,973
48448	$4,550	48958	$4,082	49218	$1,029	49390	$12,421	49569	$2,840
48450	$4,123	48959	$5,700	49219	$1,029	49392	$17,390	49570	$1,029
48452	$4,123	48960	$3,549	49220	$2,307	49394	$14,905	49572	$2,732
48454	$3,058	48972	$1,692	49221	$2,307	49396	$9,937	49574	$2,732
48456	$3,058	48980	$3,017	49224	$2,662	49398	$7,453	49576	$2,732
48507	$1,381	48983	$2,213	49227	$2,662	49500	$1,420	49578	$2,732
48509	$1,243	48986	$3,017	49230	$3,555	49503	$1,846	49580	$2,732
48512	$3,372	49100	$1,243	49233	$1,462	49506	$2,769	49582	$3,224
48900	$1,064	49104	$1,996	49236	$2,205	49509	$2,840	49584	$3,224
48903	$2,130	49105	$2,928	49239	$1,097	49512	$4,968	49586	$3,224
48906	$2,130	49106	$3,549	49300	$1,965	49515	$3,195	49590	$1,401
48909	$2,840	49109	$2,662	49303	$2,059	49516	$7,959	49592	$4,304
48915	$2,840	49112	$2,662	49306	$4,082	49517	$4,548	49594	$3,443
48918	$5,680	49113	$2,649	49309	$2,840	49518	$4,968	49596	$2,583
48919	$6,431	49114	$2,649	49315	$3,195	49519	$8,729	49703	$2,307
48921	$5,856	49115	$4,259	49318	$4,968	49521	$6,035	49706	$1,243
48924	$6,744	49116	$5,622	49319	$8,729	49524	$7,099	49709	$2,662
48925	$2,649	49117	$6,746	49321	$6,035	49525	$6,035	49712	$3,549
48927	$1,384	49118	$1,029	49360	$1,297	49527	$4,968	49715	$4,839
48932	$2,649	49121	$2,307	49363	$1,561	49530	$7,454	49716	$5,622
48939	$4,082	49124	$1,401	49366	$2,307	49533	$9,586	49717	$6,746
48942	$5,324	49127	$2,649	49372	$3,478	49534	$2,742	49718	$1,420
48943	$1,775	49200	$3,088	49374	$6,459	49536	$3,549	49724	$2,485

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
49727	$1,064	49780	$5,247	49830	$3,106	50221	$9,583	50378	$3,293
49728	$2,129	49781	$3,936	49833	$1,952	50224	$10,648	50381	$2,457
49730	$2,307	49782	$2,132	49836	$3,372	50233	$8,164	50384	$4,312
49732	$2,307	49783	$2,859	49837	$2,440	50236	$6,389	50390	$862
49734	$1,243	49784	$3,267	49838	$4,214	50239	$4,259	50393	$3,188
49736	$2,485	49785	$3,675	49839	$1,952	50242	$3,195	50394	$10,471
49738	$1,775	49786	$4,083	49845	$2,440	50245	$9,584	50395	$3,443
49740	$5,325	49787	$4,491	49851	$1,632	50300	$4,365	50396	$1,752
49742	$5,615	49788	$4,899	49854	$1,420	50303	$5,959	50399	$3,476
49744	$8,420	49789	$4,214	49857	$1,313	50306	$9,304	50411	$4,939
49760	$1,331	49790	$3,660	49860	$1,226	50309	$1,150	50414	$6,664
49761	$1,952	49791	$1,660	49866	$1,135	50310	$165	50417	$4,939
49762	$2,928	49792	$1,864	49878	$213	50312	$3,126	50420	$4,077
49763	$3,416	49793	$2,175	49881	$829	50321	$3,502	50423	$3,763
49764	$3,904	49794	$2,485	49884	$1,401	50324	$4,992	50426	$1,752
49765	$4,393	49795	$2,796	49887	$1,120	50330	$862	50428	$3,224
49766	$4,880	49796	$3,107	49890	$1,891	50333	$2,325	50450	$4,626
49767	$5,369	49797	$3,417	50107	$1,775	50335	$2,325	50451	$4,626
49768	$5,856	49798	$3,728	50112	$1,361	50336	$3,476	50455	$5,239
49769	$3,824	49800	$497	50115	$539	50339	$2,226	50456	$5,239
49770	$5,679	49803	$639	50118	$2,954	50345	$1,307	50460	$7,821
49771	$1,401	49806	$497	50130	$1,177	50348	$862	50461	$7,821
49772	$1,236	49809	$816	50200	$710	50351	$6,022	50465	$11,016
49773	$1,532	49812	$1,632	50201	$1,754	50352	$213	50466	$11,016
49774	$1,056	49814	$3,728	50203	$1,562	50354	$4,939	50470	$13,971
49775	$1,423	49815	$5,170	50206	$2,307	50357	$2,117	50471	$13,971
49776	$4,432	49818	$1,029	50209	$2,840	50360	$2,457	50475	$16,121
49777	$2,624	49821	$1,632	50212	$6,211	50369	$2,457	50476	$16,121
49778	$3,936	49824	$2,858	50215	$7,809	50372	$4,312	50508	$1,656
49779	$4,592	49827	$1,775	50218	$10,294	50375	$1,882	50512	$2,210

