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WORKERS' COMPENSATION AND INJURY MANAGEMENT
ACT 1981

**WORKERS' COMPENSATION
AND INJURY MANAGEMENT
(SCALES OF FEES)
AMENDMENT REGULATIONS
2008**

Workers' Compensation and Injury Management Act 1981

Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2008

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 2008*.

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 the day after that day.

3. Regulations amended

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

***Workers' Compensation and Injury Management (Scales of Fees)
Amendment Regulations 2008***

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4. Regulation 6 amended

In regulation 6(1) delete "\$179.15" and insert:

\$187.70

5. Regulation 6A amended

In regulation 6A delete "\$179.15" and insert:

\$187.70

6. Regulation 7A amended

In regulation 7A delete "\$56.70" and insert:

\$59.40

7. Regulation 7B inserted

After regulation 7A insert:

7B. Scale of fees — exercise physiologists

Under section 292(2)(a)(viii) of the Act, the scale of fees set out in Schedule 5A is prescribed as the scale of fees to be paid to exercise physiologists for attendance on, and treatment of, workers suffering injuries that are compensable under the Act.

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8. Regulation 8 amended

In regulation 8 delete "\$133.80" and insert:

\$140.20

9. Schedule 1 amended

- (1) In Schedule 1 Part 1 delete the heading "**GENERAL PRACTITIONER**" and everything following that heading, through to (but not including) the heading "**ANAESTHETISTS**" and insert:

GENERAL PRACTITIONER

CONSULTATIONS

Surgery Consultation

in hours

Content based	\$
Minor or Specific Service (Level A or B)	58.35
Extended Service (Level C)	106.65
Comprehensive Service (Level D)	163.90
Time based	\$
up to 5 minutes	34.80
more than 5 minutes to 15 minutes	45.40
more than 15 minutes to 30 minutes	87.60
more than 30 minutes to 45 minutes	132.50
more than 45 minutes to 60 minutes	179.60

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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)	43.80
Specific Service (Level B)	87.60
Extended Service (Level C)	159.50
Comprehensive Service (Level D)	246.95
Time based	\$
up to 5 minutes	69.35
more than 5 minutes to 15 minutes	75.25
more than 15 minutes to 30 minutes	116.70
more than 30 minutes	159.50

VISITS

Consultations at a place other than the Consulting Rooms

in hours	\$
Minor Service (Level A)	73.05
Specific Service (Level B)	99.85
Extended Service (Level C)	148.20
Comprehensive Service (Level D)	206.55
out of hours	\$
Minor Service (Level A)	87.60
Specific Service (Level B)	130.25
Extended Service (Level C)	199.85
Comprehensive Service (Level D)	291.90

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TELEPHONE CONSULTATIONS

Time based	\$
up to 5 minutes	19.50
more than 5 minutes to 15 minutes	24.40
more than 15 minutes to 30 minutes	51.05
more than 30 minutes	76.50

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

per hour	\$219.55
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TRAVELLING FEES

Rate per kilometre	\$3.90
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**PHYSICIANS, OCCUPATIONAL PHYSICIANS &
REHABILITATION PHYSICIANS**

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al.</u>	\$
first attendance	225.35
subsequent attendances	110.90

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al.</u>	\$
first attendance	265.50
subsequent attendances	153.20

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 minutes	29.10
more than 5 minutes to 15 minutes	35.90
more than 15 minutes to 30 minutes	75.00
more than 30 minutes	113.25

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

per hour \$325.55

TRAVELLING FEES

Rate per kilometre \$3.90

CONSULTANT PSYCHIATRISTS

CONSULTATIONS

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

Time based	\$
up to 15 minutes	65.00
more than 15 minutes to 30 minutes	129.75
more than 30 minutes to 45 minutes	194.30
more than 45 minutes to 60 minutes	259.95
more than 60 minutes to 75 minutes	294.15
more than 75 minutes	328.35

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	106.75
more than 15 minutes to 30 minutes	172.40
more than 30 minutes to 45 minutes	235.30
more than 45 minutes to 75 minutes	301.00
more than 75 minutes	362.65

