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Workers' Compensation and Injury Management Act 1981

**Workers' Compensation and Injury  
Management (Scales of Fees) Amendment  
Regulations 2014**

Made by the Administrator in Executive Council, on the recommendation of WorkCover WA, under section 292 of the Act.

**1. Citation**

These regulations are the *Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2014*.

**2. Commencement**

These regulations come into operation as follows —

- (a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;
- (b) the rest of the regulations — on 1 November 2014.

**3. Regulations amended**

These regulations amend the *Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998*.

**4. Regulation 6 amended**

In regulation 6(1) delete "\$225.50" and insert:

\$231.90

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**5. Regulation 6A amended**

In regulation 6A delete "\$225.50" and insert:

\$231.90

**6. Regulation 7A amended**

In regulation 7A delete "\$71.35" and insert:

\$73.35

**7. Regulation 8 amended**

In regulation 8 delete "\$168.35" and insert:

\$173.10

**8. Schedule 1 Part 1 amended**

In Schedule 1 Part 1 delete the passage that begins with  
"**GENERAL PRACTITIONER**" and ends immediately before  
"**CONSULTATIONS AND ATTENDANCES**" and insert:

**GENERAL PRACTITIONER**

CONSULTATIONS

Surgery Consultation

in hours

**Content based**

Minor or Specific Service (Level A or B)

\$72.10

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Extended Service (Level C)	\$131.75
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Comprehensive Service (Level D)	\$202.40
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**Time based**

up to 5 minutes	\$43.05
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more than 5 minutes to 15 minutes	\$56.10
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more than 15 minutes to 30 minutes	\$108.25
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more than 30 minutes to 45 minutes	\$163.65
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more than 45 minutes to 60 minutes	\$221.80
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**Surgery Consultations**

out of hours

For attendances between the hours of 6 p.m. and 8 a.m. on a weekday or between 12 noon on Saturday and 8 a.m. on the following Monday and Public Holiday.

**Content based**

Minor Service (Level A)	\$54.10
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Specific Service (Level B)	\$108.25
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Extended Service (Level C)	\$197.00
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Comprehensive Service (Level D)	\$305.00
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**Time based**

up to 5 minutes	\$85.65
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more than 5 minutes to 15 minutes	\$92.95
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more than 15 minutes to 30 minutes	\$144.05
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more than 30 minutes	\$197.00
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VISITS

Consultations at a place other than the Consulting Rooms

in hours

Minor Service (Level A)	\$90.25
Specific Service (Level B)	\$123.35
Extended Service (Level C)	\$183.00
Comprehensive Service (Level D)	\$255.05

out of hours

Minor Service (Level A)	\$108.25
Specific Service (Level B)	\$160.90
Extended Service (Level C)	\$246.85
Comprehensive Service (Level D)	\$360.45

TELEPHONE CONSULTATIONS

**Time based**

up to 5 minutes	\$24.05
more than 5 minutes to 15 minutes	\$30.15
more than 15 minutes to 30 minutes	\$63.10
more than 30 minutes	\$94.50

CASE CONFERENCES, discussions with employers/insurers,  
rehabilitation providers, workplace assessments, etc.

per hour	\$271.15
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TRAVELLING FEES

Rate per kilometre	\$4.85
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**PHYSICIANS, OCCUPATIONAL & REHABILITATION  
PHYSICIANS**

***PHYSICIANS***

CONSULTATIONS

Professional attendance at consulting rooms and issue  
of certificate (if required) et al

first attendance \$273.75

subsequent attendances \$136.95

VISITS

Professional attendance at a place other than consulting  
rooms and issue of certificate (if required) et al

first attendance \$327.80

subsequent attendances \$189.15

***REHABILITATION PHYSICIANS***

CONSULTATIONS

Professional attendance at consulting rooms and issue  
of certificate (if required) et al

first attendance \$273.75

subsequent attendances \$136.95

VISITS

Professional attendance at a place other than consulting  
rooms and issue of certificate (if required) et al

first attendance \$327.80

subsequent attendances \$189.15

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***OCCUPATIONAL PHYSICIANS***

**CONSULTATIONS**

Professional attendance at consulting rooms and issue  
of certificate (if required) et al

first attendance	\$278.30
subsequent attendances	\$136.95

**VISITS**

Professional attendance at a place other than consulting  
rooms and issue of certificate (if required) et al

first attendance	\$327.80
subsequent attendances	\$189.15

**TELEPHONE CONSULTATIONS**

**Time based**

up to 5 minutes	\$36.00
more than 5 minutes to 15 minutes	\$44.25
more than 15 minutes to 30 minutes	\$92.60
more than 30 minutes	\$139.85

**CASE CONFERENCES**, discussions with employers/insurers,  
rehabilitation providers, workplace assessments, etc.

per hour	\$402.10
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**TRAVELLING FEES**

Rate per kilometre	\$4.85
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**CONSULTANT PSYCHIATRISTS**

