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Workers' Compensation and Injury Management Act 1981

## Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2010

Made by the Governor 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 2010*.

**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 2010.

**3. Regulations amended**

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

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**4. Various fees amended**

Amend the provisions listed in the Table as set out in the Table.

**Table**

<b>Provision</b>	<b>Delete</b>	<b>Insert</b>
r. 6(1)	\$196.35	\$202.35
r. 6A	\$196.35	\$202.35
r. 7A	\$62.15	\$64.05
r. 8	\$146.65	\$151.10

**5. Schedule 1 amended**

(1) In Schedule 1 delete:

**Schedule 1**

[r. 2]

**Scales of fees — medical specialists and other medical  
practitioners**

and insert:

**Schedule 1 — Scale of fees: medical specialists and  
other medical practitioners**

[r. 2]

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- (2) In Schedule 1 Part 1 delete the passage that begins with “**GENERAL PRACTITIONER**” and ends immediately before “**ANAESTHETISTS**” and insert:

**GENERAL PRACTITIONER**

CONSULTATIONS

Surgery Consultation

in hours

**Content based**

Minor or Specific Service (Level A or B)	\$62.90
Extended Service (Level C)	\$114.95
Comprehensive Service (Level D)	\$176.70

**Time based**

up to 5 minutes	\$37.50
more than 5 minutes to 15 minutes	\$48.95
more than 15 minutes to 30 minutes	\$94.45
more than 30 minutes to 45 minutes	\$142.85
more than 45 minutes to 60 minutes	\$193.60

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)	\$47.20
Specific Service (Level B)	\$94.45
Extended Service (Level C)	\$171.95
Comprehensive Service (Level D)	\$266.20

**Time based**

up to 5 minutes	\$74.75
more than 5 minutes to 15 minutes	\$81.10

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more than 15 minutes to 30 minutes	\$125.75
more than 30 minutes	\$171.95

**VISITS**

Consultations at a place other than the Consulting Rooms

in hours

Minor Service (Level A)	\$78.75
Specific Service (Level B)	\$107.65
Extended Service (Level C)	\$159.75
Comprehensive Service (Level D)	\$222.65

out of hours

Minor Service (Level A)	\$94.45
Specific Service (Level B)	\$140.40
Extended Service (Level C)	\$215.45
Comprehensive Service (Level D)	\$314.65

**TELEPHONE CONSULTATIONS**

**Time based**

up to 5 minutes	\$21.00
more than 5 minutes to 15 minutes	\$26.30
more than 15 minutes to 30 minutes	\$55.05
more than 30 minutes	\$82.45

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

per hour	\$236.65
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**TRAVELLING FEES**

Rate per kilometre	\$4.25
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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 \$238.90

subsequent attendances \$119.55

VISITS

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

first attendance \$286.15

subsequent attendances \$165.15

***REHABILITATION PHYSICIANS***

CONSULTATIONS

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

first attendance \$238.90

subsequent attendances \$119.55

VISITS

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

first attendance \$286.15

subsequent attendances \$165.15

***OCCUPATIONAL PHYSICIANS***

CONSULTATIONS

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

first attendance \$242.90

subsequent attendances \$119.55

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VISITS

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

first attendance	\$286.15
subsequent attendances	\$165.15

TELEPHONE CONSULTATIONS

**Time based**

up to 5 minutes	\$31.40
more than 5 minutes to 15 minutes	\$38.70
more than 15 minutes to 30 minutes	\$80.85
more than 30 minutes	\$122.05

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

per hour	\$350.95
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TRAVELLING FEES

Rate per kilometre	\$4.25
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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	\$70.05
more than 15 minutes to 30 minutes	\$139.85
more than 30 minutes to 45 minutes	\$209.45
more than 45 minutes to 60 minutes	\$280.20
more than 60 minutes to 75 minutes	\$317.10
more than 75 minutes	\$353.95

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**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	\$115.05
more than 15 minutes to 30 minutes	\$185.85
more than 30 minutes to 45 minutes	\$253.60
more than 45 minutes to 75 minutes	\$324.45
more than 75 minutes	\$390.90