TELEPHONE CONSULTATIONS

Time based	\$
up to 45 minutes	86.25
more than 45 minutes	188.35

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

per hour \$325.55

TRAVELLING FEES

Rate per kilometre \$3.90

SPECIALISTS

SURGEONS

CONSULTATIONS

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

first attendance 126.05

subsequent attendances 65.75

VISITS

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

first attendance 169.90

subsequent attendances 108.25

DERMATOLOGISTS

CONSULTATIONS

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

first attendance 126.05

subsequent attendances 65.75

VISITS

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

first attendance 169.60

subsequent attendances 108.10

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TELEPHONE CONSULTATIONS

Time based	\$
up to 5 minutes	29.10
more than 5 minutes to 15 minutes	35.90
more than 15 minutes to 30 minutes	75.00
more than 30 minutes	113.25

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

per hour \$325.55

TRAVELLING FEES

Rate per kilometre \$3.90

- (2) In Schedule 1 Part 1 in the item headed "*ANAESTHETISTS*" delete "\$62.55" and insert:

\$65.55

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

Part 2 — Medical procedures

Type of procedure	Fee \$
GENERAL	
Localised burns	48.65
Localised burns, including dressing of, under general anaesthetic	138.50
Extensive burns	83.95
Extensive burns, including dressing of, under general anaesthetic	293.05
Dressing of wounds, under general anaesthetic	138.50
Acupuncture, including consultation	64.60

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Type of procedure	Fee \$
DISLOCATIONS	
<i>closed reduction</i> means non-operative reduction of the dislocation, and includes 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 dislocation 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.]	
Elbow, by closed reduction	261.10
Elbow, by open reduction	346.25
Interphalangeal joint, by closed reduction	111.95
Interphalangeal joint, by open reduction	149.25
Mandible, by closed reduction	93.30
Clavicle, by closed reduction	110.65
Clavicle, by open reduction	223.80
Shoulder, not requiring general anaesthetic	124.50
Shoulder, by open reduction, with general anaesthetic	446.30
Shoulder, other, with general anaesthetic	221.10
Metacarpophalangeal joint, by closed reduction	149.25
Metacarpophalangeal joint, by open reduction	199.85
Patella, by closed reduction	167.80
Patella, by open reduction	223.80
Radioulnar joint, by closed reduction	261.10
Radioulnar joint, by open reduction	346.25
Toe, by closed reduction	93.30
Toe, by open reduction	123.90
REMOVAL OF FOREIGN BODIES —	
superficial	40.60
as independent procedure	181.10
deep tissue or muscle	506.25

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Type of procedure	Fee \$
ear, other than by syringing	130.50
nose, other than by simple probing	130.50
cornea or sclera, embedded	133.20
FRACTURES	
<i>closed reduction</i> means non-operative reduction of the fracture, and includes 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	167.80
fracture, intra-articular, by closed reduction	194.50
fracture, by open reduction	223.80
fracture, intra-articular, by open reduction	279.75
Middle phalanx of finger	
fracture, by closed reduction	253.10
fracture, intra-articular, by closed reduction	286.35
fracture, by open reduction	333.00
fracture, intra-articular, by open reduction	419.55
Proximal phalanx of finger or thumb	
fracture, by closed reduction	333.00
fracture, intra-articular, by closed reduction	392.85
fracture, by open reduction	446.30
fracture, intra-articular, by open reduction	559.45

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Type of procedure	Fee \$
Metacarpal	
fracture, by closed reduction	333.00
fracture, intra-articular, by closed reduction	392.85
fracture, by open reduction	446.30
fracture, intra-articular, by open reduction	559.45
Carpal Scaphoid, by open reduction	745.95
Carpal Scaphoid, other	333.00
Carpus (excluding Scaphoid), by open reduction	466.15
Carpus (excluding Scaphoid), other	186.45
Radius	
by closed management	372.90
by open management	745.95
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	559.45
by open reduction	745.95
Ribs (1 or more), each attendance	85.35
Tibia, plateau of, medial or lateral	
by closed reduction	672.70
by open reduction	892.40
Tibia, plateau of, medial and lateral	
by closed reduction	1 118.85
by open reduction	1 498.45
SUTURES	
Face or neck	
less than 7 cm, superficial	133.20
less than 7 cm, deep	202.45
more than 7 cm, superficial	202.45
more than 7 cm, deep	346.25