CONSULTATIONS

Professional attendance at consulting rooms and issue of certificate (if required) et al

**Time based**

up to 15 minutes	\$80.25
more than 15 minutes to 30 minutes	\$160.20
more than 30 minutes to 45 minutes	\$239.95
more than 45 minutes to 60 minutes	\$321.05
more than 60 minutes to 75 minutes	\$363.30
more than 75 minutes	\$405.50

VISITS

Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al  
Visits include both attendance at hospitals and home visits

**Time based**

up to 15 minutes	\$131.85
more than 15 minutes to 30 minutes	\$212.90
more than 30 minutes to 45 minutes	\$290.55
more than 45 minutes to 75 minutes	\$371.70
more than 75 minutes	\$447.90

TELEPHONE CONSULTATIONS

**Time based**

up to 45 minutes	\$106.55
more than 45 minutes	\$232.55

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CASE CONFERENCES, discussions with employers/insurers,  
rehabilitation providers, workplace assessments, etc.

per hour	\$402.10
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TRAVELLING FEES

Rate per kilometre	\$4.85
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**SPECIALISTS**

***SURGEONS***

CONSULTATIONS

Professional attendance at consulting rooms and issue  
of certificate (if required) et al

first attendance	\$155.65
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subsequent attendances	\$81.20
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VISITS

Professional attendance at a place other than consulting  
rooms and issue of certificate (if required) et al

first attendance	\$209.75
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subsequent attendances	\$133.75
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***DERMATOLOGISTS***

CONSULTATIONS

Professional attendance at consulting rooms and issue  
of certificate (if required) et al

first attendance	\$155.65
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subsequent attendances	\$81.20
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VISITS

Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al

first attendance \$209.45

subsequent attendances \$133.50

TELEPHONE CONSULTATIONS

**Time based**

up to 5 minutes \$36.00

more than 5 minutes to 15 minutes \$44.25

more than 15 minutes to 30 minutes \$92.60

more than 30 minutes \$139.85

CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments, etc.

per hour \$402.10

TRAVELLING FEES

Rate per kilometre \$4.85

**ANAESTHETISTS**

All anaesthesia fees are calculated by multiplying the units for the consultation, attendance, procedure or service by the \$ value per unit allocated by this Schedule.

**\$ VALUE PER UNIT**

\$ value per unit \$80.95

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**9. Schedule 1 Parts 2 and 3 replaced**

Delete Schedule 1 Parts 2 and 3 and insert:

**Part 2 — Medical procedures**

Type of procedure	Fee
GENERAL	
Localised burns	\$60.10
Localised burns, including dressing of, under general anaesthetic	\$170.95
Extensive burns	\$103.70
Extensive burns, including dressing of, under general anaesthetic	\$361.90
Dressing of wounds, under general anaesthetic	\$170.95
Acupuncture, including consultation	\$79.75
DISLOCATIONS	
<p><i>closed reduction</i> means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.</p> <p><i>open reduction</i> means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation.</p> <p><i>other</i> means treatment by any other method and includes the use of external splintage.</p> <p>[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]</p>	
Elbow, by closed reduction	\$322.45
Elbow, by open reduction	\$427.65

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Type of procedure	Fee
Interphalangeal joint, by closed reduction	\$138.25
Interphalangeal joint, by open reduction	\$184.25
Mandible, by closed reduction	\$115.20
Clavicle, by closed reduction	\$136.70
Clavicle, by open reduction	\$276.35
Shoulder, not requiring general anaesthetic	\$153.75
Shoulder, by open reduction, with general anaesthetic	\$551.25
Shoulder, other, with general anaesthetic	\$273.00
Metacarpophalangeal joint, by closed reduction	\$184.25
Metacarpophalangeal joint, by open reduction	\$246.85
Patella, by closed reduction	\$207.15
Patella, by open reduction	\$276.35
Radioulnar joint, by closed reduction	\$322.45
Radioulnar joint, by open reduction	\$427.65
Toe, by closed reduction	\$115.20
Toe, by open reduction	\$153.00
<b>REMOVAL OF FOREIGN BODIES</b>	
as independent procedure	\$50.15
superficial	\$223.70
deep tissue or muscle	\$625.20
ear, other than by syringing	\$161.15
nose, other than by simple probing	\$161.15
cornea or sclera, embedded	\$164.55

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Type of procedure	Fee
<b>FRACTURES</b>	
<i>closed reduction</i> means non-operative reduction of the fracture and included percutaneous fixation and/or external splintage by cast or splint.	
<i>open reduction</i> means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation.	
<i>other</i> means treatment by any other method and includes the use of external splintage.	
[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]	
Distal phalanx of finger or thumb	
fracture, by closed reduction	\$207.15
fracture, intra-articular, by closed reduction	\$240.20
fracture, by open reduction	\$276.35
fracture, intra-articular, by open reduction	\$345.40
Middle phalanx of finger	
fracture, by closed reduction	\$312.55
fracture, intra-articular, by closed reduction	\$353.60
fracture, by open reduction	\$411.20
fracture, intra-articular, by open reduction	\$518.15
Proximal phalanx of finger or thumb	
fracture, by closed reduction	\$411.20
fracture, intra-articular, by closed reduction	\$485.20
fracture, by open reduction	\$551.25
fracture, intra-articular, by open reduction	\$690.90