**TELEPHONE CONSULTATIONS**

**Time based**

up to 45 minutes	\$92.95
more than 45 minutes	\$203.00

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

per hour	\$350.95
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**TRAVELLING FEES**

Rate per kilometre	\$4.25
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**SPECIALISTS**

***SURGEONS***

**CONSULTATIONS**

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

first attendance	\$135.85
subsequent attendances	\$70.85

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VISITS

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

first attendance	\$183.10
subsequent attendances	\$116.70

***DERMATOLOGISTS***

CONSULTATIONS

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

first attendance	\$135.85
subsequent attendances	\$70.85

VISITS

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

first attendance	\$182.80
subsequent attendances	\$116.50

TELEPHONE CONSULTATIONS

**Time based**

up to 5 minutes	\$31.40
more than 5 minutes to 15 minutes	\$38.70
more than 15 minutes to 30 minutes	\$80.85
more than 30 minutes	\$122.05

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

per hour	\$350.95
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TRAVELLING FEES

Rate per kilometre \$4.25

- (3) In Schedule 1 Part 1 in the item headed "*ANAESTHETISTS*" delete "\$68.55" and insert:

\$70.65

- (4) Delete Schedule 1 Parts 2 and 3 and insert:

**Part 2 — Medical procedures**

Type of procedure	Fee \$
GENERAL	
Localised burns	52.45
Localised burns, including dressing of, under general anaesthetic	149.25
Extensive burns	90.50
Extensive burns, including dressing of, under general anaesthetic	315.90
Dressing of wounds, under general anaesthetic	149.25
Acupuncture, including consultation	69.60

DISLOCATIONS

*closed reduction* means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.

*open reduction* means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation.

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Type of procedure	Fee \$
<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.]	
Elbow, by closed reduction	281.45
Elbow, by open reduction	373.25
Interphalangeal joint, by closed reduction	120.65
Interphalangeal joint, by open reduction	160.85
Mandible, by closed reduction	100.60
Clavicle, by closed reduction	119.30
Clavicle, by open reduction	241.25
Shoulder, not requiring general anaesthetic	134.20
Shoulder, by open reduction, with general anaesthetic	481.10
Shoulder, other, with general anaesthetic	238.30
Metacarpophalangeal joint, by closed reduction	160.85
Metacarpophalangeal joint, by open reduction	215.45
Patella, by closed reduction	180.85
Patella, by open reduction	241.25
Radioulnar joint, by closed reduction	281.45
Radioulnar joint, by open reduction	373.25
Toe, by closed reduction	100.60
Toe, by open reduction	133.55
<b>REMOVAL OF FOREIGN BODIES</b>	
as independent procedure	43.75
superficial	195.25

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Type of procedure	Fee \$
deep tissue or muscle	545.70
ear, other than by syringing	140.65
nose, other than by simple probing	140.65
cornea or sclera, embedded	143.60
<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.]	
<b>Distal phalanx of finger or thumb</b>	
fracture, by closed reduction	180.85
fracture, intra-articular, by closed reduction	209.65
fracture, by open reduction	241.25
fracture, intra-articular, by open reduction	301.50
<b>Middle phalanx of finger</b>	
fracture, by closed reduction	272.80
fracture, intra-articular, by closed reduction	308.65
fracture, by open reduction	358.90
fracture, intra-articular, by open reduction	452.25

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<b>Type of procedure</b>	<b>Fee \$</b>
Proximal phalanx of finger or thumb	
fracture, by closed reduction	358.90
fracture, intra-articular, by closed reduction	423.45
fracture, by open reduction	481.10
fracture, intra-articular, by open reduction	603.05
Metacarpal	
fracture, by closed reduction	358.90
fracture, intra-articular, by closed reduction	423.45
fracture, by open reduction	481.10
fracture, intra-articular, by open reduction	603.05
Carpal Scaphoid, by open reduction	804.05
Carpal Scaphoid, other	358.90
Carpus (excluding Scaphoid), by open reduction	502.45
Carpus (excluding Scaphoid), other	201.00
Radius	
by closed management	401.95
by open management	804.05
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	603.05
by open reduction	804.05
Ribs (1 or more), each attendance	92.00
Tibia, plateau of, medial or lateral	
by closed reduction	725.10
by open reduction	961.90