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Type of procedure	Fee \$
Except face or neck	
less than 7 cm, superficial	101.20
less than 7 cm, deep	151.85
more than 7 cm, superficial	151.85
more than 7 cm, deep	333.00
AMPUTATIONS	
Hand, midcarpal or transmetacarpal	506.25
Hand, forearm or through arm	586.10
At shoulder	992.25
Interscapulothoracic	1 971.25
One digit of foot	266.30
Two digits of one foot	399.60
Three digits of one foot	539.45
Four digits of one foot	672.70
Five digits of one foot	805.85
Toe including metatarsal or part of metatarsal — each toe	314.45
Foot, at ankle	586.10
Foot, midtarsal or transmetatarsal	506.25
Through thigh, at knee or below knee	865.85
At hip	1 218.65

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 \$167.80, whichever is greater.

USE OF PRIVATE THEATRES

A theatre fee of **\$101.20** 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

MBS item number <i>(1 November 2007)</i>	Fee \$
55028	163.15
55029	56.60
55030	163.15
55031	56.60
55032	163.15
55033	56.60
55036	166.40
55037	56.60
55038	163.15
55039	56.60
55044	166.40
55045	56.60
55048	163.15
55049	56.60
55054	163.15
55070	146.90
55073	50.85
55076	163.15
55079	56.60
55084	146.90
55085	50.85
55113	344.90
55114	344.90
55115	344.90
55116	383.50
55117	383.50
55118	411.90
55130	254.25

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MBS item number <i>(1 November 2007)</i>	Fee \$
55135	528.75
55238	253.40
55244	253.40
55246	253.40
55248	253.40
55252	253.40
55274	253.40
55276	253.40
55278	253.40
55280	253.40
55282	253.40
55284	253.40
55292	253.40
55294	253.40
55296	166.10
55600	163.15
55603	163.15
55700	89.65
55703	52.35
55704	104.70
55705	52.35
55706	149.55
55707	104.70
55708	52.35
55709	56.85
55712	171.95
55715	59.80
55718	149.55
55721	171.95
55723	56.85

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MBS item number <i>(1 November 2007)</i>	Fee \$
55725	59.80
55729	40.75
55731	146.60
55733	52.35
55736	189.85
55739	85.20
55759	224.30
55762	89.65
55764	239.20
55766	97.15
55768	224.30
55770	89.65
55772	239.20
55774	97.15
55800	163.15
55802	56.60
55804	163.15
55806	56.60
55808	163.15
55810	56.60
55812	163.15
55814	56.60
55816	163.15
55818	56.60
55820	163.15
55822	56.60
55824	163.15
55826	56.60
55828	163.15
55830	56.60

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MBS item number <i>(1 November 2007)</i>	Fee \$
55832	163.15
55834	56.60
55836	163.15
55838	56.60
55840	163.15
55842	56.60
55844	130.60
55846	56.60
55848	163.15
55850	228.55
55852	163.15
55854	56.60

**COMPUTED TOMOGRAPHY —
EXAMINATION AND REPORT**

MBS item number <i>(1 November 2007)</i>	Fee \$
56001	267.80
56007	343.35
56010	346.15
56013	343.35
56016	398.30
56022	309.00
56028	462.50
56030	309.00
56036	462.50
56041	135.65
56047	173.20
56050	176.10
56053	176.10
56056	213.40

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MBS item number <i>(1 November 2007)</i>	Fee \$
56062	155.35
56068	231.25
56070	155.35
56076	231.25
56101	315.90
56107	467.00
56141	159.90
56147	235.70
56219	447.95
56220	329.65
56221	329.65
56223	329.65
56224	482.60
56225	482.60
56226	482.60
56227	168.20
56228	168.20
56229	168.20
56230	243.70
56231	243.70
56232	243.70
56233	329.65
56234	482.60
56235	168.15
56236	243.70
56237	329.65
56238	482.60
56239	168.15
56240	243.70
56259	226.30