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<b>Type of procedure</b>	<b>Fee</b>
Metacarpal	
fracture, by closed reduction	\$411.20
fracture, intra-articular, by closed reduction	\$485.20
fracture, by open reduction	\$551.25
fracture, intra-articular, by open reduction	\$690.90
Carpal Scaphoid, by open reduction	\$921.20
Carpal Scaphoid, other	\$411.20
Carpus (excluding Scaphoid), by open reduction	\$575.70
Carpus (excluding Scaphoid), other	\$230.35
Radius	
by closed management	\$460.45
by open management	\$921.20
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	\$690.90
by open reduction	\$921.20
Ribs (1 or more), each attendance	\$105.40
Tibia, plateau of, medial or lateral	
by closed reduction	\$830.75
by open reduction	\$1 102.10
Tibia, plateau of, medial and lateral	
by closed reduction	\$1 381.75
by open reduction	\$1 850.60
SUTURES	
face or neck, less than 7 cm, superficial	\$164.55
face or neck, less than 7 cm, deep	\$250.05

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<b>Type of procedure</b>	<b>Fee</b>
face or neck, more than 7 cm, superficial	\$250.05
face or neck, more than 7 cm, deep	\$427.65
except face or neck, less than 7 cm, superficial	\$125.00
except face or neck, less than 7 cm, deep	\$187.50
except face or neck, more than 7 cm, superficial	\$187.50
except face or neck, more than 7 cm, deep	\$411.20
<b>AMPUTATIONS</b>	
Hand, midcarpal or transmetacarpal	\$625.20
Hand, forearm or through arm	\$723.80
At shoulder	\$1 225.35
Interscapulothoracic	\$2 434.45
One digit of foot	\$328.90
Two digits of one foot	\$493.55
Three digits of one foot	\$666.20
Four digits of one foot	\$830.75
Five digits of one foot	\$995.20
Toe including metatarsal or part of metatarsal — each toe	\$388.40
Foot, at ankle	\$723.80
Foot, midtarsal or transmetatarsal	\$625.20
Through thigh, at knee or below knee	\$1 069.35
At hip	\$1 505.00

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<b>Type of procedure</b>	<b>Fee</b>
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**ASSISTANCE AT OPERATIONS**

The fee for assistance at any operation (or series or combination of operations) is to be related to the fee listed for the operation (or series or combination of operations) itself.

The fee is 20% of the total fee or the minimum sum of **\$207.15**, whichever is greater.

**USE OF PRIVATE THEATRES**

A theatre fee of **\$125.00** will be paid to practitioners for the use of their private theatre, but this fee may only be charged if the patient would otherwise have been sent to hospital.

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**Part 3 — Diagnostic Imaging Services**

**ULTRASOUND**

<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
55028	\$201.50
55029	\$69.85
55030	\$201.50
55031	\$69.85
55032	\$201.50
55033	\$69.85
55036	\$205.45
55037	\$69.85
55038	\$201.50
55039	\$69.85
55044	\$205.45
55045	\$69.85
55048	\$201.50

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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
55049	\$69.85
55054	\$201.50
55070	\$181.40
55073	\$62.85
55076	\$201.50
55079	\$69.85
55084	\$181.40
55085	\$62.85
55113	\$425.90
55114	\$425.90
55115	\$425.90
55116	\$473.65
55117	\$473.65
55118	\$508.65
55130	\$314.00
55135	\$652.95
55238	\$312.95
55244	\$312.95
55246	\$312.95
55248	\$312.95
55252	\$312.95
55274	\$312.95
55276	\$312.95
55278	\$312.95



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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
55280	\$312.95
55282	\$312.95
55284	\$312.95
55292	\$312.95
55294	\$312.95
55296	\$205.15
55600	\$201.50
55603	\$201.50
55700	\$110.70
55703	\$64.65
55704	\$129.30
55705	\$64.65
55706	\$184.65
55707	\$129.30
55708	\$64.65
55709	\$70.20
55712	\$212.40
55715	\$73.85
55718	\$184.65
55721	\$212.40
55723	\$70.20
55725	\$73.85
55729	\$50.30
55731	\$181.10
55733	\$64.65

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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
55736	\$234.45
55739	\$105.20
55759	\$277.00
55762	\$110.70
55764	\$295.45
55766	\$119.95
55768	\$277.00
55770	\$110.70
55772	\$295.45
55774	\$119.95
55800	\$201.50
55802	\$69.85
55804	\$201.50
55806	\$69.85
55808	\$201.50
55810	\$69.85
55812	\$201.50
55814	\$69.85
55816	\$201.50
55818	\$69.85
55820	\$201.50
55822	\$69.85
55824	\$201.50
55826	\$69.85