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<b>Type of procedure</b>	<b>Fee \$</b>
Tibia, plateau of, medial and lateral	
by closed reduction	1 206.00
by open reduction	1 615.20
<b>SUTURES</b>	
face or neck, less than 7 cm, superficial	143.60
face or neck, less than 7 cm, deep	218.20
face or neck, more than 7 cm, superficial	218.20
face or neck, more than 7 cm, deep	373.25
except face or neck, less than 7 cm, superficial	109.10
except face or neck, less than 7 cm, deep	163.70
except face or neck, more than 7 cm, superficial	163.70
except face or neck, more than 7 cm, deep	358.90
<b>AMPUTATIONS</b>	
Hand, midcarpal or transmetacarpal	545.70
Hand, forearm or through arm	631.75
At shoulder	1 069.55
Interscapulothoracic	2 124.85
One digit of foot	287.05
Two digits of one foot	430.75
Three digits of one foot	581.45
Four digits of one foot	725.10
Five digits of one foot	868.60
Toe including metatarsal or part of metatarsal — each toe	338.95
Foot, at ankle	631.75
Foot, midtarsal or transmetatarsal	545.70
Through thigh, at knee or below knee	933.30
At hip	1 313.60

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Type of procedure	Fee \$
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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 \$180.85, whichever is greater.

**USE OF PRIVATE THEATRES**

A theatre fee of **\$109.10** 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.

**Part 3 — Diagnostic Imaging Services**

**ULTRASOUND**

MBS item number (1 November 2008)	Fee \$
55028	175.85
55029	61.00
55030	175.85
55031	61.00
55032	175.85
55033	61.00
55036	179.35
55037	61.00
55038	175.85
55039	61.00
55044	179.35
55045	61.00

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<b>MBS item number (1 November 2008)</b>	<b>Fee \$</b>
55048	175.85
55049	61.00
55054	175.85
55070	158.35
55073	54.80
55076	175.85
55079	61.00
55084	158.35
55085	54.80
55113	371.75
55114	371.75
55115	371.75
55116	413.40
55117	413.40
55118	444.00
55130	274.05
55135	569.90
55238	273.15
55244	273.15
55246	273.15
55248	273.15
55252	273.15
55274	273.15
55276	273.15
55278	273.15

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<b>MBS item number (1 November 2008)</b>	<b>Fee \$</b>
55280	273.15
55282	273.15
55284	273.15
55292	273.15
55294	273.15
55296	179.05
55600	175.85
55603	175.85
55700	96.60
55703	56.40
55704	112.85
55705	56.40
55706	161.20
55707	112.85
55708	56.40
55709	61.25
55712	185.35
55715	64.45
55718	161.20
55721	185.35
55723	61.25
55725	64.45
55729	43.90
55731	158.05
55733	56.40



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<b>MBS item number (1 November 2008)</b>	<b>Fee \$</b>
55736	204.65
55739	91.80
55759	241.75
55762	96.60
55764	257.85
55766	104.70
55768	241.75
55770	96.60
55772	257.85
55774	104.70
55800	175.85
55802	61.00
55804	175.85
55806	61.00
55808	175.85
55810	61.00
55812	175.85
55814	61.00
55816	175.85
55818	61.00
55820	175.85
55822	61.00
55824	175.85
55826	61.00
55828	175.85

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<b>MBS item number</b> (1 November 2008)	<b>Fee</b> <b>\$</b>
55830	61.00
55832	175.85
55834	61.00
55836	175.85
55838	61.00
55840	175.85
55842	61.00
55844	140.75
55846	61.00
55848	175.85
55850	246.35
55852	175.85
55854	61.00

**COMPUTED TOMOGRAPHY —  
EXAMINATION AND REPORT**

<b>MBS item number</b> (1 November 2008)	<b>Fee</b> <b>\$</b>
56001	288.65
56007	370.10
56010	373.10
56013	370.10
56016	429.30
56022	333.05
56028	498.55
56030	333.05
56036	498.55
56041	146.25