Therapeutic procedures fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
50524	$1,796	50612	$20,586	51025	$9,649	51061	$10,687	51145	$1,668
50528	$2,763	50616	$2,613	51026	$10,564	51062	$13,853	51150	$1,679
50532	$2,401	50620	$14,474	51031	$3,549	51063	$16,779	51160	$4,336
50536	$3,203	50624	$14,474	51032	$4,259	51064	$18,673	51165	$5,467
50540	$2,210	50628	$17,880	51033	$4,970	51065	$20,653	51170	$8,236
50544	$1,102	50632	$15,028	51034	$5,324	51066	$21,745	51171	$3,462
50548	$2,210	50636	$16,700	51035	$5,679	51071	$9,426	51300	$308
50552	$1,904	50640	$9,232	51036	$6,034	51072	$9,803	51303	*Derived
50556	$2,541	50644	$8,906	51041	$4,082	51073	$12,442	51306	N/A
50560	$1,987	50654	$2,080	51042	$5,715	51102	$4,462	51309	*Derived
50564	$2,650	50950	$2,787	51043	$7,144	51103	$7,841	51312	*Derived
50568	$2,318	50952	$2,787	51044	$7,756	51110	$2,840	51315	$878
50572	$3,095	51011	$7,038	51045	$8,164	51111	$1,207	51318	$580
50576	$2,541	51012	$8,145	51051	$8,922	51112	$816	91850	N/A
50580	$2,650	51013	$10,179	51052	$10,852	51113	$905	91851	N/A
50584	$2,541	51014	$12,213	51053	$12,348	51114	$1,598	91852	N/A
50588	$3,312	51015	$14,247	51054	$6,583	51115	$1,598	91853	N/A
50592	$3,620	51020	$2,886	51055	$9,874	51120	$888	91855	N/A
50596	$1,132	51021	$4,831	51056	$11,525	51130	$6,769	91856	N/A
50600	$1,837	51022	$6,009	51057	$9,049	51131	$6,769	91857	N/A
50604	$7,794	51023	$7,151	51058	$10,181	51140	$1,668	91858	N/A
50608	$14,474	51024	$8,255	51059	$12,442	51141	$3,086		

Category 4 – Oral and maxillofacial services

Oral and maxillofacial services fees

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
51700	$231	52051	$1,904	52102	$584	52306	$2,294	52382	$8,860
51703	$124	52054	$2,228	52105	$930	52309	$771	52420	$888
51800	$303	52055	$82	52106	$412	52312	$994	52424	$1,963
51803	*Derived	52056	$82	52108	$1,216	52315	$1,727	52430	$3,878
51900	$1,138	52057	$528	52111	$1,211	52318	$473	52440	$2,112
51902	$231	52058	$847	52114	$2,057	52319	$787	52442	$2,410
51904	$1,418	52059	$951	52117	$2,492	52321	$1,755	52444	$2,850
51906	$2,157	52060	$539	52120	$2,580	52324	$1,963	52446	$3,163
52000	$258	52061	$792	52122	$2,756	52327	$974	52450	$880
52003	$390	52062	$1,057	52123	$2,403	52330	$2,734	52452	$1,672
52006	$390	52063	$1,138	52126	$3,047	52333	$2,574	52456	$3,746
52009	$665	52064	$698	52129	$4,137	52336	$1,546	52458	$1,073
52010	$908	52066	$1,232	52130	$1,483	52337	$4,140	52460	$2,438
52012	$78	52069	$698	52131	$2,051	52339	$1,947	52480	$2,497
52015	$352	52072	$212	52132	$837	52342	$3,088	52482	$1,689
52018	$979	52073	$539	52133	$297	52345	$3,752	52484	$2,013
52021	$108	52075	$528	52135	$506	52348	$3,938	52600	$1,282
52024	$242	52078	$1,057	52138	$1,342	52351	$4,762	52603	$1,227
52025	$585	52081	$163	52141	$1,287	52354	$4,454	52606	$935
52027	$622	52084	$412	52144	$963	52357	$5,437	52609	$1,227
52030	$291	52087	$698	52147	$1,254	52360	$5,145	52612	$1,488
52033	$660	52090	$1,111	52148	$2,509	52363	$6,239	52615	$1,844
52034	$130	52092	$1,452	52158	$3,895	52366	$5,644	52618	$2,223
52035	$1,689	52094	$1,673	52180	$737	52369	$6,861	52621	$2,147
52036	$478	52095	$1,329	52182	$1,617	52372	$6,176	52624	$1,793
52039	$1,196	52096	$468	52184	$2,387	52375	$7,456	52626	$1,063
52042	$632	52097	$563	52186	$2,937	52378	$2,459	52627	$1,920
52045	$935	52098	$587	52300	$1,029	52379	$4,491	52630	$715
52048	$1,408	52099	$156	52303	$1,546	52380	$7,393	52633	$1,920