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<b>MBS item number</b> (1 November 2009)	<b>Fee</b>
55828	\$201.50
55830	\$69.85
55832	\$201.50
55834	\$69.85
55836	\$201.50
55838	\$69.85
55840	\$201.50
55842	\$69.85
55844	\$161.30
55846	\$69.85
55848	\$201.50
55850	\$282.25
55852	\$201.50
55854	\$69.85

**COMPUTED TOMOGRAPHY —  
EXAMINATION AND REPORT**

<b>MBS item number</b> (1 November 2009)	<b>Fee</b>
56001	\$330.70
56007	\$424.00
56010	\$427.45
56013	\$424.00
56016	\$491.85
56022	\$381.55
56028	\$571.20
56030	\$381.55

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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
56036	\$571.20
56041	\$167.55
56047	\$213.95
56050	\$217.45
56053	\$217.45
56056	\$263.50
56062	\$191.85
56068	\$285.60
56070	\$191.85
56076	\$285.60
56101	\$390.20
56107	\$576.70
56141	\$197.45
56147	\$291.05
56219	\$553.25
56220	\$407.05
56221	\$407.05
56223	\$407.05
56224	\$595.95
56225	\$595.95
56226	\$595.95
56227	\$207.75
56228	\$207.75
56229	\$207.75

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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
56230	\$300.95
56231	\$300.95
56232	\$300.95
56233	\$407.05
56234	\$595.95
56235	\$207.70
56236	\$300.95
56237	\$407.05
56238	\$595.95
56239	\$207.70
56240	\$300.95
56259	\$279.45
56301	\$500.35
56307	\$678.25
56341	\$253.50
56347	\$342.55
56401	\$424.00
56407	\$610.50
56409	\$424.00
56412	\$610.50
56441	\$215.00
56447	\$307.75
56449	\$215.00
56452	\$307.75
56501	\$652.95

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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
56507	\$814.05
56541	\$327.55
56547	\$413.40
56549	\$652.95
56551	\$652.95
56619	\$373.10
56625	\$567.50
56659	\$190.10
56665	\$283.95
56801	\$791.30
56807	\$949.85
56841	\$395.70
56847	\$481.45
57001	\$791.45
57007	\$962.90
57041	\$395.80
57047	\$481.50
57201	\$263.20
57247	\$131.40
57341	\$797.15
57345	\$409.80
57350	\$864.95
57351	\$864.95
57355	\$448.00

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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
57356	\$448.00

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DIAGNOSTIC RADIOLOGY

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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
57506	\$58.25
57509	\$77.85
57512	\$79.35
57515	\$105.75
57518	\$63.60
57521	\$84.95
57524	\$96.85
57527	\$128.85
57700	\$79.35
57703	\$105.75
57706	\$63.60
57709	\$84.95
57712	\$92.35
57715	\$119.35
57721	\$194.35
57901	\$126.30
57902	\$126.30
57903	\$92.60
57906	\$126.30
57909	\$126.30
57912	\$92.35

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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
57915	\$92.35
57918	\$92.35
57921	\$92.35
57924	\$92.35
57927	\$97.10
57930	\$64.40
57933	\$153.25
57939	\$126.30
57942	\$97.10
57945	\$84.95
57960	\$92.90
57963	\$92.90
57966	\$92.90
57969	\$92.90
58100	\$131.40
58103	\$107.95
58106	\$150.75
58108	\$260.25
58109	\$92.10
58112	\$190.45
58115	\$260.25
58300	\$78.60
58306	\$175.00
58500	\$69.25



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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
58503	\$92.35
58506	\$119.15
58509	\$77.85
58521	\$84.95
58524	\$110.65
58527	\$135.90
58700	\$90.30
58706	\$309.25
58715	\$296.80
58718	\$247.10
58721	\$270.80
58900	\$69.85
58903	\$93.15
58909	\$176.10
58912	\$215.95
58915	\$154.60
58916	\$271.20
58921	\$264.90
58924	\$164.65
58927	\$149.75
58933	\$402.75
58936	\$383.85
58939	\$272.85
59103	\$41.80
59300	\$175.35

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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
59303	\$105.65
59306	\$196.50
59309	\$392.75
59312	\$170.45
59314	\$102.80
59318	\$92.15
59503	\$175.00
59700	\$189.10
59703	\$148.70
59712	\$222.75
59715	\$281.15
59718	\$263.75
59724	\$443.55
59733	\$210.95
59736	\$121.45
59739	\$144.65
59751	\$272.60
59754	\$429.55
59760	\$225.55
59763	\$262.30
59903	\$224.40
59912	\$597.75
59925	\$709.85
59970	\$329.70