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<b>MBS item number (1 November 2008)</b>	<b>Fee \$</b>
56047	186.70
56050	189.80
56053	189.80
56056	230.00
56062	167.45
56068	249.30
56070	167.45
56076	249.30
56101	340.55
56107	503.40
56141	172.35
56147	254.05
56219	482.85
56220	355.30
56221	355.30
56223	355.30
56224	520.20
56225	520.20
56226	520.20
56227	181.30
56228	181.30
56229	181.30
56230	262.65
56231	262.65
56232	262.65
56233	355.30
56234	520.20
56235	181.25
56236	262.65
56237	355.30

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<b>MBS item number (1 November 2008)</b>	<b>Fee \$</b>
56238	520.20
56239	181.25
56240	262.65
56259	243.90
56301	436.75
56307	592.00
56341	221.25
56347	299.00
56401	370.10
56407	532.85
56409	370.10
56412	532.85
56441	187.65
56447	268.60
56449	187.65
56452	268.60
56501	569.90
56507	710.55
56541	285.90
56547	360.80
56549	569.90
56551	569.90
56619	325.70
56625	495.35
56659	165.90
56665	247.85
56801	690.65
56807	829.00
56841	345.40
56847	420.25

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<b>MBS item number</b> (1 November 2008)	<b>Fee</b> <b>\$</b>
57001	690.80
57007	840.40
57041	345.50
57047	420.30
57201	229.70
57247	114.75
57341	695.75
57345	357.65
57350	754.95
57351	754.95
57355	391.00
57356	391.00

**DIAGNOSTIC RADIOLOGY**

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<b>MBS item number</b> (1 November 2008)	<b>Fee</b> <b>\$</b>
57506	50.85
57509	67.95
57512	69.25
57515	92.30
57518	55.55
57521	74.15
57524	84.55
57527	112.45
57700	69.25
57703	92.30
57706	55.55
57709	74.15
57712	80.60
57715	104.15
57721	169.65

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<b>MBS item number (1 November 2008)</b>	<b>Fee \$</b>
57901	110.20
57902	110.20
57903	80.85
57906	110.20
57909	110.20
57912	80.60
57915	80.60
57918	80.60
57921	80.60
57924	80.60
57927	84.80
57930	56.20
57933	133.75
57939	110.20
57942	84.80
57945	74.15
57960	81.05
57963	81.05
57966	81.05
57969	81.05
58100	114.75
58103	94.20
58106	131.60
58108	227.15
58109	80.40
58112	166.25
58115	227.15
58300	68.60
58306	152.80
58500	60.45

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<b>MBS item number (1 November 2008)</b>	<b>Fee \$</b>
58503	80.60
58506	103.95
58509	67.95
58521	74.15
58524	96.55
58527	118.60
58700	78.80
58706	269.90
58715	259.05
58718	215.65
58721	236.35
58900	61.00
58903	81.30
58909	153.70
58912	188.50
58915	134.90
58916	236.70
58921	231.20
58924	143.70
58927	130.75
58933	351.50
58936	335.00
58939	238.15
59103	36.45
59300	153.00
59303	92.25
59306	171.50
59309	342.85
59312	148.75
59314	89.70

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<b>MBS item number (1 November 2008)</b>	<b>Fee \$</b>
59318	80.45
59503	152.80
59700	165.10
59703	129.75
59712	194.40
59715	245.40
59718	230.25
59724	387.15
59733	184.10
59736	106.00
59739	126.20
59751	237.90
59754	374.95
59760	196.85
59763	228.95
59903	195.85
59912	521.75
59925	619.55
59970	287.80
59971	97.95
59972	260.85
59973	309.80
59974	143.90
60000	964.15
60003	1 413.95
60006	2 010.55
60009	2 352.85
60012	964.15
60015	1 413.95
60018	2 010.55



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<b>MBS item number (1 November 2008)</b>	<b>Fee \$</b>
60021	2 352.85
60024	964.15
60027	1 413.95
60030	2 010.55
60033	2 352.85
60036	964.15
60039	1 413.95
60042	2 010.55
60045	2 352.85
60048	964.15
60051	1 413.95
60054	2 010.55
60057	2 352.85
60060	964.15
60063	1 413.95
60066	2 010.55
60069	2 352.85
60072	82.30
60075	164.25
60078	246.55
60100	103.95
60500	74.15
60503	50.85
60506	109.00
60509	169.00
60918	80.60
60927	65.10
61109	442.60

