
WORKCOVER

WC301*

Workers' Compensation and Injury Management Act 1981

**Workers' Compensation and Injury
Management (Scales of Fees) Amendment
Regulations (No. 3) 2005**

Made by the Lieutenant-Governor and Administrator in Executive Council, on the recommendation of WorkCover WA, under section 292(3).

1. Citation

These regulations are the *Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations (No. 3) 2005*.

2. Commencement

These regulations come into operation on the day on which the *Workers' Compensation Reform Act 2004* section 130 comes into operation.

3. The regulations amended

The amendments in these regulations are to the *Workers' Compensation and Injury Management (Scales of Fees) Regulations 1998**.

[* Reprinted as at 24 May 2002.

For amendments to 1 November 2005 see Western Australian Legislation Information Tables for 2004, Table 4, p. 462-3, and Gazette 1 November 2005.]

4. Regulation 9 inserted

After regulation 8 the following regulation is inserted —

“

9. Scale of maximum fees — approved medical specialists

- (1) Under section 292(3) of the Act, the scale of maximum fees set out in Schedule 6 is prescribed as the scale of maximum fees to be paid to approved medical specialists for making or attempting to make assessments referred to in Part VII Division 2 of the Act.

(2) In Schedule 6 Part 1 —

“**assessor**” has the meaning given by the WorkCover Guides;

“**report and certificate**” means a report referred to in section 146H(1)(a) of the Act and a certificate referred to in section 146H(1)(b) of the Act.

”.

5. Schedule 6 inserted

After Schedule 5 the following Schedule is inserted —

“

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 | \$880 (or, if an interpreter is present at the examination, \$1 100 excluding any fee payable to the interpreter) |
| 2. | Examination and provision of report and certificate — moderately complex assessment (eg. 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 | \$1 100 (or, if an interpreter is present at the examination, \$1 320 excluding any fee payable to the interpreter) |
| 3. | Examination and provision of report and certificate — complex assessment (eg. multiple injuries; severe impairment such as spinal cord injury or head injury) — other than a service mentioned in item 4, 5, 6 or 8 | \$1 320 (or, if an interpreter is present at the examination, \$1 540 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 | \$880 (or, if an interpreter is present at the examination, \$1 100 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 | \$1 320 (or, if an interpreter is present at the examination, \$1 540 excluding any fee payable to the interpreter) |
| 6. | Examination and provision of report and certificate — psychiatric — complex assessment (eg. reviewing significant documented prior psychiatric | \$2 200 (or, if an interpreter is present at the examination, \$2 420 excluding any fee payable to the interpreter) |

| | Description of assessment | Maximum fee |
|----|--|---|
| | history) — other than a service mentioned in item 8 | |
| 7. | Consolidation of written assessments from multiple assessors | \$440 |
| 8. | Re-examination and provision of report and certificate | \$660 (or, if an interpreter is present at the examination, \$880 excluding any fee payable to the interpreter) |
| 9. | Provision of supplementary report and certificate | \$220 |

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"> (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 | \$440 |

”.

6. Various provisions amended

The provision listed in column 2 of an item in the Table to this regulation is amended by deleting what is shown in column 3 and inserting instead what is shown in column 4.

Table

| column 1 item | column 2 provision | column 3 deletion | column 4 insertion |
|--------------------------|-------------------------------|------------------------------|-------------------------------|
| 1. | r. 2(1) | 176(1a)(a)(i) | 292(2)(a)(i) |
| 2. | r. 3(1) | 176(1a)(a)(iii) | 292(2)(a)(iii) |
| 3. | r. 4 | 176(1a)(a)(iv) | 292(2)(a)(iv) |
| 4. | r. 5 | 176(1a)(a)(v) | 292(2)(a)(v) |
| 5. | r. 6 | 176(1a)(a)(vi) | 292(2)(a)(vi) |
| 6. | r. 7 | 176(1a)(a)(vii) | 292(2)(a)(vii) |
| 7. | r. 7 | therapists | pathologists |
| 8. | r. 7A | 176(1a)(a)(viii) | 292(2)(a)(viii) |
| 9. | r. 8 | 176(1a)(b) | 292(2)(b) |
| 10. | Sch. 5 heading | therapists | pathologists |

7. References to disabilities changed to injuries

The regulations are amended by deleting “disabilities” in each place specified in the Table to this regulation and inserting instead —

“ injuries ”.

Table

| | |
|---------|-------|
| r. 2(1) | r. 6 |
| r. 3(1) | r. 7 |
| r. 4 | r. 7A |
| r. 5 | |

Recommended by WorkCover WA on the 27th day of October 2005.

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| The common seal of |) | |
| WorkCover WA |) | L.S |
| |) | |

A. WARNER.

C. WHITE.

By Command of the Lieutenant-Governor and Administrator,

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