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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
59971	\$112.25
59972	\$298.80
59973	\$354.90
59974	\$164.85
60000	\$1 104.70
60003	\$1 620.00
60006	\$2 303.50
60009	\$2 695.75
60012	\$1 104.70
60015	\$1 620.00
60018	\$2 303.50
60021	\$2 695.75
60024	\$1 104.70
60027	\$1 620.00
60030	\$2 303.50
60033	\$2 695.75
60036	\$1 104.70
60039	\$1 620.00
60042	\$2 303.50
60045	\$2 695.75
60048	\$1 104.70
60051	\$1 620.00
60054	\$2 303.50
60057	\$2 695.75
60060	\$1 104.70

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<b>MBS item number</b> (1 November 2009)	<b>Fee</b>
60063	\$1 620.00
60066	\$2 303.50
60069	\$2 695.75
60072	\$94.30
60075	\$188.25
60078	\$282.45
60100	\$119.15
60500	\$84.95
60503	\$58.25
60506	\$124.90
60509	\$193.65
60918	\$92.35
60927	\$74.55
61109	\$507.05

**NUCLEAR MEDICINE IMAGING**

<b>MBS item number</b> (1 November 2009)	<b>Fee</b>
61302	\$677.20
61303	\$852.80
61306	\$1 070.60
61307	\$1 259.60
61310	\$554.10
61313	\$457.70
61314	\$633.60

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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
61316	\$575.10
61317	\$742.85
61320	\$345.30
61328	\$343.45
61340	\$381.65
61348	\$668.85
61352	\$391.15
61353	\$583.15
61356	\$592.55
61360	\$608.50
61361	\$696.15
61364	\$749.80
61368	\$336.60
61369	\$3 040.90
61372	\$336.60
61373	\$738.75
61376	\$216.30
61381	\$866.40
61383	\$942.70
61384	\$1 037.45
61386	\$501.65
61387	\$649.90
61389	\$559.00
61390	\$618.45
61393	\$913.45

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<b>MBS item number (1 November 2009)</b>	<b>Fee</b>
61397	\$372.40
61401	\$244.90
61402	\$912.80
61405	\$521.95
61409	\$1 317.80
61413	\$340.85
61417	\$179.30
61421	\$723.85
61425	\$906.20
61426	\$836.95
61429	\$819.15
61430	\$994.85
61433	\$749.80
61434	\$928.45
61437	\$818.90
61438	\$1 015.25
61441	\$738.75
61442	\$1 135.05
61445	\$432.60
61446	\$503.30
61449	\$688.20
61450	\$599.75
61453	\$776.45
61454	\$525.05

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<b>MBS item number</b> (1 November 2009)	<b>Fee</b>
61457	\$709.75
61458	\$598.75
61461	\$796.20
61462	\$196.55
61465	\$400.45
61469	\$525.05
61473	\$264.55
61480	\$583.65
61484	\$1 328.95
61485	\$1 507.40
61495	\$336.60
61499	\$381.65
61650	\$1 325.55

**MAGNETIC RESONANCE IMAGING**

<b>MBS item number</b> (1 November 2009)	<b>Fee</b>
63000-63200	\$982.40
63201	\$1 473.50
63202-63203	\$982.40
63204	\$1 473.50
63219-63243	\$1 473.50
63271-63473	\$982.40
63491-63494	\$112.30
63497	\$337.15

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**10. Schedules 2, 3, 4, 5, 5A and 6 replaced**

Delete Schedules 2, 3, 4, 5, 5A and 6 and insert:

**Schedule 2 — Scale of fees: physiotherapists**

[r. 3]

**Part 1 — General**

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Service Code	Service	Set Fee
PA001	<p><b>Initial Consultation</b></p> <p>A consultation with the physiotherapist including the following elements —</p> <p><b>Subjective assessment</b> — of the following points as required:</p> <p>Major symptoms and lifestyle dysfunction; current history and treatment; past history and treatment; pain, 24-hour behaviour, aggravating and relieving factors; general health, medication, risk factors.</p> <p><b>Objective assessment</b> — of the following points as required:</p> <p>Movement — active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.</p>	\$80.25



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<b>Service Code</b>	<b>Service</b>
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**Appropriate initial management, treatment or advice** — based on assessment findings that could include the following as required:

Provisional diagnosis; goals of treatment; treatment plan. Discussion with the patient regarding working hypothesis and treatment goals and expected outcomes; initial treatment and response; advice regarding home care including any exercise program to be followed.

**Documentation of consultation** — as required that could include:

The assessment findings, physiotherapy intervention(s), evaluation of intervention(s), plan for future treatment and results of other relevant tests and warnings (if applicable).

**Includes:**

- Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.
- Courtesy communication by the physiotherapist with the medical practitioner such as acknowledgment of referral.
- The physiotherapist's notes of the consultation.