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NUCLEAR MEDICINE IMAGING

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<b>MBS item number</b> (1 November 2008)	<b>Fee</b> <b>\$</b>
61302	591.05
61303	744.35
61306	934.45
61307	1 099.40
61310	483.65
61313	399.45
61314	553.00
61316	501.95
61317	648.35
61320	301.40
61328	299.75
61340	333.10
61348	583.80
61352	341.45
61353	509.00
61356	517.20
61360	531.10
61361	607.60
61364	654.40
61368	293.80
61369	2 654.15
61372	293.80
61373	644.75
61376	188.80
61381	756.20
61383	822.80
61384	905.50
61386	437.85
61387	567.20

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<b>MBS item number (1 November 2008)</b>	<b>Fee \$</b>
61389	487.90
61390	539.85
61393	797.25
61397	325.00
61401	213.75
61402	796.75
61405	455.60
61409	1 150.20
61413	297.50
61417	156.50
61421	631.80
61425	790.90
61426	730.45
61429	714.95
61430	868.30
61433	654.40
61434	810.35
61437	714.75
61438	886.15
61441	644.75
61442	990.70
61445	377.60
61446	439.25
61449	600.70
61450	523.45
61453	677.70
61454	458.30
61457	619.45
61458	522.60
61461	694.95

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<b>MBS item number</b> (1 November 2008)	<b>Fee</b> <b>\$</b>
61462	171.55
61465	349.55
61469	458.30
61473	230.90
61480	509.40
61484	1 159.95
61485	1 315.65
61495	293.80
61499	333.10
61650	1 156.95

**MAGNETIC RESONANCE IMAGING**

<b>MBS item number</b> (1 November 2008)	<b>Fee</b> <b>\$</b>
63000-63200	857.45
63201	1 286.10
63202-63203	857.45
63204	1 286.10
63219-63243	1 286.10
63271-63473	857.45
63491-63494	98.00
63497	294.25

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**6. 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**

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> <p><b>Appropriate initial management, treatment or advice</b> — based on assessment findings that could include the following as required:</p> <p>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 programs to be followed.</p>	<p>\$70.05</p>

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Service Code	Service
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**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.

**Does not include:**

- 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).
  - The physiotherapist's involvement in case conferences. This service has a specific item number in this Table (PQ001).
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Service Code	Service	Set Fee
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>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>	<p>\$56.25</p>

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<b>Service Code</b>	<b>Service</b>	
PC001	<b>Two distinct areas of treatment per visit</b> Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions.	<b>Set Fee</b> \$71.15
PG001	<b>Group Consultation — per person</b> Includes non-individualised services provided to more than one individual whether — <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>	<b>Cost per participant</b> \$17.30
PE001	<b>Worksite Visit</b> — prior approval from insurer required. 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. Does not include reports or travel.	<b>Hourly rate**</b> \$159.85



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<b>Service Code</b>	<b>Service</b>	
PR001	<p><b>Progress/Standard report</b></p> <p>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) —</p> <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> <p>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.</p> <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>	<p><b>Set Fee</b></p> <p>\$70.05</p>
PR002	<p><b>Comprehensive report</b></p> <p>As above for progress/standard report and contains information relating to more detailed assessments and interventions performed.</p>	<p><b>Hourly rate**</b></p> <p>\$159.85</p>

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<b>Service Code</b>	<b>Service</b>	<b>Set Fee</b>
	The specific requirements for a comprehensive report must be discussed with the insurer prior to approval with a suggested maximum duration of 2 hours.	
<b>PR003</b>	<b>Treatment Management Plan</b>	
	Provision of a completed Treatment Management Plan that must contain —	\$70.05
	<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> <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> </li> </ul>	
	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.	