Oral and maxillofacial services fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
52636	$715	53006	$1,625	53203	$370	53400	$484	53427	$3,168
52800	$1,122	53009	$922	53206	$539	53403	$595	53429	$3,168
52803	$1,578	53012	$374	53209	$5,435	53406	$1,584	53439	$898
52806	$1,122	53015	$1,887	53212	$2,959	53409	$1,531	53453	$1,578
52809	$1,909	53016	$1,507	53215	$1,499	53410	$324	53455	$1,791
52812	$2,701	53017	$1,880	53218	$2,476	53411	$930	53458	$134
52815	$2,866	53019	$2,200	53220	$1,244	53412	$1,530	53459	$1,325
52818	$1,909	53052	$383	53221	$3,194	53413	$1,807	53460	$1,815
52821	$4,131	53054	$390	53224	$3,540	53414	$2,078	53700	$389
52824	$1,298	53056	$234	53225	$1,100	53415	$1,642	53702	$195
52826	$957	53058	$423	53226	$1,169	53416	$1,642	53704	$117
52828	$1,265	53060	$418	53227	$4,353	53418	$2,131	53706	$389
52830	$1,743	53062	$319	53230	$5,071	53419	$2,131	54001	$225
52832	$2,536	53064	$508	53233	$5,698	53422	$2,800	54002	$124
53000	$102	53068	$425	53236	$1,775	53423	$2,800	54004	$124
53003	$319	53070	$555	53239	$1,775	53424	$2,323		
53004	$92	53200	$183	53242	$1,169	53425	$2,323		

Category 5 – Diagnostic imaging services

Eligibility for funding

Diagnostic imaging services will generally be funded where:

- the worker has an accepted claim
- the service relates to the accepted injury
- the referral meets applicable MBS requirements.

In limited circumstances, diagnostic imaging may be funded on a pending claim where the results are reasonably required to assist with determining liability or making a claim decision.

Funding for diagnostic imaging services is aligned with MBS referral requirements. MRI services generally require referral by an eligible specialist, except for **MRI items 63551**, **63554**, **63557** and **63560**, which may be referred by a GP in accordance with MBS requirements.

Refer to the **Approval for Radiology Services** decision guide to determine whether a service is compensable, requires prior approval, and meets applicable referrer requirements.

Episode of care

Diagnostic imaging services requested on the same referral are generally considered a single episode of care and should be provided at the same attendance where clinically appropriate. This includes:

- referrals involving multiple anatomical regions
- bilateral examinations
- imaging performed in conjunction with an interventional procedure.

Separate appointments arranged primarily to attract additional fees will not be funded by the insurer.

Reports

The fee for a diagnostic imaging service includes both the procedure and the reading and report on that procedure by the diagnostic imaging service provider.

The report must be provided to the insurer before the invoice for the service will be paid.

Specialist MRI services

For specialist MRI services and fees, please refer to the **Supplementary Services Table of Costs**.

Diagnostic imaging services fees

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
55028	$257	55132	$543	55707	$165	55848	$321	55882	$286
55029	$89	55133	$490	55708	$82	55850	$424	55883	$99
55030	$257	55134	$543	55709	$89	55852	N/A	55884	$257
55031	$89	55135	$833	55712	$271	55854	N/A	55885	$89
55032	$257	55137	$543	55715	$95	55856	$257	55886	$286
55033	$89	55141	$969	55718	$235	55857	$89	55887	$99
55036	$262	55143	$969	55721	$271	55858	$286	55888	$257
55037	$89	55145	$1,123	55723	$89	55859	$99	55889	$89
55038	$257	55146	$1,123	55725	$95	55860	$257	55890	$286
55039	$89	55238	$399	55729	$64	55861	$89	55891	$99
55048	$258	55244	$399	55736	$299	55862	$286	55892	$257
55049	$89	55246	$399	55739	$134	55863	$99	55893	$89
55054	$257	55248	$399	55740	$245	55864	$257	55894	$286
55065	$231	55252	$399	55741	$123	55865	$89	55895	$99
55066	$514	55274	$399	55742	$245	55866	$286	56001	$451
55068	$82	55276	$399	55743	$123	55867	$99	56007	$578
55070	$231	55278	$399	55757	$117	55868	$257	56010	$582
55071	$489	55280	$399	55758	$44	55869	$89	56013	$578
55073	$80	55282	$399	55759	$353	55870	$286	56016	$669
55076	$257	55284	$399	55762	$142	55871	$99	56022	$520
55079	$89	55292	$399	55764	$377	55872	N/A	56028	$777
55080	$522	55294	$399	55766	$153	55873	N/A	56030	$520
55084	$231	55296	$262	55768	$353	55874	N/A	56036	$777
55085	$80	55600	$257	55770	$142	55875	N/A	56101	$531
55118	$649	55603	$257	55772	$377	55876	$257	56107	$785
55126	$543	55700	$142	55774	$153	55877	$89	56219	$753
55127	$543	55703	$82	55812	$257	55878	$286	56220	$555
55128	$543	55704	$165	55814	$89	55879	$99	56221	$555
55129	$543	55705	$82	55844	$206	55880	$257	56223	$555
55130	$400	55706	$235	55846	$89	55881	$89	56224	$811