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Service Code	Service	
	<p><b>Does not include:</b></p> <ul style="list-style-type: none"> <li>• Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001).</li> <li>• The physiotherapist's involvement in case conferences. This service has a specific item number in this Table (PQ001).</li> </ul>	
PB001	<p><b>Standard Consultation</b></p> <p>Consultation for one body area or condition including the following elements —</p> <ul style="list-style-type: none"> <li>• subjective re-assessment;</li> <li>• objective re-assessment;</li> <li>• appropriate management, intervention or advice;</li> <li>• documentation of consultation.</li> </ul> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.</li> <li>• Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner.</li> </ul>	<p><b>Set Fee</b></p> <p>\$64.45</p>

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Service Code	Service	
	<p><b>Does not include:</b></p> <ul style="list-style-type: none"> <li>• Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001).</li> <li>• The physiotherapist's involvement in case conferences. This service has a specific item number in this Table (PQ001).</li> </ul>	
PC001	<p><b>Two distinct areas of treatment per visit</b></p> <p>Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions.</p>	<p><b>Set Fee</b></p> <p>\$81.55</p>
PG001	<p><b>Group Consultation — per person</b></p> <p>Includes non-individualised services provided to more than one individual whether —</p> <ul style="list-style-type: none"> <li>• in rooms, home or hospital;</li> <li>• hydrotherapy treatment;</li> <li>• extended treatments;</li> <li>• services provided outside of normal business hours.</li> </ul>	<p><b>Cost per participant</b></p> <p>\$19.80</p>

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<b>Service Code</b>	<b>Service</b>	
PE001	<b>Worksite Visit — prior approval from insurer required</b>	<b>Hourly rate**</b>
	Prior to a worksite evaluation, consideration of details such as relevance to injury; intended outcomes; likely duration and reporting requirements should be made and discussed with the insurer with a suggested maximum duration of 2 hours.	\$183.10
	Does not include reports or travel.	
PR001	<b>Progress/Standard Report</b>	<b>Set Fee</b>
	A report relating to a specific worker that is provided to a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider that contains (where applicable) —	\$80.25
	<ul style="list-style-type: none"> <li>• a summary of assessment findings;</li> <li>• treatment/management services provided and results obtained;</li> <li>• recommendations for further treatment/management;</li> <li>• functional and objective improvements;</li> <li>• perceived treatment duration required;</li> <li>• return to work recommendation;</li> <li>• perceived barriers to return to work;</li> <li>• questionnaire results and implications.</li> </ul>	

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<b>Service Code</b>	<b>Service</b>	
	<ul style="list-style-type: none"> <li>• A maximum combined total of 3 reports or Treatment Management Plans (PR003) permitted without prior approval from insurer. Additional reports require prior approval from insurer.</li> </ul> <p><b>Does not include:</b></p> <ul style="list-style-type: none"> <li>• Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner.</li> </ul>	
PR002	<b>Comprehensive Report</b>	<b>Hourly rate**</b>
	<p>As above for progress/standard report and contains information relating to more detailed assessments and interventions performed.</p> <p>The specific requirements for a comprehensive report must be discussed with the insurer prior to approval with a suggested maximum duration of 2 hours.</p>	\$183.10
PR003	<b>Treatment Management Plan</b>	<b>Set Fee</b>
	<p>Provision of a completed Treatment Management Plan that must contain —</p> <ul style="list-style-type: none"> <li>• clinical assessment of injured worker and results of any investigation;</li> <li>• injured worker's current work status and level of incapacity;</li> <li>• proposed management plan including —               <ol style="list-style-type: none"> <li>1. the proposed work and functional goals and estimated timeframe in weeks;</li> <li>2. description and number of proposed treatment methods;</li> </ol> </li> </ul>	\$80.25

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<b>Service Code</b>	<b>Service</b>	
	<ol style="list-style-type: none"> <li>3. the number of weeks treatment is to be conducted;</li> <li>4. the injured worker's expected fitness for work at the end of the management plan;</li> <li>5. other comments or recommendations (including barriers to recovery where relevant).</li> </ol> <p>A maximum combined total of 3 Treatment Management Plans or reports (PR001) permitted without prior approval from insurer. Additional Treatment Management Plans require prior approval from insurer.</p>	
PT001	<b>Travel</b>	<b>Hourly rate**</b>
	<p>Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of one hour.</p> <p>If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.</p>	\$146.55
PQ001	<b>Case Conferences</b>	
	<p>Face-to-face or telephone communication involving the physiotherapist with one or more of the following —</p> <p>doctor, employer, insurer/claims manager, rehabilitation providers and worker.</p>	\$18.40 per 6 minute block

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<b>Service Code</b>	<b>Service</b>	
	The aim of the case conference is to plan, implement, manage or review treatment options and/or rehabilitation plan.	
<b>PK001</b>	<b>Communication</b>	
	Any required oral communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner) relating to the treatment or rehabilitation of a specific worker.	\$18.40 per 6 minute block
	The physiotherapist must keep a written record of the details of the communication, including its date, time and duration.	
	Maximum duration per communication is 30 minutes.	
	Maximum cumulative duration of communications per claim is one hour. When the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required.	
<b>PS001</b>	<b>Specific Physiotherapy Assessment — prior approval from insurer required</b>	<b>Hourly rate**</b>
	Includes specific types of assessments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. diagnostic ultrasound imaging, Functional Capacity Assessments (FCA's), seating and wheelchair assessments).	\$183.10