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MBS item number <i>(1 November 2007)</i>	Fee \$
56301	405.15
56307	549.25
56341	205.25
56347	277.40
56401	343.35
56407	494.35
56409	343.35
56412	494.35
56441	174.10
56447	249.20
56449	174.10
56452	249.20
56501	528.75
56507	659.20
56541	265.25
56547	334.70
56549	528.75
56551	528.75
56619	302.15
56625	459.55
56659	153.90
56665	229.90
56801	640.75
56807	769.05
56841	320.45
56847	389.85
57001	640.85
57007	779.70
57041	320.50
57047	389.90

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MBS item number <i>(1 November 2007)</i>	Fee \$
57201	213.10
57247	106.45
57341	645.45
57345	331.80
57350	700.40
57351	700.40
57355	362.75
57356	362.75

DIAGNOSTIC RADIOLOGY

MBS item number <i>(1 November 2007)</i>	Fee \$
57506	47.20
57509	63.05
57512	64.25
57515	85.60
57518	51.55
57521	68.80
57524	78.45
57527	104.30
57700	64.25
57703	85.60
57706	51.55
57709	68.80
57712	74.75
57715	96.60
57721	157.40
57901	102.25
57902	102.25
57903	75.00
57906	102.25

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MBS item number <i>(1 November 2007)</i>	Fee \$
57909	102.25
57912	74.75
57915	74.75
57918	74.75
57921	74.75
57924	74.75
57927	78.70
57930	52.15
57933	124.10
57939	102.25
57942	78.70
57945	68.80
57960	75.20
57963	75.20
57966	75.20
57969	75.20
58100	106.45
58103	87.40
58106	122.10
58108	210.75
58109	74.55
58112	154.25
58115	210.75
58300	63.60
58306	141.80
58500	56.05
58503	74.75
58506	96.40
58509	63.05
58521	68.80

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MBS item number <i>(1 November 2007)</i>	Fee \$
58524	89.60
58527	110.05
58700	73.10
58706	250.40
58715	240.35
58718	200.05
58721	219.25
58900	56.60
58903	75.45
58909	142.60
58912	174.85
58915	125.15
58916	219.60
58921	214.50
58924	133.30
58927	121.30
58933	326.10
58936	310.80
58939	220.95
59103	33.80
59300	141.90
59303	85.55
59306	159.10
59309	318.05
59312	138.00
59314	83.20
59318	74.60
59503	141.80
59700	153.15
59703	120.35

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MBS item number <i>(1 November 2007)</i>	Fee \$
59712	180.35
59715	227.70
59718	213.60
59724	359.20
59733	170.80
59736	98.35
59739	117.05
59751	220.70
59754	347.85
59760	182.60
59763	212.40
59903	181.70
59912	484.05
59925	574.75
59970	267.00
59971	90.85
59972	242.00
59973	287.45
59974	133.50
60000	894.45
60003	1 311.75
60006	1 865.25
60009	2 182.80
60012	894.45
60015	1 311.75
60018	1 865.25
60021	2 182.80
60024	894.45
60027	1 311.75
60030	1 865.25

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MBS item number <i>(1 November 2007)</i>	Fee \$
60033	2 182.80
60036	894.45
60039	1 311.75
60042	1 865.25
60045	2 182.80
60048	894.45
60051	1 311.75
60054	1 865.25
60057	2 182.80
60060	894.45
60063	1 311.75
60066	1 865.25
60069	2 182.80
60072	76.35
60075	152.40
60078	228.75
60100	96.40
60500	68.80
60503	47.20
60506	101.10
60509	156.80
60918	74.75
60927	60.35
61109	410.60

NUCLEAR MEDICINE IMAGING

MBS item number <i>(1 November 2007)</i>	Fee \$
61302	548.35
61303	690.55
61306	866.90