Diagnostic imaging services fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
56225	$811	57353	$1,178	57915	$111	58524	$133	59718	$317
56226	$811	57354	$1,178	57918	$111	58527	$164	59724	$534
56233	$555	57357	$1,178	57921	$111	58700	$108	59733	$254
56234	$811	57360	$1,616	57924	$111	58706	$372	59739	$173
56237	$555	57362	$262	57927	$117	58715	$357	59751	$328
56238	$811	57364	N/A	57930	$78	58718	$297	59754	$517
56301	$681	57410	N/A	57933	$184	58721	$326	59763	$315
56307	$923	57413	N/A	57939	$152	58900	$84	59970	$396
56401	$578	57506	$70	57942	$117	58903	$112	60000	$1,329
56407	$831	57509	$94	57945	$102	58909	$212	60003	$1,949
56409	$578	57512	$96	57960	$111	58912	$260	60006	$2,772
56412	$831	57515	$127	57963	$111	58915	$186	60009	$3,242
56501	$889	57518	$77	57966	$111	58916	$327	60012	$1,329
56507	$1,108	57521	$102	57969	$111	58921	$318	60015	$1,949
56553	$1,201	57522	$77	58100	$159	58927	$180	60018	$2,772
56620	$509	57523	$102	58103	$130	58933	$484	60021	$3,242
56622	$509	57524	$117	58106	$182	58936	$462	60024	$1,329
56623	$773	57527	$155	58108	$260	58939	$328	60027	$1,949
56626	$773	57541	N/A	58109	$110	59103	$50	60030	$2,772
56627	$509	57700	$96	58112	$229	59300	N/A	60033	$3,242
56628	$773	57703	$127	58115	$260	59302	$476	60036	$1,329
56629	$509	57706	$77	58120	$260	59303	N/A	60039	$1,949
56630	$773	57709	$102	58121	$260	59305	N/A	60042	$2,772
56801	$1,077	57712	$111	58300	$95	59312	$205	60045	$3,242
56807	$1,293	57715	$144	58306	$211	59314	$124	60048	$1,329
57001	$1,078	57721	$234	58500	$83	59318	$111	60051	$1,949
57007	$1,311	57901	$152	58503	$111	59700	$228	60054	$2,772
57201	$358	57902	$152	58506	$143	59703	$179	60057	$3,242
57341	$1,085	57905	$152	58509	$94	59712	$268	60060	$1,329
57352	$1,178	57907	$111	58521	$102	59715	N/A	60063	$1,949

Diagnostic imaging services fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
60066	$2,772	61360	$877	61433	$1,081	61541	$2,002	63040	$387
60069	$3,242	61361	$1,003	61434	$1,338	61553	$2,099	63043	$413
60072	$113	61364	$1,081	61438	$1,464	61559	$1,929	63046	$464
60075	$227	61368	$485	61441	$1,065	61560	N/A	63049	$464
60078	$339	61369	$4,384	61442	$1,636	61563	$2,732	63052	N/A
60500	$102	61372	$485	61445	$624	61564	$2,732	63055	$464
60503	$70	61373	$1,065	61446	$725	61565	$2,002	63058	$464
60506	$150	61376	$312	61449	$992	61571	$2,002	63061	$464
60509	$233	61381	$1,249	61450	$865	61575	$2,002	63064	$464
60918	$111	61383	$1,360	61453	$1,119	61577	N/A	63067	$464
60927	$89	61384	$1,496	61454	$757	61598	N/A	63070	$464
61109	$610	61386	$723	61457	$1,023	61604	N/A	63073	$464
61310	$798	61387	$937	61461	$1,148	61610	$2,002	63101	$567
61313	$660	61389	$806	61462	$281	61612	N/A	63111	$567
61314	$913	61390	$892	61466	$10,202	61614	$2,002	63114	$567
61321	$715	61393	$1,316	61469	$757	61620	N/A	63125	$567
61324	$1,420	61394	N/A	61473	$381	61622	$2,002	63128	$567
61325	$715	61397	$537	61480	$842	61628	$2,002	63131	$567
61328	$495	61398	N/A	61485	$2,173	61632	N/A	63151	$413
61329	$2,136	61402	$1,316	61495	$485	61640	$2,099	63154	$413
61333	$932	61406	N/A	61499	$551	61644	N/A	63161	$413
61336	$1,271	61409	$1,900	61505	$210	61646	$2,099	63164	N/A
61340	$551	61410	N/A	61523	$2,002	61647	N/A	63167	$413
61341	$1,262	61413	$492	61524	N/A	61650	N/A	63170	$413
61345	$2,136	61414	N/A	61525	N/A	63001	$464	63173	$413
61348	$964	61421	$1,043	61527	$1,581	63004	$464	63176	$413
61349	$2,136	61425	$1,306	61528	N/A	63007	$464	63179	$413
61353	$840	61426	$1,206	61529	$2,002	63010	$387	63182	$413
61356	$854	61429	$1,181	61530	N/A	63019	N/A	63185	$413
61357	$1,420	61430	$1,434	61538	$1,893	63020	N/A	63201	$516