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<b>Service Code</b>	<b>Service</b>	<b>Hourly rate**</b>
PT001	<p><b>Travel</b></p> <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>	\$127.90
PQ001	<p><b>Case Conferences</b></p> <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> <p>The aim of the case conference is to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$16.10 per 6 minute block
PK001	<p><b>Communication</b></p> <p>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.</p> <p>The physiotherapist must keep a written record of the details of the communication, including its date, time and duration.</p> <p>Maximum duration per communication is 30 minutes.</p>	\$16.10 per 6 minute block

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<b>Service Code</b>	<b>Service</b>	
	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.	
PS001	<b>Specific Physiotherapy Assessment</b> — prior approval from insurer required.  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 (FCE's), seating and wheelchair assessments).	<b>Hourly rate**</b>  \$159.85
PW001	<b>Specific Physiotherapy Intervention</b> — prior approval from insurer required (*replaces PD001).  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).	<b>Hourly rate**</b>  \$159.85 per hour to a maximum of 2 hours**

\*\* 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>
EXE20 <b>Initial Consultation/Assessment</b>  Insurer approval must be obtained prior to undertaking the service.  Review of current medical and vocational status.	\$159.85 per hour to a maximum of 2 hours**

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	Type of service	Fee
	<ul style="list-style-type: none"> <li>• Communication/Liaison with relevant parties.</li> <li>• Physiological Assessment/testing.</li> <li>• Screening questionnaires relating to worker's level of function.</li> <li>• Program design based on above.</li> <li>• Exercise facility/equipment coordination (pool or gym based).</li> <li>• Provider to patient ratio must be 1:1 for the duration of the consultation.</li> </ul>	
EXE21	<b>Subsequent Exercise Consultation/Assessment</b>	
	<p data-bbox="464 1111 603 1142">Includes —</p> <ul style="list-style-type: none"> <li>• program implementation — prescription and provision of exercises (land or pool based);</li> <li>• program monitoring;</li> <li>• post program screening questionnaire relating to worker's level of function;</li> <li>• psychosocial reassessment;</li> <li>• communication/liaison with relevant parties.</li> </ul>	<p data-bbox="1094 1111 1193 1142">\$159.85</p> <p data-bbox="1094 1144 1251 1240">per hour to a maximum of one hour**</p>
EXE02	<b>Initial report</b>	
	<p data-bbox="464 1538 603 1570">Includes —</p> <ul style="list-style-type: none"> <li>• initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan;</li> <li>• current status as per medical certification and proposed outcome status;</li> </ul>	<p data-bbox="1094 1538 1193 1570">\$159.85</p> <p data-bbox="1094 1572 1251 1668">per hour to a maximum of one hour**</p>

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Type of service	Fee
<ul style="list-style-type: none"> <li>• detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval.</li> </ul>	
<b>EXE03 Subsequent reports</b>	
Progress report to be provided at the request of the referrer.	\$159.85 per hour to a maximum of 30 minutes**
<b>EXE04 Final report</b>	
Comprehensive report to be provided at the end of the service delivery detailing — <ul style="list-style-type: none"> <li>• physiological testing results pre and post program;</li> <li>• worker attendance/program compliance.</li> </ul>	\$159.85 per hour to a maximum of 30 minutes**
<b>EXE05 Gym membership/Entry fees</b>	
Includes direct cost of membership (pool or gym). Prior approval from insurer required.	Market rates
<b>EXE06 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.	\$127.90 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.	\$16.10 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.	\$159.85 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. 4]

	<b>Type of service</b>	<b>Fee</b> <b>\$</b>
1.	Initial consultation and examination	55.45
2.	Subsequent consultation	46.20
3.	Spinal x-ray, one region	110.10
4.	Spinal x-ray, 2 or more regions	165.35
5.	Travel (per kilometre)	0.80

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

[r. 5]

Type of service	Fee \$
1. Brief consultation (< 15 minutes)	23.90
2. Short consultation (15 minutes to < 30 minutes)	47.95
3. Standard consultation (30 minutes to < 45 minutes)	79.05
4. Extended consultation (45 minutes to < one hour)	118.55
5. Extended consultation (> one hour)	158.15
6. Standard group consultation (30 minutes) per person	51.90
7. Travel costs are to be calculated at the hourly rate by the length of time spent travelling.	