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MBS item number <i>(1 November 2007)</i>	Fee \$
61307	1 019.95
61310	448.70
61313	370.60
61314	513.05
61316	465.70
61317	601.50
61320	279.65
61328	278.10
61340	309.05
61348	541.60
61352	316.80
61353	472.25
61356	479.85
61360	492.75
61361	563.65
61364	607.10
61368	272.55
61369	2 462.35
61372	272.55
61373	598.15
61376	175.15
61381	701.55
61383	763.35
61384	840.05
61386	406.20
61387	526.20
61389	452.65
61390	500.80
61393	739.65
61397	301.55

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MBS item number <i>(1 November 2007)</i>	Fee \$
61401	198.30
61402	739.15
61405	422.65
61409	1 067.05
61413	276.00
61417	145.15
61421	586.15
61425	733.75
61426	677.70
61429	663.30
61430	805.55
61433	607.10
61434	751.75
61437	663.10
61438	822.10
61441	598.15
61442	919.10
61445	350.30
61446	407.50
61449	557.25
61450	485.60
61453	628.75
61454	425.20
61457	574.65
61458	484.85
61461	644.75
61462	159.15
61465	324.30
61469	425.20
61473	214.20

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MBS item number <i>(1 November 2007)</i>	Fee \$
61480	472.55
61484	1 076.10
61485	1 220.55
61495	272.55
61499	309.05
61650	1 073.35

MAGNETIC RESONANCE IMAGING

MBS item number <i>(1 November 2007)</i>	Fee \$
63000-63200	795.45
63201	1 193.15
63202-63203	795.45
63204	1 193.15
63219-63243	1 193.15
63271-63473	795.45
63491-63494	90.90
63497	273.00

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10. Schedules 2, 3, 4 and 5 replaced

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

Schedule 2 — Scale of fees — physiotherapists

[r. 3]

Part 1 — General

	Type of service	Fee
PA001	<p>Initial Consultation</p> <p>A consultation with the physiotherapist including the following elements —</p> <p>Subjective assessment — 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>Objective assessment — 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>Appropriate initial management, treatment or advice — 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>Set Fee</p> <p>\$65.00</p>

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Type of service	Fee
<p>Documentation of consultation — as required that could include: The assessment findings, physiotherapy intervention(s), evaluation of interventions, plan for future treatment and results of other relevant tests and warnings (if applicable).</p> <p><u>Includes:</u></p> <ul style="list-style-type: none"> • 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 brief communication with the medical practitioner regarding the injured worker's management. <p><u>Does not include:</u></p> <ul style="list-style-type: none"> • Any oral or written communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer relating to the treatment or rehabilitation of a specific worker (such as suitable work duties). • Communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer. This service has a specific item number in this Table (PK001). • Physiotherapist's involvement in case conferences. The physiotherapist's involvement in case conferences has a specific item number in this Table (PQ001). 	

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	Type of service	Fee
PB001	<p>Standard Consultation</p> <p>Consultation for one body area or condition including the following elements —</p> <ul style="list-style-type: none"> • subjective re-assessment; • objective re-assessment; • appropriate management, intervention or advice; • documentation of consultation. <p><u>Includes:</u></p> <ul style="list-style-type: none"> • 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 such as brief oral and/or written updates to the medical practitioner. <p><u>Does not include:</u></p> <ul style="list-style-type: none"> • Any oral or written communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer relating to the treatment or rehabilitation of a specific worker (such as suitable work duties). • Communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer has a specific item number in this Table (PK001). • The physiotherapist's involvement in case conferences. The physiotherapist's involvement in case conferences has a specific item number in this Table (PQ001). 	<p>Set Fee</p> <p>\$52.20</p>

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	Type of service	Fee
PC001	Two distinct areas of treatment per visit Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions.	Set Fee \$66.00
PG001	Group Consultation — per person Includes non-individualised services provided to more than one individual whether — <ul style="list-style-type: none"> • in rooms, home or hospital; • hydrotherapy treatment; • extended treatments; • services provided outside of normal business hours. 	Cost per participant \$16.05
PE001	Worksite Visit — 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.	Hourly rate** \$148.30
PR001	Reports Any report relating to a specific worker required by or requested by — <ul style="list-style-type: none"> • medical specialist; • medical practitioner; • employer; • insurer. Excludes courtesy communication such as acknowledgment of referral and brief updates to the medical practitioner.	