Diagnostic imaging services fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
63204	$516	63325	$464	63440	N/A	63499	$181	63546	N/A
63219	$516	63328	$464	63443	N/A	63501	$576	63547	N/A
63222	$516	63331	$464	63446	N/A	63502	$576	63549	$2,071
63225	$516	63334	$387	63454	$1,381	63504	$576	63551	$464
63228	$516	63337	$516	63461	$413	63505	$576	63554	$413
63231	$516	63340	$464	63464	N/A	63507	$464	63557	$567
63234	$516	63361	N/A	63467	N/A	63510	$516	63560	$464
63237	$516	63385	N/A	63470	N/A	63513	$464	63563	N/A
63240	$516	63388	$516	63473	N/A	63516	$464	63564	N/A
63243	$516	63390	$633	63476	N/A	63519	$464	63740	N/A
63271	$567	63391	$464	63482	$464	63522	$516	63741	N/A
63274	$567	63395	$984	63487	N/A	63531	N/A	63743	N/A
63277	$567	63397	$984	63489	N/A	63533	N/A	64990	N/A
63280	$567	63401	$464	63491	$52	63539	N/A	64991	N/A
63301	$439	63404	$464	63494	$52	63540	N/A	64992	N/A
63304	$439	63416	N/A	63496	$288	63541	N/A	64993	N/A
63307	$439	63425	N/A	63497	$181	63543	N/A	64994	N/A
63322	$464	63428	N/A	63498	$52	63545	N/A	64995	N/A

Category 6 – Pathology services

Pathology services fees

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
65060	$27	65144	$196	66523	N/A	66623	$143	66683	$258
65066	$36	65147	$132	66525	N/A	66626	$84	66686	$176
65070	$58	65150	$248	66536	$40	66629	$70	66695	$111
65072	$35	65153	$490	66539	$105	66632	$70	66696	$111
65075	$181	65156	$737	66542	$66	66635	$70	66697	$48
65078	$314	65157	$248	66545	N/A	66638	$101	66698	$154
65079	$314	65158	$248	66548	N/A	66639	$101	66701	$200
65081	$336	65159	$248	66551	N/A	66641	$101	66704	$248
65082	$336	65162	$36	66554	N/A	66642	$101	66707	$291
65084	$589	65165	$119	66557	N/A	66644	$70	66711	$108
65087	$303	65166	$119	66560	$70	66647	$156	66712	$156
65090	$38	65171	$88	66563	$86	66650	$85	66714	$108
65093	$75	65175	$88	66566	$117	66651	$85	66715	$47
65096	$140	65176	$169	66569	$148	66652	$70	66716	$107
65099	$385	65177	$248	66572	$179	66653	$154	66719	$140
65102	$577	65178	$331	66575	$209	66654	N/A	66722	$152
65105	$385	65179	$412	66578	$242	66655	$70	66723	$152
65108	$577	65180	$88	66581	$270	66656	$70	66724	$53
65109	$45	65181	$81	66584	$34	66659	$130	66725	$198
65110	$45	66500	$34	66585	N/A	66660	$130	66728	$242
65111	$81	66503	$40	66586	$140	66662	$275	66731	$291
65114	$31	66506	$48	66587	$165	66663	$275	66734	$336
65117	$70	66509	$54	66590	$105	66665	$105	66743	$70
65120	$48	66512	$62	66593	$66	66666	$105	66749	$115
65123	$70	66517	$68	66596	$119	66667	$105	66750	$134
65126	$97	66518	$69	66605	$105	66671	$128	66751	$191
65129	$123	66519	$140	66606	$105	66674	$138	66752	$86
65137	$88	66520	N/A	66607	$258	66677	$38	66755	$134
65142	$88	66522	N/A	66610	$258	66680	$258	66756	$357