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

[r. 7]

Type of service	Fee \$
1. Initial consultation/assessment (up to and including one hour)	146.10
2. Initial consultation/assessment (exceeding one hour)	189.25
3. Subsequent consultation (< ½ hour)	63.80
4. Subsequent consultation (½ hour – one hour)	82.75
5. Subsequent consultation (> one hour)	111.70



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

[r. 7B]

**Exercise-based programs**

	<b>Type of service</b>	<b>Fee</b>
EXE20	<p><b>Initial Consultation/Assessment</b></p> <p>Insurer approval must be obtained prior to undertaking the service.</p> <ul style="list-style-type: none"> <li>• Review of current medical and vocational status.</li> <li>• Communication/Liaison with relevant parties.</li> <li>• Physiological Assessment/testing.</li> <li>• Screening questionnaires relating to worker's level of function.</li> <li>• Program design based on above.</li> <li>• Exercise facility/equipment coordination (pool or gym based).</li> </ul>	<p>\$159.85 per hour to a maximum of 2 hours**</p>
	<p>Provider to patient ratio must be 1:1 for the duration of the consultation.</p>	

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	<b>Type of service</b>	<b>Fee</b>
EXE21	<p><b>Subsequent Exercise Consultation/Assessment</b></p> <p>Includes —</p> <ul style="list-style-type: none"> <li>• program implementation — prescription and provision of exercises (land or pool based);</li> <li>• program monitoring;</li> <li>• post program screening questionnaire relating to worker's level of function;</li> <li>• psychosocial reassessment;</li> <li>• communication/liaison with relevant parties.</li> </ul>	<p>\$159.85 per hour to a maximum of one hour**</p>
EXE02	<p><b>Initial report</b></p> <p>Includes —</p> <ul style="list-style-type: none"> <li>• initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan;</li> <li>• current status as per medical certification and proposed outcome status;</li> <li>• detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval.</li> </ul>	<p>\$159.85 per hour to a maximum of one hour**</p>
EXE03	<p><b>Subsequent reports</b></p> <p>Progress report to be provided at the request of the referrer.</p>	<p>\$159.85 per hour to a maximum of 30 minutes**</p>

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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 — <ul style="list-style-type: none"> <li>• physiological testing results pre and post program;</li> <li>• worker attendance/program compliance.</li> </ul>	\$159.85 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.	\$127.90 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.	\$16.10 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.	\$159.85 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**

Description of assessment	Maximum fee**
1. Examination and provision of report and certificate — straightforward assessment — other than a service mentioned in item 4, 5, 6 or 8.	\$1 078.05 (or, if an interpreter is present at the examination, \$1 347.50 excluding any fee payable to the interpreter)
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.	\$1 347.50 (or, if an interpreter is present at the examination, \$1 617.00 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.	\$1 617.00 (or, if an interpreter is present at the examination, \$1 886.50 excluding any fee payable to the interpreter)

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<b>Description of assessment</b>	<b>Maximum fee**</b>
4. Examination of any of ear, nose and throat only, including audiometric testing and provision of report and certificate — other than a service mentioned in item 8.	\$1 078.05 (or, if an interpreter is present at the examination, \$1 347.50 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.	\$1 617.00 (or, if an interpreter is present at the examination, \$1 886.50 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.	\$2 694.95 (or, if an interpreter is present at the examination, \$2 964.45 excluding any fee payable to the interpreter)
7. Consolidation of written assessments from multiple assessors.	\$538.95
8. Re-examination and provision of report and certificate.	\$808.50 (or, if an interpreter is present at the examination, \$1 078.05 excluding any fee payable to the interpreter)
9. Provision of supplementary report and certificate.	\$269.55

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**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 — <ul style="list-style-type: none"> <li data-bbox="395 842 895 909">(a) no prior arrangements to cancel the examination are made; or</li> <li data-bbox="395 927 922 1057">(b) the examination is cancelled, otherwise than at the request of the approved medical specialist, with less than one working day's notice.</li> </ul>	\$538.95

\*\* 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 the WorkCover Western Australia Authority on 11th day of October 2010.

The common seal of )  
 the WorkCover Western )  
 Australia Authority ) L.S  
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W. ATTENBOROUGH

G. JOYCE

By Command of the Governor,

PETER CONRAN, Clerk of the Executive Council.