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<b>Service Code</b>	<b>Service</b>	<b>Hourly rate**</b>
PW001	<p><b>Specific Physiotherapy Intervention — prior approval from insurer required</b> (*replaces PD001).</p> <p>Includes treatments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. treatment of severe multiple area trauma, burns, neurologically injured patients and patients with severe spinal injuries, ergonomic corrections of workplace, specialised real-time ultrasound imaging, short consultations).</p>	<p>\$183.10</p> <p>per hour to a maximum of 2 hours**</p>

\*\* Denotes that where the service provided is a fraction of one hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

**Part 2 — Exercise-based programs**

<b>Type of service</b>	<b>Fee</b>
<p><b>EXE20 Initial Consultation/Assessment</b></p> <p>Insurer approval must be obtained prior to undertaking the service.</p> <p>Review of current medical and vocational status.</p> <p>Communication/Liaison with relevant parties.</p> <p>Physiological Assessment/testing.</p> <p>Screening questionnaires relating to worker's level of function.</p> <p>Program design based on above.</p> <p>Exercise facility/equipment coordination (pool or gym based).</p> <p>Provider to patient ratio must be 1:1 for the duration of the consultation.</p>	<p>\$183.10</p> <p>per hour to a maximum of 2 hours**</p>



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	<b>Type of service</b>	<b>Fee</b>
EXE21	<b>Subsequent Exercise Consultation/Assessment</b> Includes — program implementation — prescription and provision of exercises (land or pool based); program monitoring; post program screening questionnaire relating to worker's level of function; psychosocial reassessment; communication/liaison with relevant parties.	\$183.10 per hour to a maximum of one hour**
EXE02	<b>Initial report</b> Includes — initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan;  current status as per medical certification and proposed outcome status;  detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval.	\$183.10 per hour to a maximum of one hour**
EXE03	<b>Subsequent reports</b> Progress report to be provided at the request of the referrer.	\$183.10 per hour to a maximum of 30 minutes **

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	<b>Type of service</b>	<b>Fee</b>
EXE04	<b>Final report</b> Comprehensive report to be provided at the end of the service delivery detailing — physiological testing results pre and post program; worker attendance/program compliance.	\$183.10 per hour to a maximum of 30 minutes **
EXE05	<b>Gym membership/Entry fees</b> Includes direct cost of membership (pool or gym). Prior approval from insurer required.	Market rates
EXE06	<b>Travel</b> Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice.  The insurer must provide pre-approval for travel in excess of one hour.  If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.	\$146.55 per hour**
EXE08	<b>Communication</b> Any requested or required oral communication with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment of a specific worker.  Excludes courtesy communication such as acknowledgment of referral and brief updates to the medical practitioner.  Maximum time allowable per communication of 30 minutes.	\$18.40 per 6 minute block

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Type of service	Fee
EXE09 <b>Attendance at Medical Case Conferences</b>	
Insurer approval must be obtained prior to undertaking the service.	\$183.10 per hour**

\*\* Denotes that where the service provided is a fraction of one hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

**Schedule 3 — Scale of fees: chiropractors**

[r. 3]

Type of service	Fee
1. Initial consultation and examination	\$63.50
2. Subsequent consultation	\$52.95
3. Spinal x-ray, one region	\$126.15
4. Spinal x-ray, 2 or more regions	\$189.45
5. Travel (per kilometre)	\$1.00

**Schedule 4 — Scale of fees: occupational therapists**

[r. 5]

Type of service	Fee
1. Brief consultation (< 15 minutes)	\$27.35
2. Short consultation (15 minutes to < 30 minutes)	\$54.90
3. Standard consultation (30 minutes to < 45 minutes)	\$90.55
4. Extended consultation (45 minutes to < one hour)	\$135.80
5. Extended consultation (> one hour)	\$181.20
6. Standard group consultation (30 minutes) per person	\$59.45
7. Travel costs are to be calculated at the hourly rate by the length of time spent travelling	

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**Schedule 5 — Scale of fees: speech pathologists**

[r. 7]

	Type of service	Fee
1.	Initial consultation/assessment (up to and including one hour)	\$167.40
2.	Initial consultation/assessment (exceeding one hour)	\$216.80
3.	Subsequent consultation (< 30 minutes)	\$73.05
4.	Subsequent consultation (30 minutes — one hour)	\$94.80
5.	Subsequent consultation (> one hour)	\$127.95

**Schedule 5A — Scale of fees: exercise physiologists**

[r. 7B]

**Exercise-based programs**

	Type of service	Fee
EXE20	<b>Initial Consultation/Assessment</b>	
	Insurer approval must be obtained prior to undertaking the service.	\$183.10 per hour to a maximum of 2 hours**
	Review of current medical and vocational status.	
	Communication/Liaison with relevant parties.	
	Physiological Assessment/testing.	
	Screening questionnaires relating to worker's level of function.	
	Program design based on above.	