Pathology services fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
66757	$357	66822	$181	69324	$148	69413	$171	71060	$152
66758	$86	66825	$105	69325	$148	69415	N/A	71062	$152
66761	$46	66826	$105	69327	$291	69421	$187	71064	$71
66764	$31	66827	$74	69328	$291	69422	$204	71066	$51
66767	$62	66828	$181	69330	$440	69445	$314	71068	$51
66770	$92	66829	$140	69331	$440	69451	$314	71069	$83
66773	$86	66830	$214	69333	$70	69471	$121	71071	$113
66776	$86	66831	$105	69336	$119	69472	$54	71072	$51
66779	$138	66832	$105	69339	$66	69474	$99	71073	$369
66780	$138	66833	$148	69345	$181	69475	$54	71074	$51
66782	$46	66834	$148	69354	$105	69478	$100	71075	$94
66783	$46	66835	$148	69357	$212	69481	$138	71076	$369
66785	$138	66836	$148	69360	$314	69482	$517	71077	$94
66788	$231	66837	$148	69363	$88	69483	$517	71079	$94
66789	$138	66838	$86	69378	$617	69484	$58	71081	$140
66790	$89	66839	$156	69379	$617	69488	$617	71083	$70
66791	$258	66840	$86	69380	$2,607	69489	$617	71085	$100
66792	$258	66841	$58	69381	$617	69491	$698	71087	$130
66800	$63	66842	$82	69382	$617	69492	$698	71089	$101
66803	$106	66900	$264	69383	$617	69494	$88	71090	$101
66804	$63	69300	$43	69384	$54	69495	$115	71091	$183
66805	$44	69303	$75	69387	$98	69496	$148	71092	$82
66806	$150	69306	$117	69390	$148	69497	$88	71093	$264
66812	$121	69309	$165	69393	$196	69498	$22	71095	$140
66815	$207	69312	$117	69396	$248	69499	$314	71096	$140
66816	$207	69316	$98	69400	$54	69500	$314	71097	$88
66817	$148	69317	$123	69401	$48	69505	$359	71099	$92
66819	$105	69318	$111	69405	$54	71057	$123	71101	$61
66820	$105	69319	$148	69408	$96	71058	$176	71103	$181
66821	$74	69321	$165	69411	$134	71059	$101	71106	$39

Pathology services fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
71119	$61	71167	$209	72846	$205	73074	N/A	73315	$759
71121	$71	71168	$253	72847	$308	73075	N/A	73316	N/A
71123	$84	71169	$119	72848	$258	73076	N/A	73317	$121
71125	$96	71170	$45	72849	$357	73287	$1,244	73318	$121
71127	$610	71175	N/A	72850	$412	73289	$1,133	73319	N/A
71129	$754	71180	$119	72851	$1,843	73290	$1,244	73320	$134
71131	$897	71183	$163	72852	$2,459	73291	$726	73321	$134
71133	$36	71186	$209	72855	$632	73292	$1,859	73322	N/A
71134	$364	71189	$54	72856	$842	73293	$726	73323	$134
71135	$721	71192	$99	72857	$991	73294	$726	73324	$134
71137	$104	71195	$138	72858	N/A	73295	N/A	73325	$242
71139	$364	71198	$140	72859	N/A	73296	N/A	73326	$754
71141	$682	71200	$123	72860	$297	73297	N/A	73327	$169
71143	$902	71202	N/A	73043	$69	73298	N/A	73329	N/A
71145	$1,474	71203	$140	73045	$158	73299	N/A	73331	N/A
71146	$374	72813	$275	73047	$314	73300	N/A	73332	$1,045
71147	$140	72814	$242	73049	$231	73301	N/A	73333	$1,942
71148	$140	72816	$297	73051	$577	73302	N/A	73334	$1,100
71149	$374	72817	$331	73059	$148	73303	N/A	73335	$1,523
71151	$412	72818	$369	73060	$196	73304	N/A	73336	$553
71153	$119	72823	$336	73061	$176	73305	$704	73337	$950
71154	$119	72824	$484	73062	$297	73306	N/A	73338	$867
71155	$163	72825	$617	73063	$331	73307	N/A	73339	$1,293
71156	$44	72826	$671	73064	$248	73308	$121	73340	$649
71157	$209	72827	$721	73065	$291	73309	$121	73341	$957
71159	$253	72828	$771	73066	$743	73310	N/A	73342	N/A
71163	$87	72830	$935	73067	$435	73311	$121	73343	$1,411
71164	$140	72836	$1,441	73070	$136	73312	$121	73344	$957
71165	$119	72838	$1,617	73071	N/A	73313	N/A	73345	N/A
71166	$165	72844	$105	73072	N/A	73314	$759	73346	N/A