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	Type of service	Fee
	Progress/Standard report	Set Fee
	Report should contain summarised information or assessment findings, treatment services provided, results obtained with specific recommendations for further management and return to work if applicable.	\$65.00
	Comprehensive report	Hourly rate**
	As above for progress/standard report and contains information relating to more detailed assessments and interventions performed. The specific requirements for a comprehensive report must be discussed with the insurer prior to approval with a suggested maximum duration of 2 hours.	\$148.30
PT001	Travel	Hourly Rate**
	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.	\$118.65
PQ001	Case Conferences	
	Face-to-face or telephone communication involving the physiotherapist with one or more of the following — doctor, employer, insurer/claims manager, rehabilitation providers and worker. The aim of the case conference is to plan, implement, manage or review treatment options and/or rehabilitation plan.	\$14.90 per 6 minute block

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	Type of service	Fee
PK001	<p>Communication</p> <p>Any requested or required oral communication by the physiotherapist with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment or rehabilitation of a specific worker.</p> <p>Excludes courtesy communication such as acknowledgment of referral and brief updates to the medical practitioner.</p> <p>Maximum time allowable per communication of 30 minutes.</p>	<p>\$14.90 per 6 minute block</p>
PS001	<p>Specific Physiotherapy Assessment — prior approval from insurer required.</p> <p>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).</p>	<p>Hourly Rate**</p> <p>\$148.30</p>
PW001	<p>Specific Physiotherapy Intervention — prior approval from insurer required (*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>Hourly Rate**</p> <p>\$148.30</p> <p>Maximum duration of service provision 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.

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Part 2 — Exercise-based programs

	Type of service	Fee
EXE20	<p>Initial Consultation/Assessment</p> <p>Insurer approval must be obtained prior to undertaking the service.</p> <ul style="list-style-type: none"> • 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. • Exercise facility/equipment coordination (pool or gym based). <p>Provider to patient ratio must be 1:1 for the duration of the consultation.</p>	<p>\$148.30 per hour to a maximum of 2 hours**</p>
EXE21	<p>Subsequent Exercise Consultation/Assessment</p> <p>Includes —</p> <ul style="list-style-type: none"> • 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. 	<p>\$148.30 per hour to a maximum of one hour**</p>

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	Type of service	Fee
EXE02	<p>Initial report Includes —</p> <ul style="list-style-type: none"> • 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. 	<p>\$148.30 per hour to a maximum of one hour**</p>
EXE03	<p>Subsequent reports Progress report to be provided at the request of the referrer.</p>	<p>\$148.30 per hour to a maximum of 30 minutes**</p>
EXE04	<p>Final report Comprehensive report to be provided at the end of the service delivery detailing —</p> <ul style="list-style-type: none"> • physiological testing results pre and post program; • worker attendance/program compliance. 	<p>\$148.30 per hour to a maximum of 30 minutes**</p>
EXE05	<p>Gym membership/Entry fees Includes direct cost of membership (pool or gym). Prior approval from insurer required.</p>	<p>Market rates</p>

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	Type of service	Fee
EXE06	<p>Travel</p> <p>Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice.</p> <p>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>	\$118.65 per hour **
EXE08	<p>Communication</p> <p>Any requested or required oral communication with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment of a specific worker.</p> <p>Excludes courtesy communication such as acknowledgment of referral and brief updates to the medical practitioner.</p> <p>Maximum time allowable per communication of 30 minutes.</p>	\$14.90 per 6 minute block
EXE09	<p>Attendance at Medical Case Conferences</p> <p>Prior insurer approval must be obtained prior to undertaking the service.</p>	\$148.30 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]

	Type of service	Fee \$
1.	Initial consultation and examination	51.45
2.	Subsequent consultation	42.90
3.	Spinal x-ray, one region	102.15
4.	Spinal x-ray, 2 or more regions	153.40
5.	Travel (per kilometre)	0.75