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<b>Type of service</b>	<b>Fee</b>
Exercise facility/equipment coordination (pool or gym based).  Provider to patient ratio must be 1:1 for the duration of the consultation.	
<b>EXE21 Subsequent Exercise Consultation/Assessment</b>	\$183.10 per hour to a maximum of one hour**
Includes —  program implementation — prescription and provision of exercises (land or pool based);  program monitoring;  post program screening questionnaire relating to worker's level of function;  psychosocial reassessment;  communication/liaison with relevant parties.	
<b>EXE02 Initial report</b>	\$183.10 per hour to a maximum of one hour**
Includes —  initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan;  current status as per medical certification and proposed outcome status;  detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval.	

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	<b>Type of service</b>	<b>Fee</b>
EXE03	<b>Subsequent reports</b> Progress report to be provided at the request of the referrer.	\$183.10 per hour to a maximum of 30 minutes **
EXE04	<b>Final report</b> Comprehensive report to be provided at the end of the service delivery detailing — physiological testing results pre and post program; worker attendance/program compliance.	\$183.10 per hour to a maximum of 30 minutes **
EXE05	<b>Gym membership/Entry fees</b> Includes direct cost of membership (pool or gym). Prior approval from insurer required.	Market rates
EXE06	<b>Travel</b> Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of one hour. If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.	\$146.55 per hour**

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	<b>Type of service</b>	<b>Fee</b>
EXE08	<b>Communication</b>	
	Any requested or required oral communication with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment of a specific worker.	\$18.40 per 6 minute block
	Excludes courtesy communication such as acknowledgment of referral and brief updates to the medical practitioner.	
	Maximum time allowable per communication of 30 minutes.	
EXE09	<b>Attendance at Medical Case Conferences</b>	
	Insurer approval must be obtained prior to undertaking the service.	\$183.10 per hour**

\*\* Denotes that where the service provided is a fraction of one hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

**Schedule 6 — Scale of maximum fees: approved  
medical specialists**

[r. 9]

**Part 1 — Assessments**

	<b>Description of assessment</b>	<b>Maximum fee**</b>
1.	Examination and provision of report and certificate — straightforward assessment — other than a service mentioned in item 4, 5, 6 or 8.	\$1 235.10 (or, if an interpreter is present at the examination, \$1 543.90 excluding any fee payable to the interpreter)

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<b>Description of assessment</b>	<b>Maximum fee**</b>
2. Examination and provision of report and certificate — moderately complex assessment (e.g. reviewing multiple questions and reports; impairment involving more complex assessments; more than one body system involved) — other than a service mentioned in item 4, 5, 6 or 8.	\$1 543.90 (or, if an interpreter is present at the examination, \$1 852.65 excluding any fee payable to the interpreter)
3. Examination and provision of report and certificate — complex assessment (e.g. multiple injuries; severe impairment such as spinal cord injury or head injury) — other than a service mentioned in item 4, 5, 6 or 8.	\$1 852.65 (or, if an interpreter is present at the examination, \$2 161.35 excluding any fee payable to the interpreter)
4. Examination of any ear, nose and throat only, including audiometric testing and provision of report and certificate — other than a service mentioned in item 8.	\$1 235.10 (or, if an interpreter is present at the examination, \$1 543.90 excluding any fee payable to the interpreter)
5. Examination and provision of report and certificate — psychiatric — standard assessment — other than a service mentioned in item 8.	\$1 852.65 (or, if an interpreter is present at the examination, \$2 161.35 excluding any fee payable to the interpreter)
6. Examination and provision of report and certificate — psychiatric — complex assessment (e.g. reviewing significant documented prior psychiatric history) — other than a service mentioned in item 8.	\$3 087.60 (or, if an interpreter is present at the examination, \$3 396.40 excluding any fee payable to the interpreter)
7. Consolidation of written assessments from multiple assessors.	\$617.55



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Description of assessment	Maximum fee**
8. Re-examination and provision of report and certificate.	\$926.30 (or, if an interpreter is present at the examination, \$1 235.10 excluding any fee payable to the interpreter)
9. Provision of supplementary report and certificate.	\$308.80

**Part 2 — Attempted assessments**

Description of circumstances	Maximum fee**
1. If a worker who is required under Part VII Division 2 of the Act to submit to an examination by an approved medical specialist does not attend, in a case in which —	\$617.55
(a) no prior arrangements to cancel the examination are made; or	
(b) the examination is cancelled, otherwise than at the request of the approved medical specialist, with less than one working day's notice.	

\*\* Denotes that where the service provided is a fraction of one hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

Recommended by WorkCover WA  
on the 18th day of September 2014.

The Common Seal of WorkCover WA

L.S.

CHRIS WHITE.

GREG JOYCE.

N. HAGLEY, Clerk of the Executive Council.