Pathology services fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
73347	N/A	73377	N/A	73411	N/A	73443	N/A	73808	$30
73348	N/A	73378	N/A	73412	N/A	73444	N/A	73809	$9
73349	N/A	73379	N/A	73413	N/A	73445	N/A	73810	$23
73350	N/A	73380	N/A	73416	N/A	73446	N/A	73811	$38
73351	$950	73381	N/A	73417	N/A	73447	N/A	73812	N/A
73352	N/A	73382	N/A	73418	N/A	73448	N/A	73813	$282
73353	N/A	73383	N/A	73419	N/A	73451	N/A	73825	N/A
73354	N/A	73384	N/A	73420	N/A	73452	N/A	73826	N/A
73355	N/A	73385	N/A	73421	N/A	73453	N/A	73828	N/A
73356	N/A	73386	N/A	73422	$2,870	73454	N/A	73829	N/A
73357	N/A	73387	N/A	73423	$1,196	73455	N/A	73830	N/A
73358	N/A	73388	N/A	73424	$3,827	73456	N/A	73831	N/A
73359	N/A	73389	N/A	73425	$4,305	73457	N/A	73832	N/A
73360	N/A	73391	N/A	73426	$5,740	73458	N/A	73833	N/A
73361	N/A	73392	N/A	73427	$2,870	73459	N/A	73834	N/A
73362	N/A	73393	N/A	73428	N/A	73460	N/A	73835	N/A
73363	N/A	73394	N/A	73429	$2,124	73461	N/A	73836	N/A
73364	N/A	73395	N/A	73430	N/A	73462	N/A	73837	N/A
73365	N/A	73396	N/A	73431	N/A	73521	$34	73839	N/A
73366	N/A	73397	N/A	73432	N/A	73523	$146	73840	N/A
73367	N/A	73398	N/A	73433	N/A	73525	$98	73844	N/A
73368	N/A	73399	N/A	73434	$938	73527	$35	73899	$61
73369	N/A	73400	N/A	73435	$2,392	73529	$99	73900	$9
73370	N/A	73401	N/A	73436	$950	73801	$23	73920	$9
73371	N/A	73402	N/A	73437	N/A	73802	$16	73922	$28
73372	N/A	73403	N/A	73438	N/A	73803	$21	73923	$9
73373	N/A	73404	N/A	73439	N/A	73804	$28	73924	$50
73374	N/A	73405	N/A	73440	N/A	73805	$16	73925	$9
73375	N/A	73406	N/A	73441	N/A	73806	$35	73926	$28
73376	N/A	73410	N/A	73442	N/A	73807	$23	73927	$9

Pathology services fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
73928	$61	73934	$61	73940	$37	74995	N/A	75862	N/A
73929	$9	73935	$9	74990	N/A	74996	N/A	75863	N/A
73930	$61	73936	$35	74991	N/A	74997	N/A	75864	N/A
73931	$9	73937	$9	74992	N/A	74998	N/A		
73932	$37	73938	$35	74993	N/A	74999	N/A		
73933	$9	73939	$9	74994	N/A	75861	N/A		

Category 7 – Cleft and craniofacial services

Cleft and craniofacial services fees

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
75002	N/A	75027	N/A	75051	N/A	75609	N/A	75836	N/A
75005	N/A	75030	N/A	75200	N/A	75610	N/A	75842	N/A
75007	N/A	75032	N/A	75203	N/A	75618	N/A	75845	N/A
75009	N/A	75034	N/A	75206	N/A	75621	N/A	75848	N/A
75010	N/A	75039	N/A	75400	N/A	75800	N/A	75851	N/A
75011	N/A	75042	N/A	75402	N/A	75802	N/A	75854	N/A
75012	N/A	75045	N/A	75405	N/A	75815	N/A		
75015	N/A	75048	N/A	75600	N/A	75818	N/A		
75023	N/A	75049	N/A	75603	N/A	75820	N/A		
75024	N/A	75050	N/A	75606	N/A	75833	N/A		