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Schedule 4 — Scale of fees — occupational therapists

[r. 5]

Type of Service		Fee
		\$
1.	Brief consultation (< 15 minutes)	22.20
2.	Short consultation (15 minutes to < 30 minutes)	44.50
3.	Standard consultation (30 minutes to < 45 minutes)	73.35
4.	Extended consultation (45 minutes to < one hour)	110.00
5.	Extended consultation (\geq one hour)	146.70
6.	Standard group consultation (30 minutes) per person	48.15
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)	135.55
2.	Initial consultation/assessment (exceeding one hour)	175.55
3.	Subsequent consultation (< ½ hour)	59.20
4.	Subsequent consultation (½ hour — one hour)	76.75
5.	Subsequent consultation (> one hour)	103.65

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11. Schedule 5A inserted

After Schedule 5 insert:

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

[r. 7B]

Exercise-based programs

	Type of service	Fee
EXE20	<p>Initial Consultation/Assessment</p> <p>Insurer approval must be obtained prior to undertaking the service.</p> <ul style="list-style-type: none"> • 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. • Exercise facility/equipment coordination (pool or gym based). <p>Provider to patient ratio must be 1:1 for the duration of the consultation.</p>	<p>\$148.30 per hour to a maximum of 2 hours**</p>

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	Type of service	Fee
EXE21	<p>Subsequent Exercise Consultation/Assessment</p> <p>Includes —</p> <ul style="list-style-type: none"> • 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. 	<p>\$148.30</p> <p>per hour to a maximum of one hour**</p>
EXE02	<p>Initial report</p> <p>Includes —</p> <ul style="list-style-type: none"> • 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. 	<p>\$148.30</p> <p>per hour to a maximum of one hour**</p>
EXE03	<p>Subsequent reports</p> <p>Progress report to be provided at the request of the referrer.</p>	<p>\$148.30</p> <p>per hour to a maximum of 30 minutes**</p>

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	Type of service	Fee
EXE04	<p>Final report</p> <p>Comprehensive report to be provided at the end of the service delivery detailing —</p> <ul style="list-style-type: none"> • physiological testing results pre and post program; • worker attendance/program compliance. 	<p>\$148.30 per hour to a maximum of 30 minutes**</p>
EXE05	<p>Gym membership/Entry fees</p> <p>Includes direct cost of membership (pool or gym). Prior approval from insurer required.</p>	<p>Market rates</p>
EXE06	<p>Travel</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. 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>	<p>\$118.65 per hour **</p>
EXE08	<p>Communication</p> <p>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.</p>	<p>\$14.90 per 6 minute block</p>

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	Type of service	Fee
EXE09	Attendance at Medical Case Conferences	
	Prior insurer approval must be obtained prior to undertaking the service.	\$148.30 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.

12. Schedule 6 replaced

Delete Schedule 6 and insert:

**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.	\$1 000.15 (or, if an interpreter is present at the examination, \$1 250.10 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.	\$1 250.10 (or, if an interpreter is present at the examination, \$1 500.15 excluding any fee payable to the interpreter)

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	Description of assessment	Maximum fee**
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.	\$1 500.15 (or, if an interpreter is present at the examination, \$1 750.15 excluding any fee payable to the interpreter)
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.	\$1 000.15 (or, if an interpreter is present at the examination, \$1 250.10 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.	\$1 500.15 (or, if an interpreter is present at the examination, \$1 750.15 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.	\$2 500.20 (or, if an interpreter is present at the examination, \$2 750.20 excluding any fee payable to the interpreter)
7.	Consolidation of written assessments from multiple assessors.	\$500.00
8.	Re-examination and provision of report and certificate.	\$750.05 (or, if an interpreter is present at the examination, \$1 000.15 excluding any fee payable to the interpreter)
9.	Provision of supplementary report and certificate.	\$250.05

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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 — (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.	\$500.00

** 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 2008.

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WorkCover WA)
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L.S

ADRIAN WARNER

WENDY ATTENBOROUGH

By Command of the Governor,

G. M. PIKE, Clerk of the Executive Council.