Category 8 – Miscellaneous services

Miscellaneous services fees

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
10950	N/A	75871	N/A	80106	N/A	80160	N/A	81335	N/A
10951	N/A	75872	N/A	80110	N/A	80162	N/A	81340	N/A
10952	N/A	75873	N/A	80112	N/A	80165	N/A	81345	N/A
10953	N/A	75874	N/A	80115	N/A	80166	N/A	81350	N/A
10954	N/A	75875	N/A	80116	N/A	80170	N/A	81355	N/A
10955	N/A	75876	N/A	80120	N/A	80171	N/A	81360	N/A
10956	N/A	75880	N/A	80121	N/A	80172	N/A	82000	N/A
10957	N/A	75881	N/A	80122	N/A	80173	N/A	82001	N/A
10958	N/A	75882	N/A	80123	N/A	80174	N/A	82002	N/A
10959	N/A	75883	N/A	80125	N/A	80175	N/A	82003	N/A
10960	N/A	75884	N/A	80127	N/A	80176	N/A	82005	N/A
10962	N/A	75885	N/A	80128	N/A	80177	N/A	82010	N/A
10964	N/A	80000	N/A	80129	N/A	80178	N/A	82015	N/A
10966	N/A	80002	N/A	80130	N/A	81000	N/A	82020	N/A
10968	N/A	80005	N/A	80131	N/A	81005	N/A	82025	N/A
10970	N/A	80006	N/A	80135	N/A	81010	N/A	82030	N/A
10983	N/A	80010	N/A	80137	N/A	81100	N/A	82035	N/A
10987	N/A	80012	N/A	80140	N/A	81105	N/A	82100	N/A
10988	N/A	80015	N/A	80141	N/A	81110	N/A	82102	N/A
10989	N/A	80016	N/A	80145	N/A	81115	N/A	82103	N/A
10990	N/A	80020	N/A	80146	N/A	81120	N/A	82104	N/A
10991	N/A	80021	N/A	80147	N/A	81125	N/A	82105	N/A
10992	N/A	80022	N/A	80148	N/A	81300	N/A	82110	N/A
10997	N/A	80023	N/A	80150	N/A	81305	N/A	82115	N/A
75855	N/A	80024	N/A	80152	N/A	81310	N/A	82116	N/A
75856	N/A	80025	N/A	80153	N/A	81315	N/A	82118	N/A
75857	N/A	80100	N/A	80154	N/A	81320	N/A	82120	N/A
75858	N/A	80102	N/A	80155	N/A	81325	N/A	82123	N/A
75870	N/A	80105	N/A	80156	N/A	81330	N/A	82125	N/A

Miscellaneous services fees cont.

N/A = Item not applicable to workers' compensation claims.
***Derived** = Refer to the Excel version of the Medical Items Table of Costs for the applicable descriptor and billing requirements.

ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE	ITEM	FEE
82127	N/A	82312	N/A	91167	N/A	91198	N/A	93074	N/A
82130	N/A	82315	N/A	91168	N/A	91199	N/A	93076	N/A
82135	N/A	82318	N/A	91169	N/A	91200	N/A	93079	N/A
82140	N/A	82324	N/A	91170	N/A	91201	N/A	93084	N/A
82200	$30	82332	N/A	91171	N/A	91202	N/A	93087	N/A
82201	N/A	82350	N/A	91172	N/A	91203	N/A	93092	N/A
82202	N/A	82352	N/A	91173	N/A	91204	N/A	93095	N/A
82203	N/A	82354	N/A	91174	N/A	91205	N/A	93100	N/A
82204	N/A	82355	N/A	91175	N/A	91206	N/A	93103	N/A
82205	$64	82357	N/A	91176	N/A	91211	N/A	93108	N/A
82206	N/A	82358	N/A	91177	N/A	91212	N/A	93110	N/A
82210	$121	82359	N/A	91178	N/A	91214	N/A	93113	N/A
82215	$179	82360	N/A	91179	N/A	91215	N/A	93118	N/A
82216	$270	82362	N/A	91180	N/A	91218	N/A	93121	N/A
82226	$123	82363	N/A	91181	N/A	91219	N/A	93126	N/A
82227	$158	82365	N/A	91182	N/A	91221	N/A	93129	N/A
82228	N/A	82366	N/A	91183	N/A	91222	N/A	93134	N/A
82250	$105	82367	N/A	91184	N/A	93000	N/A	93137	N/A
82251	$105	82368	N/A	91185	N/A	93013	N/A	93200	N/A
82252	$163	82370	N/A	91186	N/A	93026	N/A	93201	N/A
82253	$163	82371	N/A	91187	N/A	93029	N/A	93202	N/A
82254	$222	82373	N/A	91188	N/A	93032	N/A	93203	N/A
82255	$222	82374	N/A	91189	N/A	93033	N/A	93284	N/A
82256	$314	82375	N/A	91190	N/A	93035	N/A	93285	N/A
82257	$314	82376	N/A	91191	N/A	93036	N/A	93286	N/A
82300	N/A	82378	N/A	91192	N/A	93040	N/A	93720	N/A
82301	N/A	82379	N/A	91193	N/A	93041	N/A	93721	*Derived
82302	N/A	82381	N/A	91194	N/A	93043	N/A	93722	*Derived
82304	N/A	82382	N/A	91195	N/A	93044	N/A	93723	$878
82306	N/A	82383	N/A	91196	N/A	93048	N/A	93724	$580
82309	N/A	91166	N/A	91197	N/A	93061	N/A		

Contact us

General enquiries

Phone: 1300 927 928

Hours: Monday to Friday, 8:00 am to 5:30 pm AEST

If you need to contact a self-insured employer, you can find their contact details on the **WorkSafe Queensland website**.

Questions about a claim

For information about a claim, please contact the claim advisor directly.

If you're unsure who the claim advisor is, call 1300 927 928.

Provider questions and support

If you have questions about this table of costs or other provider-related enquiries, please contact our Provider Partnerships Team:

Email: **ProviderEngagement@workcoverqld.com.au**